

DARTMOUTH COLLEGE



BIENNIAL REVIEW OF ALCOHOL AND OTHER DRUG PROGRAMS

SEPTEMBER 1, 2006 – AUGUST 31, 2008

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BIENNIAL REVIEW OF ALCOHOL AND OTHER DRUG PROGRAMS AT DARTMOUTH COLLEGE

SEPTEMBER 1, 2006 – AUGUST 31, 2008

EXECUTIVE SUMMARY

The Drug-Free Schools and Communities Act requires institutions of higher education to perform a biennial review of policies relating to alcohol and other drugs (AOD). The review has two objectives: 1) to determine the effectiveness of, and to implement any needed changes to, the AOD program and policies; and 2) to ensure that the disciplinary sanctions for violating standards of conduct are enforced consistently.¹

Dartmouth College meets the requirements of the Drug-Free Schools and Communities Act by having both policies for students and employees that prohibit the use and possession of illegal drugs on campus as well as through our specific educational services and programs. As a private, educational institution our primary goals around alcohol and drug use are focused on health and safety. Dartmouth's enforcement efforts include educational programs, disciplinary sanctions, and other actions in cooperation with local agencies, including the Hanover Police Department. Materials about College policies, state law, health risks and available programs regarding illegal drug and alcohol use are made available each year to all students and employees through the College's Annual Security Report, on the web at: <http://www.dartmouth.edu/~security/information/clery-act/> These messages are reinforced through widely varying educational programs, services, one-on-one meetings, print materials, websites and other efforts throughout each year. The following report details our broadly focused alcohol and drug education goals and efforts over the past two years, summarizes our varied program elements, provides analysis of these efforts and makes recommendations for improvements in the coming two years.

The Dean of the College Office, in conjunction with the Office of the General Counsel, has reviewed our AOD programs and policies and compiled the information included in this review. Since the last review, several significant accomplishments and changes have been realized including:

- a renewed focus on harm reduction strategies while maintaining proactive and environmental models of intervention,
- the Dean's multiple historical presentations on alcohol at Dartmouth to various campus groups which increased awareness and understanding of current policy,
- the review and revision of the Social Events Management Procedures (SEMP). This review process will continue in the 2008-2009 academic year,

¹ U.S. Department of Education, Office of Safe and Drug-Free Schools, Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention., *Complying with the drug-free schools and campuses regulations [EDGAR Part 86]: A guide for University and College Administrators* (Washington, DC, 2006) 13.

- a continued expansion of, and increased awareness of, the Good Samaritan Policy²,
- the development of educational options to the adjudication process of alcohol offenders to be more consistent with our position that education and health care intervention are the first line of defense against alcohol abuse and the use of illicit substances,
- more precise tracking of compliance with educational sanctions by the Undergraduate Judicial Affairs Office (UJAO) in conjunction with the AOD Office in Health Resources,
- the development of a Dartmouth-specific longitudinal web-based alcohol education and assessment program for new and continuing students that allows for delivery of specific information, collection of data from students and multi-year outcome analysis.

ALCOHOL AND OTHER DRUG PROGRAM GOALS

As stated in the *Student Handbook*, Dartmouth's overall alcohol education efforts, including the alcohol policy, "aim to deepen student awareness of the problems that the abuse of alcohol can create, and to involve the College and members of the College community in helping to alleviate these problems whenever possible."

Our alcohol and other drug education program aims to:

1. develop alcohol guidelines that are clear, readily understood, consistent, and equally applicable to all undergraduate students;
2. create a non-coercive social environment for those who choose not to drink;
3. promote moderation, safety, and individual accountability for those who choose to drink; and;
4. maintain a community where the effects of alcohol abuse and the problems of behavior associated with it are openly discussed.

EVIDENCE OF GOAL ACHIEVEMENT

GOAL 1: TO DEVELOP ALCOHOL GUIDELINES THAT ARE CLEAR, READILY UNDERSTOOD, CONSISTENT, AND EQUALLY APPLICABLE TO ALL STUDENTS.

- A. According to the 2007 *AlcoholEdu*[®] *Executive Summary*³, 97% of Dartmouth first-year students in the class of 2011 acknowledged receiving information about AOD policy and prevention activities including the Good Samaritan Policy - which encourages students to seek medical help for intoxicated individuals by removing the threat of judicial action.

² "Good Samaritan Policy: Student health and safety are primary concerns of the Dartmouth community. Students are expected to contact Safety and Security when they believe that assistance for an intoxicated/impaired student is needed. The Department of Safety and Security (DOSS) will assist intoxicated individuals by providing or facilitating transport to medical facilities at the College Health Services, Dartmouth-Hitchcock Medical Center, or by taking other protective measures. In case of medical emergency, students should call 911 for assistance by local police, fire safety or medical professionals. Students and/or organizations that seek assistance from these sources, the individual assisted, and others involved will not be subject to College disciplinary action with respect to the alcohol policy... In order for this policy to apply, the intoxicated student(s) must agree to timely completion of recommended alcohol education activities, assessment, and/or treatment depending on the level of concern for student health and safety."

³ Dartmouth College Board of Trustees, *AlcoholEdu*[®], *Executive Summary 2006-2007*, Health Services/Health Resources AOD Educational Programs, Internal document.

- B. During the past two academic years student understanding of the alcohol policies are reflected in the increase in use of the Good Samaritan Policy. “Good Sam” inpatient admissions for alcohol intake at the Dartmouth College Health Service Inpatient Department (IPD) increased from 27% to 46%⁴. This indicates that almost half of all the calls for medical assistance are a result of alcohol intoxication are generated by the students themselves.
- C. AOD Education trained 882 students in the Social Event Management Procedures within the last two academic years so these students were aware of guidelines and procedures for hosting social events where alcohol was present.
- D. An analysis of judicial actions regarding alcohol shows consistency of enforcement. All students found responsible for public intoxication were referred for an individual assessment or to a group education class. The increase in the percentage of “Good Samaritan” cases can be attributed to the implementation of that policy.⁵

GOAL 2: TO CREATE A NON-COERCIVE SOCIAL ENVIRONMENT FOR THOSE WHO CHOOSE NOT TO DRINK.

- A. According to AlcoholEdu® data, after their first 40 days at Dartmouth, the class of 2011 had the highest reported abstinence rate in recent history at 29%. This may in part be due to a non-coercive social environment.
- B. Although this goal specifically addresses alcohol, it is important to note that in the *2008 Dartmouth Health Survey*, 83% of students have never used or have not used marijuana in the past 30 days; 99% have never used or have not used cocaine within the past 30 days; and 98% have never used or have not used amphetamines within the past 30 days. This also suggests a non-coercive social environment.

GOAL 3: TO PROMOTE MODERATION, SAFETY, AND INDIVIDUAL ACCOUNTABILITY FOR THOSE WHO CHOOSE TO DRINK.

- A. Of those Dartmouth College students who did report drinking in the *2008 Dartmouth Health Survey*, 75% reported drinking five or fewer drinks the last time they had the opportunity to drink.⁶
- B. The *2008 Dartmouth Health Survey* revealed that 98% of students who drink reported using at least one harm reduction strategy prior to, during, and/or after drinking, such as alternating non-alcoholic and alcoholic beverages, eating before drinking, and going to and from parties with friends.⁷
- C. The College responds to violations of the public intoxication policy as both health and conduct issues. Students found responsible for violating the policy are required to complete the Dartmouth Alcohol and Other Drug Awareness Program (DAODAP). In 2007, 257 students were referred to the Alcohol Awareness Program and either participated in assessment, referral, counseling and/or education. In 2008, 254 students were referred to the program.⁸

⁴ Dartmouth College Board of Trustees, *DC Health Services 2006-2008 IPD Data*, Dartmouth College Health Services, Internal document.

⁵ Dartmouth College Board of Trustees, *DC, Undergraduate Judicial Affairs 2006-2008 Data*, Internal document.

⁶ Dartmouth College Board of Trustees, *DC Dartmouth Health Survey 2008*, Dartmouth College Health Services, Internal document.

⁷ Dartmouth College Health Service, *DC Health Survey 2008*, Dartmouth College Health Services, Internal document.

⁸ Dartmouth College Health Service, *DC Undergraduate Judicial Affairs 2006-07 Judicial Action Data*, Internal document.

D. During the two academic years comprising the reporting period there were 672 reports of drug and alcohol related violations. There were no fatalities on campus related to drug or alcohol use. These reports resulted in 432 sanctions being issued and 33 students were not issued sanctions based upon the facts of each individual case. 198 students participated in education or counseling as part of the College's "Good Samaritan" policy. Under this policy, students who seek medical attention following an alcohol violation are not subject to disciplinary action if they comply with counseling recommendations for treatment. The following charts summarize sanctions issued for alcohol and drug policy violations during the reporting period.⁹

2006-2007 Alcohol and Other Drug Violations and Sanctions

Violation Type →	Intoxi- cation	Underage Drinking	Possession	Serving/ Distributing Alcohol to Minors	Common Source	Other Drugs	Alcohol Law
SANCTION ↓							
Warning	1	27	10	0	0	1	2
Reprimand	52	11	5	4	1	22	10
College Probation (1-4 terms)	33	12	3	4	1	5	14
Suspension (1-5 terms)	18	1	1	0	0	1	9
Separation	0	0	0	0	0	0	0
Good Samaritan	77	20	1	0	2	0	3
Not Responsible, Allegation Rescinded, Insufficient Evidence or No Action	2	14	3	0	0	4	2
Totals	183	85	23	8	4	33	40

2007-2008 Alcohol and Other Drugs Violations and Sanctions

Violation Type →	Intoxi- cation	Underage Drinking	Possession	Serving/ Distributing Alcohol to Minors	Common Source	Other Drugs	Alcohol Law
SANCTION ↓							
Warning	6	27	8	0	0	4	11
Reprimand	50	9	8	0	0	2	15
College Probation (1-4 terms)	13	4	2	0	0	4	10
Suspension (1-8 terms)	4	1	1	0	0	2	3
Separation	0	0	0	0	0	0	0
Good Samaritan	52	43	0	2	0	0	7
Not Responsible, Allegation Rescinded, Insufficient Evidence or No Action	2	0	3	0	0	2	1
Totals	127	84	22	2	0	14	47

⁹ Detailed information on disciplinary sanctions and definitions of violations of the Alcohol and Other Drugs Policies can be found in the 2008-09 Dartmouth College Student Handbook, online at: <http://www.dartmouth.edu/~deancoll/documents/DartmouthCollegeStudentHandbook2008.pdf>

- E. The *2008 Dartmouth Health Survey* indicated that 95% of survey respondents reported that they did not drink and drive within the past 30 days. That percentage increases to 99% when students were asked if they had driven after consuming five or more drinks.¹⁰
- F. Social norms messages were successfully targeted toward first-year students in the AlcoholEdu® online education course prior to matriculation. In 2006 and 2007, 99% of the entering first-year classes, the classes of 2010 and 2011, were exposed to accurate “social norms” messages prior to matriculation.¹¹
- G. According to the *Dartmouth 2006 Alcohol Policy and Perception Survey*, 82% of Dartmouth students believe it is a student’s responsibility to take care of a friend whom they think is intoxicated.¹²

GOAL 4: TO MAINTAIN A COMMUNITY WHERE THE EFFECTS OF ALCOHOL ABUSE AND THE PROBLEMS OF BEHAVIOR ASSOCIATED WITH IT ARE OPENLY DISCUSSED.

- A. The Dean of the College holds regular open office hours where any student can talk with the Dean. Alcohol use is routinely discussed during these times.
- B. The Dean of the College presented the history of alcohol policy at Dartmouth as well as current policy and practices to seven groups during 2007-2008.
- C. In the *2008 Dartmouth Health Survey*, 99% of Dartmouth students who were surveyed agreed with the statement, “while it’s sometimes a nuisance, I believe that we all need to be responsible for each other, and helping to keep someone safe is more important to me than uninterrupted study time.”

ALCOHOL AND OTHER DRUG PROGRAM ELEMENTS

Dartmouth’s AOD programs are coordinated by staff in the Health Resources Department of the Health Service. The AOD program staff focuses on education and outreach, student-led initiatives, campus and community coalitions, support and referral, research and evaluation, and policy development. Examples of our programs, organized by these categories, follow.

1. Education and outreach

- 1.1. Recruit, train and supervise a core of Drug and Alcohol Peer Advisors (DAPAs). Approximately 72 DAPAs were trained in ’06 – ’08.
- 1.2. Recruit, train and supervise a core of Sexual Abuse Peer Advisors (SAPAs) (recognizing that sexual assault is a serious secondary effect of alcohol misuse). Approximately 89 SAPAs were trained in ’06-’08.
- 1.3. Train Undergraduate Advisors (UGAs) to assess the environment and develop passive and active educational programming (approximately 200 per year).
- 1.4. Collaborate with Residential Education to present AOD educational materials and facilitate conversations about primary and secondary effects of alcohol abuse through

¹⁰ Dartmouth College Health Service, *Dartmouth Health Survey 2008*, Internal document.

¹¹Dartmouth College Board of Trustees, *AlcoholEdu®*, *Executive Summary 2006-2007*, Dartmouth College Health Service/Health Resources AOD Educational Programs, Internal document.

¹² Dartmouth College Health Service, *Dartmouth Alcohol and Perceptions Survey 2006*, Internal document.

the First-Year Residential Experience (FYRE). Attendance at these programs continues to be high for first-year students.

- 1.5. Provide programming by AOD staff and interns to residential communities, Coed, Fraternity, and Sorority (CFS) organizations, and other student groups.
- 1.6. Publish the *Dartmouth College Alcohol Handbook* (Appendix A) and maintain an AOD website.
- 1.7. Annually coordinate two student orientation programs focused on alcohol and sexual assault (attendance exceeds 80% of the first-year class at each program).
- 1.8. Sponsor AlcoholEdu®, an online alcohol education program, for new students. More than 99% of the class participated prior to their matriculation. (Note: In Fall, 2008 we will replace this program with a Dartmouth-specific web-based program.)
- 1.9. Meet with family members during Family Orientation.
- 1.10. Partner with the NCAA CHAMPS (Challenging Athletic Minds for Personal Success) Life Skills program to educate athletes in multiple programs each year reaching a majority of varsity and club sport athletes.
- 1.11. Forums that address alcohol use and abuse on campus during the past two years have included annual DCARE (Dartmouth Center for Addiction, Recovery, and Education) symposium and other campus discussions.

2. Student-led initiatives:

- 2.1. Drug and Alcohol Peer Advisor programs: Student Orientation Presentation, Great American Smoke Out, Designated Driver Week, National Drug Awareness Week, Safe Spring Break, Alcohol Screening Day, and the Student Health Advisory Board.
- 2.2. Sexual Abuse Peer Advisors programs.
- 2.3. Undergraduate Assistant programming including the First Year Residential Experience (FYRE) reached approximately 97% of the first year students.
- 2.4. AOD Education Interns organized multiple events mentioned above.

3. Campus and community coalitions in which the AOD Coordinator has participated:

- 3.1. Committees and activities of the Dartmouth Center for Addiction, Recovery, and Education (DCARE).
- 3.2. Provost Tobacco Task Force: Partnership between Faculty/Staff/Students in the development of a “tobacco-free” campus.
- 3.3. Upper Valley Prevention Partnership (CSAC).

4. Support and referral efforts:

- 4.1. Alcohol and Other Drug Treatment Team: A team of health and mental health providers who evaluate and make treatment recommendations for students who have been admitted to the infirmary for intoxication or are referred by a class dean or other staff member. The team consists of the AOD Coordinator, a psychiatrist, a psychologist, a pediatrician, a Clinical Social Worker, and a Certified Registered Nurse, all of whom specialize or have specialized training in abuse/addictive treatment.
- 4.2. Conduct individual assessments of alcohol and other drug use through Counseling & Human Development.
- 4.3. Provide short-term treatment and external case management through Counseling & Human Development.
- 4.4. Provide support or referrals to students who self-refer as well as students and staff concerned about someone else.
- 4.5. Maintain a library of AOD materials at the College Health Service.

- 4.6. Run a low-risk/moderate support group for drinkers with Counseling & Human Development.
- 4.7. Support 12-step groups that meet on campus.
- 4.8. Run an abstinence support group.
- 4.9. Collaborate with Residential Education when students who are in recovery express interest in living in a substance-free environment.
- 4.10. Participate in Alcohol Screening Day, a national program during which students complete a five-minute survey followed by a brief consultation with a health-care provider to discuss their results. Referrals for more extensive assessments are made as warranted. Approximately 1800 students were screened in 2007-2008. Aggregate data from screening is used to inform future programs and services.
- 4.11. Coordinate Dartmouth Alcohol and Other Drug Awareness Program, DAODAP, which consists of, but is not limited to, programs and informative, fact-based multimedia presentations designed to dispel common myths and misperceptions about various substances.
- 4.12. Provide infirmary care for intoxicated students. Nurses conduct a discharge interview and make referrals for additional education or assessment as warranted.

5. Research and evaluation:

- 5.1. Collect data from AlcoholEdu® - first-year matriculation surveys.
- 5.2. Ongoing evaluation of Dartmouth Alcohol and Other Drug Awareness Program.
- 5.3. Collaborate with the Student Affairs Planning, Evaluation, and Research Office to implement surveys such as the *Dartmouth Health Survey* and the new comprehensive online Alcohol Education and Assessment Program, and to include appropriate questions about alcohol and other drug use in other surveys or research as appropriate.
- 5.4. Conduct impromptu focus groups during educational activities when/where available.

6. Policy and enforcement review:

- 6.1. Evaluate College policy and practice when state and federal regulations change.
- 6.2. In early 2008, the Dean of the College asked the Associate Dean, the AOD Coordinator, the Director of Safety and Security, and the Director of Undergraduate Judicial Affairs to review the procedures associated with adjudication of student violations of alcohol policy, review statistics regarding the frequency of violations, compare our data and policies with peer institutions, and make recommendations about policy and enforcement. Implementation of these recommendations will take place in the 2008-2009 academic year.
- 6.3. In early 2006, the Dean of the College charged a working group to evaluate the Good Samaritan Policy. The policy exists to reinforce peer choices to seek medical attention for students whose drinking may have endangered themselves or others. The policy was revised to allow for multiple “Good Sam” calls to reinforce the harm reduction model.
- 6.4. A committee of students and administrative staff were convened to review and recommend changes to the Social Events Management Procedures. The committee received their charge in late December 2007 and made their recommendations in April 2008. The review process was extensive and will not be finalized until the 2008-2009 academic year.

ALCOHOL AND OTHER DRUG POLICY

Dartmouth's Alcohol and Other Drugs Policies are on the web at:

<http://www.dartmouth.edu/~uja/standards/index.html>.

The student alcohol and other drug policies are made available annually in the Student Handbook to each enrolled student, faculty advisors, and staff members in the Dean of the College area. The *Student Handbook* can be accessed by all students, employees, and the general public on-line at:

<http://www.dartmouth.edu/~deancoll/documents/DartmouthCollegeStudentHandbook2008-2009.pdf>

FACULTY AND STAFF POLICIES AND RESOURCES

While the primary focus of the College's alcohol and other drug programs and of this Biennial Review is upon the health and welfare of its students, the college also recognizes the importance of raising the awareness of its faculty and staff, applying sound employment policies, applying them consistently, and providing additional resources to employees who need assistance.

The College's Drug-Free Campus and Workplace Policies can be found in the Employment Policies and Procedures manual and in the Employee Handbook, both of which are available on-line. Employees are directed to these resources at orientation and again through annual announcements. The Office of Human Resources has a Consultant assigned to support each department of the College, should questions arise regarding the interpretation or implementation of those policies. These policies can be found at: http://www.dartmouth.edu/~hrs/pdfs/Drug-Free_Workplace.pdf

The College's Faculty/Employee Assistance Program (F/EAP) is dedicated to providing quality, confidential and cost-free assistance to employees or their families who may be experiencing difficulties that affect their lives. The F/EAP counseling staff is composed of licensed and certified professionals who offer assessment, counseling, and if necessary, referrals to appropriate resources. See the F/EAP website at: <http://www.dartmouth.edu/~eap/> for additional information.

The Dartmouth Center on Addiction, Recovery and Education (DCARE, on the web at: <http://www.dartmouth.edu/~dcare/>) is another asset available to faculty and staff, offering educational programs and referral resources to those in need. The College sponsors regular on-campus meetings of both Alcoholics Anonymous (AA) and Al-Anon, announced on the College's on-line Events Calendar and open to all employees.

Employee policies and drug-free workplace information are also distributed in the annual Safety & Security report which is shared electronically with all members of the community and is also available on-line at: <http://www.dartmouth.edu/~security/information/clery-act>

ANALYSIS OF THE ALCOHOL AND OTHER DRUG PROGRAM

Over the last two years the Alcohol and Other Drugs Program Coordinator has made a considerable effort to provide in-depth information to staff and students about the prevention model known as “Harm Reduction”. Prevention of underage drinking can be very difficult; however, the “Harm Reduction” model is one that can be understood and supported by all members of the Dartmouth community.

Harm reduction is a set of practical strategies that reduce negative consequences of alcohol use, incorporating a spectrum of strategies from safer use, to managed use to abstinence. Harm reduction strategies meet alcohol users "where they're at," addressing conditions of use along with the use itself.

Because harm reduction demands that interventions and policies designed to serve alcohol users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. However, the following principles are central to harm reduction practice.¹³

- A. Accepts that alcohol use is prevalent in college communities and the goal is to minimize its harmful effects.
- B. Understands alcohol use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence, and acknowledges that some ways of using alcohol are clearly safer than others.
- C. Establishes quality of individual and community life and well-being--not necessarily cessation of all alcohol use--as the criteria for successful interventions and policies.
- D. Calls for the non-judgmental, non-coercive provision of services and resources to people who use alcohol and the communities in which they live in order to assist them in reducing attendant harm.
- E. Ensures that alcohol users and those with a history of alcohol use routinely have a real voice in the creation of programs and policies designed to serve them.
- F. Affirms alcohol users themselves as the primary agents of reducing the harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet their actual conditions of use.
- G. Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with alcohol -related harm.
- H. Does not attempt to minimize or ignore the real and tragic harm and danger associated with drug use.

Staffs at multiple levels and in a range of offices assume responsibilities for addressing alcohol abuse and misuse at Dartmouth. Although the work is facilitated and managed by the Alcohol Program Coordinator, his efforts alone would not be sufficient to realize our goals. In particular, student involvement in the program is key, with active peer advisory programs in several health areas. In addition many college departments including Safety and Security; Counseling and Human Development; Health Services and the Inpatient Department; Student Activities; Student Affairs Evaluation, Planning and Research; the Class Deans; Greek Life; Residential Education; and Undergraduate Judicial Affairs

¹³ Adapted from, www.harmreduction.org

are instrumental in forwarding our alcohol and other drug program goals. Lastly, the program makes good use of survey and research data that is Dartmouth-specific as well as information about national norms and best practices.

The student culture continues to present challenges. “Pong” – a drinking game – remains prevalent; some Greek groups and Senior Societies operate primarily as social clubs; and the number of patients admitted to the health service due to intoxication remains a serious concern.

Dartmouth College is one of the few colleges in the nation that provides an inpatient infirmary (IPD) for its student population. The inpatient department is acknowledged by students, faculty, staff, administration and parents as an invaluable source of comfort and care specifically for our students and as such serves to helpfully reinforce our messages around health and safety.

ALCOHOL AND OTHER DRUG PROGRAM/POLICY RECOMMENDATIONS

- A. Continued effort headed by the Alcohol and Other Drugs Program Coordinator at the direction of the Dean of the College to rally efforts by the student affairs division to focus on the “Harm Reduction” model of prevention.
- B. Continued effort by a divisional review committee to make recommendations for improvements in the procedures for management of undergraduate social events with alcohol.
- C. Development, analysis, and improvement of the online Alcohol Education and Assessment Program. The AOD Coordinator is to continue as the lead advisor; however he/she should develop a committee of colleagues to incorporate more collaborative educational opportunities within its structure.
- D. The Dean of the College to appoint the AOD Program Coordinator and Associate Dean of the College to co-chair the next biennial review. The process should begin fall term 2009.
- E. The Department of Safety and Security to work with Human Resources to develop additional ways to distribute employee policies currently published in the Annual Security Report. Human Resources, the Dean of the Faculty, and/or the Employee Assistance Program should be encouraged to provide a link to these policies from their web-site.
- F. The Dean of the College to request the appointment of representatives from Dartmouth’s graduate schools (Arts & Sciences, Tuck, Thayer and DMS) and Human Resources Office to assist with specific sections of the next biennial review.

APPENDICES AVAILABLE ON LINE

- Appendix A: Dartmouth College Alcohol Handbook
www.dartmouth.edu/~healthcd/docs/alcoholhndbk.pdf
- Appendix B: Current SEMP Policy (currently reviewing) <http://www.dartmouth.edu/~sao/sempp>
- Appendix C: Alcohol and Other Drug Policy
<http://www.dartmouth.edu/~uja/standards/policies/alcohol.html>
- Appendix D: Employee Policies / Drug-Free Workplace Policy
http://www.dartmouth.edu/~hrs/pdfs/Drug-Free_Workplace.pdf

Sources referenced in this report include:

- Dartmouth College Board of Trustees, *Student Handbook, 2007-2008*, (Dartmouth College, 2008) pg. 98
- Dartmouth College Board of Trustees, *AlcoholEdu[®], Executive Summary 2006-2007*, Dartmouth College Health Service/Health Resources AOD Educational Programs, internal document
- Dartmouth College Board of Trustees, *Dartmouth College Health Services 2006-2008, IPD Data*, internal document
- Dartmouth College Board of Trustees, *Dartmouth College Undergraduate Judicial Affairs 2006-2007 Judicial Action Data*, internal Document
- Dartmouth College Board of Trustees, *Dartmouth Health Survey 2008*, Dartmouth College Health Services, internal document
- DeJong, W., et. All (2007), *Experiences in Effective Prevention, The US Dept. of Education's Alcohol and Other Drug Prevention Models on College Campuses Grants*, Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention, p48

