

limits matter

Where do you draw the line?

**Answers to Your Questions About Alcohol Use,
Policies and Resources at Princeton University**

2024-25

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A note on alcohol use and policy at Princeton University

Princeton University recognizes that many students choose not to drink alcohol. Of students who choose to drink, most drink in moderation. Whether you plan to consume alcohol or need information to help a friend who drinks, this guide may be helpful.

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 alcohol by and to persons under 21 years of age. You are responsible for knowing and abiding by state and University regulations regarding 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.

Your questions about Princeton's alcohol policies and procedures are answered here and in "Rights, Rules, Responsibilities," which is available to all students at rrr.princeton.edu. Both provide information to keep students safer when they choose to drink.

All Princeton community members are obligated to seek immediate help on behalf of a severely intoxicated person, and students may be disciplined for a failure to seek help in such situations. 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. Your first priority should always be to maintain the safety of the members of our community so don't wait — **Call 911 if you think there may be an emergent situation.**

What about alcohol use at Princeton?

Does everyone at Princeton University drink?

No—in fact, many people on campus do not drink. According to the 2024 U Matter survey of Princeton University undergraduates, about 49 percent said they had not used alcohol in the last 30 days, including 33 percent who reported never having drunk alcohol.

In surveys and anecdotally, some of the reasons Princeton undergraduates report not drinking at any given time include:

- Not feeling like drinking;
- Not needing to drink to have fun;
- Not wanting it to interfere with other responsibilities, like schoolwork or athletic performance;
- Health concerns, including medication interactions;
- Religious preferences; and

- Family history.

In our 2023 NCHA survey (the last time the question was asked), most undergraduates who chose to drink usually did so in a lower-risk way. When students who had consumed alcohol in the previous three months were asked how many drinks they had the last time they drank, 76 percent said four or fewer drinks.

According to the 2024 U Matter survey, almost all undergraduates who drank alcohol reported most of the time or always using strategies to maintain a lower BAC, including:

- 85 percent reported eating before and/or during drinking; and
- 76 percent reported keeping track of the number of drinks they are consuming.

For more information on protective strategies to minimize the negative effects of alcohol, see pages 13-14.

Are parties with alcohol the only way to meet new people?

No, there are many events on campus that do not involve alcohol or where you can have a non-alcoholic beverage. The residential colleges, Campus Club, the Office of Diversity and Inclusion (ODI) Centers, Campus Recreation and Outdoor Action sponsor alcohol-free activities, among others. Coffee Club frequently hosts student-performances like singer-songwriters and comedians, and activity nights with painting, movies, and more. The Murray-Dodge Café is a popular place for free food and good conversation. ODUS sponsors a fund for late-night, alcohol-free activities. Learn more at: odus.princeton.edu/activities/initiatives/alcohol_initiative

You can also join student groups to meet people with interests similar to yours. Visit [MyPrincetonU \(my.princeton.edu\)](https://my.princeton.edu) to view upcoming events and explore student organizations to join - from the Office of Dean of Undergraduate Students (ODUS), the Office

of Religious Life (ORL), the Pace Center for Civic Engagement, the Gender + Sexuality Resource Center, Davis International Center, and Carl A. Fields Center.

According to both our survey and anecdotes from students, undergraduates also enjoy board games, baking/cooking/eating together, exercising, and hanging out with friends as ways to have fun without alcohol.

The 2024 U_Matter survey also showed that 80 percent of undergraduates agree or strongly agree that students at Princeton will let them make their own decisions about drinking alcohol.

Do I have to drink to have fun at the eating clubs?

All of the eating clubs offer non-alcoholic beverages to members and their guests on tap nights. Many students choose to socialize at the eating clubs without drinking alcohol for a variety of reasons. Eating clubs host many activities other than tap nights for interested

students, such as community service options, roundtable discussions with faculty or networking with alumni.

What should I do if I have been hazed, have witnessed hazing, or suspect someone I know has been hazed?

While alcohol use by new or continuing members of a group is not necessary for an activity to be considered hazing, it is often either a major part of such activities or contributes to them.

Both New Jersey State Law and University policy prohibit hazing. You can read about these policies as well as find information about hazing and alternatives to hazing at: **odus.princeton.edu/community-standards/hazing**

You have options for reporting hazing whether or not it involves alcohol:

- While hazing is occurring, you can call 911 to ensure the safety of the people present.
- To report hazing that is not an immediate threat to safety (e.g., has already occurred), you can:
 - Complete an anonymous report through Princeton's EthicsPoint website, or
 - Fill out the ODUS online hazing report.

What impact does alcohol have on someone's mind and body?

Alcohol is a psychoactive drug that depresses the central nervous system, leading to impaired judgment and perception. It has the potential to cause severe physical, mental and/or emotional distress and increase risk of serious injury.

What is BAC?

BAC stands for blood alcohol content. It is the number of milligrams of alcohol per milliliter in a person's bloodstream at a given time. BAC is the determining factor identifying the legal limit for driving. As BAC rises, so does functional impairment.

When someone drinks, several factors affect their BAC as well as the impact of their BAC on their mind and body. Most BAC calculators will ask for an individual's biological sex and weight before asking for drinks consumed.

This information is intended to assess the impact of physiological factors, such as body water content and hormones, on BAC.

That said, the majority of research on the physiological factors affecting BAC has been conducted with cisgender men and women (i.e., individuals whose gender identity aligns with the sex they were assigned at birth) and research is lacking on alcohol's effects on transgender and intersex people. The effects of alcohol may vary significantly among cisgender, transgender, and intersex individuals. It is a good idea to consult your own health care provider(s) for information about alcohol's impacts on your mind and body.

Research indicates that the most important factors for BAC include the **pace** of drinking, an individual's **body size and composition**; their **medications or other drug use**; and **strength or proof** of the alcoholic beverage.

- **Pace**

When consumed, alcohol is absorbed through the stomach lining and small intestine directly into the bloodstream. It is then cleared from the bloodstream by the liver, which can process about **one standard drink of alcohol each hour**. BAC increases when the body absorbs alcohol faster than the liver can metabolize it from the bloodstream. When alcohol is consumed quickly, there is little time for the liver to metabolize the alcohol between drinks. As a result, BAC rises rapidly.

The effects of alcohol are often not experienced immediately after drinking while the alcohol is absorbed into the bloodstream. This delay (approximately 15 minutes) can give a false sense of

sobriety, which can lead to the consumption of more and often dangerous amounts of alcohol in a short amount of time.

Two Activities That Dangerously Increase Pace:

- **Pre-gaming**

Pre-gaming involves drinking multiple drinks in a short period of time, often before attending an event. Since the body can only metabolize about one standard drink of alcohol per hour, consuming several drinks in a short time can increase BAC to dangerous levels.

- **Drinking Games**

Drinking games encourage alcohol consumption in large quantities over a short period of time as part of the rules of the game. These games also increase the likelihood that the drinker will lose track of how much alcohol has been consumed, or drink more than intended.

Because alcohol is distributed throughout the body, a given amount of alcohol will be diluted less in someone who is relatively smaller and lead to a higher BAC than it would in someone who is relatively larger. The composition of the body, meaning the percentages of fat, water, bone and muscle in the body, also influences BAC. Fat tissue and bone cannot absorb alcohol, so as the percentages of these increase in a body, more of a given amount of alcohol stays in the bloodstream and leads to a higher BAC than it would in someone with lower percentages of fat and bone in their body composition. That said, the way alcohol impacts one's body can be highly individual, and therefore, you should examine other BAC factors, as well, if not more.

• Medications and other drug use

Alcohol is a drug. Mixing it with other drugs, medicines or supplements (even herbal remedies) may cause harmful interactions.

Taken before or while drinking, many medications, such as antidepressants, mood stabilizers, amphetamines and stimulants, may have dangerous interactions or may amplify the effects of alcohol. Some medications when mixed with alcohol can produce toxic results.

Other drugs, such as cannabis, used in combination with alcohol can produce unpredictable effects. Some research shows that using alcohol and cannabis at the same time can lead to overuse of both substances, increasing the risk of illness and alcohol poisoning. In some cases, cannabis can cause dizziness and even anxiety or paranoia. Cannabis can also prevent vomiting, a problem that can lead to alcohol poisoning or choking on vomit if the body needs to rid itself of excess alcohol.

Mixing alcohol and caffeine can make you underestimate how drunk you are and impair your ability to limit your drinking.

• Strength or proof of alcohol

Liquor has a much greater alcohol content than beer or wine per ounce of liquid, so it can lead to a higher BAC if not measured and paced carefully. Hard alcohol is often mixed with high sugar diluents, making it difficult to taste the alcohol. It is also difficult to know exactly how much alcohol is in a mixed drink unless you are measuring and making it. Also keep in mind that wine usually has more than double the alcohol by volume compared to beer.

How big is your drink?



One Standard Drink:

Different types of drinks contain varying amounts of alcohol by volume:

- 12-ounce beer (5 percent alcohol by volume) is the same as
- 5-ounce glass of wine (13 percent alcohol), which is the same as
- 1.5-ounce shot of liquor (40 percent alcohol) or
- 1 teaspoon of Everclear/grain alcohol (95.5 percent alcohol)

The time it takes to consume one standard drink can vary greatly across drink types. It is helpful to keep this in mind when setting the pace of drinking.

What is high-risk drinking?

High-risk drinking is drinking in a way that increases risk for negative consequences to the drinker and those around them, including physical injury, alcohol poisoning, blacking out, sexual assault, mental or emotional distress, lower grades, problems with relationships, an unsafe environment, and trouble with campus or local law enforcement.

Alcohol is frequently a **factor in impulsive hate episodes** on campuses and Princeton students have reported in the U Matter survey that students who have been drinking have used racist, sexist or homophobic language against them. Students who commit these acts of violence and oppression are responsible for their behavior, whether or not they are under the influence of alcohol.

Negative effects from alcohol tend to begin when a person reaches around a BAC of .06 and increase as BAC rises.

What is alcohol tolerance?

Over time, a person who drinks regularly or heavily may need to consume more alcohol to feel the same effects. This person has developed higher tolerance. In drinkers with a higher tolerance, although sensitivity to alcohol's effects may be decreased, BAC still rises to unhealthy levels with heavy alcohol use and may result in negative effects. Tolerance predisposes a person to chronic alcohol use problems. Over a 10-year period, cisgender men who initially showed a high tolerance for alcohol were more than four times as likely to develop alcohol use disorder as other drinkers. Increasing alcohol consumption over time also can lead to health complications, such as liver damage.

What a rising level of Blood Alcohol Content (BAC) can do to you

	BAC Range	Possible Behavioral Effects	Possible Physical Effects
Lower Risk	0.01 - 0.06	<ul style="list-style-type: none"> • Perceived overall sense of well-being • Pleasant affect • Possible relaxation • Lower inhibition • May act differently (e.g., talk louder, feel more confident) 	<ul style="list-style-type: none"> • Little or no loss of coordination • Slightly lightheaded • Risk of injury increased • Altered judgment and self-awareness related to effects of alcohol
Increased Risk	0.07 - 0.10	<ul style="list-style-type: none"> • Less clarity of emotions • Even less inhibition 	<ul style="list-style-type: none"> • Increased impairment of balance, reaction time, vision, hearing • Less precise speech (articulation/delivery) • Significantly decreased self-control, judgment, reasoning, memory • Impaired sexual pleasure • Illegal to drive at .08 or above
Significant Risk	0.11 - 0.15	<ul style="list-style-type: none"> • Animated behavior • Over-expression of behavior and emotions 	<ul style="list-style-type: none"> • Impaired gross motor skills, balance • Impaired judgment, self-control • Rapidly progressive impaired perception and memory • Difficulty getting an erection/producing vaginal lubrication • Less controlled speech (message formation and articulation/delivery)

0.16 - 0.19	<ul style="list-style-type: none">• Increased feelings of anger or sadness• Emotional swings• Boisterous behavior	<ul style="list-style-type: none">• Dizziness likely• Blurred vision possible• Blackout possible• Serious impairment in walking, talking, standing up• Chance of injury significantly increased• May feel nauseous or vomit
0.20 - 0.29	<ul style="list-style-type: none">• Atypical/odd behavior• Belligerent behavior• Apathetic about consequences of behavior, circumstances or level of danger	<ul style="list-style-type: none">• Stupor• Difficulty understanding others• Difficulty being understood by others• Blackout likely• Likely to require help walking or standing to avoid injury• May not feel pain or realize if injury occurs• Nausea and vomiting• Impaired gag reflex (choking on vomit possible)• Loss of consciousness possible
0.30 - 0.39	<ul style="list-style-type: none">• Incoherence, loss of normal functioning	<ul style="list-style-type: none">• Involuntarily passing out likely• Difficulty rousing if unconscious• Depression of critical body functions (similar to general anesthesia)• Severely decreased heart rate• Breathing may stop• Coma possible• Death possible

Adapted from: The Rage on the Same Page Campaign <http://rageonthesamepage.uconn.edu>

Why is there a point of diminishing returns when I drink alcohol?

Although alcohol can initially produce a relaxed and “up” feeling, this does **not** mean that more alcohol will lead to feeling even better. Beyond a BAC of .06, negative effects usually begin. This level is known as “the point of diminishing returns.” As your BAC continues to rise, you are at increased risk for decreased self-control, judgment, mood and reasoning, memory loss, vomiting, physical injury and loss of consciousness.

So, if I choose to drink, how can I stay below a .06 BAC?

Keeping your BAC at or below a .06 to “stay in the green zone” (see chart on pages 11-12) minimizes the negative effects of alcohol:

Be intentional about drinking alcohol.

Honestly examine the reasons why you drink alcohol. Then, consider how much, if any, alcohol will allow you to get what you’re looking for when you drink.

Decide what number and pace of drinks are likely to keep you in the “green zone” and keep to the plan. Because the body can only metabolize one standard drink in an hour, aim to have no more than one drink per hour during the course of the night. Discuss with friends how much you plan to drink before the night begins, so you have a stated plan that others know and can help you maintain, or consider other ways to keep track (e.g., phone app, tally, etc).

Eat a meal shortly 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.

Snack on non-salty foods throughout the evening while drinking to continue slowing alcohol absorption.

Avoid carbonation. For some people, the carbon dioxide in carbonated drinks (e.g., beer, soda, champagne, seltzer) increases the pressure in the stomach, forcing alcohol

out through the lining of the stomach into the bloodstream.

Avoid shots. The high concentration of alcohol in shots and the faster pace people usually have when doing shots means that BAC increases rapidly.

Alternate with nonalcoholic beverages. This will slow your consumption of alcohol, and counter the dehydrating effects of alcohol.

Do not combine alcohol with caffeine or other drugs, prescribed or otherwise. Alcohol's effects are heightened by some medications, and other drugs (legal or illegal) 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 be dangerous.

What else can I do to reduce risks for myself and my friends when we are drinking?

Keep an eye on each other. Plan to go out in a group and arrive together and leave together. If you decide to leave early, let your friends know. If you're at a party and separate, check in with them during the night to see how they're doing. Don't be afraid to let a friend know if something is making you uncomfortable or if you are worried about their safety.

Know what you're drinking. Make your drink yourself or watch it being mixed/poured. Knowing what goes into your drink helps reduce the risks of consuming more than you intend to, having something that doesn't sit well with you, or having something added to your drink. Avoid large-batch drinks like punches that may have a deceptively high alcohol content that is masked by added flavor or sweeteners. There is no way for you to know exactly what was used to create these drinks.

Keep a close eye on your drink. Don't leave a drink unattended. That includes when you use the bathroom, go dancing, or leave to make a phone call. Either take the drink with you or throw it out. Avoid using that unattended cup to refill your drink. Never accept a drink from someone else when you didn't see it being mixed/poured. If you choose to accept a drink from someone you've just met, try to go with the person to the bar to order it, watch it being poured, and carry it yourself. When in doubt, dump it out. (If you don't want to obviously pour it out, "accidentally" spill it, or put it down somewhere and "forget" where you put it, so you need to get a new one.)

Trust your instincts. If you feel unsafe, uncomfortable, or worried for any reason, don't ignore these feelings. Go with your gut. Get somewhere safe and find someone you trust, or call Public Safety.

Be aware of sudden changes in how your body feels. Do you feel more intoxicated than you are comfortable with, or used to with the

same amount of alcohol? Tell a friend and have them take you to a safe place. If you suspect you or a friend has been drugged, call 911, and tell the healthcare professionals that you suspect you or a friend have been drugged so they can administer the right tests.

Only get in the car with a driver who isn't under the influence of any substances. If you need to drive when going out, decide who will be the designated driver before you go out. The designated driver should not use any substances, including alcohol, cannabis or any other drugs, before or during the night out. There is no safe level of alcohol for driving. The more drinks a driver has, the more likely an accident is.

Plan how you're going to get home before you go out. You can decide with your friends who will be the designated driver, make sure you can get an Uber, Lyft or other ride-share service home or use public transport. On campus on many nights when the Eating Clubs are open, you can take the late night circulator

bus back to the colleges/dorms. It's also a good idea to go home with a group rather than on your own.

Does alcohol interact with common medications?

Alcohol interacts with several common medications and you should always check with your medical provider about drinking if you are on a medication. For over-the-counter medications, read the label or check with the pharmacist. The efficacy of birth control pills will likely be decreased if a student vomits shortly after taking a pill or forgets to take a pill due to alcohol use. Allergy medicines that increase drowsiness should not be combined with alcohol. Alcohol interacts with medications for depression and anxiety lessening their effectiveness and increasing their side effects.

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

Alcohol is a diuretic. This means it can cause the body to lose more water than it takes in by halting the production of the body's antidiuretic hormone. The limiting of this hormone results in excessive urination, which leads to dehydration.

Alcohol also attacks stores of vitamins and minerals, which need to be in the correct balance for the body to function normally. Dehydration caused by drinking can drain 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 as a result of having a high BAC.

Can a night of drinking impact my stress level and my mental health?

Drinking alcohol is not a helpful coping mechanism and it can negatively impact your mental health, even though a BAC at or below .06 can produce a pleasant feeling. Alcohol may temporarily dampen the brain's and body's response to stress, but feelings of stress return at greater levels once the alcohol clears the body. Alcohol is a depressant that can increase the symptoms of anxiety and depression. And alcohol interacts with medications for depression and anxiety lessening their effectiveness and increasing their side effects. Alcohol also impairs sleep and impaired sleep can negatively impact mental health.

Can a night of drinking have prolonged effects?

An episode of heavy drinking can affect the body and brain for up to three days. Consecutive days of heavy drinking can affect

the body and brain for up to five days. During this time, alcohol can interfere with restful sleep, reducing rapid eye movement (REM) and increasing the likelihood of waking up from disturbances, such as light or sound.

A night of heavy drinking also increases the chances that you'll get sick. Alcohol in the body at the time of exposure to a pathogen can impair the immediate immune response, making it easier for an infection to develop. Heavy drinking has also been shown to suppress the ability to fend off respiratory viruses. Impaired sleep from alcohol also impairs your immune system further.

Alcohol's impact on performance:

Alcohol can affect academic performance by inhibiting the ability to learn new information, and hindering memory and retention, which occur during restful sleep. Alcohol can negatively affect athletic performance by interfering with muscle development and recovery, which also occur during sleep, and impacting nutrition and endurance.

What are the long term effects of drinking alcohol?

With regard to long-term health outcomes, there is no completely safe level of drinking. Also, despite popular claims, recent research shows that there are **no health benefits** from drinking alcohol.

Long-term effects of heavy drinking range from cirrhosis of the liver to neurological problems, including impaired motor skills and deterioration of vision, to seizures, dementia, and permanent brain damage. Prolonged heavy drinking also will affect the heart, causing shortness of breath and abnormal heart rhythm and can lead to high blood pressure. Mouth and throat cancers are more prevalent among drinkers.

Risk for breast cancer is increased among cisgender women even with lower alcohol use (3-6 drinks per week). Recent research supports that heavy episodic drinking is associated with lower bone density (increased

risk for osteoporosis) in cisgender women.

Though there is less research about alcohol and cancer among transgender and gender minority individuals, high rates of drinking among many in these communities may mean that the risks are similar, if not increased.

What is the role of genetics and childhood experiences in alcohol use?

Genetics plays a significant role in one's predisposition to alcohol use disorder (AUD). Children of people with AUD are four times more likely than others to develop AUD. This risk exists even among children of people with AUD who are adopted early in life by people who do not use alcohol. Those with both a high tolerance and family history of AUD have a compounded risk. Some researchers suggest that these individuals abstain from alcohol use altogether because of their high risk of developing AUD.

Childhood experiences and the social environment during development also play

significant roles in the risks associated with alcohol and other drug use. With increasing experiences of traumatic events, the risk of alcohol and other drug abuse in adolescence and young adulthood increases. Fortunately, an individual's awareness of genetic predisposition and childhood experiences that increase risk of substance use, and willingness to seek help have been shown to decrease individual risk of developing a substance use problem.

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

Yes. A person who has had too much to drink may be incapacitated and therefore incapable of consenting to sexual activity. Engaging in sexual activity with someone who does not give consent or is unable to consent is against the law and against University regulations. Under "Rights, Rules, Responsibilities", sexual assault is defined as "any sexual act directed

against another person, without the consent of the victim, including instances where the victim is incapable of giving consent." Even if you have been drinking, you are responsible for seeking and obtaining consent from your sexual partners and avoiding sexual contact when someone is unable to give consent. Failure to do so could result in arrest and/or significant disciplinary consequences, including suspension or expulsion. For more about University policy, resources and reporting, see: sexualmisconduct.princeton.edu

What should I do if ... ?

How can I help someone who has had too much to drink?

What you do to help depends on the condition of the person as described below. When any of the signs mentioned below are evident, it is best to err on the side of caution and call for emergency assistance by dialing 911.

How can you tell when a person is in danger from alcohol poisoning, as opposed to having fallen asleep intoxicated?

Alcohol poisoning is a medical emergency. A person can be so severely intoxicated that they are experiencing physiological effects from alcohol poisoning that could be fatal and they need immediate medical attention. Do NOT assume that they are asleep.

Remember P-U-B-S!

Immediately call for emergency assistance at 911, if you observe one or more of these four symptoms:

P - Puking without waking up. The individual does not wake up during or after vomiting.

U - Unresponsive. You cannot wake them up by gently shaking them or calling their name.

B - Breathing is slow or irregular (less than 8 times per minute or 10 seconds between breaths) or has stopped.

S - Seizures.

While waiting for emergency responders to arrive, continue efforts to wake the person, and make sure they are lying on their side in the recovery position to prevent choking on vomit. Closely monitor breathing and perform CPR if breathing stops. **If you don't know CPR, find someone who does.**

What if the person does not have any of those four symptoms (P-U-B-S) of alcohol poisoning, but has other symptoms of concern?

While the following symptoms of severe intoxication may not be alcohol poisoning, they are still a cause for concern and **it is best to call 911 for emergency assistance if the person has two or more of these symptoms when drinking alcohol:**

- Throwing up
- Inability to maintain balance or eye contact
- Slurred speech
- Shortness of breath
- Cold and/or clammy skin

What if I am not sure that the person needs medical attention for intoxication?

First, check carefully for any of the symptoms of severe intoxication listed above and err on the side of calling 911. If you don't see the signs above that require immediate medical attention, you may see these signs of intoxication:

- They smell like alcohol
- Can't perform normal tasks as easily as they can when sober (e.g., can't walk in a straight line, spilling drinks, or fumbling with other objects)
- More talkative or louder or softer than usual
- Unusual mood swings
- Inappropriate and out-of-character behavior
- Text messages that include drastic misspellings or are overly emotional

If you see these signs of intoxication, you should do the following:

- 1 Stop the person from drinking any more alcohol.
- 2 Don't leave the person alone. Stay with the person if it is safe for you. You don't know if their condition will worsen. If you need to leave, call 911 and ensure emergency personnel are there before you leave.
- 3 If the person has not vomited, try to get them to drink water.
- 4 If the person wants to lie down, and you think they might vomit, position them on their side.
- 5 If the person is stumbling or can't walk on their own, walking them or carrying them somewhere increases the risk of injury for you and the person. Keep them in one place and call 911.
- 6 If the person can walk on their own, you can walk with them to McCosh Health Center.
- 7 If the person starts to show the signs of severe intoxication described earlier (e.g., decreased respirations, decreased

consciousness, not waking up when vomiting, cool skin, etc.), call 911.

Four general rules for helping someone who is intoxicated:

Rule #1: Stay with the person. You don't know if their condition will worsen.

Rule #2: Don't assume that the person will make it home safely. Even if they can walk and communicate clearly, the alcohol they consumed earlier may not have taken the full effect yet.

Rule #3: An unconscious person may not be sleeping—they may be suffering from alcohol poisoning and need immediate help. Try to wake them up.

Rule #4: If in doubt about the safety of the person who may have had too much to drink, call 911.

What should I do if someone has consumed alcohol and other drugs together?

Using alcohol and other drugs is unsafe because the effects may be stronger and less predictable than one drug alone. If you are with someone who you know has consumed drugs before or while drinking alcohol, they may be at increased risk for overdose.

It might be hard to tell if someone is experiencing an overdose. If you aren't sure, or they are exhibiting signs of alcohol poisoning, have lost consciousness, are unresponsive, can't talk, or their breathing is very slow, erratic or has stopped, respond like it is an overdose.

- 1 First, administer Naloxone (Narcan®), if available. (See info on page 37.)
- 2 Then, call 911.
- 3 Try to keep them awake and breathing. Perform CPR if breathing stops.
- 4 Lay the person on their side to prevent choking on vomit.

- 5 Stay with the person until emergency assistance arrives.

What should I do if someone is injured?

If someone has been drinking, they may not notice or feel pain, or understand the extent to which they are injured. Whether or not they have been drinking, when an injury occurs, you should call **call 911 for medical assistance and describe the situation so that a professional can assess the risk and respond appropriately.**

How can I help someone who repeatedly drinks too much or acts in ways that are concerning when drunk?

Try to have a private conversation with the person when they are sober about your concerns in a non-confrontational, non-accusatory manner.

Be specific about why are you worried about the person. You may also:

- Consider scheduling a consultation with a counselor at **Counseling and Psychological Services** at UHS through the MyUHS online portal (princeton.edu/myuhs) or by calling 609-258-3141 to discuss your concerns and receive advice about possible next steps;
- Encourage the person to schedule a brief educational and confidential **BASICS** appointment at UHS through the MyUHS online portal (see page 33 for more about BASICS); and/or
- Consider contacting an Assistant Dean for Student Life (ADSL) in one of the residential colleges to discuss your concerns and what can be done to help the person. If you prefer, you may consult with your own ADSL about students in other colleges, so that they can help you figure out how to best support them.

You can also learn more approaches at: umatter.princeton.edu/limits/express-concern/talk

Finally, explore whether the person may be open to connecting with family members, close friends, or medical clinicians to build support as they access counseling and other resources.

What should I do if a friend can't remember what happened during an evening of heavy drinking?

This is called a blackout. Blackouts can be warning signs of a serious alcohol problem and often are dangerous to the individual having the blackout, or those around them. Have a private conversation to share your concern with your friend in a non-confrontational, non-accusatory manner. Or, you or your friend can consider scheduling an initial consultation with a counselor at Counseling and Psychological Services through the online MyUHS portal.

If your friend is reluctant to accept help, consider speaking with an Assistant Dean for Student Life (ADSL) to discuss ways to help your friend. You can learn more about blackouts at: umatter.princeton.edu/limits/tools/preventing-blackouts

What should I do if I am worried about my own drinking?

If you have concerns about your own drinking pattern or the consequences of your drinking, the resources listed previously are available to help you. If you want more information about how concerned to be about your drinking, you can take an anonymous, quick 10-question screening called **ScreenU** to provide you with information about your alcohol use and how you might lower your risk. See more at: umatter.princeton.edu/limits/tools/how-risky-your-drinking

How do I help a friend who has experienced an unwanted sexual encounter?

Regardless of how much alcohol your friend drank, or the number of details they can recall, your friend's disclosure requires a supportive response.

Believe your friend. This is tremendously important for their recovery. It takes a lot of courage to open up about being violated in this way. Show appreciation that your friend chose to disclose to you. Refrain from asking "why" questions or challenging your friend's recollection of the details.

Listen to your friend. Let your friend know that you're available to listen when they're ready to talk. Use active listening skills to let your friend tell the story in their own way at a comfortable pace. Give your friend your patience and undivided attention.

Be non-judgmental. Tell your friend that you are there for them and show them by saying “what happened to you was not okay.” Offer to help in an open-ended way, “how can I help you?”

Attend to identity considerations. A person’s intersecting identities impact how they understand their experience and can influence the resources and service providers they pursue. For those with one or more marginalized identities, some resources may feel unavailable, inaccessible, or even threatening, and these feelings should be acknowledged and respected.

Avoid labels. Those who have been harmed may or may not identify as a victim or a survivor. It is important to allow your friend to choose the label, if any, that best fits them.

Assure your friend that they are not to blame for what happened to them. It’s important to validate your friend for feelings of self-blame if they have them and also be sure

to point out that people who harm someone make a choice to do so and are accountable for their choices.

Respect your friend’s right to make their own choices. Encourage your friend to explore options that seem meaningful for them. Be mindful to avoid statements like “you should…” or “if I was you, I would…” to ensure you are giving support rather than making demands or setting expectations.

Practice self-care. If you’re supporting someone in an intense way, you might find it hard to keep caring for them at the level you want to unless you do things that help you recharge like writing, exercising, socializing with friends, or enjoying a hobby. Also consider obtaining outside support from the Sexual Harassment/Assault Advising, Resources & Education (SHARE) office.

For more on supporting a friend, visit: umatter.princeton.edu/respect/victim-support

What happens when someone is brought to University Health Services for help with excessive alcohol intoxication?

Under current guidelines, when a student comes to UHS because of excessive intoxication, they will be brought to the second floor of McCosh Health Center where the Infirmary is located. The student will meet with a member of the Infirmary nursing staff, who will check basic vital medical signs, escort the student to a room, and monitor immediate health and safety status. If the student's initial breath alcohol level is greater than .08 mg/mL, they are "admitted" to the infirmary and nurses collect important information related to the alcohol use. Once admitted to the Infirmary, the student must be "medically cleared" in order to be formally discharged from the Infirmary.

Once the breath alcohol level is less than .08 mg/mL, the student will receive a formal

medical evaluation, including screening for recent or future risk of injury.

Based on the medical evaluation, one of UHS' medical providers will provide medical clearance, discharge orders, and recommendations for self-care and follow-up. Under some circumstances, the student may be referred to BASICS, a brief educational program offered by a trained provider at UHS. Occasionally, based on immediate risk, a student may be directed to meet with a member of the Alcohol and Other Drugs (AOD) team at Counseling and Psychological Services (CPS).

For more on what happens at the Infirmary, see: uhs.princeton.edu/medical-services/infirmary/medical-care-alcohol-related-emergencies

What is CPS' role when someone is admitted to UHS for intoxication?

If a student in the Infirmary is referred to Counseling and Psychological Services (CPS) by the medical staff, a confidential meeting with a counselor on the Alcohol and Other Drug (AOD) team will be offered to the student soon thereafter, in order to assess their alcohol-related behaviors and treatment needs, and any other mental health-related issues the student may need help with. A follow-up appointment at CPS will sometimes be recommended by the medical service in cases of an alcohol-related incident that includes a high breath alcohol level, an emergency department visit, or an injury, or when the incident is part of a concerning pattern of behavior that could compromise the student's health and well-being going forward without help. This CPS assessment is intended to be a collaborative effort to help the student develop a plan for how to avoid further serious alcohol-related incidents, and to determine how further

counseling or other mental health services might be of use in supporting this goal. Based on the assessment, students may be referred for additional counseling services at CPS, or may be connected with private providers in the community if longer-term care is indicated or desired by the student.

What does the Alcohol and Other Drug (AOD) team do?

The AOD team is a group of clinicians (physicians, nurses, counselors and educators) who coordinate the alcohol assessment and treatment services provided to students. With students' permission, AOD team leaders may communicate with the residential colleges' Assistant Deans for Student Life (ADSLs) to coordinate a plan for further assessment or counseling. The AOD team also coordinates treatment for students with alcohol and/or drug concerns who come to CPS without having been admitted to the UHS Infirmary, such as those who are referred by other health professionals or administrators.

When does UHS determine that a student requires transport to the hospital Emergency Department (ED)?

For safety, UHS policy is to transfer students to the emergency department at Penn Medicine Princeton Medical Center under any of the following conditions: when the breath alcohol level is greater than 0.30 (see the table on pages 11-12); when staff is unable to rouse students, or there is a diminished gag reflex or altered pattern of breathing; when there is decreasing level of consciousness, seizure activity, evidence of head injury or choking on vomit; when the student displays violent or threatening behavior where there is a risk to self or others; or when there is indication of excessive intake and/or serious side effects of other drugs involved.

Some students are transported directly by ambulance to Penn Medicine Princeton Medical Center when the Department of Public Safety responds to a call. Public Safety may call for an ambulance transport before UHS is made

aware of the student's circumstances. In addition to signs listed above, determinants of direct transports to the ED include increased risk of physical injury due to impaired coordination.

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 medical providers to check in and see how you are doing. If you come to UHS intoxicated and your judgment appears impaired and/or your breath alcohol level is high, then Public Safety may be enlisted to ensure that the environment is safe for students and staff.

If you have a breath alcohol level of ≥ 0.08 mg/mL, you cannot refuse treatment or be discharged from the Infirmary until you have been medically cleared.

However, it is the responsibility and the right of UHS and/or Public Safety to determine that a student needs to be transported and evaluated at a hospital if there are sufficient immediate concerns about the student's safety or the safety of those around them, even if a student resists this determination. Once a student has been received at the emergency department (ED), they cannot be transported back to campus by DPS until they are formally discharged (which may take up to 12 or more hours).

If you choose to leave the ED without being formally discharged, you will initiate the hospital's elopement protocol. There may be significant consequences to you, including risks to your physical safety and possible interaction with local municipal police departments and financial costs. Public Safety will be notified and they will notify the ODUS Dean on Call. The Dean on Call then notifies the appropriate residential college.

If someone takes a student who needs medical attention to UHS when they are intoxicated and underage, will they both get in trouble?

There are no disciplinary consequences for being intoxicated on campus, even for an underage person. Likewise, there are no disciplinary consequences for 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 can get a student in trouble! **Disciplinary action will occur only if other circumstances indicating a violation of University policy are observed.** In order to encourage calls for assistance, the University may offer leniency with respect to other violations which may come to light as a result of such calls, depending on the circumstances involved.

If I have been transported to UHS or the emergency department by Public Safety, will my residential college deans be informed of the details of the incident?

The Department of Public Safety writes incident reports that include alcohol-related transports to the local emergency department and to UHS. Summaries of these reports are distributed to a limited number of University officials, including Deans, Assistant Deans for Studies, Assistant Deans for Student Life (ADSLs) and Residential Life Coordinators (RLCs). So if a Public Safety officer was involved in your transport, then based on the Dean on Call notification system used by Public Safety, your ADSL or RLC may contact you as an acknowledgment of the incident and an expression of concern—without UHS having made any contact or notification with the ADSL or RLC.

When ADSLs receive reports of intoxication, they reach out to the student and will meet

with the student to offer support and check-in. It doesn't mean the student is in trouble. They may suggest that the student utilize on-campus resources, such as BASICS, to try to prevent another incident.

If there are immediate safety or behavioral concerns (e.g., leaving UHS without being formally discharged, belligerent behavior, etc.), UHS may contact the Dean on Call. On rare occasions, UHS will initiate contact with an ADSL about a student if there are serious concerns about that student's future safety regarding their alcohol use (e.g., because of multiple alcohol admissions or a very high breath alcohol level upon admission). Every effort is made to balance safety concerns and the student's right to privacy.

Will my parents or guardians be notified if I am admitted to UHS for intoxication?

Parents or guardians are not routinely informed by UHS staff, Public Safety or

other University officials about UHS alcohol admissions. However, if you were taken to a local emergency department by ambulance and later escorted by Public Safety back to UHS, then it is possible that your parents or guardians will receive a bill from the hospital or ambulance service pertaining to the transport. In this way, parents or guardians 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 along with other disruptive behavioral infractions), then it is possible that your parents or guardians will receive notification of the incident through the Office of the Dean of Undergraduate Students (although ordinarily this notification will take place only if there has been more than one alcohol violation or the behavioral infraction was serious enough that a student is suspended from the University for a period of time).

Parents or guardians will be notified in life-threatening situations or may be notified by Penn Medicine Princeton Medical Center

hospital staff or other medical facility, if there is a serious health concern. The emergency department is required to obtain consent from a parent or guardian for any student who is under age 18.

Finally, the ADSL or other residential college staff may contact parents or guardians if the number of times you have been transported for medical attention due to alcohol consumption (usually three or more) indicates a highly concerning or dangerous pattern.

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

Your treating medical providers, nurses and clinicians have access to your records pertaining to your admission. UHS specializes in integrated, collaborative health care, and appropriately sharing clinical information about your condition within UHS is an important part of the provision of good health care. To individuals outside of UHS, your medical

and psychological records are private and confidential. They may only be released to others outside of UHS with your written consent.

What is BASICS?

BASICS (Balancing Alcohol and/or Substance use to Improve Campus Success) is an individualized UHS educational program, facilitated by a trained provider, where students can discuss their alcohol and/or other substance use, explore the effects of their drinking and plan how to reduce risks due to alcohol. BASICS is a free, confidential service; no information shared with the BASICS provider is shared with other individuals without written consent, except in cases where the student or someone else may be in imminent danger.

If you have any questions about the program or are interested in participating, make an appointment by:

- Scheduling through MyUHS online portal (princeton.edu/myuhs);
- Emailing basics@princeton.edu; or
- Calling 609-258-5743.

Students may also be referred to BASICS by others on campus including UHS medical staff, their Assistant Dean for Student Life (ADSL), or their Residential Life Coordinator (RLC). Students may also schedule a BASICS appointment on their own without a referral.

What happens when the Department of Public Safety is called via 911?

What happens when I call 911?

If you call 911 from a location on campus, including cell phones, you will speak with the dispatcher at the Princeton University Department of Public Safety. If you call from a location off campus, including the Eating Clubs along Prospect Avenue (“The Street”), you most likely will speak with a local, off-campus (non-DPS) dispatcher. In both cases, the dispatcher will ask you questions in order to determine the best emergency response for the situation.

Public Safety does not have jurisdiction at the eating clubs located on Prospect Avenue. These buildings fall under the jurisdiction of the Princeton Police Department, who would serve as primary responder to incidents in this area. The Princeton Police sometimes determine that Public Safety can provide a medical transport to UHS for an intoxicated student. Decisions about transport by ambulance or Public Safety

are solely a Princeton Police determination for incidents at the eating clubs based on their assessment of the medical need.

How does Public Safety determine that a student requires transport to UHS or the ED?

Should Public Safety be called for assistance for an intoxicated student, the officer will assess the condition of the student and transport them to UHS, if appropriate. If Public Safety determines that the student needs to be taken to the emergency department at Penn Medicine Princeton Medical Center, Public Safety may call for an ambulance. The determination of the Public Safety officer will always prioritize the safety of the student and the community.

Ambulance transports are always directed to a local hospital, since they cannot transport to UHS per NJ State Regulations. Patients have the right to refuse ambulance transport, however, in certain situations, such as incapacitation due to alcohol when informed consent cannot be given, the ambulance team must transport despite the patient's refusal.

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, Princeton University recognizes **New Jersey 911: Lifeline Legislation (P.L. 2009, c.133)** that encourages underage people to call for help in the event of an alcohol or drug emergency. Neither intoxication nor admission to UHS for intoxication will be grounds for disciplinary action. Contacting 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.** Public Safety officers have

no discretion when there are violations.

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. This includes an expectation that students will factually identify themselves and present their TigerCard (University ID card) to a Public Safety officer if they ask to view it. Failure to cooperate with a Public Safety officer may result in disciplinary action.

When can Department of Public Safety officers enter my dorm room?

The University respects the right to privacy, and its representatives will not enter dorm rooms without probable cause that University policies or state laws have been violated, or if there is an emergency. 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 room 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 or to turn off a sound system.

Do Public Safety officers write reports on alcohol-related transports to UHS or the ED? Who gets them?

Yes. Anytime a student is taken to UHS or the emergency department at any hospital, the Public Safety officer will write a report. In cases of intoxication, although a summary of this report is sent to the Office of the Dean of Undergraduate Students (ODUS), 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? Who gets them?

Yes. Whenever a Public Safety officer investigates an alcohol incident that is a violation of “Rights, Rules, Responsibilities”, the officer will write a report about the situation. A summary of the report is sent to ODUS or the Graduate School, as appropriate, to review for possible disciplinary action.

Where can I find information on cannabis and other substance use?

This booklet is primarily focused on alcohol use. If you need information on or resources for other substance use (e.g., cannabis, opioids, other drugs), visit: uhs.princeton.edu/health-resources

Should you choose to use these substances, the information and resources on these pages can help you reduce your risks. These pages also include information about:

- how to help your friends if they need medical attention due to substance use
- online anonymous screenings to find out how risky your or someone else's use is
- potentially dangerous interactions with co-use (using more than one substance at a time)
- where to get Narcan® for free on campus.

What campus policies on drug use should I be aware of?

Princeton University students are responsible for knowing and abiding by both state and University regulations regarding cannabis and other drugs. Students are responsible for their behavior, whether or not they are under the influence of alcohol or other drugs. Intoxication does not constitute a mitigating circumstance when it contributes to the violation of University regulations.

In accordance with University policy and the **New Jersey's Overdose Prevention Act (N.J.S.A. 24:6J-1 et seq.)**, it is the immediate obligation of those in the presence of a person suffering adverse consequences of using drugs to call 911.

Because the University wants to encourage students to fulfill this obligation, the University may offer leniency with respect to policy violations that come to light as a result of a call for help, depending on the circumstances. Your first priority should always be to maintain the safety of the members of our community so don't wait – **Call 911 if you think there may be an emergent situation.**

Although recreational cannabis is legalized in the state of New Jersey for individuals 21 years old and over, under federal and New Jersey state laws and Princeton University policy, cannabis is prohibited on campus. Learn more at:

ehs.princeton.edu/health-safety-the-campus-community/recreational-cannabis and ehs.princeton.edu/cannabisFAQs

The possession, use, sale or manufacture of substances legally classified as “controlled dangerous substances” by the State of New Jersey or by Federal law in the United States may result in law enforcement involvement,

arrest, criminal penalties, and/or University disciplinary action. University policy prohibits the possession, use, sale or manufacture of controlled substances or prescription drugs, without a prescription, in any amount on or in the vicinity of University property or while in the conduct of University business or University-sponsored activities away from the campus.

Review the full policies regarding cannabis and other drugs in rrr.princeton.edu **Section 1.6.1** (Health and Safety Policies: Drugs) or **2.2.10** (Regulations Concerning Specific Aspects of Student Life: Drug Policy).

What campus and community resources are available?

University Health Services (UHS) 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, educational interventions, and counseling and psychological services. Information about these services is available at: uhs.princeton.edu.

Counseling and Psychological Services (CPS)' phone number is 609-258-3141. Appointments can also be scheduled online at: princeton.edu/myuhs. CPS can also assist students in connecting with recovery services in the area, as needed.

BASICS can be reached by emailing basics@princeton.edu or calling 609-258-5743. Appointments can also be scheduled online at: princeton.edu/myuhs.

The Department of Public Safety provides transport to McCosh Health Center and is on call to address campus emergencies. To contact Public Safety, call 911.

Office of the Dean of Undergraduate Students provides funds through the Alcohol Initiative, which can be used for late night, alcohol-free programming and events taking place on Thursday or Saturday nights. The office oversees the Residential College Advisers (RCAs), and works closely with the Assistant Deans for Student Life (ADSLs) to help ensure students' safety and well-being.

UMatter is a resource for the Princeton University community about caring for yourself and others. Learn about important topics, build skills, and get connected to support resources. Visit: umatter.princeton.edu.

Alcoholics Anonymous has a number of meetings in the Princeton area, within walking distance of campus. The local branch of AA is called Central Jersey Intergroup and can be reached at: www.cjiaa.org. The AA hotline phone number is 609-586-6900. 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.

Princeton Integrated Behavioral Health at Catholic Charities provides a number of drug- and alcohol-related services to Princeton students and other members of the community, including treatment and prevention programs. To speak with its staff or make a referral, call 609-924-8018.

Recovery@ is a resource for students who are either in recovery from drugs and alcohol or who are in trouble from drugs and alcohol. Interested students can send a confidential

email to recovery@princeton.edu to receive information about and connections to resources on-campus and in the vicinity. Emails sent to recovery@ should expect a response within a week. If you have more serious or immediate mental health- or substance-related concerns for yourself or another person, contact CPS to speak with a Counselor at any time, by calling 609-258-3141

ScreenU is an anonymous and 10-question, online screening tool that helps you to assess your alcohol use and think about how to lower your risk. Visit: umatter.princeton.edu/limits/tools/how-risky-your-drinking.

UMatter Now. If you find yourself in an uncomfortable situation, or you just do not know what to do, use U_Matter Now. It's a bystander mobile website that features tips for recognizing signs of concern, how to help someone who drank too much, contact information for health professionals and Public Safety. Go to: umatternow.princeton.edu and bookmark it for easy access.

Important University Contacts

Department of Public Safety

Emergency 911
Non-emergency 609-258-1000

University Health Services

BASICS (basics@princeton.edu) 609-258-5743
Counseling and Psychological Services 609-258-3141
Health Promotion and Prevention Services 609-258-4842
Medical Services 609-258-3141
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 Assistant Deans for Student Life

Butler College 609-258-1664
Forbes College 609-258-4825
Mathey College 609-258-8845
New College West 609-258-3281
Rockefeller College 609-258-2652
Whitman College 609-258-8145
Yeh College 609-258-0490

24-Hour Alcoholics Anonymous

Emergency Hotline 609-586-6900

**In case of emergency, call 911
DON'T WAIT — Call for help!**



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UNIVERSITY**

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In the Nation's Service and the Service of Humanity

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