

## ALCOHOL POLICY

### I. Introduction

Vermont Law School's Alcohol Policy is congruent with Vermont State Law, local regulations, and the Mission of Vermont Law School, and is promulgated to assure the appropriate distribution and consumption of alcoholic beverages on the campus. The administration and interpretation of the Alcohol Policy ultimately rests with the Dean or designee, who in this instance, are the Deans.

### II. Alcohol and Substance Abuse

Any student who feels he or she may have a problem with alcohol or drugs is encouraged to contact the VLS Counselor or the Associate Dean for Student Affairs and Diversity for a discussion of options.

The Student Bar Association maintains a SafeRide program on Friday and Saturday nights from 10pm to 2am. The SafeRide cell phone number is 802-299-1117. SafeRide volunteers will pick students, staff, or faculty up from any location in South Royalton and take them to Bethel, Randolph, Royalton, South Royalton, and Tunbridge. If there is any doubt in your mind that you have had too much to drink, please call SafeRide at 802-299-1117. No questions will be asked or judgments made, no records will be kept, and you will be taken home safely.

Students are responsible for informing themselves on the character and fitness requirements of the bar in the state or states they intend to practice. Vermont Law School is required to certify a student's character and fitness for the bar. Students have a duty to promptly report to the Associate Dean for Student Affairs and Diversity any charges, arrests or convictions of a violation of any civil or criminal law, other than a parking violation or parking ticket.

Students who attend classes, meetings, or any academic or professional function on campus while intoxicated will be asked to leave by the professor or event sponsor. If the student resists, the professor or event organization shall call the Associate Dean for Student Affairs or Campus Security (at extension 1100 or 1441 if after hours), who will ask the student to leave and/or call the police for assistance. If the student is disruptive or violent, the Associate Dean or Campus Security will take the appropriate steps, including calling law enforcement for assistance. If the student is disruptive or violent, the incident will be investigated as a violation of the Code of Conduct and sanctions may be imposed.

### III. Alcohol on Campus

#### A. Basic Regulations

- (1) Consumption of alcoholic beverages on Vermont Law School property is a privilege accorded under specified conditions to individuals of legal age according to Vermont Law School.
- (2) Recognizing that not all individuals may choose to consume alcoholic beverages and recognizing the social emphasis of all events, any function providing an alcoholic beverage must also provide two non-alcoholic beverages.
- (3) The sponsoring individual or organization must furnish information concerning the program, facility arrangements, food service needs, and the type and amount of beverages to be served, as directed on the Student Organization Event Form and Alcohol Planning Document. Forms are available in the Dean's Office or on the K drive under K:\Students\event planning.
- (4) All recognized organizations and sponsors of registered social events are prohibited from providing alcohol to minors. Consistent with, and related to this restriction, the serving of kegs, beerballs, and alcoholic punch drinks/wine may only be served by our Food Services Director, a licensed caterer.

- (5) Any event which includes alcohol as part of its program should focus as much as possible upon the social nature of the event in its promotional campaign and not over emphasize the sale or availability of alcohol beverages at social events.
- (6) The safe occupancy level of the approved space must be determined and steps taken to insure compliance with the fire safety code of VLS and the state of Vermont.
- (7) No alcohol may be carried into or consumed in campus buildings, including outdoor areas at recreational events, (See Section I(A)(1) above) with the exception of approved designated areas, without the submission and approval of the Alcohol Event Planning Document and Student Organization Event Form.
- (8) Scheduled events must remain within the approved designated area (see Section III(C) for further requirements).
- (9) A charge of no less than \$100 will be billed to the organization/individual sponsoring an event if the facility used is not properly cleaned within eight hours after the function has ended.

#### **IV. Organized private parties**

- A. Organized private parties are considered events that involve an approved number of invited guests and have alcohol being served by the sponsors within an approved area in a manner consistent with applicable laws.
- B. Alcohol may not be sold under any conditions at private parties.
- C. The events require the submission and approval of the Alcohol Planning Document three (3) weeks prior to the event.

#### **V. Campus-Wide, Licensed Events:**

- A. The sponsoring organization/individual must complete and have approved the Student Organization Event Form and Alcohol Planning Event Document at least three (3) weeks prior to the event. These forms are available from the Deans Office. Completion of the form indicates an understanding of the Alcohol Policy, and a responsibility to fulfill the regulations therein.
- B. The sponsoring organization or individuals must assume financial responsibility for all associated cost (*i.e.*, security, damages, etc.)
- C. The sponsoring organization or individuals must post easily visible signs that read "No alcohol beyond this point" to ensure that no alcohol may be carried into or consumed in campus buildings, including outdoor areas at recreational events, outside of the approved designated areas (see I(A)(7), (8) above).

#### **VI. Responsibility and Liability**

For any party or other event, the persons who sign the required application or registration forms are responsible for the safe conduct of the event. Staff persons involved in clearance procedures are responsible for ensuring that the event is conducted in a safe and acceptable fashion and for monitoring the event for the general safety of the participants. Situations determined to be in non-compliance with regulations of the Alcohol Policy may be immediately suspended by appropriate VLS staff. Responsibility for any adverse consequences that may occur as the result of a party or other event may implicate any person or group involved with that event, in particular, those planning and monitoring its outcome. Any violation of this policy shall be reported to the appropriate Dean.

## PROGRAM FOR THE ELIMINATION OF ALCOHOL AND SUBSTANCE ABUSE

The Federal Drug-Free Schools and Communities Act Amendments of 1989, requires that Vermont Law School implement a program for the elimination of drug and alcohol abuse. The federal law mandates that "...as a condition of receiving funds or any other form of financial assistance under any Federal program [including aid funds], an institution of higher education must certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees" on the Law School property or at school-sponsored activities. At a minimum, the law specifically requires that our program include:

1. Annual distribution in writing to each employee and student of:
  - Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use of distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities.
  - A description of the applicable legal sanctions under local, state or federal law for the unlawful possession or distribution of illicit drugs and alcohol.
  - A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
  - A clear statement that the institution will impose disciplinary sanctions on students and employees (consistent with local, state and federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct. A disciplinary sanction may include the completion of an appropriate rehabilitation program.
2. A biennial review by the institution of its program to:
  - Determine its effectiveness and implement changes, if needed.
  - Ensure that its disciplinary sanctions are consistently enforced.

### Sanctions

In compliance with federal requirements, the unlawful possession, use, or distribution of illicit drugs and alcohol by students or employees on Vermont Law School property or as a part of any Vermont Law School activity is a violation of not only the law but the Law School regulations. Possession, use, or distribution of certain non-prescription drugs, including marijuana, amphetamines, heroin, cocaine, and non-prescription synthetics procurement or distribution of alcohol if one is under 21 years of age; and provision of alcohol to anyone under 21 years of age are considered serious breaches of policy.

Vermont Law School will respond to violations of its drug and alcohol abuse policy with action consistent with school disciplinary and personnel policies and local, state, or federal law. Sanctions may include: substance abuse counseling; referral to or mandatory participation in an appropriate drug assistance or rehabilitation program; disciplinary action including reprimand, probation, expulsion or termination of employment; and/or possible referral for prosecution.

State penalties for illicit manufacture, use, and distribution of controlled substances are outlined in **Vermont Statutes (Title 18, Chapter 84) Possession and Control of Regulated Drugs**  
<http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=18&Chapter=084>

A copy of the complete federal regulations is available from the Associate Dean for Student Affairs and Diversity, who can respond to inquiries and clarify VLS policy.

## **Drug Use and Ineligibility for Federal Financial Aid**

Be advised that a student who is convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance while enrolled in an institution of higher education and receiving any financial aid (e.g., grant, loan, or work assistance) will lose his/her eligibility for such federal assistance according to the following schedule:

- If convicted of an offense involving the **possession** of a controlled substance, the ineligibility period is:
  - First Offense 1 Year
  - Second Offense 2 Years
  - Third Offense Indefinite
- If convicted of an offense involving the **sale** of a controlled substance, the ineligibility period is:
  - First Offense 2 years
  - Second Offense Indefinite

The Law School is committed to educating students and employees about the implications of substance abuse; to promoting institutional programs with those objectives; and to supporting the efforts of individuals to overcome substance abuse problems. To this end, students and employees should familiarize themselves with the possible behavioral and medical consequences of substance abuse described in Appendix I. The school psychologist can provide confidential counseling and referrals to appropriate drug and alcohol counseling, treatment, and rehabilitation programs accessible in the vicinity of the Law School.

The Law School's current policy is intended to meet minimum legal requirements and to allow for modifications and refinement as necessary. It is not meant to restrain dissent or the free and open discussion of issues surrounding drug and alcohol use and abuse or of related Federal laws and policies. As an educational institution we encourage inquiry and dialogue. A truly workable approach to eliminating drug and alcohol abuse is based on fairness and information, not merely punishment.

### **SPECIFIC DRUGS AND THEIR EFFECTS:**

*SOURCE: Network of Colleges & Universities Committed to the Elimination of Drug and Alcohol Abuse*

#### **TOBACCO**

The smoking of tobacco products is the chief avoidable cause of death in our society. Smokers are more likely than nonsmokers to contract heart disease – some 170,000 die each year from smoking-related coronary heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Some 30 percent of cancer deaths (130,000 per year) are linked to smoking. Chronic obstructive lung diseases such as emphysema and chronic bronchitis are 10 times more likely to occur among smokers than among nonsmokers.

Smoking during pregnancy also poses serious risk. Spontaneous abortion, preterm birth, low birth weights, and fetal and infant deaths are all more likely to occur when the pregnant woman or mother is a smoker. Cigarette smoke contains some 4,000 chemicals, several of which are known carcinogens. Other toxins and irritants found in smoke can produce eye, nose, and throat irritations. Carbon monoxide, another component of cigarette smoke, combines with hemoglobin in the blood stream to form carboxyhemoglobin, a substance that interferes with the body's ability to obtain and use oxygen.

Perhaps the most dangerous substance in tobacco smoke is nicotine. Although it is implicated in the onset of heart attacks and cancer, its most dangerous role is reinforcing and strengthening the desire to smoke. Because nicotine is highly addictive, addicts find it very difficult to stop smoking, of 1,000 typical smokers, fewer than

20 percent succeed in stopping on the first try.

Although the harmful effects of smoking cannot be questioned, people who quit can make significant strides in repairing damage done by smoking. For pack-a-day smokers, the increased risk of heart attack dissipates after 10 years. The likelihood of contracting lung cancer as a result of smoking can also be greatly reduced by quitting.

## **ALCOHOL**

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increases the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described. Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver. Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

## **CANNABIS**

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

Use of cannabis 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 cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

## **INHALANTS**

The immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage.

Deeply inhaling the vapors, or using large amounts over a short time, may result in disorientation, violent

behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops. Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapor over time can permanently damage the nervous system.

## **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 lacerate the mucous membrane of the nose. Injecting cocaine with contaminated 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 0 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 cardiac arrest or respiratory failure.

## **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 heartburn, 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 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.

## **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.

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 instinct 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 6 months to a year following prolonged daily use. Mood disorders – depression, anxiety, and violent behavior – occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, as well as heart and lung failure.

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, convulsion, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease 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. Many of the so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphorants. They can produce severe neurochemical damage to the brain.

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.

## **ANABOLIC STEROIDS**

Anabolic steroids are a group of powerful compounds closely related to the male sex hormone testosterone. Developed in 1930s, steroids are seldom prescribed by physicians today. Current legitimate medical uses are limited to certain kinds of anemia, severe burns, and some types of breast cancer.

Taken in combination with a program of muscle-building exercise and diet, steroids may contribute to increase in body weight and muscular strength. Because of these properties, athletes in a variety of sports have used steroids since the 1950s, hoping to enhance performance. Today, they are being joined by increasing numbers of young people seeking to accelerate their physical development.

Steroid users subject themselves to more than 70 side effects ranging in severity from liver cancer to acne and including psychological as well as physical reactions. The liver and the cardiovascular and reproductive systems are most seriously affected by steroid use, in males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior “roid and rage” and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years. Signs of steroid use include weight and muscle gains (if steroids are being used in conjunction with a weight training program); behavioral changes, particularly increased aggressiveness and combativeness; jaundice; purple or red spots on the body; swelling of feet or lower legs; trembling; unexplained darkening of the skin; and persistent unpleasant breath odor.

Steroids are produced in tablet or capsule form for oral ingestion, or as a liquid for intramuscular injection.

