

**DRUG-FREE SCHOOLS AND COMMUNITIES ACT  
THIRD BIENNIAL REVIEW**

December 1996

**I. Introduction**

**A. Summary of the Requirements of the Drug-Free Schools and Communities Act Amendments of 1989**

**1. Mandatory Federal Requirements**

As a condition of receiving funding under any federal program, the Drug-Free Schools and Communities Act Amendments of 1989 (the "1989 Act")<sup>1</sup> required that institutions of higher education ("IHE") certify by October 1, 1990 that they had adopted and implemented a drug and alcohol prevention program. This was a one-time certification requirement. On September 15, 1990, the University of Maryland at College Park certified its compliance with the 1989 Act to the U.S. Department of Education.

The 1989 Act requires that each IHE's drug and alcohol program, at a minimum, include:

- 1) the annual distribution to employees and students of a written statement which covers five topics, each of which is specifically defined in the implementing regulations; and,
- 2) a biennial review by the IHE of its program. The purpose of the biennial review is to determine program effectiveness and implement changes as needed, and to ensure that the disciplinary sanctions imposed on students and employees for drug and alcohol policy violations are consistently enforced.

**2. Federal Oversight**

Under the 1989 Act, the Secretary of Education is authorized to review annually a representative sample of IHE drug and alcohol prevention programs for compliance with the Act. As part of this review, an IHE is required to provide the Secretary access to personnel records, and any other information requested by the Secretary to review the IHE's adoption and implementation of its program. Upon request, an IHE must provide to the Secretary, and to the public, a copy of the writing provided annually to employees and students, as well as a copy of the IHE's biennial review.

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<sup>1</sup> Public Law 101-226, 34 CFR Part 86.

## **B. The University of Maryland, College Park's Third Biennial Review.**

The 1989 Act's implementing regulations do not specify how the biennial review is to be conducted or what criteria should be used to measure the "effectiveness" of the program. However, the regulations do require that "evaluations of program effectiveness ... not solely rely on anecdotal observations."<sup>2</sup> The regulations<sup>3</sup> suggest the use of objective data such as:

- tracking the number of drug and alcohol related disciplinary sanctions imposed;
- tracking the number of drug and alcohol related referrals for counseling or treatment;
- tracking the number of drug and alcohol related incidents recorded in the logs of campus police or other law enforcement officials;
- tracking the number of drug and alcohol related incidents of vandalism;
- tracking the number of students or employees attending self-help or other counseling groups related to alcohol or drug abuse; and
- tracking student, faculty and employee attitudes and perceptions about drug and alcohol problems on campus.

The University's Third Biennial Review ("1996 Review") of its drug and alcohol prevention program and policies was conducted by representatives from the Office of the Vice-President of Student Affairs, the Personnel Services Department, the University Health Center, and the President's Office of Legal Affairs (the "Evaluating Committee"). In compliance with the 1989 Act, the Evaluating Committee determined that the 1996 Review should consist of three parts:

First, documentation and evaluation of the University's compliance with the 1989 Act's requirement that a written statement be sent annually to each employee and student;

Second, documentation and evaluation of the effectiveness of drug and alcohol prevention programs; and

Third, documentation and evaluation of the enforcement of disciplinary sanctions imposed on students and employees. The 1989 Act requires that similarly situated offenders be treated in a similar manner.

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<sup>2</sup> 55 Fed. Reg. 33597

<sup>3</sup> *Id.*

Reports on each part of the 1996 Review were prepared by the departments responsible for that particular aspect of the University's program. To the extent possible, the departments were asked to provide data similar to that suggested in the 1989 Act's implementing regulations.

## **II. 1994 Review Recommendations**

### **A. Review of Data Collection and Evaluation by the UMCP Health Center's Office of Substance Abuse Programs**

The 1994 Evaluating Committee noted that there are a variety of drug and alcohol abuse programs that exist on campus. These programs originate from several different campus departments. For the purpose of complying with the Act's review and evaluation requirements, the 1994 Evaluating Committee recommended that the University Health Center's Office of Substance Abuse Programs review the current methodology which is used by these campus departments to report program activities and the measure program "effectiveness".

The 1996 Evaluating Committee reports that the above-described recommendations were not completed during the review period. It is expected that these efforts will be continued through the work of the University's Commission on Drug Abuse Policy.

### **B. Monitoring and Evaluation of Federally-Mandated Controlled Substances & Alcohol Testing of Employees with Commercial Driver's Licenses**

Federal Highway Administration ("FHWA") regulations, effective January 1, 1995, mandate drug and alcohol education and testing of all employees whose job duties require them to have a commercial driver's license ("CDL"). As required by the regulations, the University has developed a policy and testing procedures for these University employees. The 1994 Evaluating Committee recommended that the Director of the Shuttle Bus Service and the Director of the Health Center monitor and evaluate the program and report their findings as part of this Review. The Commercial Driver's License Testing Program was implemented during FY 1996. That report has been included as a part of the this Review.

### III. Documentation of Compliance with the Act's Annual Notice Requirement

#### A. Distribution of Written Drug and Alcohol Abuse Policy

1. Employees: President William E. Kirwan sent written notice of the University's *Employee Drug and Alcohol Abuse Policy* to all University employees at their individual campus addresses on October 1, 1995, and September 15, 1996. (For copies of these notices see Attachments 1, 2). The University has approximately 7,600 faculty and staff, including full-time, part-time, contractual, and temporary employees.

The Department of Personnel includes the written notice in the orientation packet which each new employee receives when he or she attends the Department's orientation program. As a result of recommendations from the 1992 Biennial Review, the written notice also has been mailed to each new employee, along with other personnel related documents. This ensures each new employee receives the notice, as attendance at the orientation program is not mandatory.

2. Students: On October 1, 1995, and October 1, 1996, President Kirwan sent a written notice of the University's *Student Drug and Alcohol Abuse Policy* to each student who was taking one or more classes for any type of academic credit. (For copies of these notices see Attachments 3, 4). Student enrollment for these years was approximately 33,000.

In compliance with Maryland Higher Education Commission ("MHEC") requirements, each student must sign an acknowledgment that he or she has received a copy of a one page summary of the University's *Student Drug and Alcohol Abuse Policy*. In addition, MHEC requires that a copy of the one page *Policy* be included in admissions packets sent to all prospective students.

As a result of recommendations from the 1992 Biennial Review, the University instituted a system of identifying new students for the Spring and Summer semesters. These students were mailed a copy of the written notice. This has ensured that students who newly enroll in the Spring and Summer semesters receive the same written notice as those who enroll in the Fall.

In addition, the University developed a system to re-send student notices which were returned by the U.S. mail. The University re-sends these notices to students' local addresses. Most of these were mailings addressed to students with home addresses in certain foreign countries such as China and India.

## **B. Content of Written Notice: Employees**

Each year the written notices have contained the following five (5) categories of information:

*Prohibited Conduct:* Standards of conduct for employees are defined as required under the Federal Drug Free Workplace Act of 1988, Public Law 100-690, and the State of Maryland Substance Abuse Policy, as revised by the April 1, 1991 Governor's Executive Order .01.01.1991.16

*Disciplinary Sanctions:* Disciplinary sanctions are defined as required under the State of Maryland *Substance Abuse Policy*, and applicable University personnel policies and penalties contained in Article 64A of the Annotated Code of Maryland.

*Legal Sanctions under Federal, State, and Local Laws:* The federal, state and local sanctions have been updated each year. The description of Federal sanctions for trafficking has been simplified in response to recommendations to make the information more "user friendly."

*Health Risks:* The health risks of alcohol are described in a narrative-format written by a physician at the University of Maryland Medical School, and distributed to all educational institutions by the State Attorney General's Office. This section has been simplified in response to recommendations to present the required information in a more succinct and understandable manner.

*Drug and Alcohol Programs Available on Campus:* Various programs available to faculty and staff are listed and updated, as necessary.

## **C. Content of Written Notice: Students**

Each year the written notices have contained the following five (5) categories of information:

*Prohibited Conduct:* Standards of conduct are defined by reference to conduct prohibited by the Code of Student Conduct, Resident Life Policies, and Office of Campus Activities Policies.

*Disciplinary Sanctions:* Sanctions are defined by reference to the Code of Student Conduct.

*Legal Sanctions under Federal, State, and Local Laws:* The 1995 and 1996 notices have maintained the tables used during the 1994 Review, as they are clearer and easier to understand.

*Health Risks:* As a result of feedback from students and staff, the health risks table previously included in the brochure was replaced by a narrative format; again, the purpose was to make the information clearer to the reader. Based on a positive response to the changed format, the "Checklist for Identifying Problems" and "What To Do When You Are Concerned About

a Friend or Loved One" sections have been continued in the 1995 and 1996 brochures.

*Drug and Alcohol Programs Available on Campus:* Resources in both the local and University communities -- including the Health Center -- are listed and updated annually, as necessary.

**D. Printing and Mailing Costs**

1. The FY 1995-96 cost of printing and mailing the student and employee notices was: \$13,010.00.
2. The FY 1996-97 cost of printing and mailing the student and employee notices was 11,758.00.

## **1996 Review**

### **IV. Effectiveness of Education and Treatment Programs**

#### **A. Faculty/Staff Substance Abuse Programs**

- 1. Report by the Faculty/Staff Assistance Program**

# BIENNIAL REPORT FOR THE DRUG FREE SCHOOLS AND COMMUNITIES ACT

## UNIVERSITY OF MARYLAND AT COLLEGE PARK

### Faculty Staff Assistance Program (FSAP)

1994-1996

The UMCP Faculty Staff Assistance Program (FSAP) has been in existence since 1984. The mission of the FSAP is to provide assessment, referral and short term counseling services (up to 10 sessions) to faculty, staff and family members of UMCP employees. Problem areas for which employees seek out the services of the FSAP include: substance abuse; emotional and psychological problems; marital and family; financial; legal and job problems. Historically, the largest percentage of employees have sought assistance for substance abuse problems. In addition to providing individual services to employees, trainings are provided to supervisors and department heads in how to recognize and confront a substance abusing employee. Most importantly, skills are provided to help the supervisor understand how not to "enable" an employee to continue their abuse, and how to appropriately refer them to the FSAP in order to receive the help that they need. The FSAP has worked with over 1,300 employees during its twelve year existence.

The biggest change that has occurred in the substance abuse area in the past two years has been the addition of drug testing and breath alcohol testing, a requirement of the federal Department of Transportation for our employees with commercial driver's licenses. Maria Lonsbury, Director, Shuttle Bus System will be able to provide the statistics on those employees who have been tested. Our office has participated both as trained testers or "Breath Alcohol Technicians", and as the designated "Substance Abuse Professional" or SAP. Our role as the SAP has been to evaluate, refer and monitor the treatment of those employees who have tested positive and whose department has chosen to continue their employment. The additional benefit of having received training to administer both the alcohol and drug tests is that we are now equipped to use this technology to facilitate our fitness for duty evaluations.

This report will provide statistics for the past two years. The data provided is strictly for substance abuse categories and excludes all other problem areas for which UMCP employees utilize the FSAP.

During the two fiscal years evaluated, FY 94-95 and FY 95-96, a total of 45 employees were seen for substance abuse problems. This total can be further divided into the following categories:

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PRIMARY PROBLEM:		SECONDARY PROBLEM:	
ALCOHOL:	15	ALCOHOL	9
DRUG:	5	DRUG:	3
THOSE IMPACTED BY ANOTHER'S ALCOHOL/ DRUG PROBLEM:	9	THOSE IMPACTED BY ANOTHER'S ALCOHOL/ DRUG PROBLEM:	4
TOTAL:	<u>29</u>	TOTAL:	<u>16</u>

An employee is placed in the "Primary Problem" category when their chemical dependency is clearly the cause of all of the other assessed problems, i.e job, financial, legal and relationship difficulties, as well as the presence of one or more of the following: loss of control; blackouts; tolerance; physical withdrawal symptoms upon cessation of alcohol/drug use. A "Secondary Problem" of substance abuse may occur when the employee's use of substances is in reaction to other life stressors and not yet to the point where it can be identified as a dependence problem. It is quite possible that an employee initially assessed with a secondary problem of substance abuse will return to the FSAP at a later date with a primary diagnosis of chemical dependency. Although we do not keep statistics on how often this happens, it is clearly a fairly common phenomenon.

It is interesting to note that there has been a 25% drop of alcohol and drug cases over the past two years. We are not entirely certain as to why this has occurred. I would like to be able to say that we have been so successful in identifying these problems that they are shrinking in numbers, but I am afraid that explanation would be a little too optimistic and somewhat naive. It has been detected at other university employee assistance programs that substance abuse problems have also decreased in numbers and have been surpassed by the category of "job problems". This appears too be more of a national trend than an individual university change. Another possible explanation may be that with the addition of drug testing, employees are rethinking their choice of whether or not to use drugs and/or excessively use alcohol. The addition of the Governor's Drug Free Workplace Policy requiring employees to report all DWI convictions, also seems to have had a "sobering" effect on overall alcohol use. I cannot be certain of any of these theories, however, we will continue to educate and train supervisors of the need to be aware of the signs and symptoms of substance abuse at work.

**SERVICES PROVIDED:**

Most employees with a primary problem of alcohol or drug abuse are referred to an intensive outpatient treatment program. It is rare that we can refer employees for inpatient care anymore since OPTIONS Mental Health has made that almost impossible. In addition, OPTIONS only pays for a small portion of outpatient treatment so that employees are often stuck paying a large fee for treatment or opt not to complete treatment. This has made our jobs much more difficult and the results of treatment have consequently not been as successful. We have thus become more dependent on using 12 step programs and counseling our substance abusing employees ourselves. In supervisor referred cases, on-going communication occurs between the FSAP Counselor and the employee's supervisor, so as to determine whether or not there has been an improvement in job performance. This model has been successful in picking up cases of relapse immediately when they are identified.



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UNIVERSITY OF MARYLAND AT COLLEGE PARK

Alcohol and Other Drug Programs - Students

1994-96

Programs which address alcohol and other drug related issues for University of Maryland at College Park students originate from a variety of different campus departments and take a variety of different forms and emphases. The Caring Coalition provides for the central coordination of the all campus alcohol and other drug prevention programs. This coordination is based within the Office of Substance Abuse Programs which is located at the University Health Center. University departments providing programming in this area have a long history of close cooperation and have developed a substantial number of periodic and continuous programs to address alcohol and other drug use and abuse at the levels of prevention, intervention and treatment. Listed below are summaries of the major programs of the Office of Substance Abuse Programs.

The Caring Coalition

The Caring Coalition is an umbrella organization of individuals and agencies who are part of the University community and are committed to strengthening alcohol and other drug prevention activities. The Caring Coalition promotes alternative social activities on campus, coordinates outreach and education programs, supports the Resident Life sponsored substance-free living environments, works closely with a community service program and trains faculty and staff.

### The Substance Abuse Intervention Program

This early intervention program is intended for UMCP students who have been found responsible for an alcohol or other drug related violation of the campus judicial policy. As part of this intervention program each student is provided with complete alcohol and other drug problem assessment. Students are required to enter a six-week psychoeducational program designed to promote responsible decision-making and awareness of their own attitudes, beliefs, and behaviors.

Over the last two years a total of 117 students participated in the Substance Abuse Intervention Program. This represents a 35 percent increase in students from the previous two year period. This significant increase can be somewhat attributed to increased arrests by the University Police Department. However, there is also an increase in referrals from non-campus sources, including various judicial systems state-wide and outside of Maryland.

Student participants complete an evaluation at the end of the six week program that reflects the student's assessment that the program goals have been met. There is a variety of opinions on the most useful and least useful sessions. However, there is agreement that students want more information about marijuana, which has recently been added to the curriculum.

### Alcohol and Other Drug Treatment Program

This state-licensed, outpatient treatment program is based in the University Health Center and has been specifically designed to treat the chemically dependent college student. The program provides students with the tools and resources needed to develop a strong and lasting recovery. Components available include; individual counseling/case management, group therapy, stress management workshops and consultations, nutritional counseling, family and/or couples counseling and an ongoing relationship with a 12-step program.

In the past two years, 52 students have been treated within the above described model. During the 1995-96 year 24 students entered the program and 13 clients were discharged from the program. The size of the patient population ranged from 4 during the summer months to a high of 15 and averaged about 11 full time clients at any one time. Each client has between 3 and 6 hours of face to face contact with the treatment program on a weekly basis. Given the limited amount of staff time and the number of clients hours to run this program, a client population of 12 - 15 is probably the working capacity of this program.

### Alcohol and Other Drug Peer Programs

The University Health Center operates two peer education programs in which students are trained to present workshops to other students on a variety of alcohol and other drug related issues. Presentations are made to both large and small groups within the residence halls, fraternities and sororities, for classes, clubs, and student organizations.

Annually, the peer educators make over 70 presentations to students and sponsor special events. Educational programs and activities impacted at least 8,615 students and their families during 1995-96, including athletes and attendees at a variety of Terrapin athletic events including football games. One program that was begun with an NCAA grant and continued was non-alcoholic tailgating activities.

### D.W.I. Intervention Program

This six-week state approved program is intended for UMCP students who have been arrested or convicted of D.W.I. or D.U.I. It focuses on alcohol related issues that are common to college students. 59 students completed the 12 hours intervention program during the period of this report. This represents a fifty-one percent increase in participation. A total of \$ 7150 was collected in fees for assessment and the intervention program. Students provide a written evaluation of the program following their last meeting, resulting in data that has been used for program development.