

**limits matter**

Where do you draw the line?

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

2019-20



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

A note on alcohol use and policy at Princeton University

page 2

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

page 3

What should I do if ... ?

page 14

What about alcohol use at Princeton?

page 19

What happens when someone is brought to University Health Services?

page 21

What happens when the Department of Public Safety is called?

page 27

What campus and community resources are available?

page 30

# 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 a helpful reference.

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 distributed annually to all students and is also available at [rrr.princeton.edu](http://rrr.princeton.edu). Both provide information to keep students safe when they choose to drink.

**It is the obligation of all community members to seek immediate help on behalf of a severely intoxicated person.** 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. **Don't wait—If you think there may be a medical issue, your first priority should always be to maintain the safety of the members of our community. Call the Department of Public Safety at 609-258-3333 or 911.**

# 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 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, it also is associated with increased levels of 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 their 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 as 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 shortened 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.

### • Body size and composition

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 a 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

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 on the body. Some medications when mixed with alcohol can produce toxic results.

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.

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; thus after using cannabis even if one's body needs to rid itself of excess alcohol in the case of alcohol poisoning, one might be unable to vomit or might choke on the vomit.

#### • Strength or proof of alcohol

Hard alcohol can lead to a higher BAC if not measured carefully, since liquor has a much greater alcohol content than beer or wine per ounce of liquid. Hard alcohol is often

mixed with high sugar dilutants, 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.

## How much alcohol is in one drink? Is a shot equal to a can of beer?

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

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, including physical injury, alcohol poisoning, blacking out, sexual assault, lower grades, problems with relationships, an unsafe environment, and trouble with campus or local law enforcement. Negative effects from alcohol tend to begin when a person reaches around a BAC of .06 and increase as BAC rises.



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

|                  | BAC Range   | Possible Emotional/<br>Behavioral Effects   | Possible Physical/<br>Mental Effects  |
|------------------|-------------|---|---|
| Lower Risk       | 0.01 - 0.06 | <ul style="list-style-type: none"> <li>• Perceived overall sense of well-being</li> <li>• Pleasant affect</li> <li>• Possible relaxation</li> <li>• Lower inhibition</li> <li>• May act differently (e.g., talk louder, feel more confident)</li> </ul> | <ul style="list-style-type: none"> <li>• Little or no loss of coordination</li> <li>• Slightly lightheaded</li> <li>• Risk of injury increased</li> <li>• Altered judgment and self-awareness related to effects of alcohol</li> </ul>  |
| Increased Risk   | 0.07 - 0.10 | <ul style="list-style-type: none"> <li>• Less clarity of emotions</li> <li>• Even less inhibition</li> </ul>  | <ul style="list-style-type: none"> <li>• Increased impairment of balance, reaction time, vision, hearing</li> <li>• Less precise speech (articulation/delivery)</li> <li>• Significantly decreased self-control, judgment, reasoning, memory</li> <li>• Impaired sexual pleasure</li> <li>• Illegal to drive at .08 or above</li> </ul>                   |
| Significant Risk | 0.11 - 0.15 | <ul style="list-style-type: none"> <li>• Animated behavior</li> <li>• Over-expression of behavior and emotions</li> </ul>   | <ul style="list-style-type: none"> <li>• Impaired gross motor skills, balance</li> <li>• Impaired judgment, self-control</li> <li>• Rapidly progressive impaired perception and memory</li> <li>• Difficulty getting an erection/producing vaginal lubrication</li> <li>• Less controlled speech (message formation and articulation/delivery)</li> </ul> |
|                  | 0.16 - 0.19 | <ul style="list-style-type: none"> <li>• Increased feelings of anger or sadness</li> <li>• Emotional swings</li> <li>• Boisterous behavior</li> </ul>   | <ul style="list-style-type: none"> <li>• Dizziness likely</li> <li>• Blurred vision possible</li> <li>• Blackout possible</li> <li>• Serious impairment in walking, talking, standing up</li> <li>• Chance of injury significantly increased</li> <li>• May feel nauseous or vomit</li> </ul>   |

|             |   |  |
|-------------|---|--|
| 0.20 - 0.29 | <ul style="list-style-type: none"><li>• Atypical/odd behavior</li><li>• Belligerent behavior</li><li>• Apathetic about consequences of behavior, circumstances or level of danger</li></ul> | <ul style="list-style-type: none"><li>• Stupor</li><li>• Difficulty understanding others</li><li>• Difficulty being understood by others</li><li>• Blackout likely</li><li>• Likely to require help walking or standing to avoid injury</li><li>• May not feel pain or realize if injury occurs</li><li>• Nausea and vomiting</li><li>• Impaired gag reflex (choking on vomit possible)</li><li>• Loss of consciousness possible</li></ul> |
| 0.30 - 0.39 | <ul style="list-style-type: none"><li>• Incoherence, loss of normal functioning</li></ul>   | <ul style="list-style-type: none"><li>• Involuntarily passing out likely</li><li>• Difficulty rousing if unconscious</li><li>• Depression of critical body functions (similar to general anesthesia)</li><li>• Severely decreased heart rate</li><li>• Breathing may stop</li><li>• Coma possible</li><li>• Death possible</li></ul>   |
| 0.40 +      | <ul style="list-style-type: none"><li>• Limited, because likely unconscious</li></ul>   | <ul style="list-style-type: none"><li>• Heart rate and breathing dangerously slow</li><li>• Coma likely</li><li>• Death likely</li></ul>   |

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

## Why is there a point of diminishing returns when drinking alcohol?

Because of something called the Biphasic Response. Although alcohol can produce a relaxed and “up” feeling, many students incorrectly assume the more alcohol they consume, the better they will feel. However, this is not true. After reaching .06 BAC level, negative effects usually begin. This level is known as “the point of diminishing returns.” As someone’s BAC continues to rise, they are at increased risk for decreased self-control, judgment, 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?

To keep your BAC below a .06 or to “stay in the green zone” (see chart on pages 7-8):

- 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.

- Plan how much alcohol you will consume and how frequently you will have a drink. Decide how many drinks are likely to keep you in the “green zone.” 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, like beer and soda, 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 your BAC will increase rapidly.
- Alternate with nonalcoholic beverages. Not only will this slow your consumption of alcohol, but it also will counter the dehydrating effects of alcohol.
- Do not combine alcohol with other drugs, 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 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 become alcoholics as other drinkers. Increasing alcohol consumption over time also can lead to health complications, such as liver damage.

## Why do people 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 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.

Consequently, 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, though evidence suggests risk is minimal at lower levels of alcohol use (3-6 drink per week). Also, despite popular claims, recent research shows that there are no health benefits from drinking alcohol.

Long-term effects range from neurological problems, including impaired motor skills and deterioration of vision, to seizures, dementia, and permanent brain damage. Continued heavy drinking also will affect the heart, causing shortness of breath and abnormal heart rhythm.

Mouth and throat cancer are more prevalent, as are high blood pressure and cirrhosis of the liver, which is a fatal disease. Recent research supports that heavy episodic drinking is associated with lower bone density (increased risk for osteoporosis) in cisgender women. Research has also suggested that

even lower levels of alcohol use (3-6 drinks per week) increase risk for breast cancer among cisgender women. Long-term heavy drinking can also lead to alcoholism and an addiction to alcohol.

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 alcoholism. Children of alcoholics are four times more likely than others to become alcoholics. This risk exists even among children of alcoholics who are adopted early in life by people who do not abuse alcohol. Those with both a high tolerance and family history of alcoholism have a compounded risk. Some researchers suggest that these individuals abstain from alcohol

use altogether because of their high risk of developing alcoholism.

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 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 contact. 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 contact includes but is not limited to touching or penetration of intimate body parts, removal of clothing and kissing. 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 information about University policy, resources and reporting, see [\*\*sexualmisconduct.princeton.edu\*\*](https://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. In addition to the person **passing out or vomiting**, other signs of concern include an **inability to maintain balance or eye contact, difficulty walking, slurred speech, shortness of breath and/or abnormal body temperature**. When these signs are evident, it is best to err on the side of caution and call the Department of Public Safety by dialing 911 or 609-258-3333. If you don't believe it's necessary to seek medical attention at that moment, you should do the following:

- 1 Stop the person from drinking any more alcohol.
- 2 If the person has not vomited, try to get them to drink water.
- 3 If the person wants to lie down, and you think they may vomit, position them on their side, and if any other of the above

signs of concern emerge, call Public Safety immediately.

- 4 If the person starts to show signs of heightened distress (e.g., decreased respirations, decreased consciousness, not waking up when vomiting, cool skin), call 911 or 609-258-3333.

## Four general rules for helping someone who is heavily intoxicated:

**Rule #1:** Stay with the person.

**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 full effect yet.

**Rule #3:** An unconscious person may not be sleeping—they may be suffering from alcohol poisoning and need immediate help.

**Rule #4:** If in doubt about the safety of the person who may have had too much to drink, seek the help of Public Safety.



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

### Remember C-U-P-S!

**C - Cold/clammy skin.** You observe that they have cold, clammy, or pale or bluish skin.

**U - Unresponsive.** When a person is dangerously intoxicated, you cannot wake them up by gently shaking them or calling their name.

**P - Puking.** The individual does not wake up during or after vomiting.

**S - Slow breathing.** They have slow or irregular breathing (less than eight times per minute or at least 10 seconds between breaths).

If you observe one or more of these four symptoms, immediately call Public Safety at 911 or 609-258-3333.

Continue efforts to wake the person, and make sure they are lying on their side to prevent choking on vomit. Closely monitor breathing and perform CPR if breathing stops. If you don't know CPR, find someone who does.

## 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 Public Safety at 609-258-3333 or 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?

You should 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 one of the following options:

- Scheduling a consultation with a counselor at Counseling and Psychological Services (609-258-3141) at UHS to discuss your concerns and receive advice about possible next steps;
- Encouraging the person to schedule a brief educational BASICS (Brief Alcohol Screening and Intervention for College Students) appointment at UHS through the MyUHS online portal; and/or
- Contacting a Director of Student Life (DSL) in one of the residential colleges to discuss

your concerns and what can be done to help the person.

You can also learn more approaches at: [umatter.princeton.edu/limits/express-concern/talk](https://umatter.princeton.edu/limits/express-concern/talk).

Finally, the person may be open to including family members, close friends, or medical clinicians as a way to build support as they access counseling and other resources.

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

Whether you are concerned about your pattern of drinking, motivation for drinking, or consequences from drinking, the same resources for helping someone else are available to help you (see question above). You can also take an anonymous, quick ten-question screening called **ScreenU**, to help think about your alcohol use and how you might lower your risk. See more at: [umatter.princeton.edu/limits-matter/tools/how-risky-your-drinking](https://umatter.princeton.edu/limits-matter/tools/how-risky-your-drinking).

## 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. Have a private conversation to share your concern with your friend in a non-confrontational, non-accusatory manner. Or consider scheduling a consultation with a counselor at Counseling and Psychological Services or with a Director of Student Life (DSL) to discuss ways to help your friend. You can learn more about blackouts at: [umatter.princeton.edu/limits-matter/tools/preventing-blackouts](http://umatter.princeton.edu/limits-matter/tools/preventing-blackouts).

## 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 non-judgmental 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. Your friend has chosen to tell you because they trust you will be supportive. If your words and actions convey you believe them, then your friend will be more open to accessing professional resources and reporting the incident to authorities.

**Listen.** Avoid "why" questions (e.g., "Why didn't you leave?"). The answers to these questions don't matter, and could come across as blaming. Instead, check in to make sure your friend is okay and to let them know they have your support ("How are you feeling?" or "How can I help you?").

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

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

**Be patient.** Allow your friend to move through the recovery process at their own pace. Expect a range of emotions, including lack of emotion and shock.

**Encourage** your friend to seek the confidential services of the Sexual Harassment/Assault Advising, Resources and Education (SHARE) Office so your friend can get information on the full range of available resources (e.g., medical intervention, emotional support, campus discipline/Title IX, and law enforcement) and can be empowered to make informed decisions about which options best meet their needs. While some of these options are more time-sensitive than others and safety concerns may be an issue, please keep in mind that your friend should ultimately make the decision about which services they pursue.

For more on supporting a friend, visit: [umatter.princeton.edu/respect/victim-support](https://umatter.princeton.edu/respect/victim-support).

# What about alcohol use at Princeton?

## Does everyone at Princeton University drink?

No, not everyone on campus drinks. According to a 2018 survey of Princeton University undergraduates, about 32 percent said they had not used alcohol in the last 30 days. This survey also showed that 18 percent of undergraduates 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 objections; and
- Family history.

The same survey found that most undergraduates who chose to drink usually did so in a lower-risk way. When asked how much alcohol they consumed the last time they drank, 60 percent said four or fewer drinks.

For those who chose to drink, 98 percent of undergraduates reported most of the time or always using strategies to maintain a lower BAC, including:

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

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

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

The Office of the Dean of Undergraduate Students sponsors a fund for late-night, alcohol-free activities. Find more information about the Alcohol Initiative (AI) at:

[odus.princeton.edu/activities/initiatives/alcohol\\_initiative](https://odus.princeton.edu/activities/initiatives/alcohol_initiative).

According to both the Princeton University U Matter Survey and anecdotes from students, undergraduates also enjoy playing board games, baking/cooking/eating together, hiking or exercising, and hanging out and chatting

with friends as ways to have fun without alcohol.

The U Matter survey also showed that 84 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, including non-members, 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 at dinner or opportunities to network with alumni.

# 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 BAC (measured by 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' physicians 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 trained educators from Health Promotion and Prevention Services (HPPS) 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).

## **If someone takes a student who is in need of 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!

## **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 breath alcohol tests indicate BACs greater than 0.30 (see the table on pages 7-8); 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 other drugs involved.

Some students are transported directly by ambulance to 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.



## What is BASICS?

BASICS (Brief Alcohol Screening and Intervention for College Students) is an individualized UHS educational program, facilitated by Health Promotion & Prevention Services educators, where students can discuss their alcohol 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](https://princeton.edu/myuhs));
- Emailing [basics@princeton.edu](mailto:basics@princeton.edu); or
- Calling 609-258-5743.

Students may also be referred to the program

by UHS medical staff or their Director of Student Life (DSL).

## What is the role of CPS 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 in cases of an alcohol-related incident that includes a high BAC, an emergency department visit, or an injury, or when the incident is part of a concerning pattern of behavior that is likely to compromise the student's health and wellbeing going forward without receiving help. This CPS assessment is intended to be a collaborative

effort between the counselor and student to 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.

### **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. If a student does not follow up with treatment recommendations made following an alcohol admission, and there are serious concerns about their future safety and well-being because of the circumstances of the admission, AOD team leaders may collaborate with the residential colleges' directors of student life (DSLs), who may reach out to that student to establish 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 Infirmery, such as those who are referred by other health professionals or administrators.

### **If I have been transported to UHS or the emergency department by Public Safety, will my residential college or DSL 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 and directors of student life (DSLs). So if a Public Safety officer was involved in your transport, then based on the Public Safety report, your DSL may contact you as an acknowledgment of the incident and an expression of concern—without UHS having made any contact or notification with the DSL. On rare occasions, UHS will initiate contact with DSLs 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 BAC upon admission). Every effort is made to balance safety concerns and the student's right to privacy.

### **Will my parents be notified if I am admitted to UHS for intoxication?**

Parents are not routinely informed by UHS staff, Public Safety or other University officials about UHS alcohol admissions. However, if the circumstances are such that 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 will receive a bill from the hospital or ambulance service pertaining to the transport. In this way, parents may be indirectly informed about the hospital visit. If your admission to UHS involved circumstances that led to an "alcohol violation" (that is, using alcohol along with other disruptive behavioral infractions), then it is possible that your parents 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). Parents will be notified in life-threatening situations or may be notified by Princeton Medical Center hospital staff 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 DSL or other residential college staff may contact parents 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.

### **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 clinicians to check in and see how you are doing. If you come to UHS intoxicated and your judgment appears impaired and/or your BAC is high, Public Safety may be enlisted to ensure that the environment is safe for students and staff.

If you have a BAC of  $\geq .08$  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 the 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, notification and possible interaction with local municipal police departments and financial costs.

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

Your treating physicians, 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 happens when the Department of Public Safety is called?

## 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.
- 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 respond 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 based on their assessment of the medical need.

## 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 or reported to Public Safety. 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.**

## 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 will call for an ambulance. The determination of the Public Safety officer will always prioritize the safety of the student and the community.

## **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.

## **Do Public Safety officers write reports on alcohol-related transports to UHS or the ED? If so, who gets them?**

Yes. Anytime a student is taken to UHS or the emergency department at Penn Medicine Princeton Medical Center, 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? If so, who gets them?**

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

# 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](https://uhs.princeton.edu).

**Counseling and Psychological Services (CPS)**' phone number is 609-258-3141.

**BASICS** at Health Promotion and Prevention Services can be reached by emailing [basics@princeton.edu](mailto:basics@princeton.edu) or calling 609-258-5743. Appointments can also be scheduled online at: [princeton.edu/myuhs](https://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 or 609-258-3333.

**Office of the Dean of Undergraduate Students** provides funds through the Alcohol Initiative, which can be used for alcohol-free programming and events taking place on Thursday or Saturday nights. The office oversees the residential college advisers, and works closely with the directors of student life to help ensure students' safety and well-being.



**Alcoholics Anonymous** has a number of meetings in the Princeton area, both on and off campus. The local branch of AA is called Central Jersey Intergroup and can be reached at: [www.centraljerseyintergroup.org](http://www.centraljerseyintergroup.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](http://www.nj-al-anon.org).

**Corner House Counseling Center** 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.

**ScreenU** is an anonymous and ten-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-matter/tools/how-risky-your-drinking](http://umatter.princeton.edu/limits-matter/tools/how-risky-your-drinking).

**UMatter** is a resource for the Princeton University community about caring for yourself and others. Visit: [umatter.princeton.edu](http://umatter.princeton.edu).

**UMatter Now**. If you find yourself in an uncomfortable situation, or you just do not know what to do, consider using UMatter Now. UMatter Now is a bystander mobile website that features tips for how to help a friend, important contact information for health professionals, a quick connection to Public Safety, a BAC calculator and more. Go to: [umatternow.princeton.edu](http://umatternow.princeton.edu) and bookmark it on your phone's home screen for easy access

**Some AA one-hour meetings** on or within walking distance of campus:

**Sundays, 9:30 a.m.**  
Murray-Dodge Café

**Sundays, 3 p.m.**  
Lutheran Church of the Messiah

**Mondays, 12:15 p.m.**  
United Methodist Church

**Mondays, 7:30 p.m.**  
United Methodist Church  
(women only)

**Tues. & Thurs., 12:15 p.m.**  
United Methodist Church

**Thursdays, 8 p.m.**  
Witherspoon Presbyterian Church

**Fridays, 12:15 p.m.**  
Princeton Theological Seminary

**Saturdays, 10 a.m.**  
Trinity Episcopal Church

# Important University Contacts

## Department of Public Safety

Emergency ..... 911  
Emergency ..... 609-258-3333  
Non-emergency ..... 609-258-1000

## University Health Services

Counseling and Psychological Services ..... 609-258-3141  
Health Promotion and Prevention Services ..... 609-258-4842  
BASICS at HPPS (basics@princeton.edu)..... 609-258-5743  
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 Directors of Student Life

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

## 24-Hour Alcoholics Anonymous

**Emergency Hotline** ..... 609-586-6900



# PRINCETON UNIVERSITY

Copyright © 2019 by The Trustees of Princeton University

Produced by the Office of the Vice President for Campus Life, University Health Services  
and the Office of the Dean of Undergraduate Students

Designed by the Office of Communications

*In the Nation's Service and the Service of Humanity*

 printed on recycled paper

**In case of emergency, call 911 or 609-258-3333  
DON'T WAIT — Call for help!**