

B a l l S t a t e U n i v e r s i t y



**Guide to Regulations for a
Drug-Free Campus**

Fall 2010

Ball State University
A Guide
to
Campus Regulations,
Information, and Resources
for
Drug-Free Schools and Communities
Act Amendments of 1989,
Drug-Free Workplace Act of 1988,
and
State of Indiana Drug-Free Workplace
Executive Order No. 90-5 of 1990

Ball State University has and continues to provide programs, services, and activities which are designed to encourage employees and students to develop and practice healthy and drug-free lifestyles. This publication provides summary information on laws, health risks, expectations and consequences, and resources which have been created to educate about and discourage the abuse of alcohol and illicit drugs.

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CONTACTS

Counseling Center

Lucina Hall 320
285-1736

Department of Public Safety

200 N. McKinley Avenue
Muncie, IN 47306
285-1208

Employee Assistance Program

WorkLife Programs, UHRS
Administration Building, Room 350
285-1187

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Health Center

Health Center
1500 W. Neeley Avenue
Muncie, IN 47306
285-8432

Health Education

Health Center, 2nd Floor
1500 W. Neeley Avenue
Muncie, IN 47306
285-8437 (Alcohol Abuse Education)
285-3773 (Controlled Substance Abuse Education)

University Human Resource Services

Administration Building, Room 350
285-1834

Working Well Program

Health Center
1500 W. Neely Avenue
Muncie, IN 47306
285-9355

Indiana State Law

Drug-Free Workplace Act of 1988 and State of Indiana Drug-Free Executive Order No. 90-5 of 1990

The Drug-Free Workplace Act of 1988 and State of Indiana Drug-Free Executive Order No. 90-5 of 1990 require the university to establish and maintain a drug-free workplace. To accomplish this objective, the university established a policy, approved by the Board of Trustees on March 31, 1989, that outlines the methods and philosophy of the university in relation to this new federal regulation. This policy is consistent with previously approved programs supporting the health and productivity of Ball State University employees.

As set forth in the above referenced statute and regulation, Ball State University must certify that it will continue to provide a drug-free workplace by:

- ♦ Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the university workplace and specifying the actions that will be taken against employees for violation of such prohibition.
- ♦ Establishing an ongoing drug-free awareness program to inform employees about the dangers of drug abuse in the workplace; the university's policy of maintaining a drug-free workplace; any available drug counseling, rehabilitation, and employee assistance programs; and the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- ♦ Making it a requirement that each employee engaged in the performance of a federal or state contract or grant be given a copy of the statement required in the above paragraph.
- ♦ Making it a requirement that each employee notify the university in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five (5) calendar days after such conviction.
- ♦ Notifying the contracting agency within ten (10) days after receiving notice from the employee or otherwise receiving actual notice of such conviction.
- ♦ Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted.
- ♦ Making a good faith effort to continue to maintain a drug-free workplace.

Ball State University Drug and Alcohol Abuse Policy

The Drug-Free Schools and Communities Act Amendments of 1989, Public Law 101-226 requires that the university adopt and implement a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by employees and students. In addition, the Drug-Free Workplace Act of 1988 and the State of Indiana Drug-Free Workplace Executive Order of 1990 require the university to establish and maintain a policy designed to create a drug-free workplace. This policy is being published to comply with the provisions of those acts.

The inappropriate use of controlled substances is detrimental to Ball State University's employees, students, and the public they serve. The university will attempt to assist an employee involved with the inappropriate use of controlled substances in obtaining rehabilitation. However, the ultimate responsibility for overcoming a dependency or inappropriate use of controlled substances is that of the employee and student.

Policy Objectives:

1. Provide a drug-free workplace and assure a safe, healthy work environment.
2. Adopt and implement a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by employees and students.
3. Reduce poor or indifferent job performance and/or rule infractions.
4. Provide assistance toward rehabilitation for individuals employed by the

university who seek assistance in overcoming a dependency or inappropriate use of controlled substances.

Policy:

1. The university does not accept or condone the inappropriate use of a controlled substance by any individual employed by the university. Therefore, the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in university facilities, which is a violation of federal and state law, is prohibited.
2. Compliance with this policy is a condition of employment, and violations may be cause for one or more of the following actions:

a. Referral to the Employee Assistance Program (EAP) for evaluation and assessment to determine the appropriate treatment for rehabilitation;

b. Participation in a drug rehabilitation program;

c. Suspension from university duty; and/or

d. Termination of employment.

3. Employees may contact or supervisors may refer employees to the EAP (see page 18) for assistance and confidential service. Participation in the EAP and/or participation in a treatment program will not alter or amend any of the rights or responsibilities of the employee or university.

4. The university will establish a drug-free awareness program to educate and inform employees and supervisors about:

- a. The dangers of drug abuse;**
- b. A description of applicable legal sanctions under local, state, or federal law;**
- c. A description of health risks associated with the use of illicit drugs and the abuse of alcohol;**
- d. The university's policy pertaining to a drug-free workplace;**
- e. The availability of assistance and confidential services offered through the EAP; and**
- f. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**

5. All individuals employed by the university must abide by the terms of this policy and if convicted of any criminal drug statute violation occurring in the workplace, must notify his or her department head or immediate supervisor no later than five (5) days after such conviction. Upon receiving notification from the employee of such conviction, the department head or immediate supervisor must notify University Human Resources of the conviction.

6. If an employee who is paid from a federal or state contract or grant is convicted of a criminal drug statute for a violation occurring in the workplace, the department head or immediate

supervisor must notify the Contracts and Grants Office within five (5) days after receiving notice under item five above for the purpose of complying with federal regulations.

Definitions:

1. The term “drug-free workplace” means a site for the performance of work done in connection with the employee’s assigned university responsibilities.

2. The term “employees” means all paid personnel of the university.

3. The term “controlled substance” refers to a controlled substance as defined in schedule I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).

4. The term “conviction” means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violation of the federal or state criminal drug statutes.

5. The term “criminal drug statute” means a criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance.

6. The term “university facilities” means any building or structure or any improved or unimproved land, or any part of any such building, structure, or land which is owned, used, or occupied by Ball State University.

Procedures:

A copy of the Ball State University Drug Abuse Policy shall be given to every employee. Requests for

assistance required to comply with this policy should be directed to the Office of University Human Resource Services (UHRS) (285-1834).

Drug-Free Schools and Communities Act Amendments of 1989

In response to President Bush's national drug control strategy, Congress passed legislation to require schools, colleges, and universities to implement and enforce drug prevention programs and policies as a condition of eligibility to receive federal financial assistance. On December 12, 1989, President Bush signed the Drug-Free Schools and Communities Act Amendments of 1989 (Amendments) Public Law 101-226. Section 22 of the Amend-

ments amends provisions for the Drug-Free Schools and Communities Act of 1986 and the Higher Education Act of 1965 to require that, as a condition of receiving funds or any other form of financial assistance under any federal program after October 1, 1990, a university or college must submit certification that it has adopted and implemented a drug prevention program.

As set forth in the above referenced statute, Ball State University is required to provide at a minimum, an annual distribution, in writing, to each employee and student the following information.

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- ◆ Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by employees and students on its property or as part of its activities;
- ◆ A description of applicable legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol;
- ◆ A description of health risks associated with the use of illicit drugs and the abuse of alcohol;
- ◆ A description of available drug or alcohol counseling, treatment, or rehabilitation or re-entry programs;
- ◆ A clear statement of the disciplinary sanctions that Ball State University will impose on employees and students and a description of termination of employment and referral for prosecution for the unlawful possession, use, or distribution of illicit drugs and alcohol. Disciplinary sanctions may also include completing an appropriate rehabilitation program; and
- ◆ A biennial review by Ball State University of its program to determine the effectiveness, implement needed changes, and ensure that disciplinary sanctions are consistently enforced.

Each employee and student is responsible for reading the material herein and for understanding the consequences of non-compliance.

Health Risks of Alcohol Abuse

For most adults, moderate alcohol consumption has not been shown to cause serious, long-term health risks. Alcohol abuse, on the other hand, is a major problem for 10% to 15% of adults and greatly reduces life expectancy. Even short-term alcohol intoxication poses serious safety risks to those who operate motor vehicles or engage in activities that require motor coordination or mental alertness.

Alcohol abuse refers to the use of alcoholic beverages in such a way as to interfere with physical or mental health or with the social interactions of the drinker. Alcoholism is a specific type of alcohol abuse in which the drinker becomes physically and/or psychologically dependent on alcohol. Alcoholism may strike drinkers of any

age and is a problem of increasing importance in the 18- to 25-year age group.

We do not have a good method of predicting which drinkers will develop alcohol problems. While some evidence indicates that alcoholism may run in families, there are countless exceptions to this finding. The amount and frequency of drinking appear to be the best predictors of alcohol abuse.

Although only a small number of university employees develop chronic alcohol problems, a few have been involved in “incidents” of inappropriate drinking which result in nausea and vomiting, driving while intoxicated, hangovers, fights or vandalism, and alcohol-related arrests. The number of these “incidents” can be reduced by controlling the amount of alcohol consumed at any one time.

NOTE: Any alcohol consumption by persons under the age of 21 is illegal in Indiana and is not condoned by Ball State University.

DRUGS CAN:

- ◆ **Make you feel able to do things you really cannot do.**
- ◆ **Make you careless and likely to forget important safety habits.**
- ◆ **Throw off your sense of time, space, and distance.**

Effects of Intoxication

Short-Term Intoxication:

Consumption of more than two average sized servings of alcohol within several hours will produce measurable impairment of motor coordination and reasoning. The more alcohol consumed the greater the impairment. Although many states (including Indiana) set a blood alcohol concentration (BAC) of 0.08% by volume as a presumptive level of intoxication for certain purposes, intoxication and impairment begin at a much lower level. It is safest to avoid **all** alcohol if operating a vehicle or engaging in risky recreational activities. Intoxication at levels of 0.20% BAC and above presents risks of loss of consciousness, nausea and vomiting, injuries, and even overdose death.

Although the average lethal dose is about 0.40%, overdose deaths occur in some situations with BACs near 0.20%.

Long-Term Heavy Drinking:

Drinking to the point of intoxication one or two times per week or more frequently over a period of several years can cause serious health consequences, including: liver disease and cirrhosis, circulatory problems and cardiomyopathy, nervous system damage and polyneuropathy, alcohol dependence, and psychosis. Alcohol abuse can increase the risks of certain types of cancers, including cancer of the tongue, mouth, pharynx, esophagus, larynx, and liver. The cancer-producing effects of alcohol abuse are increased by use of tobacco.

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Effects of Alcohol Intoxication:

General Effect:	Alcohol is a depressant drug that reduces activity in the central nervous system. The alcohol intoxicated person exhibits loose muscle tone, loss of fine motor coordination, and often has a staggering drunken gait. The eyes may appear somewhat glossy, and pupils may be slow to respond to stimulus. At high doses, pupils may become constricted. At intoxicating doses, alcohol can decrease heart rate, lower blood pressure and respiration rate, and result in decreased reflex responses and slower reaction time.
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Effects Related to Blood Alcohol Concentration (BAC):

BAC Level:	Effects:
0.02 - 0.03%	No loss of coordination, slight euphoria and loss of shyness. Depressant effects are not apparent.
0.04 - 0.06%	Feeling of well being, relaxation, lower inhibitions, sensation of warmth. Euphoria. Some minor impairment of reasoning and memory, lowering of caution.

0.07 - 0.09%	Slight impairment of balance, speech, vision, reaction time, and hearing. Euphoria. Judgment and self-control are reduced; and caution, reason, and memory are impaired.
0.10 - 0.125%	Significant impairment of motor coordination and loss of good judgment. Speech may be slurred; balance, vision, reaction time and hearing will be impaired. Euphoria.
0.13 - 0.15%	Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced, and dysphoria is beginning to appear.
0.16 - 0.20%	Dysphoria predominates; nausea may appear. The drinker has the appearance of a “sloppy drunk.”
0.25%	Needs assistance in walking; total mental confusion. Dysphoria with nausea and some vomiting.
0.30%	Loss of consciousness.
0.40% and up	Onset of coma, possible death due to respiratory arrest.

Adapted from Drug Use in America Society, 2nd ed., 1988 by William J. Bailey (Minneapolis: Burgess Publishing Company). Used with permission.

Alcoholism Risk Factors

The presence of one of these risk factors is suggestive of an increased risk of alcoholism.

1. Family history of alcoholism or other drug abuse.
2. Heavy alcohol abuse for more than one year.
3. Drinking to intoxication before the age of 15.
4. More than two drinking incidents per year that result in serious adverse consequences, such as an arrest, fight, blackout, nausea, etc.
5. Consumption of tobacco in any form.
6. Seeking out events at which alcohol will be served.
7. Most of your friends are heavy drinkers.

Fetal Alcohol Syndrome and Effects

Heavy use of alcohol has long been associated with birth defects and behavioral problems in infants. In the past physicians believed that drinking up to one ounce of alcohol a day would not be dangerous to the developing fetus. Some doctors even advised their patients to relax with a drink now and then. However, recent findings suggest that alcohol is not as safe as has been believed. In fact, it may be one of the more dangerous drugs for a pregnant mother and her child.

When a pregnant woman drinks, the alcohol flows easily through the placenta to the fetus. However, since the child's liver is not yet developed enough to break down the alcohol, it remains in the child's system much longer than in the mother's. And not only is the fetus physically incapable of dealing with an occasional cocktail, but also frequent drinking can cause health and behavioral problems that will follow the child through the rest of his or her life.

Fetal Alcohol Syndrome (FAS) is a set of identifiable birth defects caused by the use of alcohol during pregnancy. Studies indicate that FAS may occur in as many as one or two every 1,000 live births. FAS is characterized by a cluster of congenital birth defects that include the following:

- ♦ prenatal and postnatal growth deficiency;
- ♦ a particular pattern of facial malformations, including a small head circumference, flattened midface, sunken nasal bridge, and a flattened and elongated philtrum (the groove between the nose and the upper lip);

- ♦ central nervous system dysfunction; and

- ♦ varying degrees of major organ system malformations.

Behavioral changes associated with FAS include restlessness and irritability, often accompanied by convulsive movements, tremors, and problems in sleeping. A reduction in normal infant response to movement, touch, light, and sound have been reported; and mild to moderate retardation is a frequent outcome.

Alcohol's effects on the unborn are dose-related: The more alcohol the mother consumes, the greater her chances of bearing a child with physical defects or mental retardation. FAS is most likely to occur in the children of heavy drinkers--those who have five or more drinks per day. And yet, women who have two or four drinks a day also risk bearing children with physical and behavioral problems. Even binge drinking--the occasional consumption of large amounts of liquor--has been found to damage the growing fetus. And, as the Surgeon General has recently concluded, drinking even one or two drinks a week increases the possibility of stillbirth and miscarriage.

At this point, you may feel uncertain about how to approach drinking during pregnancy. There is much we have yet to learn about this problem, including the risks of small amounts of alcohol and the degree to which risk is compounded by such other factors as nicotine use and poor nutrition. Until all the facts are in, however, it makes sense to follow the U.S. Surgeon General's written policy that the safest choice is not to drink at all during pregnancy or if you are plan-

ning or anticipating pregnancy. In addition, women who breast-feed their babies should continue abstaining from alcohol until their children are weaned. Alcohol poses the greatest danger during the first three months of pregnancy. Unfortunately, this is also the period during which many women are unaware that they are pregnant. If you are planning a child, do not drink. If

you discover that you are pregnant, do not simply reduce your drinking--stop completely!

Also be aware of the alcohol content of many other substances and over-the-counter medications.

Your baby is worth it!

The Effects of Illegal Drugs

What Illegal Drugs Can Do:

Marijuana

- ◆ Slows your physical reflexes
- ◆ Cuts your mental powers
- ◆ Makes you forgetful
- ◆ Throws off your space and distance judgment
- ◆ Causes damage to your lungs, reproductive and brain functions

Cocaine

- ◆ Causes a temporary feeling of almost superhuman power, impairing your judgment and decision-making ability
- ◆ Causes emotional problems, mood swings, lack of dependability
- ◆ Damages your respiratory and immune systems
- ◆ Causes malnutrition, seizures, loss of brain function

Heroin

- ◆ Causes total disinterest in safety or anything else except drugs
- ◆ Costs lead to crime
- ◆ Damages interpersonal relationships
- ◆ Overdose-caused coma and death

Hallucinogens (PCP, LSD, Ecstasy, etc.)

- ◆ Causes hallucinations
- ◆ Vastly distorts what is seen and heard
- ◆ Causes sudden, bizarre changes in behavior
- ◆ Loss of concentration and memory

Health Risks of Use of Other Drugs

(adapted in part from U. S. Department of Education, *Schools Without Drugs*, 1987)

Marijuana, Hashish, and Hash Oil:

All forms of marijuana have negative physical and mental effects. Several regularly observed effects of marijuana are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of marijuana may impair or reduce short-term memory and comprehension, alter sense of time, and reduce the ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are “high.” Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco. Long-term users of marijuana may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

Cocaine:

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with unsterile equipment is known to transmit the virus that causes AIDS, hepatitis, and other

diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures. The use of cocaine can cause death by disrupting the brain’s control of the heart and respiration.

Other Stimulants:

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headaches, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Other Depressants:

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Hallucinogens:

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movements are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last six months to a year following prolonged daily use. Mood disorders--depression, anxiety, and violent behavior--also occur. In later stages of chronic use, users often exhib-

it paranoid and violent behavior and experience hallucinations. Large doses may produce convulsions and coma, heart and lung failure, or ruptured blood vessels in the brain. Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects or flashbacks can occur even after use has ceased.

Narcotics:

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possibly death.

Tolerance to narcotics develops rapidly, and dependence is likely. The use of blood contaminated needles may result in diseases such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

Designer Drugs:

Illegal drugs are defined in terms of their chemical formulas. To circumvent these legal restrictions, underground chemists modify the molecular structure of certain illegal drugs

to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate. The narcotic analogs can cause symptoms such as those seen in Parkinson's disease-- uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage.

Analogues of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Anabolic Steroids:

Anabolic steroids are often misused in an attempt to artificially induce increases in muscle strength or bulk. Serious health consequences may result from use of even small amounts of anabolic steroids, including problems such as: liver dysfunction, cysts, and tumors; high blood pressure and changes in blood chemistry; hardening of the arteries; weakness in heart muscle tissue; and cancer of the breast, prostate, and bladder.

Males may suffer from premature baldness, decreased testicle size and function, lower sperm count, decreased sex drive or impotence, and breast enlargement. Females may suffer from masculinization, decreased breast size, decreased sex drive, and unwanted body hair. Steroid use by adolescents may cause premature stoppage of bone growth resulting in smaller, shorter body size. Other side effects include acne, decreased immune system response, aggressiveness, and personality changes.

Nicotine:

Chronic use of nicotine, through smoking, chewing, or snuff dipping, causes more deaths and disability than all other forms of drug abuse combined. Nearly one-fourth of all deaths in the United States are attributed to abuse of nicotine. The Surgeon General has determined that nicotine is as addictive as heroin or cocaine.

Cigarette smoking causes lung cancer, emphysema, and other chronic respiratory diseases; heart attacks and other circulatory problems; high blood pressure; stroke; cancers of the mouth, throat, stomach, bladder, and liver; ulcers and other digestive disorders; and a wide range of other conditions including increased dental cavities. There is no safe level of nicotine use. Recent government reports confirm that breathing other people's cigarette smoke causes thousands of additional deaths per year in nonsmokers.

Smokeless tobacco (chewing tobacco and snuff) use causes changes in the mouth, including sores that do not heal, erosion of gum tissue, increases in dental problems, leukoplakia, and oral cancers. The nicotine in smokeless tobacco causes heart attacks and other circulatory problems, high blood pressure, stroke, and digestive disorders. There is no safe level of nicotine use.

Alcohol and Drug Regulations

Unlawful possession of and use of alcoholic beverages and illegal drugs on campus is prohibited.

Alcohol On Campus:

With respect to the possession and consumption of alcoholic beverages on the Ball State University cam-

pus, statutes and city ordinances are to be enforced in addition to the following regulations:

a. Residents who are of legal age to possess or consume alcoholic beverages and who reside in university operated employee or student family housing may possess and consume such alcoholic beverages in the privacy of their residences.

b. The possession and consumption of alcoholic beverages is also permitted on campus in the Art Museum, Alumni Center, Williams Lounge in Emens Auditorium, E. B. & Bertha C. Ball Center, Kitselman Conference Center, Student Center Hotel Suite, and Student Center Terrace Dining Room. All uses are in compliance with local and state laws.

Laws Concerning Drinking or Serving Alcohol:

Alcoholic beverages can create legal risks for drinkers, hosts, and servers, and even for nondrinkers who attend functions where alcoholic beverages are served. The following is a brief summary of those risks. A complete listing of Indiana alcoholic beverage laws would occupy several hundred pages.

The summary below is intended to provide an overview of some of the sections most relevant to university students and employees. It is not intended as a substitute for professional legal advice. Those needing legal advice should consult an attorney.

Alcohol Use by Persons Under the Age of 21:

The term “minor” is defined by Indiana alcoholic beverage laws as “a person less than twenty-one (21) years of age.”

Under Indiana law, it is illegal for a minor:

- ◆ To possess an alcoholic beverage (even to hold a sealed container for another person.).

- ◆ To consume an alcoholic beverage.

- ◆ To transport alcoholic beverages on a public highway when not accompanied by at least one of his or her parents or guardians.

- ◆ To misrepresent his or her age for the purpose of obtaining alcoholic beverages.

- ◆ To furnish false or altered identification of any type for the purpose of providing evidence of age to obtain alcohol.

- ◆ To have in his or her possession false or fraudulent evidence of age.

- ◆ To drive an automobile being used to transport alcoholic beverages, unless the minor’s parent or legal guardian is present in the car.

(Note: When a minor operates a motor vehicle containing ANY alcoholic beverages, he or she is subject to arrest, unless a parent or legal guardian is in the car. A 21+ year-old friend does NOT qualify a minor to operate a vehicle containing an alcoholic beverage. It is no defense that the beverage belongs to someone else or that it is unopened.)

- ◆ To be in a tavern, bar, or other public place where alcoholic beverages are sold, bartered, exchanged, given away, provided, or furnished.

Criminal sanctions for such violations include a fine of up to \$500 and/or imprisonment in a local jail for up to 60 days. In addition to the criminal sanctions, a 90-day to one-year driver's license suspension is mandated for any minor who is convicted of using any type of fake I.D. or of entering a bar or tavern or purchasing or procuring an alcoholic beverage (with or without using a false or an altered driver's license).

Further, if the minor is less than eighteen (18) years old, the court will order the minor's license suspended for at least sixty (60) days if the minor possesses, consumes, or transports alcoholic beverages on a public highway when not accompanied by a parent or guardian.

Caution of Fake I.D.s:

Under certain circumstances, local prosecutors have used the "criminal code," rather than the "alcoholic beverage code," to prosecute users of fake I.D.s. Class A misdemeanor charges of "deception" and Class C felony charges of "forgery" have sometimes been filed. Also, under a new federal law, possession or use of fake or altered drivers' licenses or state or federal I.D. cards can be punished by a fine of up to \$25,000 and/or a five-year jail term.

General Rules (Apply to anyone, regardless of age):

It is illegal:

- ◆ To be in a public place in a state of intoxication (also known as "public intoxication").

- ◆ To sell, barter, exchange, provide, or furnish an alcoholic beverage to a minor.

- ◆ To sell, barter, deliver, or give away an alcoholic beverage to a person who is intoxicated.

- ◆ To sell, barter, exchange, give, provide, or furnish an alcoholic beverage to a person known to be an alcohol abuser.

- ◆ To hinder, obstruct, interfere with, or prevent the observance or enforcement of the Indiana Alcohol Beverage Code.

- ◆ For a person 21 years of age or over to encourage, aid, or induce a minor to unlawfully possess or use an alcoholic beverage.

- ◆ To take an alcoholic beverage into a bar, restaurant, or place of public entertainment. (Indiana law prohibits patrons from taking any alcoholic beverage into any bar or other place without a liquor license. It also prohibits taking liquor into any restaurant or place of public entertainment.)

- ◆ To possess alcoholic beverages on which Indiana tax has been unpaid or to transport untaxed beverages into the state.

- ◆ To directly or indirectly charge for alcoholic beverages without a license (including charging for food, entertainment, cups, napkins, tokens, etc., where alcoholic beverages are distributed--there are no loopholes). (NOTE: A one-day temporary permit is easily obtained. This permit allows you to charge for beer or wine but also allows police inspection of the premises with-

out a warrant. Rules on minors, intoxicated guests, etc. would still apply.)

Criminal sanctions for such violations include a fine of up to \$1,000 and/or imprisonment in a local jail up to six months.

Alcohol or Other Drug Impaired

Driving:

It is illegal:

- ◆ To operate a motor vehicle while intoxicated (under the influence of alcohol, any controlled substance, any other drug, or any combination of alcohol, controlled substance, and other drugs).
- ◆ To operate a motor vehicle with 0.08% or more alcohol in the blood even if intoxication is not proven.
- ◆ To operate a motor vehicle while intoxicated or with 0.08% or more alcohol in the blood if said operation results in serious bodily injury to another person. (FELONY)
- ◆ To operate a motor vehicle while intoxicated or with 0.08% or more alcohol in the blood if said operation results in the death of another person. (FELONY)

Indiana law states that anyone operating a motor vehicle within the state gives “implied consent” to submit to a chemical test of intoxication (breath, blood, or urine). Failure to submit to the test may be presented as evidence against the driver in court and will result in a longer driver’s license suspension than if the driver took the test and failed it. The courts have ruled that failure to cooperate with a test will constitute refusal in the eyes of the court. *NOTE: It is illegal to drive a car while impaired--even at blood alco-*

hol levels below 0.08%. Criminal sanctions for such violations include fines and imprisonments, license suspensions, and can include mandatory education or treatment programs.

Parties, Permits, and “Common Nuisances”:

Indiana law requires you to have a license to “...ship, barter, give away, exchange, furnish, or otherwise handle or dispose of an alcoholic beverage...” (except to give it to a family member or invited guest who is of legal age). This has been interpreted to mean that it is permissible to serve your over-21 friends a beer or two, but you can’t sell it or receive anything of value in exchange for it. If your party gets larger than “invited guests” or if you plan to charge admission (or accept “donations”), you need to get a temporary permit.

If you don’t get a permit, you could be charged with:

- ◆ Serving alcohol without a permit (a class B misdemeanor), or even
- ◆ “Maintaining a common nuisance” (a class D FELONY).

Social Host Liability:

Under civil law in Indiana, the host of a party might be sued for damages caused by a guest who was served alcohol negligently. Negligence is determined by juries so it is hard to predict, but the following steps will reduce liability for negligent serving of alcohol:

- ◆ Enforce state laws and don’t serve minors or intoxicated people.
- ◆ Limit consumption to reasonable levels and provide safe rides or a place for intoxicated people to stay until they are sober.

- ◆ Avoid high risk activities like drunk driving.
- ◆ Use common sense.

A Caution for Guests:

Even nondrinking guests at parties where alcohol is being served could be at risk for an arrest or conviction. It is a crime to visit a “common nuisance (i.e., an unlicensed big party).” Minors could also be charged with “constructive possession” of alcohol if they are close enough to alcohol that it is “within their dominion or control.” The best advice for minors is to avoid situations where they come in close contact with alcohol.

Drugs:

The use, possession, sale or transfer of narcotics, drugs or hallucinogens is prohibited on campus, except as permitted by law.

Laws Concerning Other Drugs

Drugs other than alcohol can create legal risks for those who use, possess, or transfer them to others. The following is a brief summary of those risks. A complete listing of state and federal drug laws would occupy several hundred pages. The summary below is intended to provide an overview of some of the sections relevant to university students and employees. It is not intended as a substitute for professional legal advice. Those needing legal advice should consult an attorney.

Controlled Substances:

“Controlled Substances” are regulated drugs that have been determined to have special “abuse potential.” Such drugs include: marijuana, hashish or hash oil, cocaine, LSD and

other hallucinogens, barbiturates and other sedative-hypnotics, amphetamines and other prescription stimulants, MDMA (Ecstasy), PCP, and similar drugs.

It is illegal under both state and federal law to:

- ◆ Manufacture, deliver, or possess with intent to manufacture or deliver, a controlled substance.
- ◆ Deal in a substance represented to be a controlled substance (including counterfeit “look-alike” drugs).
- ◆ Manufacture, advertise, distribute, or possess with intent to manufacture, advertise or distribute a substance represented to be a controlled substance.
- ◆ Possess without a valid prescription a controlled substance.
- ◆ Visit a building, structure, vehicle, or other place used by any person to unlawfully use a controlled substance.
- ◆ Possess, manufacture, deal in, or deliver drug paraphernalia (an instrument, device, or other object intended for use for introducing a controlled substance into a body or for enhancing the effect or testing a controlled substance).

Criminal sanctions for such violations can include fines from \$5,000 to \$10,000 under state law and up to \$25,000 under federal law and imprisonment in a state prison for up to 50 years or in a federal prison for up to life. The sanction imposed will be determined by (1) the classification of the controlled substance, (2) the quantity involved, (3) the nature of the offense (sale, use, etc.), (4) the age of the recipient (higher penalties if drugs

are sold or given to minors), (5) the location of the offense (higher penalties for possession, sale, or delivery near a school, etc.), and (6) the prior criminal record of the offender. More detailed information may be obtained by consulting the Indiana Criminal Code or the Federal Controlled Substance Act, as amended.

Anabolic Steroids:

Under Indiana law, it is a criminal offense to manufacture, deliver, possess, or use an anabolic steroid without a valid and legal prescription. It is illegal for a physician or other licensed practitioner to issue a prescription for an anabolic steroid for enhancing performance in an exercise, sport, or game, or to increase muscle

mass, strength, or weight without a medical necessity. Criminal sanctions for such violations can include fines and/or imprisonment. More detailed information may be obtained by consulting the Indiana Code.

Tobacco:

Under Indiana law, it is illegal for a person under the age of 18 to purchase or possess tobacco; and it is illegal to sell tobacco to a person under the age of 18. A fine of up to \$500 may be imposed for such violations. Indiana law also prohibits smoking in public buildings (including all BSU properties), except in designated smoking areas and private residence rooms. A fine of up to \$500 may be imposed for such violations.

Employee Assistance Program (EAP)

The EAP provides confidential assistance to the employee who experiences personal problems which may or may not alter work performance or attendance. If ignored, personal problems can jeopardize an employee's health, have a serious impact on lives or families, and have negative effects on the ability to perform a job. Problems may be the result of alcoholism, drug abuse, emotional, marital, parent/child relationships, grief, or other concerns.

The decision to seek help and accept treatment is the responsibility of the employee. The university recognizes the need to make the services of the EAP accessible to an employee who requests assistance in overcoming personal problems.

Confidentiality:

The HR Programs Coordinator, WorkLife Programs, maintains strict confidential records. Information of an EAP nature will not be placed in the employee's personnel file.

If the supervisor makes the appointment for his or her employee, the supervisor may be informed as to whether the person kept the appointment. No other information will be disclosed to anyone without the written consent of the employee.

How to Use the Program:

Self-Referral: University employees may call the HR Programs Coordinator, at 285-1187 for a referral or the Counseling Center at 285-1736 for assistance.

Supervisory Referral: There may be times when a supervisor believes an employee’s job performance is being affected by personal problems. Under these circumstances, the supervisor may encourage the employee to seek assistance through the EAP.

EAP Policy:

Problems not directly associated with an employee’s job function can have an adverse effect on job performance and health. Often, an employee will overcome such difficulties. Normal supervisory assistance can serve to motivate and guide the employee and help resolve problems in order to bring the job performance back to an acceptable level.

When unsatisfactory job performance persists over a period of time (either constantly or intermittently) and neither the efforts of the employee nor the supervisor effectively resolve the problem, it is in the best interest of the employee, the family, and the university to refer the employee to the office of WorkLife Programs, UHRS, which coordinates the EAP.

The objective is to assist the employee in a manner consistent with good therapeutic and business practice. Without altering or amending any of the rights or responsibilities of the employee or the university, the policy is to handle such problems within the following framework:

1. An employee participating in the EAP will be expected to meet existing job performance standards and established work rules within the

framework of existing policies, procedures, and agreements.

2. The university does not waive its responsibility to maintain discipline or the right to invoke disciplinary measures in the case of misconduct—which may result from, or be associated with, personal problems.

3. While participating or following participation in the EAP, the employee should not expect any special privileges or exemptions from standard personnel practices.

4. An employee may seek assistance under the program by self-referral or referral by the supervisor.

Although obtaining assistance through the EAP is voluntary, if job performance or attendance problems persist, the supervisor must proceed with disciplinary action as stated in the EAP policy, sections 2 and 3.

The Ball State University EAP complies with applicable state and federal regulations with regard to the confidentiality of program records.

For additional information regarding the EAP at Ball State, you may contact the HR Programs Coordinator, WorkLife Programs, UHRS, Counseling Center, or the Health Center as listed in the front of this booklet.

