2012

University of Michigan
Alcohol and Other Drug Policy and Program
Biennial Review
## 2012 Biennial Review

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Executive Summary

The 2012 Biennial Review Committee comprised of faculty, staff and students met from June-August 2012 to conduct the federally required biennial review. Two subcommittees also met through October to discuss the Consistency of Enforcement guidelines as well as the new Medical Amnesty Law.

The committee determined that the University of Michigan is in compliance with federal requirements for the University of Michigan Alcohol and Other Drug Policy for Students, Faculty and Staff. The policy document is annually distributed electronically to every student, faculty and staff member and is also included in the Annual Security Report & Annual Fire Safety Report. It is also linked in the mandatory online course required for all incoming first year and undergraduate transfer students, and is referenced in parent and student orientation materials.

The committee unanimously endorsed inclusion of language addressing the new Medical Amnesty provision and several other minor revisions to the policy. They also confirmed that all 2010 recommendations had been met.

The committee reviewed the Alcohol and Other Drug Prevention Program (AODPP) for program effectiveness and identified strengths and weaknesses in program components. The major strength identified is that the AODPP coordinates a comprehensive program that includes evidenced-based strategies that address individual, group, institution and community level issues. The major weaknesses identified are: the challenges of working in a decentralized environment and the continuing challenges of working towards culture change with at risk populations (Greeks, first year students, fan behavior, etc.).

Recommendations for continued improvement include:

1. Continue to integrate the alcohol and other drug resources for faculty/staff on campus into the Biennial Review process.

2. Continue to expand the Program Effectiveness review to include additional data from other AOD initiatives across campus in addition to the AODP Program (i.e. MHealthy, TAM)

3. Continue to provide leadership and support for the Ann Arbor Campus-Community Coalition (A2C3).

4. Collaborate with the Dean of Students Beyond the Diag program staff to provide prevention materials to landlords/landlord associations.

5. Support the adoption of a bystander intervention program on campus to provide students with the skills needed to intervene in harmful behaviors that include alcohol and other drugs (AOD).

6. Develop a plan for communicating and implementing the new Medical Amnesty Law.
2012 Biennial Review Committee Members

Mary Jo Desprez
Committee Chair
Alcohol and Other Drugs Policy and Prevention Administrator, HPCR, UHS

Keith Soster
Food Service Director
University Unions

Ann Hower
Director
Office of New Student Programs

Kim Broekhuizen
Director, Program Delivery
UM Alumni Association

Ann Zalucki
Office of the Associate VP for Facilities & Operations & Film Office

Kirk A. Lutz
Director, Program Delivery
UM Alumni Association

Barb Hansen
Athletics Counselor
UM Athletics

Lena Gray
Coordinator, UM Smoke-Free Environment
MHealthy TCS/AMP

Central Student Government Representatives
Manish Parikh, Omar Hashwi

Mary Beth Seiler/William Atkins
Director/Assistant Director, Office of Greek Life

Christina Gerazounis
Committee Staff
HPCR, AODPP

Maya R. Kobersy
Associate General Counsel
The University of Michigan

Diane Brown
Public Information Officer
UM Department of Public Safety

Michelle (Wicksall) Yestrepsky
Care Manager
University Health Service

Holly Rider-Milovich
Director, Sexual Assault Prevention and Awareness Center

Patricia Griffin
Director, Residence Education
University Housing

Ilona Phillips
Counseling & Psychological Services

Peter Hurley
Associate Director
Office of Financial Aid

John Traynor
SACUA Representative

Rackham Graduate Student Body Representatives
Michael Benson, Alex Toulouse

Karla Robinson
Student Engagement Advisor
Michigan Union

Salimah Mohammed
Graduate Student Intern, HPCR

Kathleen Donohoe
Associate Director
University Human Resources

Stacy Vander Velde
Associate Director
Office of Student Conflict Resolution

Kathleen Rychlinski
Assistant Director Risk Management

Stephanie Jacques
Graduate Student Intern, HPCR

Kevin D. Mowers
Assistant Director
Student Conduct and Conflict Resolution
University Housing

Teresa Herzog Mourad
Wellness Manager
MHealthy
Meeting Agendas and Minutes

2012 UM Alcohol and Other Drug Policy
Biennial Review Committee
Students, Faculty and Staff

Tuesday, June 26th
3:00pm - 4:30pm
UHS Meeting Room 1

Members in attendance: Alex Toulouse (Rackham Representative), Diane Brown (Department of Public Safety), Joe Piersante (Department of Public Safety), Mary Jo Desprez (Committee Chair), Christina Gerazounis (Committee Staff), Patricia Griffin (University Housing), Barb Hansen (Athletics), Ann Hower (Office of New Student Programs), Peter Hurley (Office of Financial Aid), Stephanie Jacques (Student Representative), Maya Kobersy (Office of General Counsel), Kirk Lutz (Alumni Association), Karla Robinson (University Unions), Kathleen Rychlinski (Risk Management), Mary Beth Seiler (Office of Greek Life), Will Atkins (Office of Greek Life), Manish Parikh (CSG Representative), Keith Soster (University Unions), Stacy Vander Velde (Office of Student Conflict Resolution), Michelle Yestrepsky (Care Manager), Ann Zalucki (Facilities and Operations)

Members not present: Kim Broekhuizen (Office of Public Affairs and Media Relations), Michael Benson (Rackham Representative), Kathleen Donohoe (University Human Resources), Teresa Herzog-Mourad (Wellness Program Manager), Kevin Mowers (Student Conduct and Conflict Resolution), Illona Phillips (Counseling and Psychological Services), Holly Rider-Milkovich (Sexual Assault Prevention and Awareness Center)

Meeting Minutes

1. Welcome/Introductions/Review agenda
   a. Committee Introductions - Mary Jo went over agenda and highlighted importance of the review process
   b. We are required by federal law to have an AOD policy and review it
   c. Two major goals of these meetings is to:
      ◊ See if the policy is compliant with Federal regulations
      ◊ Is this a dynamic document
   d. Our major objectives:
      ◊ Determine compliance
2. Overview of Drug Free Schools and Campuses Act
   a. Mary Jo reviewed the federal law and there were no further questions

3. Review 2010 Biennial Review Recommendations
   a. We have made really good progress in the past two years
   b. 2 out of 3 recommendations have been completed

<table>
<thead>
<tr>
<th>2010 Recommendation</th>
<th>Completed</th>
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<tr>
<td>Utilize new student incident database (Advocate by Simplicity) to track and review</td>
<td>Yes</td>
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<td>alcohol and other drug related violations from various campus departments</td>
<td></td>
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<tr>
<td>Meet with staff from Human Resources to develop tracking system for faculty and</td>
<td>No–YES*</td>
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<tr>
<td>staff violations</td>
<td></td>
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<td>Support the adoption of a SPG (Standard Practice Guide) related to Alcohol and Other</td>
<td>Yes</td>
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<tr>
<td>Drugs</td>
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*UM HR confirmed that a tracking system is in place, titled Disciplinary History Log

4. Review Objectives
   a. Review existing policy document and determine compliance to federal guidelines
      ◊ Committee members are asked to look at the policy document and then review the compliance sheet and see what, if any, are the gaps
      ◊ Commentary is encouraged
      ◊ Please return (electronically or paper form) to Mary Jo or Christina. All results will be compiled and discussed at next meeting.

   b. Verify process for annual distribution to students, faculty and staff and document all other methods of notification and awareness
      ◊ Mary Jo went over the distribution guidelines
      ◊ There is a need to compile a list of all methods of distribution

   c. Review program effectiveness and consistency of enforcement
Mary Jo reviewed the Typology matrix and the link will be included in the follow-up email.

Committee members are asked to fill in the typology matrix based on their experience.

A subgroup was created in order review and make recommendations for consistency of enforcement.
1. The small working group includes: OGC, OSCR, HOUSING, ATHLETICS, HR, DPS
2. The deadline for the work from the sub-group is different than the overall review work (deadline for working group is early December but expect to complete by October)
3. The working group will look at the various AOD violations in our purview and highlight the protocol and philosophical approach to address them. We want to publically acknowledge the various ways that people can come on our radar.
4. The amount of AOD violations will also be discussed
5. Faculty/Staff issues are violations of law vs. violation of policy. Talk with Kathleen Donohoe to discuss any discrepancies.
6. Christina will create a doodle-poll for potential working group meeting dates.
7. The working group was provided with the Consistency of Enforcement Summary from 2010 (will also send electronically)

The working group will report back to the Committee.

All committee members are asked to send in any violation numbers they might have from the past two calendar school years.

5. Expected Outcomes
   a. Compliance determination
   b. Policy recommendations
   c. Highlights and other recommendations
      ◊ A chance for us to say that:
         1. These are the areas that we are doing really well
         2. We can make progress in the following areas

6. New laws to be considered
   a. Mary Jo went over the proposed language related to the Medical Amnesty Law
◊ Prevention Network meeting provided a document that explains the Medical Amnesty Law and includes brief talking points (included electronically)

◊ The committee discussed possible marketing decisions around the Medical Amnesty Law. Will we put a specific paragraph in the policy or will we simply say that we follow State laws?

◊ Maya highlighted that we should include a brief explanation given that there is a potential inconsistency between a state law and our federal obligations

◊ The committee recognized that the students need to know what this means for them

◊ Diane Brown explained that DPS has not done specific planning around outreach with the Medical Amnesty Law. The primary focus continues to be student’s safety and they don’t perceive that there will be a lot of differences.

1. She also highlighted the importance of potential missed opportunities to refer. How can we make sure we get students to the appropriate resources when a citation is not made?

◊ Who is the appropriate “voice” to do the educational awareness about medical amnesty?

1. Community Matters Online Education Course provides the platform for the conversation to begin. Potentially frame the message to come from the CSG president and begin the conversation about this issue

2. Manish Parikh (CSG President) will start brainstorming on how this message can permeate the student body

3. Involve Housing, Greek Life and other Student Orgs as communicators

4. We must be very strategic about how we introduce this law to the student body

◊ Other

1. The Biennial Review and the Statement Review process are not in line which complicates things

2. This is not JUST a first year issue

b. Bath salts, K2, spice

◊ Do we need a specific explanation?

◊ Adjusting the existing list in the policy document to include these synthetic drugs and/or represent them in the existing categories
7. Completion deadline and next steps
   a. Completion deadline: August 8, 2012
      ◊ Any revisions to the policy must be submitted by this date
   b. Next Meetings: July 17th & July 31st

8. Summary
   a. All committee members are asked to do the following:
      ◊ Return completed Compliance Checklist, Supplementary Checklist
         and Typology Matrix to Mary Jo or Christina by July 11th
      ◊ Send in any violation metrics (if you have them) from the past two
         calendar school years.
   b. AODPP Staff will complete the following before the next meeting:
      ◊ Provide all documents handed out during first meeting
        electronically
        1. Executive Summary/2010 Committee Recommendations
        2. UM AOD Policy Link
        3. Compliance Checklist
        4. UM Typology Matrix (completed and blank version)
        5. Medical Amnesty Description
        6. Supplemental Checklist (from Higher Ed Center)
      ◊ Draft a paragraph/talking point for Medical Amnesty Law to
        review with committee (Maya and Diane will consult prior to
        meeting)
      ◊ Distribute last two years of results from Community Matters data
        and Student Life Survey data to Committee members
      ◊ Binge drinking rate continues to decrease (52% consumed 5 or
        more drinks in a sitting ➔ 46% )
      ◊ Compile all the feedback from the Committee Members and
        present the recommendations at the next meeting
2012 UM Alcohol and Other Drug Policy  
Biennial Review Committee  
Students, Faculty and Staff  
Tuesday, July 17, 2012  
3:00 p.m. – 4:30 p.m.  
UHS Meeting Room 1  

Meeting Minutes  

Members in attendance: Mary Jo Desprez (Committee Chair), Christina Gerazounis (Committee Staff), Peter Hurley (Office of Financial Aid), Stephanie Jacques (Student Representative), Maya Kobersy (Office of General Counsel), Kirk Lutz (Alumni Association), Karla Robinson (University Unions), Mary Beth Seiler (Office of Greek Life), Will Atkins (Office of Greek Life), Anika Awaii-Williams (CSG Representative), Stacy Vander Velde (Office of Student Conflict Resolution), Michelle Yestrepsky (Care Manager), Teresa Herzog-Mourad (MHealthy TCS/AMP), Lena Gray (MHealthy TCS/AMP), Kevin Mowers (Student Conduct and Conflict Resolution), Holly Rider-Milkovich (Sexual Assault Prevention and Awareness Center)  

Members not present: Kim Broekhuizen (Office of Public Affairs and Media Relations), Alex Toulase (Rackham Representative), Kathleen Donohoe (University Human Resources), Illona Phillips (Counseling and Psychological Services), Diane Brown (Department of Public Safety), Joe Piersante (Department of Public Safety), Patricia Griffin (University Housing), Ann Hower (Office of New Student Programs), Ann Zalucki (Facilities and Operations), Kathleen Rychlinski (Risk Management), Keith Soster (University Unions), Barb Hansen (Athletics)  

1. Introduction  
   a. We reviewed the agenda from the first meeting. Please note the correction that was made in the minutes from last meeting  
   b. Correction: UM Human Resources confirmed that a tracking system is in place – called the Disciplinary History Log  
   c. Goal for second meeting:  
      i. Share the results of the Committee feedback  
      ii. Come to a consensus on the compliance results and recommended changes in order for Committee Staff to draft revisions of the AOD Policy  
      iii. A draft of the policy will be sent out by the Committee Staff prior to the last meeting. We encourage feedback and will finalize at the meeting on July 31st. An electronic copy of the final version will be sent out and will require an endorsement via e-mail from the Committee Members
2. Compliance Results
   a. The University of Michigan Alcohol and Other Drug Policy was determined to be in compliance with the Drug Free Schools and Campuses act compliance requirements. The Compliance Checklist results were distributed and reviewed
   b. Recommendations include:
      i. Be specific and clear about how we represent the “known” health risks
      ii. Modify the narcotics section to include opiates in the title
      iii. Provide more resource links (i.e. NIDA)
      iv. Add another section specifically on prescription drugs
      v. Lena Gray will send the address for TCS, AMP to Committee Staff so it can formally be added in the Biennial Review report and AOD policy changes
      vi. Committee members are encouraged to think of their own departments and consider relevant ways to increase the visibility and exposure of the AOD policy (i.e. include link on website, require a checkbox that shows the policy has been read, etc.) and notify the AODPP if you do

3. Supplemental Checklist Results
   a. Strengths and Weakness of the AOD program were discussed as well as recommendations for revising AOD programs on campus. The Committee staff will consolidate these comments and incorporate them in the Biennial Review Report
   b. Mary Jo emphasized the importance of all the AOD work we do on campus but that we still need to highlight the challenge of the Campus drinking culture (especially “Football Saturdays”)
   c. AOD Accomplishments 2011-2012 were provided as a supplement to the checklist. Committee members are encouraged to send the AODPP any additional AOD initiatives they might be working on so we can make this list broader and include it in the Biennial Review report
   d. Please note the smoke-free policy has a separate description but a link is provided in the AOD policy.
   e. Recommendations:
      i. Continue to build a stronger link between the various resources for faculty/staff on campus
      ii. Continue to provide leadership and support for the Campus-Community Coalition (A2C3)
      iii. Collaborate with landlords/landlord association and Beyond the Diag staff on off-campus prevention efforts
      iv. Adopt a bystander intervention program on campus to provide students with the skills needed to intervene in harmful behaviors or activities as they relate to AOD
v. Develop a plan for communicating and implementing the new Medical Amnesty Law

4. Medical Amnesty
   a. A draft of the Medical Amnesty provision was provided to the committee for revisions (see Appendix).
   b. Holly Rider-Milkovich suggested deleting the details of the possible educational interventions.
   c. Maya Kobersy will further review the laws and provide us with feedback in order to make appropriate revisions.
   d. Stacy Vander Velde suggested we discuss an action plan for the Medical Amnesty implementation. How will this show up in practice?
   e. An implementation team will meet as a subgroup. The team will consist of: OSCR (send to new staff), DPS, AAPD, Housing Security, Housing, DOS, AODPP. Christina will create a doodle poll to set up a meeting time.
   f. The committee staff will revise the Medical Amnesty Provision and incorporate the draft into the policy.

5. AOD Policy Draft
   a. The Committee staff will use the recommendations from the Committee to draft revisions to the AOD policy. It will be sent out prior to the last meeting to provide time to review.

6. Consistency of Enforcement Update
   a. We added two members to the Consistency of Enforcement workgroup which will consist of: Stacy Vander Velde, Kevin Mowers, Kathleen Donohoe, Maya Kobersy, Mary Jo Desprez, Christina Gerazounis
   b. First meeting will be in August – date will be determined after all workgroup members cast their vote on the doodle-poll

7. Summary/Next Steps
   a. All committee members are asked to do the following:
      i. Review the policy draft that will be sent out prior to the last meeting (July 31st). You are encouraged to provide feedback and the Committee will finalize the draft at the last meeting. An electronic copy of the final version will be sent out and will require an endorsement via e-mail from the Committee Members.
      ii. Review the consolidated feedback that will be sent out prior to the last meeting and provide input if something was missed.
      iii. Think of your own departments and consider relevant ways to increase the visibility and exposure of the AOD policy (i.e. include link on website, require a checkbox that shows the policy has been
read, etc.) and communicate it to the Alcohol and Other Drug Prevention Program (AODPP).
iv. Consider policy distribution protocol and how your department can gain more traction. We will discuss this at the last meeting.

b. **Committee Staff will complete the following:**
   i. Consolidate committee feedback into the Biennial Review Report and send out for additional input and approval. Report will include:
      1. Committee Roster
      2. Meeting Agendas and Minutes
      3. Compliance Audit
      4. Revised Policy document
         a. Medical Amnesty Provision
      5. Program Effectiveness Review
         a. UM Typology Matrix (updated)
   ii. Send out the revised AOD policy for review and final endorsement
   iii. Set-up a Medical Amnesty Implementation Team meeting
   iv. Confirm the date for the first Consistency of Enforcement workgroup meeting
Appendix

Medical Amnesty Provision DRAFT

To better ensure that minors at medical risk as a result of alcohol intoxication will receive prompt and appropriate medical attention, in 2012, the State of Michigan adopted a medical amnesty law to remove perceived barriers to calling for or seeking help. The Michigan Liquor Control Code continues to prohibit a minor from purchasing, consuming, or possessing, or attempting to purchase, consume, or possess, alcoholic liquor and from having any bodily alcohol content. The new law that was passed creates an exemption from prosecution for the following:

- A minor who voluntarily presents himself or herself to a health facility or agency for treatment or observation after consuming alcohol.
- Any minor who accompanied a minor who voluntarily presented himself or herself to a health facility or agency for treatment or observation after consuming alcohol.
- Any minor who initiated contact with law enforcement or emergency medical services personnel for the purpose of obtaining medical assistance in connection with the consumption of alcohol [by him- or herself or others].

The University of Michigan maintains the discretion to refer the individual for appropriate educational intervention(s).

* Maya Kobersy will review and provide an updated version.
2012 UM Alcohol and Other Drug Policy
Biennial Review Committee
Students, Faculty and Staff
Tuesday, July 31, 2012
3:00 p.m. – 4:30 p.m.
UHS Meeting Room 1

Meeting Minutes

Members in attendance: Mary Jo Desprez (Committee Chair), Christina Gerazounis (Committee Staff), Barb Hansen (Athletics), Stephanie Jacques (Student Representative), Karla Robinson (University Unions), Mary Beth Seiler (Office of Greek Life), Will Atkins (Office of Greek Life), Stacy Vander Velde (Office of Student Conflict Resolution), Kevin Mowers (Student Conduct and Conflict Resolution), Keith Soster (University Unions), Kathleen Donohoe (University Human Resources), Peter Hurley (Office of Financial Aid), Kathleen Rychlinski (Risk Management),

Members not present: Kim Broekhuizen (Office of Public Affairs and Media Relations), Rackham Graduate Student Body Representative, Illona Phillips (Counseling and Psychological Services), Diane Brown (Department of Public Safety), Joe Piersante (Department of Public Safety), Patricia Griffin (University Housing), Ann Hower (Office of New Student Programs), Ann Zalucki (Facilities and Operations), Kirk Lutz (Alumni Association), Teresa Herzog-Mourad (Wellness Program Manager), Maya Kobersy (Office of General Counsel), CSG Representative, Holly Rider-Milkovich (Sexual Assault Prevention and Awareness Center), Michelle Yestrepsky (Care Manager), John Traynor (SACUA Rep)

1. Review AOD policy revision
   a. Mary Jo reviewed the policy and looked at each edit separately in order to allow for questions/comments from the committee
   b. Review Medical Amnesty revision
      i. The goal was to make the language of the document as “student friendly” as possible
      ii. Kathleen D. suggested we add ‘under 21’ next to the term minor
      iii. Mary Jo is working on a simplified version

2. Workgroups
   a. Consistency of Enforcement
      i. Maya K., Stacy V., Diane B., Kathleen D., Kevin M., Barb H.
      ii. August 16, 2012 (10-11:30am at UHS)
   b. Medical Amnesty Implementation Team
i. Stacy V. (and/or new staff), Diane B., Kevin M., Renee Bush., Teresa O.
ii. Date pending
iii. Add zichijos@umich.edu

3. Review Distribution Protocol
   a. Faculty/staff description will be added in the distribution protocol and Kathleen D will create the language to be included

4. Next Steps/Priorities
   a. Policy
      i. Committee email endorsement of final copy of policy will be necessary
      ii. Most important is that the committee endorses the spirit of the document
   b. Biennial Review Report
      i. Complete Consistency of Enforcement review
      ii. Final Report
         1. Committee Roster
         2. Meeting Agendas and Minutes
         3. Compliance Audit
         4. Revised Policy document
         5. Program Effectiveness Review
            a. UM Typology Matrix (updated)
         6. Consistency of Enforcement Review
         7. 2012 Committee Recommendations
            a. Already doing for MA provision:
               i. Imbedded in the CM online course
               ii. Off campus booklet
               iii. Campus safety handbook
               iv. Annual distribution, part of the policy
               v. CTBSL – in the brochure and online
               vi. Housing and Res Staff training
               vii. OGL and SMT training
               viii. Please let us know if you are incorporating this somewhere in your work please let us know
         8. Distribution Protocol
   iii. All committee members will receive final copy of completed report before December 2012
Consistency of Enforcement Workgroup  
August 16, 2012  
University Health Service, 4th Floor Conference Room  
10-11:30 am  

Meeting Minutes  

Members Present: Barb Hansen (Athletics), Kathleen Donohoe (Human Resources), Maya Kobersy (OGC), Stacy Vander Velde (OSCR), Joe Zichi (OSCR), Mary Jo Desprez (AODPP), Christina Gerazounis (AODPP)  

1. Introductions  

   a. Members reviewed the document from the last Biennial Review Report and discussed potential changes. The goal was to come to a consensus on how to present the information that we know in the best format. Key themes that came up include:  
      i. Balance the documentation for staff and students since the document is heavily focused on housing  
      ii. Update the language to reflect the broader enforcement system and varying levels of interaction each unit has with students, faculty and staff  
      iii. Change location of Clery tables in document to minimize the focus  
      iv. Use the term protocol vs. policy  
      v. Include another chart that is called “Incidents” in order to capture the broader work around Alcohol and Other Drugs on campus  
      vi. Include a statement in the report that indicates that the data will be reviewed annually to ensure and compare enforcement  
      vii. Members discussed strategies to strengthen reporting from HR and Athletics  

3. Discuss 2012 Updates  
   a. Review Student, Faculty and Staff Violations  
      i. Diane Brown will provide the updated chart from the Annual Security Report  
      ii. All members will provide the alcohol and other drugs violations and/or incidents reported from the 2010-2011 calendar year for their department. These reports will be separated as “alcohol violations/incidents” and “other drug violations/incidents.”  
      iii. Stacy Vander Velde will pull a report of OSCR, separated between ACR and FCR. Kevin, Stacy will also pull a chart of the Housing numbers, based on our discussion during the meeting.  
   b. Documentation of Violations
i. Add UM Human Resources Disciplinary History Log and clarify the role that general unit protocol has regarding sanctions and violations

c. Methods of Enforcement

i. Expand the section to include the various areas that have authority of enforcement in addition to DPS

d. Sanctions

i. Include BASICS/IMEP
   ii. Add faculty/staff section

4. Next Steps

a. All committee members (OSCR, Housing, HR, Athletics, AODPP, DPS) are asked to send in their numbers by September 1, 2012
b. Mary Jo and Christina will incorporate the committee recommendations into the 2012 Consistency of Enforcement report and provide a draft to the committee members for approval by September 14th
Medical Amnesty Implementation Team Meeting

MINUTES
University Health Service, 4th Floor Conference Room
August 23, 2012 10-11:30am

Members Present: Mary Jo Desprez (AODPP, meeting facilitator), Christina Gerazounis (AODPP, minutes), Doug Dault (UMHS ER Social Work), Joe Zichi (OSCR), Kevin Mowers (housing), Renee Bush (AAPD), Stacy Vander Velde (OSCR), Teresa Oesterle (Housing), Joe Piersante (DPS), Bob Neumann (DPS)

1. Introductions
   a. All members present introduced themselves and the department they represent
   b. Mary Jo reviewed the agenda items and explained that this meeting stems from the UM Alcohol and Other Drugs Policy Biennial Review.
   c. The goal of the meeting was to share and utilize the wisdom and background from each department present in order to create a common approach on the implementation of the Medical Amnesty law.

2. Review Medical Amnesty Provision
   a. A copy of the Medical Amnesty Provision was provided for the members to review and have as a reference. This document will be included in the UM Alcohol and Other Drugs Policy.

3. Debrief current protocol
   a. Law enforcement went over the current protocol and talked about how the safety of the student has and always will be the priority. The major difference for law enforcement with the new law in effect is regarding who initiates contact. If a student presents themselves to a police officer with a legitimate health concern then Medical Amnesty is applicable. If the officer appears to the student then it is at the discretion of the officer if the student will receive a citation.
   b. OSCR and AODPP talked about the educational interventions that are a possibility for a student who receives a citation and how that might look without one. The consensus was that the process will remain the same, utilizing the DPS tracking system.
   c. UMHS discussed potential discharge plan collaboration with UM AODPP.

4. Areas of concern
a. The perceived barriers to calling for help have been removed however without a ticket/citation the opportunity for court-ordered educational intervention is missed.
b. Students may choose to challenge a citation using the medical amnesty law.
c. Staying consistent in media coverage and that student leaders are representing the information properly (see implementation plan below).
d. Strengthen DPS and AAPD communication between officers
e. Communicating with Student Legal Services and Greek Life
f. Communicate with other schools/colleagues to compare our process
g. Knowing if the person is a UM student or not (during the ER visit)

5. **Discuss implementation plan**
   a. Tracking System
      i. DPS will keep track of all medical amnesty related citations and will forward these names to OSCR. Though there will be no legal sanction, OSCR will still follow the same process for an educational intervention.
   b. The following bullet points were decided on for easy access to common language. This language can be used for media coverage and/or to share with student leaders.
      i. The Medical Amnesty Provision is in the UM Alcohol and Other Drug Policy for Students, Faculty and Staff.
      ii. All first-year incoming students have seen the Medical Amnesty Provision through an online education course called Community Matters.
      iii. Residence Hall Staff, the Beyond the Diag coordinators and representatives from the Central Student Government have been informed and are supportive.
      iv. The law is intended to remove the perceived barriers to calling for help when you see someone in a serious condition.
      v. We believe that UM students call for help when they see a potentially dangerous situation, however for those students who were afraid to call for help; the perceived barriers have been removed.
      vi. The law does not restrict the university from requiring appropriate educational intervention.

6. **Action Items**
   a. The group concluded that it is very important to have data gathering during the first semester. Each department will collect data related to
Alcohol Transports in total but also a subset of those that occurred under the provision of the Medical Amnesty Law.

b. The group will meet in mid-October to review the data and see how things are going. We will also try to invite student leaders to this meeting in order to gain their perspective.

c. Mary Jo will connect with Student Legal Services and report back to the group with updates. She will also set up a meeting with Doug to discuss collaboration with the ER.

d. Kevin will connect with RAs to highlight the importance of clearly documenting if alcohol was involved during an incident.

e. Joe and Diane will discuss protocol for media coverage.

f. DPS/AAPD/AODPP can discuss Medical Amnesty at the Greek Life presentation.

g. OSCR/Housing have an upcoming conduct meeting with State which provides an opportunity to gain more information about what people think is going on and what really is happening. They will share any information that is relevant.

h. Doug will participate in an ER Social Work workgroup mid-September and will include Mary Jo. He will also communicate with the ER that there might be an increase of transports. It will be extremely important to note if the primary reason for an ER visit was alcohol intoxication. This will be the data we can use to cross-reference with the DPS tracking system.

i. Stacy will connect with Northwestern on their Medical Amnesty implementation process. She will share any information that is relevant.

j. This meeting and minutes will be a part of the Biennial Review.
Medical Amnesty Implementation Team Meeting (Follow-up)

MINUTES
University Health Service, 4th Floor (Meeting Room 2)
Tuesday, October 30th 2:30-4pm

Members Present: Mary Jo Desprez (AODPP, meeting facilitator), Christina Gerazounis (AODPP, minute taker), Doug Dault (UMHS ER Social Work), Joe Zichi (OSCR), Kevin Mowers (Housing), Sgt. Paul Curtis (AAPD), Chuck McDermott (Housing), Diane Brown, (DPS), Melissa Overton (DPS), Judge Chris Easthope (Court), Robert West (Court), Nimish Ganatra (Court), Kelly Flint (SLS), Maya Kobersy (OGC)

1. Introductions
   a. All members present introduced themselves and the department they represent
   b. Mary Jo reviewed the agenda items and explained that this meeting is a result of the UM Alcohol and Other Drugs Policy Biennial Review as well as a follow-up to a previous Medical Amnesty Implementation meeting.
   c. The goal of the meeting was to share and utilize the interpretation of the Medical Amnesty law from the various departments and see how it shows up in practice. It was noted that the outcome of this meeting was not that all participants would leave in agreement but rather leave with a much clearer understanding of how the law is being interpreted.

2. Review Medical Amnesty Provision
   a. A copy of the Medical Amnesty Provision was provided for the members to review and have as a reference. This document has been included in the UM Alcohol and Other Drugs Policy, the alcoholedu online course, AOD print material and also provided to RAs for distribution.
   b. This document was written with the intent to be less legalese and more student friendly.
   c. The Medical Amnesty implementation team had many discussions about the intended/unintended consequences of the law.
      i. Intended consequences: to remove the perceived barriers of calling for help
      ii. Unintended consequences: for the students that get so intoxicated that they need medical services, tickets were the “pass” to get them an educational intervention – medical amnesty has removed the requirement to provide an intervention. In an effort to not miss this opportunity, note the last line of the provision.

3. Debrief current protocol & Interpretation
a. All members discussed the current protocol and talked about how the safety of the student has and always will be the priority. The major difference for both law enforcement agencies has to do with who initiates contact. If a student presents themselves to a police officer with a legitimate health concern then Medical Amnesty is applicable. If the officer appears to the student then it is at the discretion of the officer if the student will receive a citation.

b. A few issues for further discussion:

1. Communicating the three key terms in provision: voluntary/legitimate health care concern/initiating contact
2. The role the provision plays for the intoxicated friend who called for help for another friend

4. Key points of discussion

a. The perceived barriers to calling for help have been removed however without a ticket/citation the opportunity for educational intervention is missed.

b. Students may choose to challenge a citation using the medical amnesty law.

c. Staying consistent in communication (emphasize key words in provision, see below).

d. Strengthen DPS and AAPD communication between officers

e. Communicate with other schools/colleagues to compare our process


g. Knowing if the person is a UM student or not (during the ER visit)

h. How are campus/community enforcement in other areas seeing this show up? Does this differ from county to county?

i. Judges can make recommendations but mostly comment on impending legislation

5. Next Steps/Action Items

a. All members are asked to send details on the process as it plays out

b. Student Legal Services (Kelly Flint) and AODPP will work on communication efforts – the key to this provision is educating students about what this law does or doesn’t do.

   i. Focus on three key terms: voluntary/legitimate health care concern/initiating contact

   ii. Further develop the educational message to include prevention efforts (utilize student orgs and FAQ website)

c. Melissa Overton will share interpretation from prosecuting attorney to group
d. Doug Dault will work with Mary Jo to draft a discharge sheet to be used by all social workers for incidents relating to substance abuse. The document will include email/phone and more info to schedule BASICS/IMEP. They will also work on strengthening the partnership between residence education duty staff and ER UMHS.

e. OSCR is taking the lead on developing protocol for a student who has multiple transports.

f. OSCR and Housing will report back to the group with any relevant information from regional conference.

g. A follow-up meeting will be planned for April 2013. It is important that everyone collects data throughout the year to better inform the next meeting.
2012 Biennial Review Compliance Checklist
Audit

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

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

Students: Yes (19) No
Staff and Faculty: Yes (19) No

Comments:
-In the section on student organizations (and throughout), be sure to update the name of the relevant office to the Center for Campus Involvement.

-I wonder if including more info to explicitly identify the sharing of prescribed medication as a felony might be clearer—right now it looks a bit buried in the definitions section.

-Also, I suggest moving the definitions to either the first or second paragraph of section 2: UM AOD Policy so that the reader is aware of what constitutes a “drug” earlier in their reading—it may promote better comprehension of the policy.

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

Students: Yes (19) No
Staff and Faculty: Yes (19) No

-We may want to review the descriptions to ensure that each is written in parallel format (that is, do we want each clause to begin with a verb (like “Can cause”) (currently, many do, but some don’t)? When do we want to use new sentences vs. a string of semi-colons?). In a few cases, such as in the SEDATIVES paragraph, we seemed to alternate between singular and plural verb forms; we should use the plural, since we reference “sedatives” broadly.

-Also, we should add some reference to the other substances recently made illegal under Michigan law.

-Should there be a link added to a resources(s) for more information on health risks?

-Add synthetic drug health risks.

-I am wondering if we should consider adding as section on prescription drugs that are opiates or adding more info to the opiate section. I’m not sure that a student reading
about the health risks associated with narcotics would register that those risks include oxycodone.

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

Students: **Yes (19) No**  
Staff and Faculty: **Yes (19) No**

- Add discussion of the medical amnesty law in the section on external sanctions for alcohol.

- Do external sanctions need to follow the same format as University sanctions (which are separated out by student, student org, and staff and faculty?)

- Add synthetic drug laws

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

Students: **Yes (19) No**  
Staff and Faculty: **Yes (19) No**

- Add the Alcohol Management Program (AMP) and Tobacco Consultation Service (TCS)

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

Students: **Yes (19) No**  
Staff and Faculty: **Yes (19) No**

- The student org section needs to be revised to eliminate SAL and update w CCI. Would it be beneficial to include sanctioning by national fraternity/sorority org?

- Although these documents are actively distributed I’m not sure if they reach each and every student.

- In the external sanctions section, there is a paragraph that clarifies UM’s response to MMMA. I think we may want to consider also adding a section that clarifies UM’s respond to Medical Amnesty Act.
University of Michigan Alcohol and Other Drugs (AOD) Policy for Students, Faculty and Staff

Updated/revised: August 2012

This document contains the following section:

1. Introduction

2. UM Alcohol and Other Drugs Policy

3. UM Alcohol and Other Drug Prevention Strategies

4. Health Risks

5. Counseling and Treatment Programs

6. UM Alcohol and Other Drugs Policy and Student Organizations

7. University Sanctions — UM Ann Arbor Campus

8. External Sanctions

9. Employee Reporting Requirement

10. Alcohol Marketing Standards

11. Distribution of Policy

12. Review of University Prevention Program and Policy

13. For More Information

1. Introduction

The University of Michigan-Ann Arbor is committed to providing a safe, healthy learning community for all its members. The University recognizes that the improper and excessive use of alcohol and other drugs may interfere with the University's mission by negatively affecting the health and safety of students, faculty and staff. Problems such as vandalism, assault, harassment, and disruption of sleep and study space increase in relation to misuse. It is due to the harm caused by excessive and illegal use that the University has a vested interest in establishing polices to prohibit unlawful behavior and sanctions to address policy violations by members of the U-M community.
Under the **Drug Free Workplace Act of 1988 and the Drug Free Schools and Communities Act Amendments of 1991**, the University is required to have an alcohol and other drug policy and distribute this policy annually to all employees and students. This policy must outline the University's prevention, education and intervention efforts, and consequences that may be applied by both the University and external authorities for policy violations. The law also requires that individuals be notified of possible health risks associated with the use and abuse of alcohol and other drugs, and sources of assistance for problems that may arise as a result of use.

**2. UM Alcohol and Other Drugs Policy**

For the purpose of this policy, the term "drug" includes:

1. controlled substances, as defined in 21 USC 802, which cannot be legally obtained
2. legally obtainable controlled substances which were not legally obtained, including:
   - Prescribed drugs when prescription is no longer valid (e.g. use of medication after a course of treatment is completed);
   - Prescribed drugs used contrary to the prescription;
   - Prescribed drugs issued to another person.

All members of the campus community also are governed by laws, regulations and ordinances established by the state and local municipalities, and will be held accountable by law enforcement representatives of those entities for any illegal activity. It is the responsibility of all campus members to be aware of these laws.

Michigan law prohibits the dispensing, selling or supplying of drugs or alcoholic beverages to a person under 21 years old. Employees, students, faculty and campus visitors may not unlawfully manufacture, consume, possess, sell, distribute, transfer or be under the influence of alcohol, illicit drugs or controlled substances on University property, while driving a University vehicle or while otherwise engaged in University business. The only exception to this policy is that individuals of legal age may consume alcohol on University property in a manner consistent with University policy and State
of Michigan law. University property, as defined in this policy, includes all buildings and land owned, leased, or used by the University, and motor vehicles operated by employees, including personal motor vehicles, when used in connection with work performed for or on behalf of the University.

If alcohol is to be served at any event/meeting outside one of the licensed facilities on campus (Michigan League, Michigan Union, Pierpont Commons, Oxford Conference Center, Business Executive Residence, and Inglis House), the General Counsel's frequently asked questions web page should be referenced for proper handling: http://www.ogc.umich.edu/faq_alcohol.html

Any person taking prescription drugs or over-the-counter medication is personally responsible for ensuring that while taking such drugs or medications, he or she is not a safety risk to themselves and others while on University property, while driving a University or privately owned vehicle, or while otherwise engaged in University business. It is illegal to misuse prescription medication, i.e. continue to use medication when the prescription is no longer valid, use prescribed drugs contrary to the prescription, and give or sell prescribed drugs to another person. Misusing prescription drugs can result in conviction with jail time.

The University of Michigan is a smoke free campus. Please refer to http://www.hr.umich.edu/smokefree/ for more information.

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3. UM Alcohol and Other Drug Prevention Strategies

The University of Michigan uses evidenced-based strategic interventions, collaboration, innovation and the incorporation of the wellness dimensions to reduce harmful consequences of alcohol and other drug use.

- Providing education and awareness activities.
- Offering substance-free social, extracurricular, and public service options.
- Creating a health-promoting normative environment.
- Restricting the marketing and promotion of alcohol and other drugs.
- Limiting availability of alcohol and other drugs.
• Developing and enforcing campus policies and enforce laws to address high-risk and illegal alcohol and other drug use.

• Providing early intervention and referral for treatment.

For more detailed information on the U-M alcohol and other drug prevention strategies contact the UM AOD Policy and Prevention Administrator, at 734-615-7694.

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4. Health Risks

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

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

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

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

COCAINE (crack) Can cause short terms effects such as impaired judgment; increased breathing, heart rate, heart palpitations; anxiety, restlessness, hostility, paranoia, confusion; long term effects may include damage to respiratory and immune systems; malnutrition, seizures and loss of brain function; highly addictive.
DESIGNER DRUGS/SYNTHETIC CANNABINOIDS (bath salts, K2, spice) Can cause short term effects such as elevated heart rate, blood pressure and chest pain; hallucinations, seizures, violent behavior and paranoia; may lead to lack of appetite, vomiting and tremor; long-term use may result in kidney/liver failure, increased risk of suicide and death.

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

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

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

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

TOBACCO (cigarettes, cigars, chewing tobacco) Can cause diseases of the cardiovascular system, in particular smoking being a major risk factor for a myocardial infarction (heart attack), diseases of the respiratory tract such as Chronic Obstructive Pulmonary Disease (COPD) and emphysema, and cancer, particularly lung cancer and cancers of the larynx and mouth; nicotine is highly addictive.
For an extensive list of health-related risks please visit The National Institute on Drug Abuse:  http://www.drugabuse.gov/

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5. Counseling and Treatment Programs

The University of Michigan encourages individuals with alcohol- or other drug-related problems to seek assistance.

Emergency Services Faculty, Staff and Students

UM Psychiatric Emergency Services
Level B1 of the Medical Center, adjacent to the Department of Emergency Medicine
Crisis Help Hotline 734-996-4747
24 hours a day/7 days a week
Fee for service

Non-Emergency Services for Individual Students

UM Counseling and Psychological Services
Michigan Union, 3rd floor
734-764-8312
Offers individual counseling and substance abuse assessments
Free services for enrolled UM students

UM University Health Service
Health Promotion and Community Relations
207 Fletcher Street
734-763-1320

- Facilitates the Brief Alcohol Screening and Intervention for College Students (BASICS) and the Individual Marijuana Education Program (IMEP), as educational interventions for students who would like to explore their relationship with alcohol and/or marijuana use (two one-on-one sessions); free to enrolled U-M students.
• Provides a supportive community where students in recovery can achieve academic success while enjoying a genuine college experience, free from alcohol and other drugs. The UM Collegiate Recovery Program recovery support includes: emotional support, educational support, social support and campus resource navigation.

Non-Emergency Services for Faculty and Staff

Faculty and Staff Assistance Program
1009 Greene Street
2076 Administrative Services Building
734-936-8660

FASAP is a University of Michigan program that offers a number of services designed to help staff, faculty, and their immediate family members with personal difficulties encountered at both work and home.

MHealthy Alcohol Management Program (AMP)
2025 Traverwood, Suite A3
Ann Arbor, MI 48105
734-998-2017

The AMP is a brief, confidential health education program that helps you cut back on your drinking or quit altogether. You decide which approach is right for you. This program is for people with mild to moderate alcohol problems who want to rid themselves of the negative consequences of drinking. It is not for people who are severely dependent or alcoholic and require treatment services rather than health education. Call for a free phone consultation.

MHealthy Tobacco Consultation Service (TCS)
2025 Traverwood, Suite A3
Ann Arbor, MI 48105
734-998-6222

Provides complete and easily accessible quit smoking / quit chewing tobacco programs open to all U-M employees, patients, and the general public. Group and individual programs are available.
UMHS Employee Assistance Program
1500 E. Medical Center Drive
734-763-5409

Provides brief counseling and coaching services, mediation services, crisis intervention, assessment and referral, educational and training programs, and supervisory, staff, and team consultation for UMHS Faculty, Staff, and their families.

UM Addiction Treatment Services (UMATS)
Rachel Upjohn Building 4250
Plymouth Rd.
Ann Arbor, MI
734-232-0600 or 1-800-828-8020
Provides assessment and treatment services.

6. UM AOD Policy and Student Organizations

The University of Michigan expects each student organization to adopt a policy about the use of alcohol and other drugs that is consistent with this Policy; complies with federal, state and local laws; minimizes criminal and civil liability to the organization and its members; and helps assure the personal safety and welfare of members and guests. The Division of Student Affairs provides resources and references to assist student organizations with drafting policies and managing membership. Contact the Center for Campus Involvement for assistance or more information:

Center for Campus Involvement 2205 Michigan Union, 2nd floor 734-763-5900

The following guidelines are recommended:

I. It is illegal for student organizations to sell alcohol in the state of Michigan. Student organizations can significantly improve personal safety and reduce liability by not providing alcohol to any person.

II. If alcohol is to be present at an organization-sponsored activity, the organization can provide for the safety of its members and reduce its liability if:
   a. Alcohol is not the focus of the event;
b. Attractive alternative beverages are provided;
c. Procedures are in place to prevent service or sale to persons under the legal age of 21;
d. Alcoholic beverages are not purchased with organization funds nor with the contributions of individual members;
e. Alcohol is not served from common or self-serve containers;
f. Service complies with this Policy, as well as the rules of the facility;
g. Designated non-drinking hosts are assigned to attend the event;
h. Assist any attendee who is intoxicated with finding alternative transportation home.

If alcohol is to be present at an event, the preferred methods of serving alcoholic beverages are to use a professional caterer or hold the event at a site provided by a vendor who is licensed to sell and serve alcohol. If these methods are not possible, request that guests of legal drinking age bring a reasonable amount of alcohol that only they will consume at the event. Schools, departments, units and administrative offices as appropriate are expected to encourage student organizations' compliance with these expectations and recommendations.

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7. University Sanctions — UM Ann Arbor Campus

The use or abuse of alcohol and other drugs also increases the risks for behavioral and social problems such as negative effects on academic work performance; conflicts with co-workers, classmates, family, friends and others; conduct problems resulting in disciplinary action, including loss of employment or dismissal from an academic program; and legal problems resulting in ticketing, fines and imprisonment.

The laws of the state of Michigan and University of Michigan's policies prohibit the consumption or possession for personal consumption of alcoholic beverages by persons under the age of 21 years. Further, Michigan laws and University policies prohibit the sale, service or giving of alcoholic beverages to persons under the age of 21. University of Michigan's policies, local ordinances and laws, state laws and federal laws also prohibit the unlawful possession, use and/or distribution of illicit drugs and alcohol.
Violation of University policies will be subject to campus disciplinary review and action, as follows:

- **Students**: The University community has established expectations for nonacademic student conduct under the Statement of Student Rights and Responsibilities (The Statement). The Statement specifically addresses the illicit use of alcohol and other drugs as follows:

  "The following behaviors contradict the values of the University community and are subject to action under this Statement:

  - Illegally possessing or using alcohol
  - Illegally distributing, manufacturing, or selling alcohol
  - Illegally possessing or using drugs
  - Illegally distributing, manufacturing, or selling drugs"

  The Statement is administered by the Office of Student Conflict Resolution (OSCR). OSCR is charged with facilitating the resolution process used to determine responsibility. OSCR staff work with parties to determine appropriate educational measures. These measures cover a wide range of educational assignments and obligations, including but not limited to suspension and expulsion from the institution. OSCR may delegate portions of the Conduct Process to other units of the University who have a vested interest in the conduct of smaller student communities (e.g. University Housing, Athletic Department).

  Academic units of the University also may have written or implied policies concerning management of alcohol use and their response to the illicit use of alcohol and other drugs in the academic setting. Students are expected to know and understand these additional policies and abide by them.

- **Student Organizations**: Policy violations by non-Greek affiliated student organizations will be handled through the student organization judicial process administered through the Center for Campus Involvement. Violations by Greek affiliated student organizations will be adjudicated by the Greek Activities Review Panel (GARP). Greek affiliated student organizations can also be held accountable by their national organizations.
• **Staff and Faculty:** Sanctions for violations by faculty and staff are governed by policies within individual departments and any applicable guidelines set by University regulations (Regents' Bylaw 5.09, **Standard Practice Guide 201.12**), appropriate collective bargaining agreements, and other applicable policies or procedures. Appropriate sanctions may include: verbal or written warnings, a mandated rehabilitation program, probation, suspension, and termination. In each case there are likely to be different circumstances that are relevant for understanding the situation and determining the appropriate sanction.

8. **External Sanctions**

Violations of laws and ordinances may result in misdemeanor or felony convictions accompanied by the imposition of legal sanctions, which include, but are not limited to, the following:

- Fines as determined under local, state, or federal laws;
- Imprisonment, including up to life imprisonment, for possession or trafficking in drugs such as heroin, cocaine, marijuana and prescription drugs;
- Forfeiture of personal and real property;
- Denial of federal benefits such as grants, contracts and student loans;
- Loss of driving privileges;
- Required attendance at substance abuse education or treatment programs.

A full description of federal sanctions for drug felonies can be found at: [http://www.usdoj.gov/dea/agency/penalties.htm](http://www.usdoj.gov/dea/agency/penalties.htm)

**Alcohol:** Under Michigan law, it is illegal for anyone under the age of 21 to purchase, consume or possess, or have any bodily content of alcohol. A first-time conviction may result in a fine, substance abuse education and treatment, community service and court-ordered drug screenings. There also is a provision for possible imprisonment or probation for a second or subsequent offense. Use of false identification by minors in obtaining alcohol is punishable with a fine, loss of driver's license, probation and community service.
Individuals can be arrested and/or convicted of operating a vehicle while intoxicated with a blood alcohol concentration (BAC) level at .08 or higher. If a student is under 21, there is a "zero tolerance" law in the state of Michigan and any blood alcohol level of .01 or higher can lead to a minor in possession (MIP) citation as well as being cited for operating a vehicle while intoxicated, if applicable. This is in addition to suspension of driving privileges in the state of Michigan.

**Medical Amnesty:** To better ensure that minors at medical risk as a result of alcohol intoxication will receive prompt and appropriate medical attention, in 2012, the State of Michigan adopted a medical amnesty law to remove perceived barriers to calling for or seeking help.

Michigan law continues to prohibit a minor from purchasing, consuming, or possessing, or attempting to purchase, consume, or possess, alcoholic liquor and from having any bodily alcohol content. The new law that was passed creates an exemption from prosecution for the following:

- A minor (under the age of 21) who, after consuming alcohol, voluntarily presents himself or herself to a health facility or agency for treatment or observation, including medical examination and treatment for any condition as a result of sexual assault (as defined in Michigan law).
- Any minor (under the age of 21) who accompanied a minor (under the age of 21) who, after consuming alcohol, voluntarily presented himself or herself to a health facility or agency for treatment or observation, including medical examination and treatment for any condition as a result of sexual assault (as defined in Michigan law).
- Any minor (under the age of 21) who initiated contact with law enforcement or emergency medical services personnel for the purpose of obtaining medical assistance in connection with a legitimate health care concern.

The University of Michigan maintains the discretion to refer the individual for appropriate educational intervention(s).

**Marijuana:** The laws regarding marijuana possession on campus differ from those in the city of Ann Arbor. The property occupied by the University of Michigan is under the jurisdiction of the laws of the state of Michigan. Under these laws, possession of marijuana on U-M property is a misdemeanor, punishable by a fine up to $2,000 and/or
imprisonment of up to one year. Persons convicted of possession of marijuana off U-M property but in the city limits of Ann Arbor will be charged with a civil infraction and required to pay a fine.

**Michigan Law Governing Marijuana:** The Michigan Medical Marijuana Act (MMMA) conflicts with federal criminal laws governing controlled substances, as well as federal laws requiring institutions receiving federal funds, by grant or contract, to maintain drug-free campuses and workplaces. The University of Michigan receives federal funding that would be in jeopardy if those federal laws did not take precedence over state law. Thus the use, possession or cultivation of marijuana in any form and for any purpose continues to violate the UM Alcohol and Other Drug Policy and is prohibited at the University of Michigan.

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9. Employee Reporting Requirement

Under the Drug-Free Workplace Act of 1988, in addition to the other requirements of this policy, the University of Michigan requires all employees who work in any capacity under a federal grant or contract to notify his or her University supervisor or department head in writing of his or her conviction for a violation of any criminal drug statute occurring in the workplace or on work-related activities no later than five (5) calendar days after such conviction. The supervisor or department head will notify University Human Resources, who will consult with the appropriate staff in the Division of Research Development and Administration regarding satisfying the University's reporting obligations.

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10. Alcohol Marketing Standards

The University of Michigan will refuse advertising inconsistent with the fundamental missions of the University, or in conflict with the image the University seeks to project or the well-being of the University community. Examples of advertisements that will not be accepted include:

- Alcoholic beverages
- Tobacco products
- Sex as a product
- Gambling
- Paraphernalia associated with illegal drugs
- Dishonest, deceptive, or illegal advertising.

A full description of the University's marketing standards can be found at: http://www.logos.umich.edu/policyuse.html#advertising

11. Distribution of Policy

A copy of this policy statement will be distributed to all faculty, staff and students annually via email at the beginning of fall semester.

12. Review of University Prevention Program and Policy

Biennially the University shall review its "Alcohol and Other Drugs Prevention Program and Policy" to determine effectiveness and implement changes, if needed, and to ensure that the University's disciplinary sanctions are consistently enforced.

13. For More Information

For more information concerning this policy, contact the UM Alcohol and Other Drugs Prevention Program in the Health Promotion and Community Relations Department at 734-615-7694.

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Program Effectiveness Review

The Alcohol and Other Drug Prevention Program (ADOPP) is student-centered and uses evidenced-based strategic interventions, collaboration, innovation and the incorporation of the wellness dimensions to reduce harmful consequences of alcohol and other drug use. The program goal is to support students in achieving their personal and academic potential.

Each committee member was given the Department Of Education Higher Education Center’s supplemental checklist and information related to AOD resources on campus to assess program effectiveness. Committee members were asked to assess existence of evidence-based program components, strengths and weaknesses as well as any recommendations and/or highlights. Evidence based areas of strategic intervention reviewed were*

1. Alcohol Free Options
2. Normative Environment
3. Alcohol Availability
4. Marketing and Promotions
5. Law/Policy Development and Enforcement

* Please refer to 2012 UM Alcohol and Other Drug Prevention Typology Matrix for comprehensive list.

Strengths:

- Approaches solutions in a variety of methods with a variety of audiences
- Well-coordinated, good resources, dynamic and flexible program
- Comprehensive services – including collegiate recovery program
- Ability to network with key university staff to create targeted interventions like the “Under the Lights” prevention efforts
- Sober Monitor Training program
- Coordination/partnership with a variety of resources
- Collaboration with student government
- Wide variety of non-alcohol activities; education
- Very broad based to effectively connect to and communicate with all university communities on campus
- Collaboration with community has been strong – i.e. volunteers to help with night football game
- Orientation education
- BASICS program
- Student outreach and marketing (Stay in the Blue Campaign)
- The mandatory online education requirement for all incoming freshmen, as well as the efforts to ensure that parents are aware of our alcohol and other drug policies and
procedures, help raise awareness about these issues right from the start of our students educational experience, and the continued programming efforts help ensure that that awareness remains throughout their time at UM

- *Beyond the Diag* and *Stay in the Blue* are two very useful initiatives.

**Weaknesses:**

- Not every student is aware of AODPP and its various programs
- Decentralized nature creates challenges in disseminating information
- Need to determine consistent message about new amnesty law
Alcohol and Other Drug Prevention Program  
Accomplishments 2011-2012

1. Collegiate Recovery Program
   a. Developed web site
   b. Hired, trained and supervised an MSW intern
   c. Conducted a Strategic Planning process to create a work plan and next steps for the program
   d. Developed case management protocol
   e. Present information about CRP to the following areas: Admissions, Academic Advising, Dean of Students staff
   f. Worked with DSA Development staff on CRP priorities
   g. Created a more inviting 4th floor space for our Collegiate Recovery Program participants

   **Outcomes**
   o Provided case management for 18 students
   o Created email listserv of recovering students in the UM community (n=42)
   o Development efforts raised ~$20,000
   o Purchased new couch, chair and coffee maker for CRP student use

2. Sober Monitor Training
   a. Incorporated iclicker technology into SMT to increase engagement
   b. In collaboration with OGL developed text reminders for SMT participants
   c. Incorporated SAPAC staff into training sessions
   d. Worked with a MPH student to develop a SMT evaluation plan

   **Outcomes**
   2011-12 total fraternity members trained
<table>
<thead>
<tr>
<th>Fall 2011</th>
<th>Winter 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>~186</td>
<td>350</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>~536</td>
</tr>
</tbody>
</table>

   2011-12 total trainees who filled out an evaluation
<table>
<thead>
<tr>
<th>Fall 2011</th>
<th>Winter 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>186</td>
<td>310</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>496</strong></td>
</tr>
</tbody>
</table>

   o 95%+ of survey respondents listed either “strongly agree” or “agree” when asked “As a result of this program I am familiar with the following:” risk management issues, relevant laws, levels of intoxication, BAC (blood alcohol concentration), conflict management, and emergency protocol
3. **BASICS/IMEP**
   a. Managed significant increase in referrals
   b. Increased number of self-referrals
   c. Increased representation from graduate/professional schools

**Outcomes**
- Facilitated sessions for 527 BASICS clients and 38 IMEP clients
- Comments reflect an increased understanding of relationship between rate of consumption and BAC level.
- Self-scheduler implementation reduced amount of no-shows from 57 (2010-11) to 17 (2011-12) which created 60 hours of staff efficiency
- BASICS Feedback Survey Results
  - 94% agreed that BASICS was a positive experience

<table>
<thead>
<tr>
<th>Since the BASICS session, students have reported the following changes:</th>
<th>68% started counting drinks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62% started reducing number of drinks</td>
</tr>
<tr>
<td></td>
<td>56% spread out/space out their drinking</td>
</tr>
<tr>
<td></td>
<td>61% eat food before, during or after drinking</td>
</tr>
<tr>
<td></td>
<td>46% drank fewer drinks per week</td>
</tr>
<tr>
<td></td>
<td>40% refused an offer</td>
</tr>
<tr>
<td></td>
<td>42% set a limit and stuck to it</td>
</tr>
</tbody>
</table>

4. **Community Matters**
   a. Administered online course for incoming first year and transfer students
   b. Increased vendors that donated incentives for participation
   c. Included video introduction with CSG Student Body President

**Outcomes**
- Administered online course to 6300 incoming first year and transfer students
- Increase in baseline of knowledge and decision making strategies: Pre-Course 60% and Post-Course 88%
- 84% of students reported that the online course helped them to establish a plan for responsible decisions around alcohol
- 89% of students reported that the online course prepared them to identify and/or help someone who has alcohol poisoning
Increase in students who identify alcohol as the #1 date rape drug: Pre-Course 39% and Post-Course 91%

5. Under the Lights Night Game Coordination
   a. Utilized evidence based strategies to target 5 areas of strategic intervention: law enforcement and policy development, attractive alcohol free options, normative messaging, limit alcohol marketing and promotions and limit alcohol availability.
   b. Submitted and received Prevention Network grant
   c. Collaborated with MSA, Athletics, A2C3 Campus/Community Coalition members, University Unions, SAPAC, Dean of Students, AAPD/DPS
   d. Involved the community with the development of a pilot program utilizing community ambassadors

Outcomes
   o Coordinated and promoted 8 attractive alcohol free activities throughout the weekend of the game
   o Over 8100 students participated in alcohol free tailgate
   o The PSA featuring Desmond Howard was shown in the UM Football Stadium prior to the night game
   o We trained 93 Ambassadors who participated on game day from noon to 2am
   o Decrease in ER visits. We reduced the number of alcohol related transports from 51 (UM/MSU game in 2010) to 36 (UM/ND game Sept. 2011)
   o Received a $15,000 grant from the Prevention Network
   o Distributed retail and bar outreach with Stay in the Blue materials – 25 local businesses

6. Stay in the Blue
   a. Developed a PSA emphasizing the Stay in the Blue message featuring Desmond Howard with student film crew-Filmic
   b. Developed 2 tailored SIB/Expect Respect messaging for the night game: non-drinkers and drinkers. “True Blue Wolverine”

Outcomes
   o Developing a PSA featuring Desmond Howard that was shown in the UM Football Stadium 3 times with approx. exposure 300,000, the PSA was also embedded on the DSA and UHS website.
   o Since 2009, more students understand the definition of a standard drink. 89% now recognize that a red party cup is not a standard drink, compared to 68% in 2009
7. Student Life Survey  
   a. Worked with the UM Substance Abuse Research Center and Addiction Research Center to conduct the biannual Student Life Survey related to UM students alcohol and other drug use.

   **Outcome**
   **Binge Drinking Rates**

<table>
<thead>
<tr>
<th></th>
<th>2007</th>
<th>2009</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>52.1%</td>
<td>46.3%</td>
<td>44.7%</td>
</tr>
</tbody>
</table>

8. Motivational Interviewing (MI)
   a. Provided three MI trainings for campus and divisional colleagues
   b. AODPP staff received training on MI coding which can help provide enhanced/continued coaching for BASICS facilitators

   **Outcome**
   o Provided advanced introductory training for approximately 60 people
# UM Typology Matrix for Mapping Campus and Community Prevention Efforts

## Program and Policy Levels

<table>
<thead>
<tr>
<th>Public Policy</th>
<th>Community</th>
<th>Institution</th>
<th>Group</th>
<th>Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge attitudes, behaviors and intentions</td>
<td>Ann Arbor Campus/Community Coalition (A2C3)</td>
<td>AOD Typology Matrix</td>
<td>Training for Housing, Greeks, Academic Advisors, OSCR Arbiters</td>
<td>HPCR-AODPP website Community Matters - BASICS/IMEP</td>
</tr>
<tr>
<td>Environmental Changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Free Options</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normative Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol Availability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing and Promotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law/Policy Development and Enforcement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Protection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention and Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Areas of Strategic Intervention

- **Knowledge attitudes, behaviors and intentions**
  - Public Policy: Ann Arbor Campus/Community Coalition (A2C3)
  - Community: AOD Typology Matrix
  - Institution: AODPP Report
  - Group: Safe and Legal, Stay in the Blue (SIB) campaign
  - Individual: AODCRMC, SAEN

- **Environmental Changes**
  - Public Policy: Movies, Concerts, Museums, Coffee shops, Bookstores, Parks, Community Service
  - Institution: Ginsberg-ASB, Housing events/RHA, Student Org events, S-L-Leadershape
  - Group: Service learning, Student engagement (research, leadership, etc.)
  - Individual: Club sports, Rec and IM

- **Alcohol Free Options**
  - Public Policy: Alcohol Free Options
  - Community: Movies, Concerts, Museums, Coffee shops, Bookstores, Parks, Community Service
  - Group: Marketing Standards
  - Individual: Develop media literacy education

- **Normative Environment**
  - Public Policy: Alumni outreach, Neighborhood outreach, A2C3 Stakeholder conversations
  - Community: Stay in the Blue (SIB), Relationship Remix, ONSP-4 M Etc
  - Institution: DOS/Athletics fan behavior letters, Admissions
  - Group: BASICS/IMEP e-CHUG, Community Matters-required online course, SAPAC outreach
  - Individual: Safe and Legal campaign

- **Alcohol Availability**
  - Public Policy: Compliance checks <21, Fake IDs
  - Community: Trained servers for all licensed facilities
  - Institution: GARP, Greek Life
  - Group: New student orientation, parent orientation, Community Matters Student Legal Services, OSCR
  - Individual: Safe and Legal campaign

- **Marketing and Promotions**
  - Public Policy: Marketing and Promotions
  - Community: A2C3, Marketing Standards Industry watch, Campus Safety Handbook
  - Institution: Marketing Standards
  - Group: Marketing Standards
  - Individual: Develop media literacy education

- **Law/Policy Development and Enforcement**
  - Public Policy: Law/PD Development and Enforcement
  - Community: Alcohol SPG draft, AOD Policy Review Statement-OSCR, DPS, Housing sec. Facilities Use Policy
  - Institution: Housing, Greeks, Athletics, OSCR/SAOR Consultation-Academic Units
  - Group: New student orientation, parent orientation, Community Matters Student Legal Services, OSCR
  - Individual: Safe and Legal campaign

- **Health Protection**
  - Public Policy: Health Protection
  - Community: Washtenaw County Health Organization- Access Service
  - Institution: UHS/PULSE Theatre troupe Safe and legal campaign, SIR, Bystander, Students for Recovery (SFR)
  - Group: UHS/SIB PULSE Theatre troupe Bystander Greek Life-SMT SFR
  - Individual: PULSE Alcohol screening training Bystander SIR GreekLife-SMT

- **Intervention and Treatment**
  - Public Policy: Intervention and Treatment
  - Community: Assessment/treatment, Sobriety Court, AA Meetings, UMHS-UMATS, TCS/AMP
  - Institution: CAPS, UHS-HPCR Hospital TCS/AMP
  - Group: Referral to BASICS/IMEP/CAPS/FASAP TCS/AMP
  - Individual: CAPS, BASICS/IMEP UHS, OSCR, FASAP TCS/AMP UMHS Audit Alcohol Use Screenings
KEY
AAPD- Ann Arbor Police Department
A2C3-Ann Arbor Campus Community Coalition
AOD-Alcohol and Other Drugs
AODCRMC-AOD Collaborative Risk Management Committee
AODPP-Alcohol and Other Drug Prevention Program
BASICS-Brief Alcohol Screening and Intervention for College Students
Biennial Review-Federal compliance requirement to review the institution’s alcohol and other drug policy as mandated by the DFSCA
CAPS-Counseling and Psychological Services
Community Matters-online education requirement -AlcoholEdu/Sexual AssaultEdu
CRP- Collegiate Recovery Program
DFSCA-Drug Free Schools and Campuses Act
DPS-Department of Public Safety
DUI-Driving Under the Influence
eChug- Online alcohol screening program that provides personalized normative feedback
GARP-The Greek Activities Review Panel, is the judicial body for the Greek Community at Michigan
HPCR-Health Promotion and Community Relations (a department of UHS)
IMEP-Individual Marijuana Education Program
MLCC- Michigan Liquor Control Commission
MIP-Minor in Possession law
ONSP-Office of New Student Programs
OSCR-Office of Student Conflict Resolution
RHA-Residence Hall Association
PULSE-Peers Utilizing Leadership Skills for Education (PULSE) is a student-run, UHS-sponsored organization promoting health in residential communities
SAEN-Substance Abuse Education Network is made up of university staff who provide programs and services on issues related to alcohol and other drugs
SAL-Student Activities and Leadership
SFR-Students for Recovery
SIB-Stay in the Blue Campaign-harm reduction campaign for those that choose to drink
SMT-Sober Monitor Training
SOAR-Student Organization Advancement and Recognition developed the Standards of Conduct for Registered Organizations
TAM- Techniques in Alcohol Management. Training required for employees who serve alcohol on premise.
TCS/AMP – MHealthy Tobacco Consultation Services, Alcohol Management Program
UM Etc.- Educational theatre troupe that explores college transition issues for students at Orientation
UMIX-University Unions program that hosts late night alcohol free social options for UM students
UHS-University Health Service

Italicized items are recommended or currently being evaluated
Consistency of Enforcement Summary (2012)

At the University of Michigan, a caring community is a critical component to realizing the mission of the university. That means encouraging others to be responsible for the health and safety of the community and to discourage behavior that may cause harm. We also strive to build a respectful community, in which members exhibit integrity and consideration for others. Violating the University of Michigan’s Alcohol and Other Drug Policy can significantly impact the entire community.

The University of Michigan has a philosophically sound and consistent protocol of enforcement regarding alcohol and other drug violations. Our approach is both restorative and educational and involves the cooperation of many departments. Members of the community who are found in violation can be held accountable to multiple constituencies. This includes, but is not limited to, the various units and departments reporting up to or through the Office of University Human Resources, Athletics, Housing, and other community resources. While this multi-faceted enforcement is essential to our restorative and educational system, its decentralized nature is also our biggest challenge.

This document will highlight the key components of the broader enforcement system and the varying levels of interaction each unit has with students, faculty and staff.

1Individuals subject to our processes may also be referred to, or held accountable in, external settings (i.e. court system).

**Student and Faculty/Staff Incidents**

<table>
<thead>
<tr>
<th>Year</th>
<th>OSCR-FCR</th>
<th>OSCR-ACR4AOD</th>
<th>Housing</th>
<th>Athletics</th>
<th>Faculty/Staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010 - Alcohol</td>
<td>48</td>
<td>291</td>
<td>321</td>
<td>--</td>
<td>--</td>
<td>660</td>
</tr>
<tr>
<td>2011 - Alcohol</td>
<td>75</td>
<td>285</td>
<td>791</td>
<td>3</td>
<td>4</td>
<td>1158</td>
</tr>
<tr>
<td>2010 – Other Drugs</td>
<td>12</td>
<td>--</td>
<td>109</td>
<td>7</td>
<td>--</td>
<td>128</td>
</tr>
<tr>
<td>2011 – Other Drugs</td>
<td>17</td>
<td>3</td>
<td>140</td>
<td>15</td>
<td>--</td>
<td>175</td>
</tr>
</tbody>
</table>

1The Office of Student Conflict Resolution (OSCR) offers education to students who are alleged to have been involved in alcohol and/or other drug-related incidents. The majority of these students agree to participate in OSCR’s program, though some elect to
contest the allegations through Formal Conflict Resolution (FCR) or are processed through FCR pathways on account of the nature of the allegations.

2 OSCR also offers education to student participants in its Adaptable Conflict Resolution for Alcohol and Other Drugs (ACR-for-AOD) program. ACR-for-AOD provides students involved in AOD-related incidents with an opportunity to resolve conflict outside of OSCR’s FCR pathways.

3 The Housing Student Conflict Resolution team is made up of professionals and students who aim to promote restorative justice around campus. They work closely with OSCR.

1, 2, 3 The numbers represented are the number of individuals addressed through the respective processes. It should be noted that a case could have involved both alcohol and other drugs within the same incident. This information does not align with our federal Clery reporting numbers as this encompasses numerous incidents that are not Clery reportable due to location.

4 Athletics - The numbers represented are the numbers of individuals addressed through the Athletic Department processes. The numbers for "other drugs" in athletics reflects the regular and ongoing mandatory drug testing process that student athletes are subject to and that is unique to this population of the university. The number for "other drugs" for 2011 reflects an increase in the number of substances for which testing occurred, starting that year.

5 Faculty/Staff – The numbers represent disciplinary action which was meted out for alcohol and substance abuse violations.

**Documentation of Incidents**

*University Housing*

When possible violations of the Statement of Student Rights and Responsibilities (Statement) or the Community Living Standards (CLS) are observed, they are generally documented by residents, staff members and/or Housing Security/DPS officers. The information report is submitted to the office of the Hall Director.

The resident’s Area Coordinator (AC) or Hall Director (HD) reviews the report and decides how the case will be handled. (Residents will always be referred to their own AC or HD, regardless of where the report originated.) The AC or HD may decide to dismiss the case without further action, to direct the case further through the Housing Student Conflict Resolution Process or to refer the case to the Office of Student Conflict Resolution (OSCR). The following is the criteria that Residence Education will use when considering whether to refer a case to the Office of Student Conflict Resolution:

1. The alleged behavior presents a potential threat of danger to persons or property.
2. The alleged behavior presents potential imminent danger to persons or property.
3. The alleged behavior is of a repetitive nature and the accused student is not responding to local process and/or restorative measures.
4. The alleged behavior involves harassment (racial, sexual or other) and indicates a potential impact on the campus-wide climate.
5. The alleged behavior indicates that the responding student may need to be put on notice that repetition could result in suspension or expulsion.
6. The alleged behavior occurs outside of the residence halls or the responding student is not a member of the residence hall community.

Athletics
Incidents in athletics are reported to an Associate Athletic Director and the Athletic Director and documented. Incidents are communicated to other appropriate parties both within and outside Athletics (i.e., coaches, athletics counseling), and the department-specific AOD policies and procedures are implemented to address the incidents or violation.

The Office of Human Resources
The Office of University Human Resources receives information about discipline meted out for violations by faculty and staff. Sanctions for violations by faculty and staff are governed by policies within individual departments and applicable guidelines set by University regulations (Regents’ Bylaw 5.09, Standard Practice Guide 201.12), appropriate collective bargaining agreements, and other applicable policies or procedures.

Criminal, Disciplinary and Educational Sanctions
In addition to the disciplinary protocols of OSCR, Housing, Athletics and Human Resources, the Department of Public Safety officers enforce state law, as well as the Regents’ Ordinance, which includes provisions relating to alcohol and other controlled substances. The following situations may arise on campus:

1. Encounters with people (regardless of student status) who have been drinking and/or using controlled substances and are under the age of 21 will result in a court summons.
2. Encounters with people who have been drinking and/or using controlled substances and driving will result in consistent application of the laws pertaining to Operating (a motor vehicle) While Intoxicated (again, regardless of student status).
3. Encounters with people who have been drinking and/or using controlled substances, are not driving, and are older than 21 may result in a wider variety of outcomes based on the observations of the officers and the actions of the individuals. These outcomes could include citations or arrests for a variety of violations of law and/or the Regents’ ordinance.
The University of Michigan utilizes educational and/or disciplinary sanctions that include, but are not limited to the following:

- Reflective essay
- Online course
- Brief Alcohol Screening Intervention for College Students (BASICS)
- Individual Marijuana Educational Program (IMEP)
- Assessment of Substance Abuse Patterns (ASAP)
- Community Circle
- Alcohol Management Program
- Alternative Dispute Resolution (Mediation)
- Progressive Discipline

**Consistency Review**

The key stakeholders involved in this process will meet annually to review the data and ensure these protocols are being applied consistently.

### 2010-11 Clery Statistics

<table>
<thead>
<tr>
<th>Offense</th>
<th>On-Campus Property</th>
<th>Non-Campus Property</th>
<th>Public Property</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Reported to UM DPS</td>
<td>Reported to Other Police</td>
<td>Reported to UM DPS</td>
</tr>
<tr>
<td>Murder/Non-negligent Manslaughter</td>
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<td>0 0 0</td>
<td>0 0 0</td>
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<td>Negligent Manslaughter</td>
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<tr>
<td>Forcible Rape</td>
<td>1 0 5</td>
<td>0 0 2</td>
<td>0 2 0</td>
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<tr>
<td>Forcible Sodomy</td>
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<td>0 0 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Sexual Assault With An Object</td>
<td>1 0 0</td>
<td>0 0 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Forcible Fondling</td>
<td>4 0 1</td>
<td>0 2 1</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Incest</td>
<td>0 0 0</td>
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<td>0 0 0</td>
</tr>
<tr>
<td>Statutory Rape</td>
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<tr>
<td>Robbery</td>
<td>4 0 0</td>
<td>0 0 0</td>
<td>5 5 0</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>6 0 2</td>
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<td>Arson</td>
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<tr>
<td>Burglary</td>
<td>25 0 12</td>
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<tr>
<td>Motor Vehicle Theft</td>
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<td>1 1 0</td>
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<tr>
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<table>
<thead>
<tr>
<th>On-Campus Residence Halls</th>
<th>Reported to UM DPS</th>
<th>Reported to Other Police</th>
<th>Reported to Non-Policy</th>
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2011

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<tr>
<th>Offense</th>
<th>On-Campus Property</th>
<th>Non-Campus Property</th>
<th>Public Property</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>0 0 0</td>
<td>0 0 0</td>
<td>0 0 0</td>
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<tr>
<td>Negligent Manslaughter</td>
<td>0 0 0</td>
<td>0 0 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>Forcible Rape</td>
<td>1 0 5</td>
<td>0 0 2</td>
<td>0 2 0</td>
</tr>
<tr>
<td>Forcible Sodomy</td>
<td>2 0 0</td>
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<td>1 0 0</td>
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<td>Aggravated Assault</td>
<td>6 0 2</td>
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Distribution Protocol

By the end of September each year, the current University of Michigan Alcohol and Other Drug Policy is published in the Annual Security Report and Annual Fire Safety Report, which is also posted on the DPS web site (http://www.police.umich.edu/docs/clery.pdf) in compliance with the Clery Act. It is also posted on the U-M Web site (http://umich.edu/~spolicy/studentalcoholtdrug.html) and distributed via email to faculty and staff by Central and Health System Human Resources and to students by either the Dean of Students or the Vice President for Student Affairs.

By September 1st, the Alcohol and Other Drug Policy and Prevention Administrator emails the Vice President of Student Affairs Communications Director and the University Human Resources (UHR) Associate Director of Policy to announce the compliance requirement.

The Associate Director of Policy coordinates the distribution and gets final approval from the Associate Vice President of Human Resources and the Chief Human Resources Officer of UMHS who sign the email to faculty and staff.

The Alcohol and Other Drug Policy and Prevention Administrator for the Division of Student Affairs manages the student email distribution and gets approval from either VP Student Affairs and/or the Dean of Students, who have the authority to send out the mass distribution email. The two letters are similar but customized to each audience.

Email distribution is to be completed by the end of October.

*The UM Alcohol and Other Drug Policy also is linked in the mandatory online course required for all incoming first year and undergraduate transfer students, and is referenced in parent and student orientation materials.
2012 Committee Recommendations

1. Continue to integrate the alcohol and other drug resources for faculty/staff on campus into the Biennial Review process.

2. Continue to expand the Program Effectiveness review to include additional data from other AOD initiatives across campus in addition to the AODP Program (i.e. MHealthy, TAM)

3. Continue to provide leadership and support for the Ann Arbor Campus-Community Coalition (A2C3).

4. Collaborate with the Dean of Students Beyond the Diag program staff to provide prevention materials to landlords/landlord associations.

5. Support the adoption of a bystander intervention program on campus to provide students with the skills needed to intervene in harmful behaviors that include alcohol and other drugs (AOD).

6. Develop a plan for communicating and implementing the new Medical Amnesty Law.