

# **Health, Safety and Security Handbook**

## **A Guide for the Wabash Community**

**2009-2010**

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## I. ALCOHOL AND ILLEGAL DRUGS:

### **LEGAL SANCTIONS, HEALTH RISKS, AND AVAILABLE PROGRAMS NOTICE TO THE COLLEGE COMMUNITY PURSUANT TO THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT AND THE DRUG-FREE WORKPLACE ACT**

Wabash College complies with the Drug-Free Schools and Communities Act and with the Drug-Free Workplace Act, as they apply to students and employees of the College.

#### **Notice to Students**

As part of its single rule—that student's act as gentlemen at all times—the College expects its students to maintain standards of conduct which exclude the unlawful possession, use, or distribution of illicit drugs and alcohol on College property or as part of any College activity. Pursuant to the Gentleman's Rule, appropriate sanctions available to the College may range up to and include expulsion and referral for prosecution, depending upon the severity of the violation.

The College distributes to each student this pamphlet, Health, Safety, and Security Issues, A Guide for the Wabash Community, to educate students about this subject. Any questions a student has about this Notice or the pamphlet may be addressed to the Dean of Students or the Associate Dean of Students.

#### **Notice to Employees**

The College expects of its employee's standards of conduct excluding the unlawful possession, use, or distribution of illicit drugs and alcohol on College property or as part of any College activity. Appropriate sanctions range up to and include termination of employment and referral for prosecution, depending upon the severity of the violation.

#### **The College's policy on employee abuse of controlled substances and alcohol is as follows:**

By law, the manufacture, use, possession, sale, dispensing, or distribution of certain drugs and other substances—called controlled substances—are restricted. Abuse of controlled substances and alcohol can present serious issues, even at the College. Substance abuse can affect employees' productivity, safety, and behavior. This policy is implemented to address that issue.

All College employees should report to work free of the influence of alcohol, drugs, controlled substances or the misuse of any medication. Employees are asked to abide by this policy personally and to come to the aid of other employees who require assistance in eliminating abuse. Employees also are requested to cooperate in the College's efforts to maintain this policy at the College as a workplace.

Any employee who voluntarily identifies himself or herself to the College as having a drug or alcohol problem will not be subject to discipline for volunteering that fact. Rather, the College will refer that employee to a rehabilitation program to permit the employee an opportunity to eliminate dependence on drugs or alcohol. Employees who volunteer such information and participate in rehabilitation program is not relieved of their obligation to comply with this policy. Return from rehabilitation may also be conditional on the employee's compliance with individual responsibilities.

**Where Wabash College employees are working under grants from agencies of the United States government, the following paragraphs also apply:**

Because faculty members at Wabash College from time to time receive grants from agencies of the United States government, which grant funds are administered by the College, the College from time to time may be covered by the Drug-Free Workplace Act of 1988 and its Final Rule published May 25, 1990. The College must certify to the government that it will provide a drug-free workplace. This notice is given in compliance with that requirement.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance at the College as a workplace is prohibited. Controlled substances are those identified in Schedules I through V of Section 202 of the Controlled Substances Act and in Regulation 21 C.F.R. Section 1308.11-15. Copies of these Schedules and Regulation may be obtained from the College Treasurer.

Violations of this provision may result in discipline up to and including termination of employment and/or a requirement that an employee satisfactorily participates in a drug abuse assistance or rehabilitation program approved by a federal, state, or local agency.

The College has established a drug-free awareness program designed to inform employees of (a) the dangers of drug abuse in the workplace, (b) our Policy on Abuse of Controlled Substances and Alcohol, (c) any available drug counseling, rehabilitation, or employee assistance programs and (d) discipline that may be imposed upon employees for drug abuse.

If an employee is convicted of violating any criminal drug statute and that violation occurred in the workplace, he or she must notify the College of this fact no later than 5 days after the conviction. The College, in turn, must notify the government agency of the employee's conviction within 10 days after receiving this notice.

If an employee is convicted for a criminal drug statute violation that occurred in the workplace, within 30 days after receiving notice of that fact the College must take appropriate personnel action against him or her up to and including discharge or may require satisfactory participation in a drug abuse assistance or rehabilitation program.

The College distributes to each employee this pamphlet, Health, Safety, and Security Issues, A Guide for the Wabash Community, to educate employees about this subject. Any questions an employee has about this notice or the pamphlet should be addressed to the College Human Resource Director.

**LEGAL ISSUES  
STATE OF INDIANA LAWS CONCERNING ALCOHOL USE:**

Under the U.S. Constitution, each state maintains primary responsibility for controlling the use of alcoholic beverages within its borders. Indiana laws concerning the use of alcoholic beverages differ from the laws in other states. This brief summary of Indiana law is intended to assist students in making responsible decisions about the use of alcohol. It is not intended to provide legal advice. Students needing legal advice should consult an attorney.

## **Alcohol Use by Persons under the Age of 21**

Indiana law states, "It is a class C misdemeanor for a minor to knowingly: (1) possess an alcoholic beverage; (2) consume it; or (3) transport it on a public highway when not accompanied by at least one of his parents or guardians." Indiana alcoholic defines the term "minor" beverage laws as "a person less than twenty-one [21] years of age."

1. It is also illegal for a minor to:  
Misrepresent his or age for the purpose of obtaining alcoholic beverages. (Class C infraction)
2. Furnish false or altered identification of any type for the purpose of providing evidence of age.  
(Class C misdemeanor)  
Note: If the false ID is a driver's license, that license shall be revoked for a period f up to one year.
3. Have in his or her possession false or fraudulent evidence of age. (Class C infraction)
4. Drive an automobile being used to transport alcoholic beverages, unless the minor's parent or legal guardian is present in the car. (Class C misdemeanor) *Note: The car may also be seized by the state.*

A minor operating a motor vehicle containing any alcoholic beverage 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.

5. Be in a tavern, bar, or other public place where alcoholic beverages are sold, bartered, exchanged, given away, provided, or furnished. (Class C misdemeanor)

In addition to the criminal sanctions, a new law effective July 1, 1990 mandates a 90-day to one-year driver's license suspension for any minor who is convicted of using any type of fake ID, or of entering a bar or tavern or purchasing or procuring an alcoholic beverage (with or without using a false or altered driver's license).

## **Caution on Fake I.D.**

Under certain circumstances, local prosecutors have used the "criminal code" rather than the "alcoholic beverage code" to prosecute users of fake IDs. 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 ID cards can be punishable by a fine of up to \$25,000 and/or a five-year jail term.

**General Rules** (applying to anyone, regardless of age)

### **It is illegal:**

1. To be in a public place in a state of intoxication (also known as "public intoxication"). (Class B misdemeanor)

2. To sell, barter, exchange, provide, or furnish an alcoholic beverage to a minor. (Class C misdemeanor)
3. To sell, barter, deliver, or give away an alcoholic beverage to a person who is intoxicated. (Class B misdemeanor)
4. To sell, barter, exchange, give, provide, or furnish an alcoholic beverage to a person known to be a habitual drunkard. (Class B misdemeanor)
5. To hinder, obstruct, interfere with, or prevent the observance of enforcement of the Indiana Alcoholic Beverage Code. (Class C misdemeanor)
6. For a person 21 years of age or over to encourage, aid, or induce a minor unlawfully to possess or use an alcoholic beverage. (Class C misdemeanor)
7. To take an alcoholic beverage into a bar, restaurant, or place of public entertainment. (Class C misdemeanor)  
*Note: Indiana law prohibits patrons from taking any alcoholic beverage into any bar or other place with a liquor license. It also prohibits taking liquor into any restaurant or place of public entertainment.*
8. To possess alcoholic beverages on which Indiana tax has not been paid or to transport untaxed beverages into the state. (Class B misdemeanor)
9. 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.** (Class B misdemeanor) *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 without a warrant. Rules on minors, etc., would still apply.*

### **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 substances, and other drugs). (Class C misdemeanor; the second offense is a Class D felony) It is a Class A misdemeanor if the person operates a vehicle while intoxicated in a manner that endangers a person (second offense is a Class D felony)...*Note: If operating a motor vehicle while intoxicated or with 0.08% or more alcohol in the blood or breath causes serious bodily injury to another person, the offense is a Class D felony. If it results in the death of another person, it is a Class C felony.*

Indiana law states that anyone operating a motor vehicle within the state gives “implied consent” 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. Since the expert testimony of police officers and videotapes of the driver after arrest will be used as evidence to prove intoxication, the consequences of refusing to take the test is almost always worse than the consequences of failing the test itself. *Note: It is illegal to drive a car while impaired—even at blood alcohol levels below 0.08%.*

Persons under age 21 with BAC 0.02%.

- (a) A person who:
  - 1. is less than twenty-one (21) years of age; and
  - 2. operates a vehicle with an alcohol concentration equal to at least two-hundredths (0.02) gram but less than ten-hundredths percent (0.08%) grams of alcohol per one hundred milliliters of his blood or 210 liters of his breath commits a Class C infraction.
- (b) In addition to the penalty imposed under this section, the court may recommend the suspension of the driving privileges of the operator of the vehicle for not more than one (1) year.

### **Open Container Law**

The operator of a motor vehicle who has at least four-hundredths (0.04) gram of alcohol per one hundred milliliters of the blood, or two hundred ten (210) liters of the breath, and who, while the motor vehicle is in operation, knowingly allows a container:

- (1) that has been opened;
- (2) that has a broken seal; or
- (3) from which some of the contents have been removed;

to be in the passenger compartment of the motor vehicle commits a Class B infraction. If a person is found to have a previous unrelated judgment under this section or a previous unrelated conviction or judgment under IC 9-30-5 within twelve (12) months before a violation that results in a judgment under this chapter, the court may recommend the person's driving privileges be suspended for not more than one (1) year.

#### **Section 7.IC 9-30-5-1 is amended to read as follows effective JULY 1, 2001**

Sec. 1. (a) A person who operates a vehicle with an alcohol concentration equal to at least eight-hundredths (0.08) gram of alcohol but less than fifteen-hundredths (0.15) gram of alcohol per:

- (1) one hundred (100) milliliters of the person's blood; or
- (2) two hundred ten (210) liters of the persons breath; commits a Class C misdemeanor.
- (3) A person who operates a vehicle with a controlled substance listed in schedule I or II of IC 35-48-2 or its metabolite in the person's body commits a Class C misdemeanor.

- (4) It is a defense to subsection (b) that the accused person consumed the controlled substance under a valid prescription or order of a practitioner (as defined in IC 35-48-1) who acted in the course of the practitioner's professional practice.

1C9-30-5-1 (b) A person who operates a vehicle with an alcohol concentration equivalent to at least fifteen-hundredths (0.15) gram of alcohol per (1) one-hundredths (100) milliliters of the person's blood, or (2) two-hundred ten (210) liters of the person's breath commits a Class A misdemeanor.

### **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 tightly 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 \$250,000 under federal law and imprisonment in a state prison for up to 50 years or in 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 deliver 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 Substances Act, as amended.

Possession of Marijuana, hash oil, or hashish who;

- (1) knowingly or intentionally possesses pure or adulterated marijuana, hash oil, or hashish;
- (2) knowingly or intentionally grows or cultivates marijuana; or
- (3) knowing that marijuana is growing on his premises, fails to destroy the marijuana plants commits possession of marijuana, hash oil, or hashish, a Class A misdemeanor. However, the offense is a Class D felony if the amount involved is more than thirty grams of marijuana or two grams of hash oil or hashish, or if the person has a prior conviction of an offense involving marijuana, hash oil, or hashish.

If a person is convicted of an offense of this chapter, the court shall, in addition to any other order the court enters, order that the person’s:

- (1) operator’s license be suspended;
- (2) existing motor vehicle registration be suspended; and
- (3) ability to register motor vehicles be suspended:  
by the bureau of motor vehicles for a period specified by the court of at least six months but not more than two years.

## **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 medical necessity.

Criminal sanctions for such violations can include fines and/or imprisonment. More detailed information may be obtained by consulting the Indiana Code.

## **SANCTIONS**

### **Maximum Statutory Penalties**

Class A Felony: imprisonment for 20-50 years (30 years is advisory sentence)

Class B Felony: imprisonment for 6-20 years (10 years is advisory sentence)

Class C Felony: imprisonment for 2-8 years (4 years is advisory sentence) and a fine up to \$10,000

Class D Felony: imprisonment for 6 months-3 years (1 1/2 years is advisory sentence) and a fine up to \$10,000

Class A Misdemeanor: imprisonment for up to 1 year and a fine up to \$5,000

Class B Misdemeanor: imprisonment for up to 180 days and a fine up to \$1,000

Class C Misdemeanor: imprisonment for up to 60 days and a fine up to \$500

Class C Infraction: no imprisonment, but a fine up to \$500

In addition to the penalties shown above, police will confiscate and dispose of all alcoholic beverages and containers (including kegs and taps) involved in any violation of the alcoholic beverage laws. Automobiles or other vehicles used to transport alcohol may also be seized and disposed of.

Along with the criminal penalty for misdemeanors or felonies of driving while intoxicated or with 0.08% or more alcohol in the blood, the driver's license shall be suspended for at least 90 days for a first offense and up to two years for a second offense. (On a first offense, the judge is empowered to reduce the suspension to 30 days and then permit a "restricted" license limiting driving privileges to "to and from work or court" for 180 days.) A third offense could result in a 10-year suspension.

### **Usual Penalties**

In Montgomery County, every person convicted of driving while intoxicated or with 0.08% or more alcohol in the blood is given a jail sentence of not less than 60 days, even for a first offense. Part of this sentence will not be suspended and will be served in jail. In most first offenses involving students, the fine and costs (court, probation, and substance abuse) exceed \$300 and the student's driver's license is suspended for at least 90 days. Second and subsequent offenses are processed as felonies.



## **Additional Consequences**

In the past several years, convictions for alcohol-related offenses, especially driving offenses, have had serious impact upon the employability of recent college graduates. Students convicted of driving while intoxicated have found it difficult to find preferred employment and have been forced to settle for lower salaries at less prestigious companies and institutions. Conviction records, even for misdemeanors and infractions, also may influence one's ability to be bonded or to enter a licensed profession. Admission to graduate or professional schools may also be affected.

Once convicted of driving while intoxicated (or with a 0.08% BAC), a person must file proof of financial responsibility (usually insurance) with the state for a period of 5 years. This means that your insurance company must be notified of your conviction before you get your license back. It is not unusual for insurance rates to triple after an OWI conviction.

The names of all persons arrested for alcohol-related driving offenses are regularly printed in local newspapers. It is common practice for credit and other reporting agencies to enter such information in their files.

## **What Happens if you are arrested?**

In Montgomery County, Wabash students who have been arrested for misdemeanor alcoholic beverage offenses will be required to pay a cash bond. It is a county policy to require all persons arrested for alcohol-related driving offenses to remain in jail until the percentage of alcohol in their blood is within safe limits. A minimum of four hours in the drunk-tank will be required.

## **Court Referral Program**

Indiana Public Law 154 makes it possible for judges and prosecutors to establish alternative sentencing programs for first offenders against those laws pertaining to the use of alcohol or other drugs. In Montgomery County the court referral program is run by Montgomery County Alcohol and Drug Services, Inc., a private not-for-profit corporation that provides assistance to persons with alcohol and drug problems by preventing or interrupting their arrest cycle, by intervening in their abuse of alcohol and drugs, and by offering appropriate evaluation, diagnosis, education, and referral.

All clients are court-referred. Ranging in age from 14 to over 60, they are charged with offenses such as OWI, public intoxication, illegal possession or consumption of alcohol, possession of marijuana or paraphernalia. By participation in and successful termination from the court referral program, they can avoid harsher penalties and sanctions of the court. Offenders pay the program fees and thus accept responsibility for their behavior . . . the offender pays for his or her offense.

Attendance and completion of the recommendations made by this program, which are tailor-made for each client's individual needs, become part of the person's terms of probation. Failure to comply with any of these recommendations can and will result in a probation revocation.

Montgomery County Alcohol and Drug Services, Inc., offer a range of services including Diagnostic/Evaluation and Assessment of all clients; Alcohol/Drug Information classes at different levels of involvement, and Individual and Group Counseling. Families are involved whenever possible. Education regarding the complexities of substance use and abuse is one of the basic components of the program, which intends to provide at the minimum an educational experience for every client.

## **Pre-Trial Diversion**

Pre-Trial Diversion is a program designed for first offenders under the supervision of the Prosecuting Attorney. Pre-Trial Diversion screens prospective clients for eligibility into the program and can accept persons with first arrests for alcohol-related charges such as illegal consumption or possession of alcohol, contributing to the delinquency of a minor and public intoxication. *(No one with an alcohol-related driving charge or an illegal drug charge is eligible for Pre-Trial Diversion.)*

The purpose of this program is to give the first offender a “break” by not having a criminal conviction on his or her record, provided the offender completes the program and abides by all terms and conditions as set out by Pre-Trial Diversion.

Violation of any or all of the terms of Pre-Trial Diversion (re-arrest, failure to comply with terms, etc.) can and will result in revocation of the Pre-Trial Diversion Agreement. If this occurs, the client will then be assigned a date in County Court and all Pre-Trial Diversion contracts are void.

## **Montgomery County Court Directory**

The Honorable David Ault  
Judge, Montgomery County Superior Court  
Montgomery County Court House  
Crawfordsville IN 47933  
Phone: 364-6447

The Honorable Thomas Milligan  
Judge, Montgomery Circuit Court  
Montgomery County Court House  
Crawfordsville IN 47933  
Phone: 364-6450

The Honorable Peggy Lohorn  
Judge, Montgomery County Court  
Montgomery County Court House  
Crawfordsville, IN 47933  
Phone: 364-6455

## **Montgomery County Prosecutor’s Office**

Joseph Buser, Prosecuting Attorney  
John Baird, Chief Deputy Prosecutor  
Andrew Salter, Deputy Prosecutor  
Montgomery County Court House  
Crawfordsville, IN 47933  
Phone: 364-6470

## **Montgomery County Police & Sheriff**

### **Crawfordsville Police Department**

Kurt Knecht, Chief of Police  
Hal Utterback, Assistant Chief  
311 N. Green St.  
Crawfordsville, IN 47933  
Phone: 362-3762

### **Montgomery County Sheriff’s Department**

Luther Blanton, Sheriff  
Gary Truax, Chief Deputy  
412 Covington St.  
Crawfordsville, IN 47933  
Phone: 362-0885

## MEDICAL ISSUES

### 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 of 10 to 15% of the drinkers, and greatly reduces life expectancy. Even short-term alcohol intoxication poses serious safety risks to those that 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 complex, chronic, progressive disease in which the use of alcohol interferes with health, legal, social, and economic functioning. Untreated alcoholism results in physical incapacity, permanent mental damage, and/or premature death. The average age of onset of alcoholism in the male is 20 to 30 years of age. 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.

The National Institute on Alcoholism and Alcohol Abuse estimates that there are 20 million known adult and 4.6 million teen alcoholics. All authorities point out that drinking among the young is rising rapidly. The use of other drugs among youth has risen sharply after several years of gradual decline. By the time students in this country are high school seniors, 48% of the males and 30% of the females are drinking at least one time per week.

We don't yet 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 trend. The amount and frequency of drinking appear to be the best predictors of alcohol abuse.

Although only a small number of college students develop chronic alcohol problems, a substantial percentage are involved with "incidents" of inappropriate drinking, such as drinking which results in nausea and vomiting, driving while intoxicated, hangovers, fights or vandalism, and alcohol-related arrests. Ten to fifteen percent of the students surveyed at various universities around the country were identified as problem drinkers because they experienced negative behavioral consequences as a result of alcohol use. Thirty to forty-five percent said they had driven after several drinks during the past year. Suicide, homicide, accidents, and unwanted pregnancies are part of the damaging effects of alcohol on our nation's young people. Recent studies on binge drinking and the secondhand effects of alcohol misuse suggest most college students will suffer some negative consequences as a result of alcohol consumption (theirs or some else's).

### 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 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 begins 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 the use of tobacco.

### **Warning Signs**

Here are some basic warning signals that indicate a person might have a drinking problem:

1. Frequently drinking to a state of intoxication
2. Behaving out of character while under the influence of alcohol
3. Skipping classes because of hangovers
4. Experiencing blackouts and loss of memory from drinking
5. Drinking alone out of boredom and loneliness, or to escape from reality
6. Sustaining bodily injury as a consequence of drinking
7. Denying an alcohol problem when approached about heavy drinking
8. Suffering from chronic hangovers and seeking drink for relief
9. Relying on a drink to start the day

### **Alcohol Intoxication**

General Effect: Alcohol is a depressant drug that reduces activity in the central nervous system. The intoxicated person exhibits loose muscle tone, loss of fine motor coordination, and often has a staggering “drunken” gait. The eyes may appear somewhat “glassy” 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 times.

### **Effects related to Blood Alcohol Content (BAC):**

<b>BAC Level</b>	<b>Effects</b>
0.02-0.03%	No loss of coordination, light 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 lowered caution.
0.07-0.09%	Slight impairment of balance, speech, vision, reaction time, and hearing. Euphoria. Judgment and self-control are reduced; 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.

## **TO OPERATE A MOTOR VEHICLE AT THIS LEVEL OF INTOXICATION.**

0.13-0.15%	Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced and dysphoria begins 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%	Onset of coma, possible death due to respiratory arrest.

## **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 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, 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 can cause 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, and elevated blood pressure, insomnia, and 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, headache-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 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.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

### **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 varies, 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 exhibit 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.

## **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. Analogs 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.

## **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 contaminated syringes 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.

## **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 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 cancers 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 often include acne, decreased immune system response, aggressiveness, and personality changes.

## **AVAILABLE RESOURCES**

### **On-Campus Resources**

Although by long tradition Wabash is averse to interfering in the private lives of its students, members of the College community are eager to assist students in difficulty. Faculty advisors, fraternity and residence hall leaders, and the deans stand ready to offer what help they can; they also can refer students to other resources. Chief among those resources is the Counseling Center, which can guarantee anonymity in a clinical relationship. Students can make appointments to see the College counselor by calling 361-6252.

If you are in trouble with alcohol or drugs, or if you are concerned about a friend in trouble, seek one of us out so that help can be offered before the things get out of control! If someone close to you seems to have an alcohol problem, do not be afraid to talk to that person. Show concern and support without preaching or criticizing. Have a positive attitude and be sincere about your feelings. Be prepared to offer

alternatives and specific advice—the resources listed below may be helpful—as to what kinds of professional help are available, because the problem drinker is usually the last to recognize the problem.

### **Sources of Help in the Community**

**ALCOHOLICS ANONYMOUS**—a fellowship of men and women who share their experiences, strengths and hopes with each other that they may solve their common problems and help others recover from alcoholism.

**AL-ANON**—for families and friends whose lives someone else has affected’s drinking.

The following meetings are held at the Wabash Avenue Presbyterian Church at 307 South Washington Street, Crawfordsville. Call 366-9029 (24 hours):

MONDAY – A.A.	1:00 p.m.	(open & mixed)	
	A.A.	8:00 p.m.	(closed & mixed)
TUESDAY – A.A.	1:00 p.m.	(open & mixed)	
		8:00 p.m..	(open & mixed)
WEDNESDAY – A.A.	1:00 p.m.	(open & mixed)	
	Alanon	1:30 p.m.	(mixed)
THURSDAY – A.A.	1:00 p.m.	(open & mixed)	
	A.A.	8:00 p.m.	(closed & mixed) The 3rd Thursday of every month is open speaker meeting
	Alanon	8:00 p.m.	(open & mixed)
FRIDAY – A.A.	1:00 p.m.	(open & mixed)	
	A.A.	6:30 p.m.	(open & mixed)
SATURDAY – A.A.	1:00 p.m.	(open & mixed)	
	A.A.	8:00 p.m.	(closed & mixed) The 1st Saturday of every month is 12 & 12 meeting
SUNDAY – A.A.	8:00 p.m.	(open & mixed)	

**NARCOTICS ANONYMOUS** – Wednesday/Friday 8:00 p.m.

### **Montgomery County Court Referral Program Alcohol & Drug Services, Inc**

Montgomery County Court House Basement  
101 East Main Street  
Crawfordsville IN 47933  
Phone: 362-8600

### **Wabash Valley Outreach Center**

1480 Darlington Avenue  
Crawfordsville IN 47933  
Phone: 362-2852

### **Cummins Mental Health Center**

701 N. Englewood Dr.  
Crawfordsville IN 47933  
Phone: 361-9767

### **Sources of Help in the State**

#### **Fairbanks Hospital**

8102 Clearvista Parkway  
Indianapolis IN 46256  
Phone: 1-800-225-4673 toll free

#### **Hamilton Center**

2160 N. Illinois  
Indianapolis IN  
Phone: 317-937-3700  
After Hours: 800-742-0787

#### **Salvation Army:**

Harbor Lights  
927 N Pennsylvania Street  
Indianapolis IN 46204  
Phone: (317) 639-4118



**Adult Rehabilitation Center**

711 East Washington Street  
PO Box 1003  
Indianapolis IN 46204  
Phone: (317) 638-6585

**St. Vincent's Stress Center**

8401 Harcourt Road  
Indianapolis IN 46206  
Phone: (317) 875-4602

**Veteran's Administration Hospital**

38th and Lincoln Road  
Marion IN 46952  
Phone: (765) 674-3321

**Wabash Valley Hospital Riverside Addiction Module**

2900 North River Road  
West Lafayette IN 47906  
Phone: (765) 463-2555

## II. NON-DISCRIMINATION POLICY

Wabash College admits students and gives equal access to its programs and facilities without regard to race, color, religion, national or ethnic origin, or disability. [P.4, Wabash College Academic Bulletin]

## III. STATEMENT ON SEXUAL HARASSMENT

It is the policy of Wabash college that every employee and student be free from any form of sexual harassment by any other member of the College community.

Sexual harassment includes:

1. Sexist comments, sexual slurs, unwanted touching and sexual advances (especially when these are repeated) unaccompanied by threat of reprisal or promise of reward.
2. Behavior on the part of persons in authority (e.g., professors, supervisors, and upperclassmen) which derogates, intimidates, abuses, or coerces other members of the Wabash community on the basis of gender or sexual preference.
3. More serious forms such as physical and verbal acts of intimidation (including acts of vandalism) and sexual advances accompanied by the promise of reward and/or threats of reprisal and punishment and rape.

Sexual harassment of a faculty or staff member by a student or students occurs when:

1. Unwelcome sexual advances, requests for sexual favors, or other verbal, pictorial, or physical conduct of a sexual nature has the purpose or effect of substantially interfering with that faculty or staff member's work performance or creating an intimidating, hostile, or offensive working environment.
2. The common element among these forms of sexual harassment is that their effect is to make the recipient feel uncomfortable, intimidated, and/or pressured to comply.

Any member of the College community who feels that he or she is the victim of sexual harassment should consider the following options:

1. Consult with their immediate supervisor, Department Chair, Dean of the College or his Assistant, or a member of the Counseling Service.
2. File a complaint either with the Dean of Students, if the offending person is a student, or with the Dean of the College or his Assistant, if the offending person is an officer, faculty member, or member of the staff of the College.

3. File formal charges with the Dean of the College and possibly with the Montgomery County Prosecutor's Office.

#### **IV. SEXUAL ASSAULT POLICY STATEMENT**

As required by the Higher Education Amendments of 1992, Public Law 102-325, and the Notice of Proposed Rulemaking, published July 10, 1992 (57 FR 30826), Wabash College reports the following:

1. Wabash College expects its several living units to sponsor, organize and encourage attendance at programs that promote the awareness and understanding of rape, acquaintance rape, and other forcible and nonforcible sex offenses. Wabash incorporates such educational programs into its New Student Orientation program that is required of all new students. In addition, Wabash, through the Counseling Service, makes available to all living units and campus organizations programs to increase awareness of these offenses.
2. A student or guest of a student who is a victim of sexual assault is encouraged to report the offense to the Director of Safety and Security, Dean of Students, the Associate Dean of Students, or to the Crawfordsville Police Department. If requested by the complainant, the Director of Safety and Security, the Dean of Students or his representative will assist the complainant in making the report to civil authorities. In preparing to report a sexual assault to any of the above authorities, the victim and all authorities involved should operate in a manner to preserve such evidence as may be necessary to prove criminal sexual assault. A victim of sexual assault who desires confidential discussion of the event before making a report to College or civil authorities should seek assistance from the Counseling Service.
3. In addition to counseling offered by the Wabash Counseling Service, victims of sexual offenses may seek assistance from the Family Crisis Shelter of Montgomery County or from area private counseling services such as Wabash Valley Hospital Inc., and Culver Counseling Center.
4. Wabash will make changes in the academic and living situations of the student victim of a sexual offense if such changes are requested by the victim and are reasonably available.
5. The Dean of Students will address sexual assault offenses committed by Wabash students under Wabash's Gentleman's Rule. Penalties for violations of Wabash's Gentleman's Rule, including sexual assault, may range from probation to expulsion from College housing, or suspension or expulsion from Wabash.

Both parties to a College disciplinary procedure resulting from an alleged sexual assault are entitled to have the opportunity to have another person of their choice present during the proceedings.

Both the accuser and the accused shall be informed of the outcome of the College's disciplinary proceeding brought alleging a sexual assault. The information given shall include the College's determination with respect to the alleged offense and any sanction imposed.

## V. CRIME AWARENESS AND CAMPUS SECURITY AT WABASH

In accordance with Public Law 101-542 (known as the Students' Right to Know and Campus Security Act) Title II, Wabash publishes this annual report:

- All members of the Wabash Community are encouraged to report criminal actions, first, to the Department of Safety and Security and to the Crawfordsville Police and second, to the Dean of Students' Office. The College supports the local police in their investigation of criminal actions on campus.
- The College employs a security staff that is responsible for the locking and unlocking of all non-residential facilities. College residence halls are not locked while school is in session. Individual rooms have locks and keys provided. Each fraternity establishes its own policy for the locking and unlocking of outside doors.
- College Security reports suspicious and criminal behavior to the Crawfordsville Police. Written reports are filed with the Director of Safety and Security.
- Emergency phone numbers are posted next to public telephones. Safety and security concerns should be reported to the Director of Safety and Security.
- The Director of Safety and Security periodically communicates with local police agencies regarding crime and safety concerns.
- The College annually distributes to all members of the Wabash community the pamphlet Health, Safety, and Security Issues to educate them on this subject. Copies are available from the Dean of College's Office.

The following is a list of crimes (as described in Uniform Crime Reporting definitions) occurring on campus, which have been reported to the Wabash College Dean of Students' Office or the local police as required by the Crime Awareness and Campus Security Act of 1990:

### Wabash College Statistics Concerning Criminal Offenses

	<b>2006</b>	<b>2007</b>	<b>2008</b>
a. Murder/Non-negligent manslaughter	0	0	0
b. Negligent manslaughter	0	0	0
c. Forcible sex offenses (including forcible rape)	0	0	0
d. Non-forcible sex offenses	0	0	0
e. Robbery	0	0	0
f. Aggravated assault	1	2	0
g. Burglary	6	7	10
h. Motor vehicle theft	1	1	0
i. Arson	0	0	0

## **VI. HIV/AIDS POLICY STATEMENT**

Consistent with recommendations and guidelines of the American College Health Association Wabash has developed the following policy statement:

Public health officials advise that there is no known risk of transmission of the Human Immunodeficiency Virus (HIV) or the associated Acquired Immunodeficiency Syndrome (AIDS) through casual or routine contact.

### **POLICY**

It is the policy of Wabash College not to discriminate against any employee or student on the basis of a disability or illness, including exposure to or infection by the Human Immunodeficiency Virus (HIV) associated with AIDS. Consequently, the College:

1. does not require HIV testing as a condition of admission or employment.
2. does not tolerate discrimination against or harassment of those with HIV infection.
3. treats knowledge of any HIV infection case on campus with confidentiality.
4. addresses any individual instance on a case-by-case basis, balancing the rights and interests of the individual and the whole College community.

### **IMPLEMENTATION**

#### **Discrimination**

HIV infection is considered a disability under federal civil rights laws. This includes protection from harassment and provision of reasonable accommodation for education and employment.

#### **Activities**

A student or employee who is infected with HIV will be allowed to attend classes or to perform his or her duties without restrictions, as long as he or she is physically and mentally able to do so. However, the infected person will be expected to act in a responsible manner in his/her relationships with other members of the College community.

#### **Responsibility and Authority**

If decisions about participation by any student, faculty, or staff member with AIDS or HIV infection in College activities, programs, or facilities becomes necessary, such decisions will be made on a case-by-case basis by the Dean of the College, the Dean of Students and Treasurer of the College, in consultation with medical experts. In addition, this administrative team may intervene in an instance where an HIV/AIDS infected person is engaged in an activity that poses a significant risk either to the person or to another member of the College community. A student or employee of the College may inform any member of the administrative group noted above of his or her HIV infection.

## **Confidentiality**

All information regarding HIV infection of a student or employee will be considered confidential and shared beyond the designated administrative team only on a need-to-know basis determined for each individual case. Except as required by law or for the administration of this policy, this information will be given out only to parties authorized by the specific, written permission of the HIV-infected employee or student.

## **Housing**

Decisions about housing for a student infected with HIV will be made on a case-by-case basis by the appropriate administrative officers in consultation with medical experts.

## **Education**

Although HIV/AIDS is a disease for which there is no known cure, it can be prevented through proper precautions. The College will endeavor to provide information and educational programs designed to inform members of the community about how to minimize the risk of infection. Although the College does not provide testing, it will offer assistance in finding appropriate facilities for testing, medical treatment and counseling.

## **Precautions**

Precautions proposed by the U.S. Public Health Service for the handling of blood and body fluids will be taken for all members of the College community, not just those known to have HIV infection. Departmental managers, coaches, and laboratory supervisors are responsible for monitoring employees and students concerning use of such precautions, and for instruction in the use of these precautions.

## **VII. STUDENTS WITH DISABILITIES**

### **Wabash College Policy Relating to Documentation and Accommodation**

Wabash College responds to the needs of students with disabilities as outlined in Section 504 of the Rehabilitation Act of 1973 (PL 93-616) and the Americans with Disabilities Act of 1990 (PL 101-336). The College will provide persons with disabilities an equal opportunity to participate in and benefit from programs and services as afforded to other individuals. This is done in the most integrated setting appropriate to the needs of the individual with a disability.

Students with a disability are encouraged to inform the Academic Support Staff (Armory 101B, ext. 6024) of their disability. However, to respect the student's right to confidentiality, the student's instructor(s) and relevant College staff will be notified of the student's disability only after he has given written permission for this information to be shared.

Documentation of the disability must be on file with the Academic Support Services Office before an accommodation will be recommended.

- An individual with a physical disability will provide documentation from a medical professional such as a physician, physical therapist, occupational therapist, ophthalmologist, optometrist, or audiologist.
- An individual with a condition affecting emotional or psychological functioning will provide documentation from an appropriately licensed psychologist or psychiatrist.
- An individual with a learning disability will provide documentation from a licensed psychologist, physician, or other specialist. The documentation will include a psycho-educational evaluation that has been administered within the last three years. Documentation must clearly state that a learning disability exists. As presently used in the literature, a “learning difference” or a “learning problem” does not constitute a learning disability.

Once appropriate documentation is received, necessary academic accommodation will be determined.

- The student has the responsibility of deciding whether he will request accommodation. If he chooses accommodation, then the instructor(s) for the course(s) for which accommodation is requested will be notified. The student is encouraged to communicate with his instructor(s) or relevant staff about his disability as early in the semester as possible.
- Each request for accommodation must be assessed individually, and the person with a disability must be an active participant in the assessment process.
- In the assessment process, any available diagnostic information, the student’s past experiences, and recommendations from the student’s instructors will be considered.
- Appropriate accommodations may include but are not limited to the following: relocating class to an accessible room; removing structural barriers; providing interpreters and note takers; using assistive technology such as closed captioning and text-to-voice computers; providing text in large print; allowing lectures to be taped; extending testing time; using a different testing format; reducing course load and providing alternative testing sites.
- If the requested accommodation is a course substitution/waiver for a requirement, the request will be forwarded to the Curriculum Appeals Committee.
- It is not appropriate for the instructor(s) to determine that no accommodation is needed without consultation with the Academic Support Services staff.

In the event that a student with a documented disability is not satisfied with a recommended accommodation, he is encouraged to work with the staff of Academic Support Services and his instructor to resolve the matter informally. However, if the student has remaining issues of concern, he may contact the Dean of Students.