

- the College deems to wrongfully discriminate on the basis of age, sex, race, color, national origin, religion, or sexual orientation or disability;
- contain statements, illustrations or implications which are not consistent with the College’s mission and vision; or
- advertise any product or service which if purchased by a qualified individual would be in violation of any law.

Tobacco, Alcohol and Substance Abuse Policies

Tobacco Policy

Chatfield is committed to providing a healthy and productive work and learning environment for all students, faculty and staff. Research shows that tobacco use, including smoking and breathing secondhand smoke, constitutes a significant health hazard. The college strictly prohibits all smoking of tobacco products within all college buildings and within 30 feet of all college buildings.

This policy applies to all, including students, faculty, staff, contractors and visitors.

For the purpose of this policy, “tobacco” is defined to include, but not limited to, any lit cigarette, cigar, pipe, bidi, clove cigarette, electronic cigarette (e-cigarette), personal vaporizer, and any other smoking product. The use, distribution or sale of tobacco, including any smoking device, or carrying of any lit smoking instrument, in college-owned, leased or occupied facilities or within 30 feet of college-owned, leased, or occupied property is prohibited. This includes:

- All campuses.
- If individuals in the college community smoke or use tobacco products off college properties, they are expected to be respectful of residents and businesses neighboring the university campuses and properties. They should not loiter in front of homes or businesses near college campuses or properties.
- If individuals in the college community smoke or use tobacco products, they must discard tobacco products in appropriate receptacles.
- The distribution of tobacco products on college property is prohibited.
- No tobacco-related advertising or sponsorship shall be permitted on college property, at college-sponsored events or in publications produced by the college.
- Violations of this policy may result in disciplinary action.

This policy is a community health initiative. We are all responsible for implementing and enforcing this policy. It is important that we all work to promote good health and support an environment limiting the use of tobacco.

Ultimately, our hope is to achieve voluntary compliance with the policy, aided by community enforcement of its terms. There are clear challenges associated with the enforcement of this policy; however, similar to all college policies, we each have a responsibility to comply. While not preferred, disciplinary actions for violations, tailored to each constituency within the community, may be implemented if necessary.

Substance Abuse Policy

Chatfield is committed to providing an opportunity for individual students to recognize and achieve their potential and to acquire the self-discipline necessary for the realization of educational goals. Attaining these goals relies on the development of the total person, including the physical and psychological health and well-being of the student. Therefore, the College has implemented this policy to not only to comply with the Drug-Free Schools and Communities Act Amendments of 1989, but also safeguarding the mission of the College and the aspirations of its students.

Students must fully comply with all federal, state, and municipal regulations regarding alcohol, drugs or controlled substances. The unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance or illegal drug is prohibited at the College. This includes the St. Martin and Over-the-Rhine campuses, and any venue on or off-campus that hosts the college's programs and activities. At certain sanctioned college functions, alcoholic beverages may be authorized, but will be monitored.

Any infraction of this policy by any member of the College community will be dealt with according to the disciplinary procedures outlined in the Faculty, Staff, and Student Handbooks. Information on these policies and procedures are likewise annually distributed via email and at orientation sessions. For students, these procedures are contained in the Student Code and are re-stated below to ensure consistency and clarity.

1. Those who engage in the unlawful use or sale of alcohol, illegal drugs, or controlled substances will be subject to disciplinary action up to and including dismissal. Violations of municipal, state, and federal regulations will be subject to investigation by the appropriate authorities. Where appropriate, the College may refer an individual for criminal prosecution.
2. Members of the College community who are under 21 years of age at the time of a reported offense will have their parents/guardians contacted.
3. Within three days of the receipt of a written complaint or incident report, the Academic Dean will notify the involved student of the complaint and any pending campus investigation.
4. Disorderly classroom conduct, possession of a controlled or an illicit substance on school grounds, and under-age consumption of alcohol at a sanctioned event are considered minor offenses. The first report of a minor offense can result in a written reprimand, and restriction, or loss of select campus privileges. Subsequent offenses may be subject to the disciplinary hearing process and may result in suspension or expulsion.
5. The distribution of illicit or controlled substances on campus and/or the distribution of alcohol to underage students are considered major offenses. The first report of a major offense is immediately referred to the disciplinary hearing process and can result in suspension or expulsion.
6. To facilitate the well-being of our students, referrals will be made on an as needed basis to counseling and community health resources.

Besides the penalties imposed by the College, there are significant criminal penalties under state and federal law for the unlawful possession or distribution of alcohol and illicit drugs. A complete list of federal penalties can be found at <https://www.dea.gov/drug-information> and a complete list of Ohio state penalties can be found at <http://codes.ohio.gov/orc/2925.11>.

In compliance with the Drug Free Schools and Communities Act of 1989 (Public Law 101-226), the College offers information regarding the various health and safety risks associated with alcohol abuse and the use of controlled and illegal substances. Informational brochures and pamphlets are also available through the links posted below.

Effects of Alcohol and Substance Abuse

Recreational drugs and alcohol produce a wide variety of physical and psychological effects. These can be divided into three main categories: direct, indirect, and overdose.

Direct effects are those that damage bodily tissue, exclusively from use of the particular substance. Indirect effects are added risks or health defects the individual experiences related to drug use. For instance, lack of sleep, loss of appetite, and disregard for personal health and hygiene are seen with stimulant use (i.e., cocaine, caffeine, and amphetamines). Any intravenous drug user is at risk of acquiring blood-borne diseases, such as AIDS or hepatitis. Sedative users (alcohol, valium, barbiturates) have slowed response time and motor deficiencies, which increase their risk of accidents and falls. Overdose is the most serious

consequence of drug use and constitutes an immediate, often life-threatening, medical emergency. The threshold for overdose can be lowered with the combined use of one or more substances.

The dosage required to generate these effects varies widely among individuals and the nature of the substance or combination of substances. The severity of these effects is often dosage dependent. Dependency and addiction can develop over time or after only a single use and again, this can vary between individuals and the substance(s) involved. In compliance with the Drug-Free Schools and Communities act, a brief overview of a variety of controlled and illegal substances is provided below. More information can be found at <http://www.drugabuse.gov/drugs-abuse>.

*Alcohol use and abuse*⁹

Alcohol is the most widely used and abused drug in the United States. Alcohol acts as a central nervous system depressant and causes several 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 increases the incidence of a variety of aggressive acts, including spousal 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 these effects.

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 liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and cognitive deficits. In addition, research indicates that children of alcoholic parents are at increased risk of later becoming alcohol dependent.

A useful guide to the immediate and long-term effects of alcohol use can be found at <https://www.niaaa.nih.gov/>

*Cannabis / Marijuana*¹⁰

The short-term effects of Marijuana include problems with memory and learning, distorted perception, difficulty in thinking and problem solving, and a loss of coordination. An increase in heart rate, bloodshot eyes, dry mouth and increased appetite are commonly noted.

Long-term users of marijuana suffer many of the same physical effects as tobacco smokers and have increased incidents of bronchitis and asthma as well an increased risk of being diagnosed with emphysema or cancers of the neck, lungs, and respiratory tract.

*Stimulant Drugs*¹¹

⁹ Consistent with other institutions of higher learning, this summary excerpted in its entirety from What Works: Schools Without Drugs, U. S. Department of Education (1992).

¹⁰ Partially excerpted from *Drugs of Abuse* (pdf file) <https://www.dea.gov/documents/2017/06/15/drugs-abuse>. Accessed October, 2020.

¹¹ Partially excerpted from "Prescription Medication Abuse Prevention." <https://www.uhs.uga.edu/aod/adderall.html> Accessed August 2018.

Stimulant drugs include cocaine, amphetamines, methamphetamines, “bath salts,” and many drugs prescribed for the treatment of attention deficit disorders including Adderall and Ritalin. Although some stimulant drugs may be prescribed by a physician, their unmonitored or excessive use constitutes drug abuse. Users of stimulants experience dilated pupils, elevated blood pressure, increased heart and respiratory rate, insomnia and loss of appetite.

The long-term use of inhaled cocaine results in respiratory problems and erosion of the upper nasal cavity. Injecting cocaine with contaminated equipment is associated with an increased risk of contracting HIV, hepatitis and other diseases. “Crack,” a purified form of cocaine that is smoked, may be more addictive than other forms of the drug. Continued use of cocaine can lead to irregular heartbeat, and ischemic heart conditions including heart attack, stroke and death.

Abusers of prescription stimulants experience appetite suppression, wakefulness, increased focus and euphoria. Increased doses produce restlessness, hallucinations, delusions, and repetitive movements. “Bath salts” are a family of drugs that contain synthetic amphetamine-like stimulants. “Bath salts,” amphetamines, and methamphetamines, like other stimulant drugs, can cause increased heart and respiratory rate, elevated blood pressure, dilated pupils, insomnia, decreased appetite, and physical exhaustion. Although similar to cocaine in their effects, these substances have a slower onset and prolonged stimulant effect. Chronic abuse produces a psychosis that resembles schizophrenia and is characterized by paranoia, preoccupation with one’s own thoughts, and auditory and visual hallucinations. Violent and erratic behavior is frequently seen among chronic abusers of amphetamines and methamphetamine.

*Depressant Drugs*¹²

Barbiturates, Rohypnol, GHB, and prescription depressants including Valium, Xanax, Ativan and Klonopin have many of the same effects as alcohol. Although some depressant drugs may be prescribed by a physician, their unmonitored or excessive use constitutes drug abuse. Small or prescribed doses can produce calmness, relaxed muscles and sleepiness, but larger doses can cause slurred speech, loss of motor coordination, nausea, vomiting, slowed breathing, amnesia and altered perception. High doses of depressants or depressants taken in combination with alcohol can slow heart rate and breathing enough to cause death.

*Narcotics*⁷

Narcotic drugs include heroin, methadone, morphine and oxycodone. Although some narcotic drugs may be prescribed by a physician, their unmonitored or excessive use constitutes drug abuse. Users of narcotics experience slowed physical activity, constriction of pupils, constipation, nausea, vomiting and slowed breathing. Withdrawal symptoms can include watery eyes, sweating, irritability, loss of appetite, increased heart rate and blood pressure, chills and excessive sweating. Rates of overdose with narcotic use are high, and users may remain psychologically dependent on these drugs long after physiological addiction and withdrawal symptoms have been treated.

*Hallucinogens*⁷

Hallucinogenic drugs contain substances that create euphoria and alter perception, mood and self-awareness. MDMA/ecstasy, ketamine, K2/Spice, phencyclidine (PCP, angel dust), mescaline, peyote, LSD, and psilocybin (mushrooms) produce some individually varied effects, but all increase body temperature, heart rate and blood pressure, and commonly produce sweating, dilated pupils, loss of appetite, sleeplessness, tremors, confusion, paranoia, anxiety, and sometimes violent or dangerous behavior. Psychological

¹² Partially excerpted from *Drugs of Abuse* (pdf file) <https://www.dea.gov/documents/2017/06/15/drugs-abuse>. Accessed August 2018.

reactions may include panic, confusion, suspicion, anxiety and loss of control. With some hallucinogenic drugs, delayed effects or flashbacks can occur even after use has ceased.

MDMA is distinctive in this category because it produces effects similar to both hallucinogens and stimulant drugs. Users of this drug may experience heightened sensitivity to touch, involuntary teeth clenching, muscle cramps, faintness, sweating, tremors and blurred vision. Chronic use of this drug reduces a person's ability to feel pleasure.

Effects of overdose with hallucinogens are variable. Overdoses of MDMA produce extremely high body temperature leading to organ failure and death. Overdoses of ketamine and PCP can result in respiratory depression, coma, convulsions, and death due to cardiac arrest. Deaths resulting from an overdose of LSD, mescaline, or peyote are extremely rare, but death may result from delusional or suicidal behaviors and activities encouraged by the drug.

Finding Help

Students are encouraged to contact their advisor at the College for information regarding treatment services and programs related to substance.

There are also several community-based organizations that can offer assistance and treatment:

- Ohio Department of Health, Tobacco Use and Cessation *Quit Hotline* 1-800-784-8669
<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/tobacco-use-prevention-and-cessation>
- Recovery Health Access Center (RHAC) (513) 281-7422 <https://www.hcmhrsb.org/>
- Brown County Recovery Services (937) 378-4811 <http://www.bcmhas.org/provider-agencies/talbert-house/>
- Greater Cincinnati Behavioral Health Services (513) 354-5200 <https://www.gcbhs.com/>
- The Salvation Army of Greater Cincinnati - Cincinnati Adult Rehabilitation Center (513) 351-3457
<https://swo.salvationarmy.org/SouthwestOhio/rehabilitation-centers>

Safety and Security

Students are advised to take all necessary means to protect themselves and their property from injury. Prudent care of personal items and mutual concern for one another is encouraged. The entire community shares in maintaining an environment that is conducive to learning and safety. Students are encouraged to report any criminal action directed toward them or their property as promptly as possible.

Any crime, accident, or emergency should be reported to the Associate Dean/Site Director at either campus. If the office is closed, contact a Chatfield staff member or front desk staff. The person receiving the information will get help if needed and see that an "Incident Report" is completed. If an incident involves criminal action on the part of a student or employee, disciplinary action will be taken in accordance with the procedures detailed in this handbook and in personnel policies for employees. College administration will consult with the local law enforcement officials to determine what information is necessary and appropriate to share with the campus community to encourage awareness and to protect the personal safety of members of the College.

The form describing each reported incident will be kept on file. These are, in part, the basis for the annual campus security report mandated by the Federal Student Right to Know and Campus Security Act of 1990. This annual data is maintained by the Academic Dean and is available to current students and employees as well as prospective students and employees.

During the admissions process, all students are asked to provide an emergency contact. If a student becomes ill