

ALCOHOL: JUST THE FACTS

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A NOTE ON PRINCETON UNIVERSITY ALCOHOL POLICY

The University alcoholic beverage policy is consistent with the laws of the state of New Jersey that, in general, prohibit the consumption and serving of alcoholic beverages by and to persons under 21 years of age. Students are responsible for their behavior, whether or not they are under the influence of alcohol. The consumption of alcohol does not constitute a mitigating circumstance when it contributes to the violation of University regulations. The policy affirms the need for mutual respect and personal responsibility within a diverse community. Students at Princeton are responsible for knowing and abiding by both state and University regulations regarding the consumption of alcohol.

Students frequently ask questions about Princeton's alcohol policy, such as "What happens if someone is brought to University

Health Services?" and "What is the role of Public Safety?" *Rights, Rules, Responsibilities* details the alcohol policies. This booklet is distributed annually to all students and is also available online at www.princeton.edu/rrr.

It is the obligation of all community members to seek immediate help on behalf of a severely intoxicated person, and because the University wants to encourage students to fulfill this obligation, the University may offer leniency with respect to alcohol or other violations that come to light as a result of a call for help, depending on the circumstances.

Beyond Bystander is a reference to the University's expectation that students will speak up and help a fellow student before medical help is required and, if medical help is required, to call Public Safety. Don't wait—if you think there may be an issue, there likely is an issue. Call (609) 258-3333.

What does alcohol REALLY do to me?

Alcohol consumption beyond safe levels can impair judgment and perception, cause severe physical distress, and increase risk of serious injury.

WHAT IS PRE-GAMING?

Pre-gaming is the practice of consuming alcohol before a social function.

WHAT IS BAC?

BAC stands for blood alcohol content. It is the number of milligrams of alcohol per milliliter in your bloodstream. BAC is the determining factor identifying the legal limit for driving. BAC also is used to characterize levels of impairment.

What about BAC makes
PRE-GAMING
so **DANGEROUS?**

When alcohol is consumed quickly, the body, and specifically the liver, is unable to metabolize the alcohol between drinks or shots, which rapidly raises the blood alcohol content in the bloodstream.

The physical effect of the alcohol is sometimes not experienced immediately after the initial drinks. This delay can give a false sense of sobriety, leading to the consumption of more and often dangerous amounts of alcohol in a short amount of time. Pre-gaming with hard alcohol can carry a higher risk, since liquor has a much greater alcohol content than beer or wine per ounce of liquid.

Pre-gaming can increase a person's risk for alcohol poisoning and blacking out. It can lower inhibitions, which can increase risky behaviors such as drunk driving and unintentional sexual promiscuity. It is also more likely that the drinker will lose track of how much alcohol he/she has consumed.

HOW DOES DRINKING MULTIPLE SHOTS IN A SHORT AMOUNT OF TIME AFFECT BAC?

BAC increases when the body absorbs alcohol faster than it can eliminate it. Since the body can only eliminate about **one shot** of alcohol per hour, consuming several drinks in an hour from the bloodstream will increase BAC much more than having multiple drinks over several hours.

BAC can rise significantly in 20 minutes, but the total effect of drinking a large quantity of alcohol in a short period of time will not be felt until all of the alcohol is absorbed. That

can take an hour or more. This is why when students pre-game and initially begin to feel pretty good (outer brain stimulation) and then continue to drink, they may later be slammed by the full effect of the alcohol (involving deeper levels of brain function, such as balance, coordination, and breathing).

HOW MANY undergraduates at Princeton PRE-GAME?

In the 2010–11 academic year, 49 percent of the Princeton students admitted to University Health Services for intoxication reported they drank in the dorms; 16 percent drank in the dorms and at “The Street” (eating clubs); and 13 percent drank at The Street.

In a 2011 survey of Princeton undergraduate students, 73 percent reported that they had pre-gamed within the previous two weeks. However, these students *thought* that 99 percent of undergraduates had pre-gamed in the previous two weeks.

HOW MUCH ALCOHOL IS IN ONE DRINK? IS A SHOT EQUAL TO A CAN OF BEER?

Different drinks contain varying amounts of alcohol:

- a 12-ounce beer (5 percent alcohol by volume) is the same as
- a 5-ounce glass of wine (13 percent alcohol), which is the same as
- a 1.5-ounce shot of liquor (40 percent alcohol).

Consumption time generally varies greatly when consuming 1.5, 5, and 12 ounces of alcohol. (One measuring cup equals 8 ounces.)

Do MEN AND WOMEN metabolize alcohol at a different rate? Does this affect BAC?

Yes, men and women metabolize alcohol at a different rate. Women possess a smaller quantity of the enzyme needed to break down alcohol, so they metabolize alcohol slower



than men. Additionally, when comparing men and women of the same build, men generally have more muscle mass than women. Because muscle tissue contains more water than fat tissue, alcohol will be diluted more in men than in women, and the same amount of alcohol will produce different BACs. For example, on average, a 120-pound woman who drinks **four drinks in one hour** will have a BAC level of 0.17. A 160-pound man who consumes **five drinks in one hour** will have a BAC level of 0.14.

What a RISING LEVEL of BAC can do to YOU

WHAT ARE THE EFFECTS AT SPECIFIC BAC LEVELS?

The effects of alcohol intoxication vary greatly among users. **Some users may reach dangerous BAC levels without realizing it in time to taper their intake and protect their health.**

0.02 - 0.03

No loss of coordination, slight euphoria, and loss of shyness. Depressant effects are not apparent. Mildly relaxed and maybe a little light-headed.

0.04 - 0.06

Some minor impairment of reasoning and memory, lowering of caution. Feeling of well-being, relaxation, lower inhibitions, sensation of warmth. Euphoria. Behavior may become exaggerated and emotions intensified (i.e., positive emotions feel better and negative emotions feel worse).

0.07 - 0.09

Judgment and self-control are reduced and caution, reason, and memory are impaired; .08 is legally impaired, and it is illegal to drive at this level. Drinker probably believes he/she is functioning better than he/she is actually capable of functioning. Slight impairment of balance, speech, vision, reaction time, and hearing. Euphoria.

0.10 - 0.125

Significant impairment of motor coordination and loss of good judgment. Speech may be slurred; balance, vision, reaction time, and hearing impaired. Euphoria.

0.13 - 0.15

JUDGMENT AND PERCEPTION severely impaired. Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced, and restlessness and anxiety are beginning to appear.

0.16 - 0.19

ANXIETY AND RESTLESSNESS predominate, nausea may appear. The drinker has the appearance of a “sloppy drunk.”

0.20

Nausea and vomiting; gag reflex is impaired and choking on vomit is possible. **BLACKOUT IS LIKELY**; no memory of what has happened. Feeling dazed, confused, or disoriented. May need help to stand or walk. If injured, may not feel pain. Dysphoria.

0.25

ALL mental, physical, and sensory functions severely impaired. Increased risk of asphyxiation from choking on vomit, and serious injury with falls or other accidents.

0.30

STUPOR. You may pass out suddenly and be difficult to awaken. Little comprehension of where you are.

0.35

COMA is possible. This level is surgical anesthesia.

0.40 AND UP

Onset of coma and **POSSIBLE DEATH** due to respiratory arrest.

Source: Be Responsible About Drinking Inc. (2007) http://www.brad21.org/effects_at_specific_bac.html





What percentage of students brought to University Health Services (UHS) has a BAC of over 0.25?

In 2010–11, 17 percent of students seen at UHS for alcohol intoxication had a BAC of over 0.25.

HOW MANY UNDERGRADUATES ARE ADMITTED ANNUALLY TO UHS FOR ALCOHOL INTOXICATION?

In 2010–11, 366 students were admitted to UHS for alcohol intoxication. Of those, 155 went to the emergency room, and 81 were repeat admissions for intoxication.

When does UHS determine that a student requires transport to UMCP?

For safety, UHS automatically transports students to the University Medical Center at

Princeton (UMCP) when breath alcohol tests greater than 0.30, when staff is unable to arouse students or maintain an airway, or when there is decreasing level of consciousness, seizure activity, evidence of head injury, aspiration, violent or threatening behavior where there is a risk to self or others, or excessive intake/other drugs involved. (Some students are transported directly to UMCP when Public Safety responds to a call. Public Safety may call for an ambulance transport before UHS is made aware of the student's circumstances.)

How many undergraduates take a leave from the University each year due to alcohol or drug-related problems?

On average, 15 to 20 students voluntarily and involuntarily withdraw from school each year because of issues related to alcohol or drug problems.

IS IT OK TO DRINK WHILE ON MEDICATION?

Taken before or while drinking, many medications, such as aspirin and other pain relievers, anti-depressants, mood stabilizers, amphetamines, and stimulants, will have dangerous interactions or will amplify the effects of alcohol on your body. Some medications when mixed with alcohol can produce toxic results. The efficacy of birth control pills may be decreased if a student vomits shortly after taking a pill or forgets to take a pill.

Should I be concerned about having SEX with someone who has had too much to drink?

Having sex with someone who is unable to fully consent to all sexual activity is inappropriate conduct. *Rights, Rules, Responsibilities* defines

sexual assault as threat of force or violence, as well as: “Any sexual physical contact with a person who is unable to consent due to incapacity or impairment, mental or physical. ‘Incapacity’ or ‘impairment’ normally includes but is not limited to being asleep or under the influence of alcohol or drugs.”

CAN I DRINK MORE IF I HAVE A HIGHER TOLERANCE?

Yes, but a drinker who has tolerance needs a higher BAC than a nontolerant drinker to experience the same effects from alcohol intake. Increasing tolerance will require drinking more to get the same effects, leading to health complications including liver damage. Tolerance also predisposes one to chronic alcohol use problems. Over a 10-year period, men who initially showed a high tolerance for alcohol were more than four times as likely to become alcoholics as other drinkers.

HOW DOES ALCOHOL ENTER THE BLOODSTREAM?

Alcohol is immediately absorbed through the stomach lining and small intestine directly into the bloodstream. The liver can process about one ounce of alcohol each hour. Excess alcohol remains in the blood stream, resulting in an increased blood alcohol content.

Why do I feel so lousy the day after drinking heavily?

Alcohol is a diuretic. This means it encourages the body to lose more water than it takes on by halting the production of the body's anti-diuretic hormone, resulting in your needing to go to the bathroom excessively and so speeding up the loss of fluid from your body, leading to dehydration.

Alcohol also attacks your stores of vitamins and minerals, which need to be in the correct

balance for the body to function normally. Dehydration caused by drinking can affect the balance by draining potassium from the body, resulting in thirst, muscle cramps, dizziness, and faintness. A proven reason for the headaches associated with hangovers is dehydration and the loss of glucose from the brain that occurs with a high BAC.

What are the long-term effects of heavy drinking?

Long-term effects range from neurological problems, including impaired motor skills and deterioration of vision, to seizures and permanent brain damage. Continued heavy drinking also will affect the heart, causing shortness of breath and abnormal heart rhythm. Mouth and throat cancer are more prevalent as are high blood pressure and cirrhosis of the liver, a fatal disease. Long-term heavy drinking can also lead to alcoholism and an addiction to alcohol.

WHAT IS THE ROLE OF GENETICS IN ALCOHOL USE AND MISUSE?

Genetics plays a significant role in one's predisposition to the disease of alcoholism. Children of alcoholics are four times more likely than others to become alcoholics. This risk exists even if the children are adopted early in life by people who do not abuse alcohol. Those with both a high tolerance and family history of alcoholism have a compounded risk. Some researchers suggest that these individuals abstain from alcohol use.

Can alcohol affect my athletic performance?

Absolutely. Alcohol can negatively affect your athletic performance in many ways. Alcohol interferes with muscle development and recovery, inhibits the ability to learn new information, hinders memory and retention, and affects nutrition and endurance.

Heavy drinking can affect the body and brain for up to three days. Consecutive nights of heavy drinking can affect the body and brain for up to five days.

HOW CAN I AVOID HIGH-RISK DRINKING?

- **Understand your drinking motives.** Drinking motives, or reasons for which individuals self-report drinking alcohol, have been shown to contribute to alcohol consumption and alcohol-related consequences. For example, some students drink to be social, to cope with problems, for pleasure enhancement, or to fit in with friends. Be aware of why you are choosing to drink and whether or not alcohol use is the best means of getting what you're looking for when you drink.

- **Set limits.** One way to make sure you do not drink to excess is to decide how many drinks your body can safely handle and stay within this limit during the course of the night. Unfortunately, it is not always easy to keep track, especially when playing drinking games. The atmosphere created by drinking games is dangerous because it pressures participants to drink more than usually consumed, through a rapid rate of consumption. Discuss with friends how much you plan to drink before the night begins, so you have a stated plan that others know.
- **Eat a meal before you drink.** Food in the stomach will slow the entrance of alcohol into the bloodstream by inhibiting it from entering your small intestine, which absorbs alcohol faster than the stomach.
- **Avoid carbonation and shots.** The carbon dioxide in carbonated drinks, like beer and soda, increases the pressure in your stomach, forcing alcohol out through the lining of your stomach into the bloodstream. The high concentration of alcohol in shots also means that your BAC will increase rapidly.
- **Alternate with non-alcoholic beverages.** Not only will this slow your consumption of alcohol, but it also will counter the dehydrating effects of alcohol.
- **Do not combine alcohol with other drugs.** Alcohol's effects are heightened by some medications, and other drugs have harmful interactions with alcohol. It is best to consult a physician before drinking while on medication. The combination of illegal drugs and alcohol also can have adverse effects.

WHAT SHOULD I DO IF ... ?

How can I help a friend who has had TOO MUCH TO DRINK?

What you do to help depends on the state of your friend. In addition to passing out or throwing up, other signs for concern include inability to maintain balance or eye contact, slurred speech, shortness of breath, and abnormal body temperature. **It is best to err on the side of caution and call 911 [or (609) 258-3333 from a cell phone].** If you don't believe it's necessary to seek medical attention, you should:

- 1 Stop the person from drinking any more alcohol.
- 2 If your friend wants to lie down, and you think he/she may vomit, position the person on his/her side and call Public Safety.
- 3 If a person's affect changes, showing signs of distress

(decreased respirations, decreased level of consciousness, not waking up when vomiting, cool skin), call 911 [or (609) 258-3333 from a cell phone].

Three general rules for helping a friend:

RULE #1: Don't leave your friend alone.

RULE #2: Don't assume that he/she will make it home safely. The full effect of the alcohol may not have hit yet.

RULE #3: Don't assume an unconscious person is sleeping—he/she may be suffering from alcohol poisoning.

Beyond Bystander is a reference to the University's expectation that students will speak up and help a fellow student before medical help is required and, if medical help is required, to call Public Safety.

HOW CAN YOU TELL THE DIFFERENCE BETWEEN BEING PASSED OUT AND ALCOHOL POISONING?

- 1 You cannot wake your friend.
- 2 You observe that he/she has cold, clammy, or pale or bluish skin.
- 3 He/she has slow or irregular breathing (less than eight times per minute or at least 10 seconds between breaths).
- 4 The individual does not wake up during or after vomiting.

If you observe one or more of these three symptoms, immediately call **Public Safety at 911 [or (609) 258-3333 from a cell phone]**.

Continue efforts to wake your friend, and make sure he/she is lying on his/her side to prevent choking on vomit. Closely monitor breathing and perform CPR if breathing stops. If you don't know CPR, find someone who does.

How can I help a friend who DRINKS TOO MUCH or acts differently when drunk?

You should tell your friend when he/she is sober about your concern in a non-confrontational, non-accusatory manner. Either have a private conversation with your friend, listen, and avoid sounding accusing; or meet with a clinician at Counseling and Psychological Services (CPS) at UHS or a director of student life in a residential college to discuss what you can do to help your friend.

WHAT SHOULD I DO IF A FRIEND CAN'T REMEMBER WHAT HAPPENED DURING AN EVENING OF HEAVY DRINKING?

This is called a blackout. Blackouts are warning signs of a serious alcohol problem and often are dangerous. Share your concern with your friend in a non-confrontational, non-accusatory manner.

Either have a private conversation with your friend, listen, and avoid sounding accusing; or meet with a clinician at CPS or your director of student life to discuss ways to help your friend.

How can I help a friend who thinks an unwanted sexual encounter may have happened?

LISTEN. Avoid “why” questions (i.e., “Why didn’t you leave?”). The answers to these questions don’t matter, and they could potentially come across as blaming. Instead, consider asking open-ended questions to make sure your friend is OK and to let him/her know he/she has your support (“How are you feeling?” or “How can I help you?”).

BELIEVE your friend. This is tremendously important for his/her recovery. FBI statistics tell us that only 2 to 3 percent of sexual assault reports are fabricated. Don’t judge or question his/her choices, or express doubt about his/her story.

ASSURE your friend that regardless of the situation the sexual assault is NOT his/her fault. Even if alcohol, drugs, or other circumstances were involved, no one deserves to be sexually assaulted, and your friend is not to blame.

EXPRESS COMPASSION. The first thing to be conveyed to your friend is an expression of compassion. Example phrases include “I’m so sorry this happened to you” and “You don’t have to go through this alone.”

BE PATIENT. Allow your friend to move through the recovery process at his/her own pace. Expect a range of emotions, including lack of emotion and shock.

ENCOURAGE your friend to seek support from SHARE and medical attention from UHS, especially if there is any sign of injury or illness. But remember that only your friend can make the decision to get help.

Does everyone at Princeton University drink?

No, not everyone on campus drinks. According to a 2011 survey of Princeton University undergraduates, 20 percent of students did not consume any alcohol in the past 30 days.

Survey participants were asked to name the percentage of Princeton students who used alcohol daily in the past 30 days. Respondents thought that 71 percent of the student body drank six or more days per month. However, the reality is that 28 percent of students did so. There is clearly a discrepancy between perception and reality.

Are there things to do on campus for students who choose not to drink?

There are many events on campus that do not involve alcohol; they are posted on the online Princeton Student Events Calendar, at Frist Campus Center, and in *The Daily Princetonian*, and hosted by numerous campus organizations. Residential colleges, Campus Club, Campus Recreation, and Outdoor Action sponsor activities. The Murray-Dodge Café is a popular place for free food and good conversation.

The Office of the Dean of Undergraduate Students sponsors a fund for late-night, alcohol-free activities. More information about AI (the Alcohol Initiative) may be found on the office's website: www.princeton.edu/odus.

What are some MYTHS and FACTS about alcohol?

MYTH: “It” can’t happen to me—alcohol poisoning, ending up in the ER, or dying from drinking.

FACT: During the 2010–11 academic year, 17 percent of the students seen at UHS for alcohol intoxication had a BAC over 0.25. Students who have a BAC over 0.30 are automatically transported to the ER. In 2007, a freshman at a nearby university died as a result of alcohol poisoning, with a BAC of .426. Princeton students have been placed on ventilators because their BAC is so high they stop breathing on their own. “It” can happen to anyone.

MYTH: “Everyone” drinks and drinks a lot. Blacking out is commonplace and acceptable.

FACT: According to a 2011 survey of Princeton University undergraduate students,

20 percent of students did not consume any alcohol in the past 30 days. Respondents to the survey thought that 71 percent of the student body drank six or more days per month. However, the reality is that 28 percent of students did so.

MYTH: Students must drink to have fun at the eating clubs. “I will be socially excluded if I don’t drink.”

FACT: All of the eating clubs participate in the water and soda initiative, offering free non-alcoholic drinks on party nights. Many students choose to socialize at the eating clubs and don’t drink alcohol. Eating clubs organize many activities outside of the party nights and include community service options, as well as roundtable discussions with faculty at dinner or opportunities to network with alumni.

MYTH: Public Safety is there just to “get me in trouble.”

FACT: Public Safety officers have an overarching community caretaking ethos with a dual responsibility to enforce the policies of the University as well as local, state, and federal laws. Oftentimes, DPS officers transport students in need of medical assistance to UHS as a part of their community caretaking. Public Safety is a valuable partner when seeking emergency assistance.

MYTH: If you take a student to UHS when he/she is intoxicated as an underage person,

he/she will get in trouble. OR: Students who take a person in need of medical attention to UHS will get in trouble.

FACT: There is no discipline attached to simply being intoxicated, even for an underage person. Likewise, there is no discipline attached to seeking medical attention for an intoxicated person, even if that person is underage. In fact, students are **obligated** under *Rights, Rules, Responsibilities* to seek medical attention for a severely intoxicated person, so failing to seek medical attention is what gets a student in trouble!

More **FACTS** about the University's policies and support systems follow in the next three sections.

What happens when someone is brought to University Health Services?

WHAT HAPPENS WHEN I'M TRANSPORTED TO UHS FOR INTOXICATION?

Under current guidelines, you will be brought to the second floor of UHS where the Inpatient Service is located. You will meet with members of the Inpatient Service nursing staff, who will check basic vital medical signs, escort you to a room, and monitor your immediate health and safety status. They also will collect important information related to your alcohol use to aid your treatment. When your BAC reaches an acceptable range, you will then meet with one of UHS's physicians, who will review your medical condition and provide medical clearance to leave UHS. Under some circumstances, you will be referred to BASICS, a brief educational program offered by trained educators from Health Promotion and Wellness (HPW) Services at UHS. Or you may be directed

to meet with a member of the Alcohol and Other Drug (AOD) team at Counseling and Psychological Services (CPS). You can make an appointment by calling (609) 258-3285 to meet with a CPS counselor for evaluation and recommendations for follow-up care.

WHAT IS BASICS?

BASICS is a one-on-one program with a trained HPW educator that is designed to help you become better informed about alcohol use in order to avoid the negative consequences of drinking. BASICS will help you understand your drinking behaviors and attitudes as compared with other students, provide information about safe drinking, and help you make decisions about your drinking that are right for you. You can make an appointment to meet with a BASICS educator by emailing basics@princeton.edu or calling (609) 258-5743.

What is the role of CPS if I'm admitted to UHS for intoxication?

Under current guidelines, you will first be seen by members of the Inpatient Service nursing and medical team; that is, you will meet with a nurse and then a physician (a medical doctor). You then may be referred to BASICS at HPW for alcohol education, or to a CPS staff clinician (a psychologist or clinical social worker). The objective of the CPS staff clinician's meeting is to assess any possible alcohol-related risks and/or treatment needs. For example, if you have had an alcohol-related incident that includes a high BAC, an emergency room visit, or an injury, or that is part of a concerning pattern of behavior that may compromise your health and well-being—then a follow-up appointment with a member of the AOD Team will sometimes be recommended. Ideally, this assessment is a collaborative effort with you to

figure out how these services might be of use to you in minimizing the likelihood of a recurrence.

WHAT DOES THE AOD TEAM DO AND WHY SHOULD I CARE ABOUT IT?

The AOD Team is a group of clinicians (physicians, nurses, counselors) at UHS who specialize in assessing and treating student alcohol-related difficulties. The team meets on a weekly basis to coordinate the services provided to students. Based on a careful review of all alcohol-related admissions to Inpatient Service at UHS, the team makes follow-up recommendations in alignment with the clinical level of concern. On occasions when a student is unable to follow up with treatment recommendations and there are serious concerns about his/her safety and well-being after an alcohol admission raised in the community, the team may collaborate with the residential colleges' directors of student

life (DSLs) to ensure further assessment or counseling. On most occasions, DSLs are already informed by Public Safety if a student has been transported for alcohol intoxication by the department. On rare occasions, UHS will initiate contact with DSLs about a student of concern, if there are serious concerns about safety. Every effort is made to balance safety concerns and the student's right to privacy. If the team decides that it is necessary to initiate contact with a DSL, then a member will notify you in advance and provide you with an opportunity to come to meet with a CPS counselor before such a contact is initiated. The AOD team also coordinates treatment for students with alcohol and/or drug concerns who come to CPS voluntarily, or who are referred by other health professionals or administrators.

IF I'VE BEEN TRANSPORTED TO UHS OR THE ER BY PUBLIC SAFETY, WILL MY RESIDENTIAL COLLEGE BE INFORMED OF THE DETAILS OF THE INCIDENT?

Yes, though not by UHS. The Department of Public Safety writes daily incident reports that contain alcohol-related transports to the local emergency room and UHS. These reports are distributed to a limited number of University officials, including deans and DSLs. So if a Public Safety officer was involved in your transport, then you may hear from your DSL without any contact or notification from your doctors at UHS—mainly as an acknowledgment of the incident and an expression of concern. There are no University disciplinary consequences for students who are brought to UHS for excessively using alcohol, or for the friends or fellow students who escort them to UHS.

If I've been brought to UHS by a friend, will my residential college be informed of the incident?

No. If you are escorted to UHS by a friend or by yourself, UHS will not disclose the reason for admission to your dean or DSL, unless there are serious safety concerns. However, there is a daily census that lists all students who are residing at the UHS Inpatient Service, and this census is distributed to a limited number of University departments, although reasons for admission are not specified.

WILL MY PARENTS BE NOTIFIED IF I AM ADMITTED TO UHS FOR INTOXICATION?

Parents are not routinely informed by UHS staff or by other University officials about UHS admissions. However, if the circumstances are

such that you were taken to a local emergency room by ambulance and escorted by Public Safety back to UHS, then it is likely that your parents will receive a bill from the hospital or ambulance service pertaining to the visit. In this way, parents may be indirectly informed about the hospital visit. If your admission to UHS involved circumstances that led to an “alcohol violation” (that is, using alcohol with other disruptive behavioral infractions), then it is possible that your parents will receive notification of your incident (through the Office of the Dean of Undergraduate Students)—though ordinarily this notification will take place only if it is a second alcohol violation. Parents also will be notified in life-threatening situations or may be notified by the hospital staff if there is a serious health concern.

Who will have access to my records related to my admission to UHS?

Your treating physicians, nurses, and clinicians have access to your records pertaining to your admission. At UHS, we specialize in integrated, collaborative health care, and this means that your health care providers are well-informed about your situation. Appropriately sharing clinical information about your condition is an important part of the provision of good health care. Your medical and psychological records are private and confidential. They may only be released to others, outside of UHS, with your written consent.

DO I HAVE THE RIGHT TO REFUSE TREATMENT?

If your condition does not represent a danger to yourself or to others in the community, then you may refuse treatment. Under most circumstances in which treatment at UHS is refused, you will receive follow-up contact from UHS, as it is important for your doctors to check in and see how you are doing. If your judgment appears impaired and blood alcohol level high, then Public Safety will be enlisted to ensure that the environment is safe for students and staff.

What happens when Public Safety is called?

WHEN CAN UNIVERSITY PUBLIC SAFETY OFFICERS ENTER MY DORM ROOM?

The University respects the right to privacy, and its representatives will not enter dorm rooms without ample cause that University policies or regulations have been violated. However, those whose behavior infringes on the rights of others have, in essence, forfeited that privacy.

- Public Safety officers may enter your dorm room when they have substantive cause to investigate a possible alcohol violation—for example, if they see someone leaving a party with alcohol, hear sounds of drinking games, observe evidence of intoxicated behavior, or see alcohol containers in a room.

- In the event of a noise complaint, Public Safety will go to the room and knock on the door. If no one answers, Public Safety may enter the room and instruct the residents of the room to control the noise.

What should I do if my friend gets intoxicated?

Call for help! It is the immediate obligation of those in the presence of a severely intoxicated person to contact Public Safety or other appropriate University safety personnel. Call 911 [or (609) 258-3333 from a cell phone].

CAN I GET IN TROUBLE IF I CALL FOR HELP FOR AN INTOXICATED FRIEND? WILL I GET MY FRIEND IN TROUBLE IF I CALL FOR HELP?

No. Neither intoxication nor admission to UHS for intoxication will be grounds for disciplinary action. Contacting the Department of Public Safety for assistance in transporting a student in need of medical attention will not, in itself, lead to disciplinary action. Disciplinary action will occur only if other circumstances indicating a violation of University policy are observed. It is the obligation of all community members to seek immediate help on behalf of a severely intoxicated person, and because the University wants to encourage students to fulfill this obligation, the University may offer leniency

with respect to alcohol or other violations that come to light as a result of a call for help, depending on the circumstances. **Failure to call for assistance will be considered an especially serious violation of policy.**

Do I need to cooperate with Public Safety officers?

Yes. *Rights, Rules, Responsibilities* states that in interactions with Public Safety, individuals are expected to comply with the requests and/or instructions of the officers. Failure to cooperate with a Public Safety officer may result in disciplinary action.

**DO PUBLIC SAFETY OFFICERS
WRITE REPORTS ON
ALCOHOL-RELATED
TRANSPORTS TO UHS OR
UMCP? IF SO, WHO GETS THEM?**

Yes. Anytime a student is taken to UHS or UMCP because of intoxication, the Public Safety officer will write a report. Although a copy of this report is sent to the Office of the Dean of Undergraduate Students, there is NO disciplinary sanction for the intoxicated student or the person who called for help, unless another University regulation was violated.

Do Public Safety officers
write reports for alcohol
violations? If so, who
gets them?

Yes. Whenever a Public Safety officer investigates an alcohol incident that is a violation of *Rights, Rules, Responsibilities*, the officer often will issue the student a *Rights, Rules* citation and will write a report on the incident. A copy of the report is sent to the Office of the Dean of Undergraduate Students for possible disciplinary action.

WHAT CAMPUS AND COMMUNITY RESOURCES ARE AVAILABLE TO HELP?

UNIVERSITY HEALTH SERVICES provides a number of alcohol-related services, including online information on alcohol use and abuse, outpatient services for medical issues related to alcohol use/abuse, and counseling and psychological services. Information about these programs is available at www.princeton.edu/uhs.

Counseling and Psychological Services' daytime phone number is (609) 258-3285; weekends and after 5 p.m., the number is (609) 258-3139.

BASICS at Health Promotion and Wellness Services can be reached by emailing basics@princeton.edu or calling (609) 258-5743.

PUBLIC SAFETY provides transport to McCosh Health Center and is on call to address campus emergencies. To contact Public Safety, **call 911** from any school phone, press the

red button on any blue light emergency phone, or **call (609) 258-3333** from any non-school phone.

OFFICE OF THE DEAN OF UNDERGRADUATE STUDENTS provides funds, through the Alcohol Initiative, which can be used for student programming and events taking place on Thursday or Saturday nights that do not serve alcohol. The office oversees the residential college advisers, and works closely with the directors of student life to help ensure students' safety and well-being.

RECOVERY@PRINCETON.EDU is a confidential email resource connecting Princeton students who are in recovery. The students meet on and off campus and help each other navigate the campus social culture and the Princeton experience, while maintaining their sobriety.

ALCOHOLICS ANONYMOUS has a number of meetings in the Princeton area, both on and off campus. The local branch of AA is called Central Jersey Intergroup and can be reached at www.centraljerseyintergroup.org. The AA hotline phone number is (609) 298-7795. All AA meetings maintain anonymity of the attendees.

AL-ANON/ALATEEN provides help to families and friends of alcoholics. There are many groups held throughout New Jersey. Information about New Jersey groups can be found at www.nj-al-anon.org.

CORNER HOUSE COUNSELING CENTER provides a number of drug- and alcohol-related services to Princeton students, including treatment and prevention programs. To speak with its staff or make a referral, call (609) 924-8018.

SOME AA ONE-HOUR MEETINGS on or within walking distance of campus:

- **Sundays, 9:30 a.m.**
Murray-Dodge Café
- **Mondays, 12:15 p.m.**
Murray-Dodge West Room
- **Mondays, 7:30 p.m.**
United Methodist Church (women only)
- **Tuesdays, 12:15 p.m.**
United Methodist Church
- **Wednesdays, 8:30 p.m.**
Trinity Episcopal Church (men only)
- **Thursdays, 12:15 p.m.**
United Methodist Church
- **Fridays, 12:15 p.m.**
Princeton Theological Seminary
- **Saturdays, 10 a.m.**
Trinity Episcopal Church

Important University Contacts

PUBLIC SAFETY 911 or (609) 258-3333

UNIVERSITY HEALTH SERVICES

Counseling and Psychological Services(609) 258-3285
Health Promotion and Wellness Services(609) 258-5036
BASICS at HPW (basics@princeton.edu).....(609) 258-5743
Medical Services (weekdays).....(609) 258-3141
Medical Services (evenings/overnights/
weekends during academic year)(609) 258-3139
Sexual Harassment/Assault Advising,
Resources, and Education (SHARE).....(609) 258-3310

**OFFICE OF THE DEAN OF
UNDERGRADUATE STUDENTS** (609) 258-3055

**OFFICE OF THE VICE PRESIDENT
FOR CAMPUS LIFE**.....(609) 258-3056

RESIDENTIAL COLLEGE DIRECTORS OF STUDENT LIFE

Butler College(609) 258-1664
Forbes College(609) 258-4825
Mathey College(609) 258-8845
Rockefeller College.....(609) 258-2652
Whitman College(609) 258-8145
Wilson College(609) 258-3281

**24-HOUR ALCOHOLICS ANONYMOUS
EMERGENCY HOTLINE** (609) 298-7795



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In the Nation's Service and in the Service of All Nations

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IN CASE OF EMERGENCY, CALL PUBLIC SAFETY AT 911 OR (609) 258-3333
DON'T WAIT-CALL FOR HELP