



Drug and Alcohol Abuse Prevention Program (DAAPP)

The Drug Free Schools and Campuses Regulations (34 CFR Part 86) of the Drug-Free Schools and Communities Act (DFSCA) requires an institution of higher education such as Bergen Community College, to certify that it has implemented programs to prevent the abuse of alcohol and use and/ or distribution of illicit drugs both by Bergen students and employees both on its premises and as a part of any of its activities. At a minimum, an institution of higher education must annually distribute the following in writing to all students and employees:

Standards of conduct that clearly prohibit at a minimum the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;

A description of the applicable legal sanctions under local, state, or federal laws for the unlawful possession or distribution of illicit drugs and alcohol;

A description of the health risks associated with the use and abuse of illicit drugs and alcohol;

A description of any drug and alcohol programs (counseling, treatment, rehabilitation, and reentry) that are available to employees or students; and

A clear statement that the institution will impose disciplinary sanctions on students and employees for violations of the standards of conduct, and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution.

I. Standards of Conduct

A. Employees

The Bergen Community College Board of Trustees has adopted the "[Drug Free Workplace Policy](#)" (in accordance with the Drug Free Workplace Act of 1988) and "[Standards of Conduct Policy](#)" to ensure a safe environment for employees, contractors, and temporary workers.

As a representative of the College, each employee is expected to exercise discretion and act within the limits of decorum and propriety at all times and in all places.

The unauthorized use and abuse of alcohol and the illegal use and abuse of drugs (while on the job or attending College functions either on or off campus) are violations of employee conduct.

Examples of violations which will not be tolerated are: (1) jeopardizing one's own safety or the safety of others, (2) damage or abuse of equipment/facilities, (3) violation of College rules and regulations, (4) violation of local, state or federal laws, and (5) disruption of College programs or activities.

The College reserves the right to proceed with appropriate disciplinary action up to and including termination of employment based upon the seriousness of the violation.

Employees are required to adhere to the requirements of these policies. Failure to adhere to these policies may result in disciplinary action as listed in Section V (A) below. Human Resources is responsible for the administration of this policy.

B. Currently Enrolled Students

Currently enrolled students are required to abide by Bergen's Student Code of Conduct. The current Code of Conduct is available here:

<https://bergen.edu/student-conduct/student-code-of-conduct/> Under the Code of Conduct, the following acts are considered violations. The Code expressly states:

Reckless, Irresponsible and Criminal Conduct

Students are given and required to accept a high level of responsibility as role models in all their dealings. Behavior that demonstrates a lapse of responsibility includes, but is not limited to:

Use, possession, manufacture, sale, purchase, transportation, and/or distribution of alcoholic beverages while on College premises. Use, possession, manufacture, sale, purchase, transportation, and/or distribution of narcotics, or other controlled dangerous substances, as well as drug paraphernalia, and/or abuse of prescription medications and drugs. For the purposes of this Code, distribution is determined by the quantity of drugs, means and materials for distribution. Please see the full policy on illicit drugs in the Student Handbook.

Bergen's Alcohol and Drug Use Policy further states:

Bergen Community College prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol on college property or as part of any of its students and employees' activities, including underage drinking.

Bergen Community College further prohibits the possession or consumption of alcohol on the College campus, with the exception of special, approved receptions in the meeting and training center. Violators may be subject to suspension or dismissal.

Failure to abide by the Student Code of Conduct may result in sanctions listed in Section V(B) below.

II. Legal Sanctions

A. Federal

Federal law provides criminal and civil penalties for unlawful possession or distribution of a controlled substance. Under the [Controlled Substance Act](#) as well as other related federal laws, the penalties for controlled substance violations include, but are not limited to, incarceration, fines, potential for the forfeiture of property used in possession or to facilitate possession of a controlled substance (which may include homes, vehicles, boats, aircrafts and any other personal property), ineligibility to possess a firearm, and potential ineligibility to receive federal benefits (such as student loans and grants).

Under the [Controlled Substances Act](#), the federal government — which has largely relegated the regulation of drugs to the Drug Enforcement Administration (DEA) — puts each drug into a classification, known as a schedule, based on its medical value and potential for abuse.

To initiate a schedule, the DEA first asks if a drug can be abused. If the answer is yes, then it's put on a schedule. If no, the drug is left out. After that, the drug's medical value and relative potential for abuse are evaluated to decide where on the scale it lands.

The two big issues, then, are a drug's potential for abuse and its medical value. Congress did not clearly define abuse under the Controlled Substances Act. But for federal agencies responsible for classifying drugs, abuse is when individuals take a substance recreationally and develop personal health hazards or pose other risks to society as a whole. To find medical value, a drug must have large-scale clinical trials to back it up — similar to what the Food and Drug Administration (FDA) would expect from any other drug entering the market.

Schedule 1 drugs have no medical value and high potential for abuse, while schedule 2 through 5 substances all have some medical value but differ in ranking depending on their potential for abuse (from high to low).

For current information on drug scheduling, including examples, visit the DEA webpage on [Drug Scheduling](#). In general, Schedule 1 and 2 drugs have the most regulatory restrictions on research, supply, and access, and Schedule 5 drugs have the least. A drug's schedule sets the groundwork for the federal regulation of a controlled substance.

Schedule 1 and 2 drugs face the strictest regulations. Schedule 1 drugs are effectively illegal for anything outside of research, and Schedule 2 drugs can be used for limited medical purposes with the DEA's approval — for example, through a license for prescriptions.

The DEA even sets strict limits on the production of Schedule 1 and 2 drugs, although the limits vary from drug to drug. A current listing of drug trafficking penalties can be viewed on the DEA webpage on [drug policy](#).

B. New Jersey State and Local Drug and Alcohol Laws

State of New Jersey

The purchase and consumption of alcohol is a right extended by the State of New Jersey. The legal age to purchase and consume alcoholic beverages in the State of New Jersey is twenty-one. (N.J.S.A. 9:17b-1)

Possession or Consumption of Alcoholic Beverages in Public Places by persons under legal age (N.J.S.A. 2C:33-IS)

Any person under the legal age to purchase alcoholic beverages who knowingly possesses without legal authority or who knowingly consumes any alcoholic beverage in any school, public conveyance, public place, place of public assembly, or motor vehicle is guilty of a disorderly persons offense and shall be fined not less than \$500.

Purchase of Alcohol by/for the under aged (N.J.S.A. 33:1-81)

An under aged person who purchases or attempts to purchase alcohol, or who misstates his/her age, or a person of legal age who purchases alcohol for an under aged person faces a conviction of a disorderly persons offense, which incurs a fine of not less than \$500 and loss of license for six months.

In addition, under aged persons may be required to participate in a state sponsored alcohol education program.

Offering Alcoholic Beverages to Underage People (N.J.S.A. 2C:33-17) Anyone who purposely or knowingly offers or serves or makes available an alcoholic beverage to a person under the legal age for consuming alcoholic beverages or entices that person to drink an alcoholic beverage is a disorderly person. This provision does not apply to certain close relatives, certain activities confined to the home, or if the consumption is part of a religious observance.

Transfer of ID (N.J.S.A. 33:1-81.7)

Someone who is under aged and uses another person's ID card to obtain alcohol, or someone of legal age who gives his/her ID card to an under aged person so that he/she can obtain alcohol, faces a fine of up to \$300 or up to 60 days in jail.

False ID (N.J.S.A. 2C:21-2.1 Id)

A person who knowingly possesses a document or other writing which falsely purports to be a driver's license or other document issued by a governmental agency and which could be used as a means of verifying a person's identity or age or any other personal identifying information is guilty of a crime in the fourth degree.

Host/Hostess Liability

Under a 1984 New Jersey Supreme Court decision, Kelly vs. Gwinnell, a host or hostess who serves alcoholic beverages to a guest, knowing that the guest is intoxicated and will soon be driving, can be held liable for injuries inflicted on a third party if that guest is involved in a motor vehicle accident.

Driving While Intoxicated

Operating Motor Vehicles While Under the Influence of Intoxicants (N.J.S.A. 39:4-50)

A person is said to be legally drunk in New Jersey if his/her blood alcohol concentration is at or above .08%.

Penalties: All persons convicted of DWI must pay an insurance surcharge of \$1,000 per year for three years. In addition:

- For the first offense, there are additional fines and charges of at least \$470 (bringing the total minimum charges for a first offense to \$3,470); loss of license for 7-12 months; and a requirement to spend 12-48 hours in an Intoxicated Driver Resource Center. A first-time offender also faces a possible 30-day jail term.
- For a second offense, there are additional fines and charges of at least \$720; loss of license for two years; a requirement to perform 30 days of community service and to spend 48 hours in an Intoxicated Driver Resource Center or jail. Also, there is a possible 90-day jail term.
- For a third offense, additional fines and charges of at least \$1,220; loss of license for 10 years; and a 180-day jail term. The insurance surcharge for a third-time offender is \$1,500 per year for three years. These fines and charges do not include court and legal fees.

Driving While License is Suspended Due to DWI (N.J.S.A. 39.3-40) If a person is found driving while his/her license is suspended due to a conviction for Driving While Intoxicated, that person upon conviction again shall be fined \$500, shall

have his license to operate a motor vehicle suspended for an additional period of not less than one year nor more than two years, and may be imprisoned in the county jail for not more than 90 days.

Refusal to Take the Breathalyzer Test (N.J.S.A. 39:4-50.4a)

Refusal to take a breathalyzer test where there is probable cause for arrest for DWI will result in up to 10-year loss of license, a fine of \$300- \$1000, and an obligation to satisfy the requirements of an alcohol education or rehabilitation program. A person can also be convicted of DWI without the results of a breathalyzer test. In that case, s/he will suffer all the additional fines and penalties specified for the DWI conviction.

III. Health Risks

A. Drug Abuse

The following subcategories are the most frequently used drugs, listed with their associated risks, per the [National Institute of Drug Abuse \(NIDA\)](#).

1. **Cannabinoids** (unprescribed marijuana & hashish)

Known short-term risks include (but are not limited to) slowed reaction time, balance and coordination issues, increased heart rate, anxiety, panic attacks, and problems with learning and memory. Long-term risks include “mental health problems, chronic cough, [and] frequent respiratory infections.”

Synthetic cannabinoids (K2/Spice) are associated with the following additional risks: vomiting, agitation, confusion, paranoia, and heart attack.

2. **Club Drugs** (MDMA [also known as: Ecstasy, Adam, clarity, Eve, lover’s speed, peace uppers]; Flunitrazepam [also known as: Rohypnol, forget- me pill, Mexican Valium, R2, roach, Roche, roofies, rohypnol, rope, rophies]; GHB [also known as G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X])

Known short-term risks of *MDMA* (Ecstasy/Molly) include (but are not limited to) depression, sleep problems, increased heart rate and blood pressure, teeth clenching, chills or sweating, and “sharp rise in body temperature leading to liver, kidney, or heart failure and death.” Long- term risks include confusion, depression, memory and sleep problems, aggression, and reduced interest in sexual activity.

Known short-term risks of *Flunitrazepam* include (but are not limited to) sedation, amnesia, impaired reaction time and coordination, impaired mental functioning, aggression, headache, and slowed breathing/heart rate. According to the National Institute on Drug Abuse, most long term effects are unknown. Although it is

sometimes used as a drug of abuse in the United States, this lack of information is likely due to it no longer being prescribed for medical purposes. However, people can develop tolerance and dependence over time.

Known short-term risks of GHB include (but are not limited to) confusion/memory loss, excited and aggressive behavior, nausea, unconsciousness, seizures, slowed heart rate/breathing, lower body temperature, coma, and death. While the main long-term risk is dependence, other reported long-term effects include, severe memory problems, heart disease, hallucinations, extreme anxiety, and breathing problems.

3. **Dissociative Drugs** (Ketamine [also known as Ketalar SV, cat Valium, K, Special K, vitamin K]; PCP and analogs [also known as angel dust, boat, hog, love boat, peace pill]; Salvia [also known as Shepherdess's herb, Maria Pastora, magic mint, Sally-D])

Known short-term risks of *Ketamine* include (but are not limited to) attention, memory, and learning issues, confusion, speech problems, immobility, and "slowed breathing that can lead to death." Long-term risks include kidney problems, stomach pain, ulcers, and depression.

Known short-term risks of *PCP* include (but are not limited to) delusions, paranoia, "a sense of distance from one's environment," anxiety, numbness of the hands and feet, movement problems, altered blood pressure and breathing rate, nausea, drooling, "violence, suicidal thoughts, seizures, coma, and death." Long-term risks include memory loss, depression, speech and thinking problems, and anxiety.

Known short-term risks of *Salvia* include (but are not limited to) "altered visual perception, mood, [and] body sensations; mood swings; [and] feelings of detachment from one's body." Long-term risks include changes in the structure of the brain that can make mental health issues, like psychosis, depression, or anxiety, permanent. Damage to other organ systems, like the lungs, liver, and kidneys, may also become permanent.

4. **Hallucinogens** (LSD [also known as acid, blotter, cubes, microdot yellow sunshine, blue heaven]; Mescaline [also known as Buttons, cactus, mesc, peyote]; Psilocybin [also known as: Magic mushrooms, purple passion, shrooms, little smoke])

Known short-term risks of *LSD* include (but are not limited to) rapid mood swings; inability to "recognize reality, think rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness or insomnia;" and weakness. Long-term risks include ongoing visual disturbances and frightening flashbacks, paranoia, and disorganized thinking.

Known short-term risks of *Mescaline* include (but are not limited to) anxiety; increased body temperature, heart rate, and blood pressure; and impaired

movement. While rare, there are potential long-term risks from hallucinogenic drugs, such as mescaline. Flashbacks are typical side effects, which is the reemergence of the drug's intoxication experience that can pop up at random. Hallucinogenic Persisting Perception Disorder (HPPD) may occur. Visual disturbances, such as halos or trails following lights, are common symptoms of HPPD that can occur without warning. Persistent psychosis is another disorder that can be a long-term side effect. With persistent psychosis, individuals suffer from disturbed moods, disorganized thoughts, paranoia, and visual disturbances.

Known short-term risks of *Psilocybin* include (but are not limited to) "altered perception of time, inability to tell fantasy from reality, panic, muscle relaxation or weakness, problems with movement," and vomiting. Long-term risks include memory problems and flashbacks.

5. **Inhalants** (Poppers, snappers, whippets, laughing gas [includes paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter fluids, correction fluids, permanent markers, electronics cleaners and freeze sprays, glue, spray paint, hair or deodorant sprays, fabric protector sprays, vegetable oil sprays, whipped cream aerosol containers, refrigerant gasses] ether, chloroform, halothane, and nitrous oxide)

Known short-term risks include (but are not limited to) "confusion; nausea; slurred speech;" lightheadedness; hallucinations/delusions; "sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking." Long-term risks include "liver and kidney damage; bone marrow damage;" nerve damage; and brain damage.

6. **Opioids** (Heroin; prescription opioids such as: oxycodone [Oxytontin[®]], hydrocodone [Vicodin[®]], codeine, morphine, fentanyl, etc.)

Known short-term risks of *Heroin* include (but are not limited to) "dry mouth; heavy feeling in the hands and feet; clouded thinking; alternate wakeful and drowsy states;" and slowed breathing and heart rate. Long-term risks include collapsed veins, abscesses, heart lining and valve infection, liver and kidney disease, and pneumonia.

Known short-term risks of *prescription opioids* include (but are not limited to) nausea, constipation, confusion, slowed breathing, and death. In addition to opioid addiction and overdose, potential long term risks include serious fractures, breathing problems during sleep, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction, myocardial infarction, and tooth decay due to xerostomia.

7. **Over-the-Counter Cough/Cold Medicines** (also known as *Dextromethorphan* or *DXM* [Robotripping, Robo, Triple C], *promethazine-codeine cough syrup*)

Known short-term risks include (but are not limited to) “slurred speech; increased heart rate, blood pressure, temperature; numbness; dizziness; nausea; vomiting; confusion; paranoia; altered visual perceptions; problems with movement; [and] buildup of excess acid in body fluids.” Additionally, promethazine-codeine cough syrup depresses the central nervous system, which can lead to slowing or stopping the heart and lungs. Depending on the over-the-counter medicine, long term risks include dependency and withdrawal, dysphoria, fatigue, insomnia, toxic psychosis, liver failure, hypertension, and seizures.

8. **Steroids** (*Anabolic steroids*, also known as Nandrolone [Oxandrin[®]], oxandrolone [Anadrol[®]], stanozolol [Durabolin[®]] Testosterone Cypionate [Depo-Testosterone[®]], roids, juice, gym candy, pumpers)

Short-term risks include (but are not limited to) “headache, acne, fluid retention,” injection-site infection, yellowing skin and whites of the eyes. Long-term risks include “kidney damage or failure; liver damage; high blood pressure; enlarged heart, or changes in cholesterol leading to increased risk of stroke or heart attack, even in young people; aggression; extreme mood swings;” and impaired judgment.

9. **Stimulants** (*cocaine* [also known as: blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot]; amphetamine; & *methamphetamine* [also known as: crank, chalk, crystal, fire, glass, go fast, ice, meth, speed, Desoxyn[®]])

Known short-term risks of *cocaine* include (but are not limited to) narrowed blood vessels; “increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea;” insomnia; anxiety; “erratic and violent behavior; panic attacks; paranoia; psychosis; heart rhythm problems; heart attack; stroke; seizure; [and] coma.” Long-term risks include “loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss from decreased appetite.”

Known short-term risks of *methamphetamine* include (but are not limited to) “increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, and temperature; [and] irregular heartbeat.” Long-term risks include anxiety, mood problems, violent behavior, delusions, severe dental problems, and skin sores from scratching.

B. Alcohol Abuse

[Binge drinking](#) (CDC) is a pattern in which a person consumes 4-5 alcoholic drinks in a short period of time. According to the [NIAAA](#), Alcohol Use Disorder or Alcoholism result from a continued pattern of drinking alcoholic beverages, dependence on alcohol, and disregard for consequences of alcohol intoxication.

Known risks for binge drinking and/or alcoholism include (but are not limited to) disruption of mood; change in behavior; inability to think clearly; decreased coordination; heart problems, including stroke, arrhythmias, and high blood pressure; liver inflammation and other liver complications; dangerous pancreas inflammation; increased risk of mouth, esophagus, throat, liver, and breast cancer; and weakened immune system.

IV. Drug and Alcohol Programs

The following programs and resources are available to currently enrolled students, staff, and community members at Bergen. A list of town, county, state, and agency programs are available through the Center for Health, Wellness, and Personal Counseling.

Programming by the Center for Health, Wellness, and Personal Counseling

The Center for Health, Wellness and Personal Counseling Bergen Community College is dedicated to a proactive approach to the education and prevention of alcohol and other drug use. Awareness about the use and abuse of alcohol and other drugs are a severe impediment to the overall success of students and employees which has led to the implementation of an ever-growing program that strives to communicate the dangers and consequences of such use.

The Center maintains an ongoing collection of the latest brochures, which are available at all times to the entire Bergen community. These materials describe the health risks and dangers of alcohol and other drugs, as well as binge drinking, underage drinking, and driving while intoxicated.

The Center offers and facilitates a Mental Health Screening program and Mental Health Check-Up Days which include indicators for alcohol and drug addiction. This screening is offered by appointment at the Center, as well as at college-wide events such as Club Days.

The Center also maintains contact information for area treatment facilities. Employees are able to take advantage of the institution's Employee Assistance Program (EAP) offered as a benefit to all through the Office of Human Resources. The Center can support referrals as needed.

The Center for Health, Wellness, and Personal Counseling, in collaboration with other campus departments and outside organizations, provides on-campus alcohol and other drug educational programming designed to inform the entire campus community on the most current information available. These include, but are not limited to, a presentation to student-athletes on the dangers of alcohol and athletics, promotional materials made available on all campuses, education pamphlets and resources made available on all campus locations, and partnership with other college offices to offer alcohol and drug free events.

The Center for Health, Wellness and Personal Counseling conducts Mental Health First Aid and Question, Persuade and Refer (QPR) training programs for faculty and staff on campus.

Programming by the Office of Student Life and Student Conduct

The offices of Student Life and Student Conduct facilitate programming for the greater student population in an effort to provide a co-curricular experience focused on retention and alcohol and drug prevention and support programming. Student Life and Student Conduct, along with two student run organizations, holds approximately 300 programs during the academic year. Programming is held throughout the week in an effort to provide students with information and a comprehensive set of alternative activities to recreational alcohol consumption and drug use. Student Life has and will continue to poll students on their programming interests as well as track attendance to verify programming effectiveness.

Benefits through Membership Affiliation with the Bergen County Prevention Coalition

The Center for Health, Wellness, and Personal Counseling is a member of the Bergen County Prevention Coalition, a subsidiary of The Center for Alcohol and Drug Resources of Bergen County, and the New Jersey Higher Education Consortium on Alcohol and Other Drug Prevention and Education. This allows for constant dialogue with other counseling professionals on the latest empirical evidence and best practices on college campuses.

Multiple student conduct professionals are members of the Association of Student Conduct Administrators, a national professional organization. This membership allows for continuous professional development, training, and dialogue on implementing policy and sanctions for student conduct violations, including alcohol and drugs.

V. Disciplinary Sanctions

A. Employees

Faculty and staff who violate Bergen's Drug and Alcohol Policy may be subject to the following sanctions:

Employees who think that they may have an alcohol or drug use problem are urged to seek confidential assistance from the Bergen Community College Employee Assistance Program or their health insurance provider.

Faculty and staff who violate Bergen's Drug and Alcohol Policy may be subject to the following sanctions:

Employees who demonstrate a substance abuse problem may be given the option to seek assistance and thereby defer consideration of termination or other disciplinary action provided the employee adheres to the treatment plan set forth by his or her treatment provider. Employees who undergo voluntary counseling or treatment and who continue to work must meet all established standards of conduct and job performance.

If an employee violates the policy, he or she may be subject to disciplinary action up to and including demotion, suspension, or termination of employment. The College, in its discretion, may choose not to terminate an employee, and in such event, the College, in

addition to any disciplinary action, may refer the employee to a treatment and/or counseling program for substance abuse.

Any employee convicted for violation of any criminal drug statute must notify the College in writing of said conviction no later than five (5) days after any such conviction. The College will take appropriate action within ten (10) days of receiving said notice of conviction.

B. Currently Enrolled Students

Students who violate Bergen's Drug and Alcohol Policy may be subject to the following sanctions:

1. ***Written Warning***- to the offender that the conduct must stop and any continuation may be a basis for more severe action.
2. ***Probation***- Notice that further violation of this *Code* may result in expulsion.
3. ***Suspension***- revocation of the privilege of attending the College and using its facilities for a period of not less than one semester and not more than two academic years.
4. ***Facilities Restriction***- Revocation or restriction of privileges for the use of some but not all College facilities.
5. ***Expulsion***- Permanent termination of student status and rights to be present on College property and attend/participate in College-sponsored events.
6. ***Referral to civil or criminal authorities.***

Any of the following may accompany a remedy and sanction.

1. ***Referral*** to appropriate psychological or psychiatric service for evaluation, mandated assessment, or other special help.
 2. ***Campus-Wide Notice of No Trespass*** will accompany a sanction of suspension or expulsion from the College.
 3. ***Other Educational Sanction***: Educational sanctions meant to help students learn from their experiences. Other educational sanctions, such as reflection papers, required attendance at educational programs, letters of apology or other restorative assignments may be imposed consistent with the nature and severity of the violation(s).
- A. When considering sanctions to be imposed, a range of factors may be considered, including but not limited to:
- a. The nature and severity of the incident;
 - b. The disciplinary history of the student;
 - c. The developmental needs of the student;
 - d. The level of accountability and responsibility taken by the student;
 - e. The level of cooperation from the student;
 - f. The interests of the community and those impacted by the violation and;
 - g. Any other aggravating, mitigating or relevant factors.

- B. Underage students found in violation of the College's Alcohol Policy and/or sanctioned for the possession or distribution of illegal drugs will be subject to the College parental notification policy. (See FERPA Policies and Procedures in the Student Handbook). In addition, the College reserves the right, in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA), to make public notification of the final results of certain student conduct actions (See "A Parent's Guide to FERPA" on the Department of Education Website). Such notification may include the name of the student offender and the type of violation, but will not disclose the names of any other students who were involved as victims or witnesses without their consent.

VI. Annual Notification of the DAAPP and Biennial Report

Compliance with the Drug-Free Schools and Communities Act and Annual Notification of the DAAPP

Bergen Community College remains committed to work towards fulfillment of all requirements of the Drug Free Schools and Communities Act and to maintain compliance. Timely and consistent distribution of college policy and procedures to all students, faculty, and staff are one aspect of this obligation.

Coordinated by the Center for Health, Wellness, and Personal Counseling and the Office of Student Life and Conduct, the Bergen Community College Drug and Alcohol Abuse Prevention Program is a wide-ranging program that incorporates evidenced-based practices, designed to implement and evaluate campus and community-based strategies to reduce and prevent high-risk drinking behaviors and substance use and abuse among our college students, faculty, and staff. The Bergen Community College Drug and Alcohol Abuse Prevention Program is a collaborative effort shared by the Center for Health, Wellness, and Personal Counseling, the Office of Student Life and Conduct, the Center for Student Success, Public Safety, the Bergen County Sheriff's Office, Athletics, and Human Resources.

The responsible areas will work together, along with Public Relations, on a regular basis to ensure that the policies, legal and conduct sanctions, health risks, counseling, rehabilitation and treatment options are up to date and addressed as part of the DAAPP and Bergen Community College Biennial Review and available on the College website. The Vice President of Student Affairs and Vice President of Human Resources and Organizational Development will distribute frequent notifications to all students, faculty and staff. This information will be disseminated at the start of each new fall and spring academic term and after the census of the latest session in a term to capture any newly enrolled students.

Student Notification and Distribution

Bergen Community College's DAAPP and Biennial Review is distributed to all enrolled students annually through email to currently enrolled students. Care is taken in the distribution to ensure that access to this information is afforded to all students. The Biennial Review is also provided to students every two years upon its completion and made available for review online at BCC's website.

Furthermore, the Student Code of Conduct, which includes the Standards of Conduct for alcohol and drug violations and the Good Samaritan Policy, is included in the Annual Security Report, which is emailed to every student of Bergen Community College annually by October 1st, and posted on the college website.

Faculty and Staff Notification and Distribution

Bergen Community College's DAAPP and Biennial Review is distributed to all employees annually through email. Care is taken in the distribution to ensure that access to this information is afforded to all staff. The Biennial Review is also provided to staff every two years upon its completion and made available for review online at BCC's website.

Currently, Bergen Community College distributes the [Employee Code of Professional Conduct](#) to all faculty and staff members at the time of their hiring, and at the start of each new fall and spring academic term and after the census of the latest session in a term. New employees are required to sign a copy of this policy certifying that they agree to abide by the terms of the Employee Code of Professional Conduct. The signed certification letter must be returned to the Office of Human Resources within two weeks.

In addition to being informed about the Bergen Community College Drug and Alcohol Free Workplace Policy, a notice to all employees regarding the standards of employee conduct, applicable legal sanctions - local, state, and federal law, health risks of alcohol and drug use, and alcohol and drug resources and services is posted on the College website and also available through the Office of Human Resources.

Biennial Review and Report

Every two years the College must conduct a review of its DAAPP to determine program effectiveness and the consistency of sanction enforcement, in order to identify and implement any necessary changes. The College conducts the biennial review in even numbered years, which focuses on the two preceding academic years. The biennial report is available to all students and employees as posted on the BCC website

VII. Oversight Responsibility

The Offices of the Vice President for Student Affairs and the Vice President of Human Resources and Organizational Development shall have oversight responsibility of the DAAPP including, but not limited to: updates, coordination of information required in the DAAPP, and coordination of the annual notification to employees and students.