

# **DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM REVIEW**

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Issued:

**Report completed by the Drug and Alcohol Abuse Prevention Program  
Compliance Team.**

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## Introduction

The University of New Hampshire (UNH) is committed to eradicating the abuse of Alcohol and Other Drugs, (AOD's) in our campus community and has developed a Drug and Alcohol Abuse Prevention Program (DAAPP) as required by federal law. In compliance with the Drug Free Schools and Communities Act (DFSCA), UNH ensures that all students and employees are annually made aware of the Drug and Alcohol Abuse Prevention Programs through the distribution of the biennial report and other mandated information.

The DAAPP Compliance Team conducted a biennial review of UNH's programs and initiatives. In accordance with the federal law, the required law has two objectives:

1. To determine the effectiveness of and to implement any needed changes to, the Alcohol and Other Drugs (AOD) prevention program.
2. To ensure that campuses enforce the disciplinary sanctions for violating the standards of conduct consistently.

To conduct its review, the team requested information from Health & Wellness, Police Department, Human Resources, Community Standards and Housing & Residential Life. The team provided their department's Program Goals and Program Inventory (Appendix A). The Policy Inventory section includes information regarding the student disciplinary process and policies and UNH's parental notification policy. Relevant excerpts from UNH's Student's Rules, Rights, and Responsibility (SRRR) relating to AOD are provided. A summary of AOD violations are provided from Community Standards, including a summary of sanctions/outcomes assigned to individual cases. The UNH Police Department provided statistics relating to AOD arrests. The Assessment section reviews the overall assessment of UNH's AOD programming efforts. This report concludes with the Recommendations for 2018 and 2019 section. Each department provides their goals for the next two years, in addition to the team's overall goals and recommendations designed to strengthen UNH's overall response to AOD abuse.

## Program Goals

The Primary purpose of the UNH Alcohol and Other Drug Education Program is to provide students, faculty and staff with the opportunity to learn about current issues on alcohol and other drugs. The goal of the program is to promote improved quality of life by encouraging students, faculty and staff to make informed decisions regarding their non-use or use of alcohol and or other drugs.

The University has developed and implemented comprehensive alcohol and other drug policies in order to establish a community that supports learning and civility. These policies are listed in the Students' Rights, Rules and Responsibilities booklet. In addition, the University has implemented a Medical Amnesty policy for students. Medical amnesty allows students to act on behalf of another student and request help from emergency personnel or UNH staff members in an alcohol emergency. Medical Amnesty is granted on a case-by-case basis. Additional information on Medical Amnesty is available here: [UNH Medical Amnesty Policy](#) Each department provides AOD programming for their "clientele" and all of which are students except for Human Resources whose clientele are employees of University of New Hampshire. Each department supports UNH's AOD programming goals. The primary program goal for all departments is fulfilling the needs of educating our students and employees on reducing harm in relation to AOD's.

Intercollegiate Athletics AOD programming goals are educational opportunities for student-athletes so they make more informed decisions, as well as awareness of risks and negative effects of alcohol and other drug abuse, and prevention strategies. Athletics helps deter the use of these substances through a comprehensive drug-testing program, where the goal is negative results from all those tested. These tests are used to identify student-athletes with substance abuse/dependence and other problems for which substance use may be an indicator early in the course of the disease or problem. Action or treatment may be instituted in a timely manner if necessary.

The Police Department's goals include increase enforcement efforts in areas of concern regarding underage alcohol consumptions and other drug use; reduce the prevalence of alcohol and other drug abuse on campus; increase awareness on the effects of alcohol and other drugs; and support the enforcement of violations concerning alcohol and other drugs and alcohol to align with the University's policies as outlined in the Student Rights, Rules and Responsibilities.

Residential Life goals are to provide opportunities for students to learn the ways in which alcohol impacts the students physiologically, mentally, and socially. They wish to provide opportunities for students to better understand the negative consequences of high-risk alcohol consumption so that they can make more informed choices about their own AOD behaviors. Residential life provides opportunities for students to learn about and understand the campus alcohol policies and specifically the medical amnesty policy. Finally, Residential Life's programming goal is to provide opportunities for students to learn ways to assist friends who have made negatives choices around AOD.

Human Resources goals were to include University Policy on Drug Free Work Place to all new employees at orientation. Human Resources during orientation also provides information to employees about the Employee Assistance Program and how it is available to each employee who may need alcohol and other drug abuse counseling or help.

Fraternity & Sorority Life is committed to providing a safe environment for members, guests and those aspiring to become members of recognized fraternities and sororities. Their staff meet with student leaders to ensure they are in compliance with their respective inter/national risk management protocols for events as well as membership activities. Additionally, the Fraternity & Sorority Life staff work in collaboration with other University Departments, local advisors and organizational staff to address issues of accountability when they arise.

## **Program Inventory**

In general, the Health & Wellness Office managed prevention efforts during the biennial review period. During the 2018-2019 year, 153 programs occurred. Some programs are passive in nature, such as bulletin boards in residence halls and throughout campus. Other departments also assisted in providing alcohol and other drug prevention training throughout campus in the residence halls, with fraternity and sororities and at public events. A complete inventory of programs is found in Appendix A. This inventory includes the program's name, number of times the program was held, the program's goal and attendance, if recorded.

## Policy Inventory

### Annual Notification

The Drug Free Schools and Communities Act requires institutions of higher education to certify they have adopted and implemented programs to prevent the abuse of alcohol and use or distribution of illicit drugs by both students and employees on its premises and as a part of any school-sanctioned activity.

During the fall of the academic years 2018 and 2019, the University distributed to all faculty, staff, and students:

- Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities.
- A description of the applicable legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol.
- A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.
- A description of any alcohol or other drug counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students.
- A clear statement that the institution will impose disciplinary sanctions on students and employees (consistent with local, state and federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct. A disciplinary sanction may include the completion of an appropriate rehabilitation program.

All students, faculty, and staff members are sent an email from the Dean of Students informing them of the UNH Student Rights Rules, and Responsibilities (SRRR) Handbook that is available online ([www.unh.edu/student/rights](http://www.unh.edu/student/rights)). This handbook contains all information outlined above. Student Rights, Rules, and Responsibilities booklets are also available to student, faculty and staff by request form the Office of Community Standards and the Dean of Students Office. Students are informed of this information in September and January of each academic year through the Dean of Students.

Additionally, the DFSCA requires institutions to conduct a biennial review of its programs with the following objectives:

- To determine the effectiveness of, and to implement any needed changes to, the alcohol or other drug (AOD) program.
- To ensure that campuses enforce the disciplinary sanctions for violations of conduct consistently.

### Employee Policies

The use of drugs and alcohol in the workplace is contrary to the goals and objectives of the University System of New Hampshire (USNH) institutions. USNH has developed specific policies to maintain a safe and drug-free work environment, while also providing prevention programs and information for employees.

USNH's [Drug-Free Workplace Policy](#) shall establish guidelines for the use of alcohol and controlled substances during work hours in conformance with the following general policy: using, possessing, or being under the influence of alcoholic beverages, amphetamine-type drugs, barbiturate-type drugs, cannabis-type

drugs, Phencyclidine, Methaqualone, Benzodiazepines, cocaine-type drugs, morphine-type drugs, hallucinogenic drugs, or any controlled drugs as provided in RSA 318-B during work hours by USNH employees is prohibited. The goals of the Drug Free Workplace Policy are to create a safer environment for students, faculty, staff and campus visitors and to educate USNH employees about:

- a) The symptoms and health risks of dependency on alcohol and other drugs.
- b) The assistance available to UNH employees for dependency-related problems- [UNH EAP](#).
- c) The penalties that may be imposed upon employees for violation of this policy.

Some positions at UNH require drug screenings prior to work on campus. An example of such a position includes those which require Commercial Driver's Licenses, such as bus drivers. A determination that an employee violated USNH policies will result in sanctions or disciplinary outcomes within 30 days that may include a) taking appropriate personnel action against a convicted employee up to and including termination; b) placing a notice of the drug conviction in the employee's personnel file in accordance with normal disciplinary policy procedures; c) requiring the convicted employees to utilize the services of the EAP and, d) requiring the convicted employee to successfully complete an approved drug or alcohol abuse assistance or rehabilitation program recommended by the EAP as a condition of continued employment.

During orientation for new employees, training is received on USNH's Drug Free Workplace policy. This policy is emailed to all employees each year thereafter.

Employees are encouraged to use the [Employee Assistance Program](#) (EAP) to address issues of addiction to alcohol and other drugs. Participation in EAP allows employees to participate in up to (6) free counseling sessions with a referred local counselor at no cost. Employee use of EAP is kept private from supervisors and other UNH staff.

### **Student Disciplinary Process and Policies**

In addition to prevention and education efforts, UNH has developed and implemented comprehensive policies and procedures to ensure a safe environment for students that supports learning and civil community. These policies appear in the Student Rights, Rules and Responsibility book under the section on alcohol and drug policies and campus safety. Community Standards makes determinations about violations about UNH's policy and ensures consistent application of the sanctions against UNH students. For more information on UNH's Alcohol, Tobacco and Other Drug Policies see [UNH's SRRR, which applies to](#) students, staff, faculty, visitors, and guests.

### **Parental Notification**

UNH has taken steps to notify parents or guardians about violations of campus AOD policies, in accordance with the 1998 amendments to the Family Educational Rights and Privacy Act (FERPA). The purpose and goals of this policy is to expand the partnership with parents/guardians in encouraging students to make reasonable, responsible, and healthy decisions about AOD's. There is a strong association between a declining academic performance and the illegal/abusive use of AODs by students. By notifying parents/guardians of violations of this nature, UNH will have the opportunity to work together with parents/guardians to aid in the academic success and healthy social integration of our students.

Only parents of financially-dependent students under age 21 will be notified if their student is charged with a violation of the University's alcohol or other drug policies. Community Standards will send written notification of the incident but will not include all the details. If the parent wants further information they are encouraged to discuss the issue with their student. If questions remain parents/guardians are encouraged to reach out to the Community Standards Office.

Parental notification is designed to inform parent/guardians a violation has occurred and to encourage an educational discussion between parents/guardians and their student. Notifications will be sent for repeat violations of Drug and Alcohol Related Behaviors. When there is reason to believe a student's health and well-being are at risk or they have placed other members of the community at risk, the Dean of Students or their designee may contact the parents/guardians directly.

### **Relevant Excerpts from the Student Rights, Rules and Responsibility book (SRRR)**

Rule 13: Use, possession, manufacturing, or distribution of narcotic or other controlled substances except as expressly permitted by law. Violations of this rule include but are not limited to:

- a. Use of narcotic or other controlled substances
- b. Possession of narcotic or other controlled substances
- c. Distribution of narcotic or other controlled substances
- d. Possession of drug paraphernalia
- e. Hosting a gathering where the use of narcotics or other controlled substances has occurred or are dispensed from a common source. A student is considered to be "hosting a gathering" when there is at least one person in the student's room or apartment who does not resident there (even if the student did not invite the non-resident).
- f. Manufacturing of narcotic or other controlled substances.

Rule 14: Use, possession, or distribution of alcoholic beverages except as expressly permitted by law and University regulations. Violations of this rule include:

- a. Use/possession/distribution of alcohol by individual under legal age;
- b. Public Intoxication
- c. Excessive consumption of alcohol
- d. Alcohol in residence hall common areas or in areas of University apartment complexes reserved exclusively for common use
- e. Possession/consumption of alcohol in room or common areas of individuals under legal age
- f. Providing underage people with alcohol
- g. Hosting a gathering where prohibited drinking has occurred or where alcohol is dispensed from a common sources. A student is considered to be "hosting a gathering" when there is at least one person in the student's room or apartment who does not reside there (even if the student did not invite the resident.)
- h. Under the influence of alcohol resulting in injury/illness
- i. Violation of UNH alcohol policy. (See UNH SRRR alcohol, tobacco and other drug policies.)

### Summary of Alcohol and Drug Violations

The number of AOD student violations in 2018 -2020 (Table A (alcohol) and Table B (other drugs)) are provided below from Community Standards Office. Additionally, each year’s Summary of Student Sanctions/Outcomes assigned to individual cases are provided in Table C. Data from Human Resources regarding employee violations are in Table D and their outcomes are in Table E. Table F includes the number of arrests for alcohol and drugs provided by the UNH Police Department.

The number of alcohol arrests were up compared with the previous review done in 2016-2018. In 2017, the total arrests for alcohol were 263 while the total arrests in 2018 were 521. This could be in part due to a change in state law making marijuana in small amounts a civil violation instead of a criminal violation while certain alcohol offenses remain a criminal violation. In 2019, the alcohol arrests went down by over 100 arrests and total arrests were 408. In 2020, the numbers should continue to decrease significantly as the University was closed from March 2020 until August 2020 due to the COVID-19 global pandemic.

Drug arrests went down significantly. In 2017, there were 74 arrests; in 2018 there were 24 arrests; and in 2019 only 10 drug arrests. This is due to a change in New Hampshire state law making marijuana in small amounts a civil violation instead of a criminal violation.

The Office of Community Standards continues to see similar referrals for alcohol violations each year. The numbers remain approximately 300 referrals each calendar year. However, Community Standards reported an increase in drug referrals. In fall 2018, Community Standards had 4 referrals but in 2019 they had 146 referrals for drug violations. This could be contributed to the law change and police and hall staff referring marijuana violations to the Community Standards Office for a violation of policy. In spring 2020, numbers were consistently down for drug referrals and alcohol violations. This could be due to the campus closing down mid-March due to the COVID-19 global pandemic. Alcohol violation referrals were approximately 50% less than the fall of 2019. Drug violation referrals were approximately 25% less than the fall of 2019.

Human Resources data indicated they had two employees with violations in alcohol policy and both were referred to the Employee Assistance Program for further assistance. There were no incidents involving employees in 2019 for either alcohol or other drug violations.

**Tables A: 2018-2020 Summary of Student and Alcohol Violations Community Standards Referrals**

<b>Alcohol Violations</b>	<b>Fall 2018</b>	<b>Spring 2019</b>	<b>Fall 2019</b>	<b>Spring 2020</b>
Alcohol-related Possession	161	64	96	56
Alcohol violations Internal Possession	96	33	53	25
Furnishing alcohol to person under 21 Hosting party	25	3	51	25
Behavior while under the influence of an alcoholic beverage	4	7	8	2
<b>TOTALS</b>	<b>286</b>	<b>107</b>	<b>208</b>	<b>108</b>



**Table B: 2018-2020 Summary of Student Drug Violations Community Standard Referrals.**

Drug Violations	Fall 2018	Spring 2019	Fall 2019	Spring 2020
Possession of unlawful drug or controlled substances	3	26	34	19
Possession of drug paraphernalia	0	17	6	16
Use of unlawful drug or controlled substances	0	28	32	13
Distribution and/or sale, and/or delivery of unlawful drugs or controlled substances	1	2	1	1
Reasonable suspicion of unlawful drug use (odor)	0	0	0	0
<b>Totals</b>	<b>4</b>	<b>73</b>	<b>73</b>	<b>49</b>

- Fall 2018 referrals did not include referrals for policy violations for marijuana. In 2019-2020 all drug referrals were included.

**Table C: 2018-2020 Findings of Responsible/Not Responsible for Drug and Alcohol Violations**

Findings	Fall 2018	Spring 2019	Fall 2019	Spring 2020
Alcohol Responsible	266	136	175	96
Alcohol Not Responsible	20	13	21	12
Drug Responsible	1	54	69	47
Drug Not Responsible	1	15	4	2
<b>Total</b>	<b>288</b>	<b>218</b>	<b>269</b>	<b>157</b>

- **Some of the dispositions were pending so there were several each semester that were TBD**
- 2019 and 2020 included drugs and marijuana referrals. 2018 does not include marijuana referrals to Community Standards.

**Table D: 2018-2019 Summary of Employee Alcohol and Drug Violations**

Violation	2018	2019
Alcohol	2	0
Drug	0	0

**Table E: 2018-2019 Summary of Employee Sanctions/Outcomes Assigned to individual cases**

<b>Violation Type:</b>	<b>Alcohol 2018</b>	<b>Drugs 2018</b>	<b>Alcohol 2019</b>	<b>Drugs 2019</b>
Suspension	0	0	0	0
Termination	0	0	0	0
EAP program referral	2	0	0	0

**Table F: UNH Police Department Statistics**

<b>Alcohol</b>	<b>2018</b>	<b>2019</b>
Illegal Possession of Alcohol- Arrest	343	255
Internal Possession of Alcohol- Arrest	178	121
Public Intoxication- Arrest	0	31
Prohibited sales	0	1
<b>Total Alcohol Arrests</b>	<b>521</b>	<b>408</b>
<b>Drugs</b>	<b>2018</b>	<b>2019</b>
Possession of Cocaine or Narcotic Substance Arrests	16	4
Illegal Possession of Prescription drugs Arrests	3	4
Possession of Methamphetamine Arrests	0	0
Dealing Controlled Substances	0	1
Possession of marijuana greater than ¾ oz.	5	1
<b>Total Drug Arrests</b>	<b>24</b>	<b>10</b>

**Table G: Health & Wellness Visits/Referrals for Alcohol and Other Drug Violations**

<b>Total Visit by Type</b>	<b>2018-2019</b>	<b>2019-2020</b>
<b>Self-Referred:</b>		
Alcohol counseling self-referred	30	16
Other Drug Counseling	22	10
Other Drug Counseling Follow-up	5	3
<b>Court</b>		
Alcohol Court Counseling	210	112
Alcohol Court Exit	191	72
Alcohol Court Follow Up	10	1
Other Drug Court Counseling	2	0
Other Drug Court Exit	4	0
Other Drug Court Follow up	1	0
<b>Judicial:</b>		
	2018-2019	2019-2020
Alcohol Judicial Counseling	209	136
Alcohol Judicial Exit	183	71
Alcohol Judicial Follow-up	9	4
Other Drug Judicial Counseling	63	53
Other Drug Judicial Exit	53	34

Other Drug Judicial Follow Up	2	2
<b>Grand Total</b>	<b>994</b>	<b>514</b>

**DATA COLLECTION/ASSESSMENT & EVALUATION**

- The New Hampshire Higher Education Alcohol, Tobacco and Other Drug (NHHEAOD) Council biennial survey and report. The NHHEAOD report assesses student attitudes, perceptions and use of alcohol and other drugs. The information gathered in this report is used in social norming educational campaigns to challenge student’s perceptions of use on campus and to help inform University decisions related to alcohol, tobacco and other drugs.
- The American College Health Association’s National College Health Assessment (NCHA) is implemented biennially. To see survey: [https://www.acha.org/documents/ncha/ACHA-NCHA\\_IIc\\_Paper\\_Survey.pdf](https://www.acha.org/documents/ncha/ACHA-NCHA_IIc_Paper_Survey.pdf)
- In the spring of 2019, this assessment was conducted at UNH. Of the people who completed the assessment 59.9% were female, 39.1% were male and 1.0% were non-binary. Of those who responded to the question about alcohol use, 56.6% of males and 60.2 % of females admitted to using alcohol in the past 1-9 days. Total alcohol consumption for the past 30 days indicated that 81.3% of males and 79.6% of females had consumed some amount of alcohol in the past month.
- Marijuana use was much lower than alcohol use. Those who completed the assessment indicated in the past 1-9 days that 15.5% of males and 19.0% of females had used marijuana. Over the course of 30 days, 33.8% of males and 29.4% of females admitted to using marijuana.
- Of those surveyed on the use of tobacco in the past 30 days, 14.2 % of males, and 7.4 % of females admitted to using cigarettes. 30.0 % of males and 19.9 % of females advised they had used E-cigarettes in the past 30 days.
- Use of drugs not prescribed remained relatively low with the exception of stimulants. 14.6% of males and 8.6% of females indicated they had used stimulants not prescribed to them.
- Evaluation of prevention and intervention programs and services, including CHOICES and BASICS, examining the fidelity of systems (conduct and education process) that are set up to intervene with students who have alcohol and other drug related incidents.
- Completion of the biennial review of the Drug and Alcohol Abuse Prevention Programs (DAAPP) in accordance with the Drug Free Schools and Communities Act.
- Contact Data

Each year the number of contacts with students continues to increase. Each educational program conducted is reported into an Access Database and a report is compiled at the end of each year. In 2018-2019 students continued to sponsor and participate in educational programs. This has decreased in 2020 due to the COVID-19 global pandemic. The number of alcohol and drug mandated counseling remained consistent in 2018-2019 but has gone down in 2019-2020. The decrease in counseling could be due to

the spring semester going remote in March of 2020. Self-referrals remained consistent in 2018-2019 however, they dropped by half in 2019-2020. Students who were mandated to attend as well as those who were self-referred completed an evaluation form at termination of counseling.

### **Summary of Alcohol and Other Drugs Program Strength**

The University has developed, maintains and revises, as necessary, an alcohol and other drugs prevention policy for students and employees. The policy is implemented consistently for all members of employment and the student body. UNH tracks the number of alcohol and other drug related offenses, referrals, and the utilization of the ANOD counseling services with Living Well Services and Health & Wellness. They are reported on in the biennial report. UNH continues to provide on-going educational efforts in order to have a positive impact on the prevention of use and misuse of alcohol and other drugs and as a means of intervention.

During the past year, the UNH Police Department has moved from making custodial arrests for all alcohol related violations to issuing hand summonses and releasing to a sober person over 21 when appropriate. There was also a significant decrease in drug arrests following the decriminalization of marijuana in September of 2017.

The 2020 COVID-19 global pandemic has led to some changes in the way we present things. Due to the reduced number of students on campus from March 2020 until August 2020, and also concerns regarding the spread of COVID-19, the UNH Police Department handled alcohol violations by issuing hand summonses. SHARPP and Health & Wellness also developed ways to educate and provide services about alcohol and other drugs on-line so students can still receive education regarding these important topics.

### **RECOMMENDATIONS FOR 2020-2021**

UNH must continue to strengthen its efforts to institutionalize and prioritize work to address drug and alcohol abuse prevention.

#### **Institutionalizing a Plan to Address High-Risk Drinking**

##### ***Structure to Address the Impact of High-Risk Drinking***

- University leadership should create and charge a committee/coalition (made up of campus and community partners) to address high-risk drinking at UNH. The committee/coalition and its work need to be accountable directly to the University leadership.
- A clear vision and mission for the coalition needs to be determined and articulated.
- Roles and responsibilities for partners involved in the committee/coalition need to be clearly identified, and then partners need to be invited to participate.
- Determine areas to be addressed based on needs that are data driven, and resources available. Set priorities and determine baseline data to help with tracking progress. Make the work manageable and put efforts into those areas needing the greatest attention and that can have the greatest impact.
- Using information/data from above, to determine goals/objectives/intervention strategy and, most importantly, an action plan with timeline and responsibilities.

- Track efforts and intervention successes and changes and also the progress of the committee/coalition. Report on these efforts two (2) times per year, to the university leadership and others.

### ***Keys to Success of the Committee/Coalition and Its Efforts***

There have been several lessons the University has learned from involvement in various statewide and national efforts and research that will be instrumental in successfully moving our work in this area forward.

- Active institutional leadership is critical; without it any effort will not be successful. The higher within the institutional leadership this occurs, the clearer the commitment to this issue. The better the belief that all of us have a role in addressing it is communicated and illustrated, the more successful we will be as an institution. This must also include support from the University leadership for the committee/coalition work.
- As an institution we need to have an understanding of the impact of high-risk use, a commitment to addressing it and to identify and utilize evidence-influenced/evidence-based practice and intervention in our work. This should include outreach to our peers (individuals in the field nationally) who have specializations in this area (knowledge and skills) and/or have implemented successful interventions.
- More individuals/departments need to take an active role in working to address this issue, and clear lines of accountability must be established. It cannot be left to a few offices/people to address. Others on campus need to see their role in this work and how they can create change within their sphere of influence/responsibility. This can begin on the committee level where members may be responsible for overseeing specific interventions in collaboration with others, as well as other individuals/departments being involved in planning, implementation and evaluation. This will include involving a broader base of the community in the effort as “doers” and supporters (students, parents, faculty, alumni, community members, etc.). Working through and with this committee will help individuals and departments provide consistent messages, and access needed information, guidance, support and feedback.
- Manage the work such that we do not take on too much at any one time but identify our priorities and focus on addressing these successfully and then moving onto the next set of priorities while maintaining efforts in initial areas that have proven to be successful.
- UNH should continue to access, utilize and track data available (the data we now have in addition to accessing other data sources) to identify needs and to evaluate the impact of interventions.

## **Current Efforts to Address High-Risk Use of Alcohol and Other Drugs by Students and Employees**

### **Living Well Services, Health & Wellness**

The Director of Education and Promotion oversees the Alcohol, Nicotine and Other Drugs (ANOD) Educators/Counselors and the ANOD program, which receives funding primarily from the mandatory student Health & Wellness fee. The two ANOD Educator/Counselors work closely with other staff within Health & Wellness and other offices on campus providing a comprehensive approach to addressing alcohol and drug issues. The ANOD Educators/Counselors are responsible for the design, organization, implementation, and evaluation of educational programs both active and passive, one-on-one counseling, in-service training, supervision of interns, and the maintenance of a resource library and website content.

Living Well Services, Health & Wellness also supervise interns and peer educators who assist with passive and active outreach education when necessary. Additionally, Living Well Services employs work-study students who work 8-10 hours/week, to organize the resource library and maintain alcohol/other drug education program materials.

### **Educational Programming**

UNH Health & Wellness offers a number of educational programs on wellness issues including ANOD. These are active programs, events and passive efforts (including tabling and the use of social media) that are implemented by professional staff and students involved in peer education. Through Health & Wellness, residence halls, fraternities and sororities, athletics and faculty and staff can request ANOD programming specific to their needs.

The Division of Student and Academic Services believes in the importance and influence of students on their peers. The Peer Education Program works to help students develop the self-awareness, leadership, programming, and group process skills to become community change agents. This is done through the traditional peer education program, which includes active and passive programming, education through a theatre presentation, and sponsoring campus-wide programming. Students involved in peer education can receive credit from a class offered through the College of Health and Human Services. Many of these students influence change on campus through both formal and informal peer education efforts.

### **Programs offered by Health & Wellness**

- **Size Matters**
- The Size Matters kit includes educational material on standard drink sizes and all the materials you need to implement an interactive pouring activity. Materials include a variety of alcohol bottles, colored water, wine glasses, shot glasses, solo cups, and pop-up posters.
  
- **ANOD & the Wellness Wheel**
- Participants will spin our Wellness Wheel and have the opportunity to test their knowledge as it relates to alcohol, nicotine and other drugs, and the eight dimensions of wellness. Fun and interactive. This program is tailored to the group's needs.
  
- **Myth or Fact?**

- Knowledge is power! Check if your beliefs and what you hear are in fact true when it comes to alcohol, nicotine and marijuana. This program is based on research, best practices, and social norming data drawn from the New Hampshire Higher Education Alcohol, Tobacco, and Other Drug Survey. Includes discussion on how perceptions influence our choices.
- **All about the Brain**  
Did you know that your brain is not fully developed until age 25? Interactive presentation format to learn about the latest scientific finds related to the mechanism of THC and/or nicotine on the adolescent brain.
- **Alcohol & Professionalism**
  - As we progress through college towards our professional careers, we begin to have more networking opportunities and professional experiences. Often, alcohol is offered at networking events and is a part of professional social culture. In this program, students will learn ways to monitor their drinking to maintain professional behavior.
- **You can Help!**
  - An educational campaign used on campus to address several concerns including alcohol and other drug use, suicide, sexual assault prevention, serving as an ally to marginalized groups, to encourage, inform, and support students to care for each other and provide resources and get assistance for at-risk-students as needed.

### **Residential Life**

Residence halls have educational focus areas, which encourage students to seek out and maintain healthy living habits; including alcohol and other drug use and misuse. They provide education (active and passive) on alcohol and other drugs utilizing the key messages outlined by Health & Wellness, invite other staff into speak on these topics, and sponsor alcohol and other drug free activities. In addition, there is a chemical-free living option for students wanting to live in an environment that supports their non-use of alcohol and other drugs. Each fall semester RA's are provided education called "What would you do?" This is an interactive role playing exercise where staff members interact with "intoxicated" students. Following the role playing the information on the interaction is processed and new staff are educated on how to best handle these types of situations.

### **Prevention Programming with Fraternity and Sorority Life**

Recognized Fraternity and Sorority Life organizations have a number of policies that address alcohol and other drug use. The system also mandates alcohol and other drug educational programs as part of their health and risk management requirements for accreditation. Greek Houses may also be mandated to participate in additional drug and alcohol programs when they are found responsible for related violations. Training is also provided to Fraternity and Sorority leadership when requested on alcohol and other drug issues. Fraternity and Sorority Life policies are available here: [Fraternity and Sorority Life Policies](#).

**First Year Orientation**

During Parents' Orientation in June, campus administrators speak to parents about alcohol and other drug policies and the campus efforts to address high-risk use of alcohol and other drugs. Parents are also encouraged to talk with their child about alcohol prior to attending campus in the fall.

Orientation leaders and resident assistants receive training on alcohol and other drugs policies and campus programs and services. They have opportunities to discuss this information with students both informally and in structured meetings.

Each year during fall orientation, first year students are exposed to a variety of student issues including alcohol and other drugs use, sexual assault, diversity and transition by the theatre troupe, WildActs, and a follow-up discussion.

**Life Skills Program for Athletes**

The Athletic Department has formalized the NCAA Life Skills program. This program provides an opportunity for student-athletes to receive education on various student life issues including alcohol and other drugs.

**Curriculum Infusion and Training for Faculty and Staff**

Living Well Services work with faculty and staff to develop creative ways to present alcohol, other drug and additional health information to students through various curricula. Living Well Services offers training on recognition and referral for alcohol and other drug issues for faculty and staff departments.

**Internship Opportunities**

Students who are interested in the AOD field have the opportunity to work with the ANOD Educator/Counselor. Students learn a great deal about the field in a short period. The responsibilities for interns include organizing, developing and implementing educational programs and researching the latest developments in the field.

**Passive Education**

In addition to outreach programming, educational information is available to students through brochures, articles, education tables, bulletin boards, web pages, and the Living Well Services resource library.

**Employee Information**

UNH's EAP services offers many resources to employees on drug and alcohol addiction, support, and counseling. Some of the information employees have access to include articles, audio clips, Medline, on-line seminars, and a resource page with links to Alcoholics Anonymous, Al-Anon, etc.

**Environmental Management**

UNH Police and the Town of Durham Police Departments have a zero-tolerance stance regarding illegal alcohol sales, possession, and use, as well as other drugs use. Intervention efforts include:

- High visibility foot patrols
- Custody arrests for alcohol violations or
- Hand summons programs for alcohol violations



- Strict enforcement of UNH policy in off-campus recognized fraternity and sorority houses.

Residential Life Staff training and enforcement of campus alcohol and other drug policies within residence halls.

**Three Strikes Policy:** This policy is intended to provide an effective intervention for students whose pattern of rule violation (academic, conduct, administrative and/or criminal) disrupts their academic, social development or disrupts their community. It is intended to support those students by providing a suspension followed by resumption of their academic course of study provided they are able to be of good behavior during the period of suspension. When a student commits three (3) base violations in separate incidents within four (4) calendar years the student commits a violation under this Code and becomes eligible for a voluntary one (1) semester withdrawal from the University, effective immediately or for an involuntary one (1) semester minimum suspension after notice and hearing, and probation for the remainder of the student's undergraduate career. Additional information on the Three Strikes policy is available here: [UNH Three Strikes](#).

Community Standards (CS) sends out parental notification letters on behalf of UNH.

**Reflection/Engagement Program:** The reflection/engagement program (REP) is offered through Community Standards as a sanction for students who were found responsible for violating the Student Code. REP is designed to be student-specific and takes into account each student's unique situation and needs. REP offers students an opportunity to reflect on the incident they were involved in, while working with our staff to ensure they remain on a path to personal, academic, and professional success. For more information on this program click [here](#).

Additional information regarding the student conduct process is available here: [UNH Conduct Process](#).

### **Violations of Policies and Laws**

Individual contact with students- When the UNH Police Department has contact with students for drug and alcohol violations their names, are made available to various departments on campus for intervention. These interventions include meetings with academic deans, athletic coaches, and AOD Educators/Counselors.

Mandatory alcohol and other drugs education and counseling for Community Standards and court sanctions

- **First Offense:** Students who have an initial violation (first strike) attend an individual, one hour, face to face intake appointment, attend a 3.0 hour CHOICES class (modeled after BASICS, an evidence based practice) and a 30 minute exit session.
- **Second offense:** Students who have a second violation (second strike) attend three, one hour individual sessions to complete a Brief Alcohol Screening intervention for College Students (BASICS).

Additionally, students who have been arrested for an alcohol or other drugs violation meet with the Dean of their respective college (Liberal Arts, Health and Human Services, Thompson School, Paul College, College of Life Science's, and Agriculture, Engineering, and Physical Sciences).

**Additional Programs Supporting Safety and Environmental Change**

Weekend Walkers: managed by SHARPP (Sexual Harassment and Rape Prevention Program), staff and faculty are out on the streets in Durham and UNH to provide a presence and promote safety in addition to the UNH Police Department. This program is primarily run for the first six weeks of the semester, last six weeks of the semester and during other key weekends and events.

Safe Rides: Are available Thursday through Saturday Evenings from 11:00 p.m. to 3:00 a.m.

**Counseling and Support Services**

Counseling: Students can receive short-term alcohol and/or other drugs counseling from Health & Wellness and Psychological and Counseling Services (PACS). Students in need of long-term or in-patient care are referred to off-campus agencies.

Support to Recovery Community: chemical free-living option residence hall, held weekly on campus. In addition, UNH Health & Wellness works with the SOS program in Dover and Rochester, NH. This peer-led recovery program assists students interested in recovery or who are looking for additional support for their recovery. Additional information on SOS Recovery is available here: [S.O.S. Recovery](#).

Living Well Services, Health & Wellness, screens all students accessing counseling services for alcohol, other drugs, nicotine, anxiety, depression, eating disorders, sleep and physical activity, and referrals for additional counseling as indicated.

**Living Well Services: Alcohol and Other Drug Educational Programming:**

Type of Group	2018-2019 Attendees	2018-2019 Programs	2019-2020 Attendees	2019-2020 Programs
Athletes	All freshmen	Fall/Spring 1 hour class	All freshmen	Fall/Spring 1 hour class
Greek	Unknown	2 programs held by UPD	Unknown	2 programs held by UPD
Greek Houses	All members of Greek Fraternities and Sororities (2200)	1 class each semester (fall and spring)	All members of Greek Fraternities and Sororities (2200)	1 class each semester (fall and spring)
Professional/Peers	NA	NA	NA	NA
Residence Halls	Any student in hall	19 (2018 calendar yr.)	Any student in hall	21 (2019 calendar yr.)
Student Organizations	Unknown	Unknown	Unknown	Unknown
Health & Wellness	1932	68 Programs	1936	45 Programs
UNH Community	2748	66 Community Events conducted by UPD	Over 2000	66 Community Events conducted by UPD

SHARPP	15,293 (2019)	303 programs (2019).	Not reported	Not Reported
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**Living Well Services Individual Alcohol and Other Drugs Educational/Counseling Visits and Appointments**

<b>Visit Data Transaction Class</b>	<b>Academic Year 2018-2019</b>	<b>Academic Year 2019-2020</b>
<b>Unduplicated Patient Visits</b>	<b>475</b>	<b>293</b>
<b>Visits</b>	<b>994</b>	<b>529</b>

Unduplicated patients are patients who have utilized Health & Wellness services more than once but only counted as an individual one time. Visit data consists of each unduplicated patient’s number of visits to Health & Wellness for ATOD services.

\*\* Academic Year 2019-2020 is significantly lower because of the COVID-19 global pandemic which led the university to close campuses and switch to remote learning for the rest of the semester until August of 2020.

**Psychological and Counseling Services (PACS)**

PACS collects information regarding student’s use of alcohol and other drugs prior to all initial appointments with a screening questionnaire called the Counseling Center Assessment of Psychological Symptoms (CCAPS) questionnaire. The information is used to make appropriate referrals for treatment when necessary.

**APPENDIX A PROGRAM INVENTORY**

Name of Educational Program	How many times held	Number of attendees	Year
S'more Tips about Alcohol – Residential Life Department	1	Unknown	2018
Mac and Cheese Alcohol talk- Residential Life Department	1	Unknown	2018
Cup Sizes Program- alcohol- Residential Life Department	8	Unknown	2018
Cup Sizes Program – alcohol- Residential Life Department	9	Unknown	2019
Drug Pong- Residential Life Department	1	Unknown	2018
Spring Break plans around drinking- Residential Life Department	1	Unknown	2018
Up/ Bystander Interventional Drunk- Residential Life Department	1	Unknown	2018
Alcohol Education. Awareness- Residential Life Department	4	Unknown	2018
Alcohol Trivia- Residential Life Department	2	Unknown	2018
Alcohol Trivia/games- Residential Life Department	5	Unknown	2019
Alcohol Awareness- Residential Life Department	7	Unknown	2019
Alcohol & Sexual Assault- Health & Wellness	1	28	19-20
ANOD Peed Educators Meeting -Health & Wellness	18	46	19-20
Choices Mandated Education, Alcohol or MJ- Health & Wellness	27	311	19-20
Fierce and Fabulous Women’s Expo- Health & Wellness	1	70	19-20
FSL Presentation- Health & Wellness	6	536	19-20
GASO- Health & Wellness	1	15	19-20
Halt Alcohol & Substances- Health & Wellness	1	235	19-20
Nicotine Lecture Series- Health & Wellness	2	50	19-20
Nicotine Policy Meeting- Health & Wellness	1	4	19-20
Pleasure Party- Health & Wellness	1	65	19-20
Size Matters Program- Health & Wellness	1	50	19-20
Size Matters Homecoming- Health & Wellness	1	30	19-20
Sleep Expo- Health & Wellness	1	75	19-20
Virtual Alcohol & Marijuana Class- Health & Wellness	1	60	19-20
Wellness fest- Health & Wellness	2	135	19-20
What would you do? Alcohol- Health & Wellness	2	300	19-20
About Hazing: Empowering Yourself, Empowering each other - Health & Wellness	1	96	18-19
Alcohol- Health & Wellness	1	8	18-19
Alcohol & Sex Assault- Health & Wellness	1	23	18-19
Alcohol Education full session- Health & Wellness	2	44	18-19
Alcohol Education Part 1- Health & Wellness	15	296	18-19
Alcohol Education Part II- Health & Wellness	15	288	18-19
Alcohol Presentation Athletes- Health & Wellness	2	52	18-19
ATOD Best Practices Presentation to Res life Hall Directors	1	28	18-19
Ben is back: Film + Panel Discussion- Health & Wellness	1	15	18-19
Choose to Snooze- Sleep Expo- Health & Wellness	1	30	18-19
Fierce & Fabulous Expo- Health & Wellness	1	45	18-19
GPSS- Health & Wellness	1	5	18-19

<b>Name of Educational Program</b>	<b>How many times held</b>	<b>Number of attendees</b>	<b>Year</b>
Great American Smoke out Campus Cleanup- Health & Wellness	1	5	18-19
iLeap Class- Health & Wellness	1	30	18-19
Marijuana Class Part I- Health & Wellness	5	56	18-19
Marijuana Class Part II- Health & Wellness	3	38	18-19
Marijuana Presentation to Social Work Class- Health & Wellness	1	10	18-19
Nutrition Expo- Health & Wellness	1	50	18-19
Orientation- Health & Wellness	1	12	18-19
Oyster River High School Alcohol Presentation- Health & Wellness	1	180	18-19
PAWs orientation Leaders: How to respond to alcohol questions- Health & Wellness	1	22	18-19
Professional Chemistry Frat Presentation- Health & Wellness	1	65	18-19
Size Matters- Health & Wellness	5	166	18-19
Substances at UNH CE session for Health & Wellness	1	16	18-19
Wellness Bonanza- Health & Wellness	1	55	18-19
Wellness Fest- Health & Wellness	1	100	18-19
What would you do- Health & Wellness	2	180	18-19
Alcohol and Other Drug Training Fraternity & Sorority Life	4	2200	18-20
Alcohol and Drug Education Freshmen Athletics	2	unknown	18-20
Citizen Police Academy- UNH Police Department	2	50	18-19
Clery Act Drug and Alcohol awareness to Hall Staff- UNH Police	2	Unknown	18-20
Question and Answer Sessions- UNH Police Department	3	Unknown	2018
DEA National Drug Take Back Event- UNH Police Department	2	Unknown	18-20
Coffee with a Cop/cocoa/pizza- UNH Police Department	9	Unknown	18-19
Campus Safety Freshmen Orientation-UNH Police Department	14	Unknown	18-19
Community Dorm Events Alcohol/Drug Awareness- UNH Police	124	Unknown	18-19

**APPENDIX B LAWS RELATED TO ALCOHOL & DRUG USE NH CRIMINAL CODE****Alcohol:****179:5 Prohibited Sales. –**

I. No licensee, salesperson, direct shipper, common carrier, delivery agent, nor any other person, shall sell or give away or cause or allow or procure to be sold, delivered, or given away any liquor or beverage to a person under the age of 21 or serve an individual who is visibly intoxicated or who a reasonable and prudent person would know is intoxicated. For all deliveries of packages by common carrier or delivery agent marked "alcoholic beverages" or "alcoholic products," the carrier shall obtain an adult signature.

**179:9 Person Misrepresenting Age. –**

I. A person who falsely represents his age for the purpose of procuring liquor or beverage and who procures such liquor or beverage shall be guilty of a misdemeanor. Any person who violates any of the provisions of this section shall be fined for his first offense a minimum of \$500. No portion of this mandatory minimum fine shall be waived, continued for sentencing, or suspended by the court. A second or subsequent offense shall carry a \$1,000 minimum fine.

II. Notwithstanding paragraph I or any other law to the contrary, any person who possesses or uses or displays in any manner a false identification card, document, license, or any other document which represents such person's age for the purpose of purchasing liquor, beverages, or beer as defined in RSA 175:1 by the bottle, can, glass, container, or drink in any manner shall be fined a minimum of \$500. No portion of this mandatory minimum fine shall be waived, continued for sentencing, or suspended by the court. The provisions of this paragraph do not reduce the maximum penalty which could be imposed for such an offense pursuant to paragraph I. A second or subsequent offense shall carry a \$1,000 minimum fine.

III. An identification card issued under the provisions of RSA 260:21, RSA 260:21-a, or RSA 260:21-b shall be withdrawn for violation of this section for 90 days. In addition, the director of the division of motor vehicles shall withdraw, for 90 days, the identification card of any person who allows his card to be used or displayed by another person for the purpose of purchasing liquor or beverages as defined in RSA 175:1.

**179:10 Unlawful Possession and Intoxication. –**

I. Except as provided in RSA 179:23, any person under the age of 21 years who has in his or her possession any liquor or alcoholic beverage, or who is intoxicated by consumption of an alcoholic beverage, shall be guilty of a violation and shall be fined a minimum of \$300. Any second and subsequent offense shall be fined at least \$600. For purposes of this section, alcohol concentration as defined in RSA 259:3-b of .02 or more shall be prima facie evidence of intoxication. No portion of this mandatory minimum fine shall be waived, continued for sentencing, or suspended by the court. In addition to the penalties provided in this section, the court may, in its discretion, impose further penalties authorized by RSA 263:56-b.

II. Except for persons convicted on the basis of intoxication, any person under the age of 21 years convicted of unlawful possession of liquor or beverage shall forfeit the same, and it shall be disposed of as the court directs. The proceeds, if any, shall be paid into the treasury of the county in which the proceedings were determined.

**179:10-a Attempt to Purchase Alcohol. –** Notwithstanding any other law to the contrary, any person under the age of 21 years, who possesses beverage or liquor with the intent to purchase said beverage or liquor, and who does or omits to do anything which, under the circumstances as such person believes them to be, is an act

or omission constituting a substantial step towards the purchase of an alcoholic beverage shall be guilty of a violation.

**265-A:44 Transporting Alcoholic Beverages. –**

I. The words "liquor" and "beverage" as used in this section shall have the same meanings as defined in RSA 175:1.

II. Except as provided in paragraph V, no driver shall transport, carry, possess, or have any liquor or beverage within the passenger area of any motor vehicle or OHRV upon any way in this state except in the original container and with the seal unbroken. Securely capped partially filled containers of liquor or beverages shall be stored and transported in the trunk of the motor vehicle or OHRV. If the motor vehicle or OHRV does not have a trunk, such containers shall be stored and transported in that compartment or area of the vehicle or OHRV which is the least accessible to the driver.

III. Except as provided in paragraph V, no passenger shall carry, possess, or have any liquor or beverage within any passenger area of any motor vehicle or OHRV upon any way or in an area principally used for public parking in this state except in the original container and with the seal unbroken. Securely capped partially filled containers of liquor or beverages may be stored and transported in that compartment or area of the vehicle or OHRV which is the least accessible to the driver.

IV. A person who violates this section shall be guilty of a violation and shall be subject to a fine of \$150. In addition, a person who violates paragraph II of this section may have his or her drivers' license, if a resident, or driving privilege, if a nonresident, suspended 60 days for a first offense and up to one year for a second or subsequent offense.

V. This section shall not apply to persons transporting, carrying, possessing, or having any liquor or beverage in a chartered bus, in a taxi, or in a limousine for hire; provided, however, that the driver of any of said vehicles is prohibited from having any liquor or beverage in or about the driver's area.

VI. For the purposes of this section only:

(a) "Passenger area of any motor vehicle or OHRV" shall not include any section of a motor vehicle or OHRV which has been designed or modified for the overnight accommodation of persons or as living quarters.

(b) "Way" shall mean the entire width between the boundary lines of any public highway, street, avenue, road, alley, park, or parkway, or any private way laid out under authority of statute, or any such way provided and maintained by a public institution to which state funds are appropriated for public use or any such way which has been used for public travel for 20 years.

**265-A:45 Transportation of Alcoholic Beverages by a Minor. –**

I. Notwithstanding RSA 265-A:44, II, no driver under the age of 21 shall, except when accompanied by a parent, stepparent, legal guardian, grandparent, step-grandparent, or legal age spouse, domestic partner, or sibling, transport any liquor or beverage in any part of a vehicle. A driver violating this section may have his or her license or privilege to drive suspended for 60 days.

II. No person operating a boat while under the age of 21 shall, except when accompanied by a parent, stepparent, legal guardian, grandparent, step-grandparent, or legal age spouse, domestic partner, or sibling, transport any liquor or beverage in any part of a boat with an intent to consume such liquor or beverage. Anyone violating this paragraph may, following a hearing, have his or her privilege to operate a boat on the waters of the state suspended for 90 days and may additionally have his or her license or privilege to drive suspended for 90 days.

III. The words "liquor" and "beverage" as used in this section shall have the same meanings as defined in RSA

175:1. "Legal age spouse" means a person 21 years of age or older.

IV. This section shall not apply to a driver under 21 years of age employed under RSA 179:23.

**265-A:2 Driving or Operating Under Influence of Drugs or Liquor; Driving or Operating With Excess Alcohol Concentration. –**

I. No person shall drive or attempt to drive a vehicle upon any way or operate or attempt to operate an OHRV:

(a) While such person is under the influence of intoxicating liquor or any controlled drug, prescription drug, over-the-counter drug, or any other chemical substance, natural or synthetic, which impairs a person's ability to drive or any combination of intoxicating liquor and controlled drugs, prescription drugs, over-the-counter drugs, or any other chemical substances, natural or synthetic, which impair a person's ability to drive; or

(b) While such person has an alcohol concentration of 0.08 or more or in the case of a person under the age of 21, 0.02 or more.

II. No person shall operate or attempt to operate a boat while under the influence of intoxicating liquor or a controlled drug, prescription drug, over-the-counter drug, or any other chemical substance, natural or synthetic, which impairs a person's ability to drive or any combination of intoxicating liquor and a controlled drug or drugs, prescription drug or drugs, over-the-counter drug or drugs, or any other chemical substance or substances, natural or synthetic, which impair a person's ability to drive or while such person has an alcohol concentration of 0.08 or more or in the case of persons under the age of 21, 0.02 or more.

**265-A:3 Aggravated Driving While Intoxicated. –**

A person shall be guilty of aggravated driving while intoxicated if the person drives, operates, or attempts to operate an OHRV, or if the person drives or attempts to drive a vehicle upon any way, or if the person operates or attempts to operate a boat:

I. While under the influence of intoxicating liquor or any controlled drug, prescription drug, over-the-counter drug, or any other chemical substance, natural or synthetic, which impairs a person's ability to drive or any combination of intoxicating liquor and controlled drug or drugs, prescription drug or drugs, over-the-counter drug or drugs, or any other chemical substance or substances, natural or synthetic, which impair a person's ability to drive and, at the time alleged:

(a) Drives or operates at a speed more than 30 miles per hour in excess of the prima facie limit;

(b) Causes a motor vehicle, boating, or OHRV collision resulting in serious bodily injury, as defined in RSA 625:11, VI, to the person or another;

**Drugs:**

**265-A:43 Possession of Drugs. –** Any person who drives on any way a vehicle while knowingly having in his or her possession or in any part of the vehicle a controlled drug or controlled drug analog in violation of the provisions of RSA 318-B shall be guilty of a misdemeanor, and his or her license shall be revoked or his or her right to drive denied for a period of 60 days and at the discretion of the court for a period not to exceed 2 years. This section shall not apply to the possession of marijuana or hashish as provided in RSA 318-B:2-c, or a personal-use amount of a regulated marijuana-infused product as defined in RSA 318-B:2-c, I(b).

**318-B:2 Acts Prohibited. –**

I. It shall be unlawful for any person to manufacture, possess, have under his control, sell, purchase, prescribe, administer, or transport or possess with intent to sell, dispense, or compound any controlled drug, or controlled drug analog, or any preparation containing a controlled drug, except as authorized in this chapter.



I-a. It shall be unlawful for any person to manufacture, sell, purchase, transport or possess with intent to sell, dispense, compound, package or repackage (1) any substance which he represents to be a controlled drug or controlled drug analog, or (2) any preparation containing a substance which he represents to be a controlled drug or controlled drug analog, except as authorized in this chapter.

I-b. It shall be unlawful for a qualifying patient or designated caregiver as defined under RSA 126-X:1 to sell cannabis to another person who is not a qualifying patient or designated caregiver. A conviction for the sale of cannabis to a person who is not a qualifying patient or designated caregiver shall not preclude or limit a prosecution or conviction of any person for sale of cannabis or any other offense defined in this chapter.

II. It shall be unlawful for any person to deliver, possess with intent to deliver, or manufacture with intent to deliver, drug paraphernalia, knowing that it will be used or is customarily intended to be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, ingest, inhale, or otherwise introduce into the human body a controlled substance.

II-a. It shall be unlawful for any person, at retail, to sell or offer for sale any drug paraphernalia listed in RSA 318-B:1, X-a.

III. It shall be unlawful for any person to place in any newspaper, magazine, handbill, or other publication any advertisement, knowing that the purpose of the advertisement, when viewed as a whole, is to promote the sale of objects intended for use or customarily intended for use as drug paraphernalia.

IV. In determining whether an object is drug paraphernalia under this chapter, a court or other authority should consider, in addition to all other logically relevant factors, the following:

- (a) Statements by an owner or by anyone in control of the object concerning its use;
- (b) Prior convictions, if any, of an owner, or of anyone in control of the object, under any state or federal law relating to any controlled substance;
- (c) The proximity of the object, in time and space, to a direct violation of this chapter;
- (d) The proximity of any residue of controlled substances;
- (e) The existence of any residue of controlled substances on the object;
- (f) Direct or circumstantial evidence of the intent of an owner, or of anyone in control of the object, to deliver it to persons whom he knows intend to use the object to facilitate a violation of this chapter; the innocence of an owner, or of anyone in control of the object, as to a direct violation of this chapter shall not prevent a finding that the object is intended for use as drug paraphernalia;
- (g) Instructions, oral or written, provided with the object concerning its use;
- (h) Descriptive materials accompanying the object which explain or depict its use;
- (i) National and local advertising concerning its use;
- (j) The manner in which the object is displayed for sale;
- (k) Direct or circumstantial evidence of the ratio of sales of the objects to the total sales of the business enterprise;
- (l) Whether the object is customarily intended for use as drug paraphernalia and the existence and scope of other legitimate uses for the object in the community; and
- (m) Expert testimony concerning its use.

V. No person shall obtain or attempt to obtain a controlled drug:

- (a) By fraud, deceit, misrepresentation, or subterfuge;
- (b) By the forgery or alteration of a prescription or of any written order;
- (c) By the concealment of a material fact;
- (d) By the use of a false name or the giving of a false address; or
- (e) By submission of an electronic or on-line medical history form that fails to establish a valid practitioner-

patient relationship.

VI. No person shall willfully make a false statement in any prescription, order, report, or record required hereby.

VII. No person shall, for the purpose of obtaining a controlled drug, falsely assume the title of, or represent himself to be, a manufacturer, wholesaler, pharmacist, practitioner, or other authorized person.

VIII. No person shall make or utter any false or forged prescription or false or forged written order.

IX. No person shall affix any false or forged label to a package or receptacle containing controlled drugs.

X. Possession of a false or forged prescription for a controlled drug by any person, other than a pharmacist in the pursuance of his profession, shall be prima facie evidence of his intent to use the same for the purpose of illegally obtaining a controlled drug.

XI. It shall be unlawful for any person 18 years of age or older to knowingly use, solicit, direct, hire or employ a person 17 years of age or younger to manufacture, sell, prescribe, administer, transport or possess with intent to sell, dispense or compound any controlled drug or any preparation containing a controlled drug, except as authorized in this chapter, or to manufacture, sell, transport or possess with intent to sell, transport or possess with intent to sell, dispense, compound, package or repackage (1) any substance which he represents to be a controlled drug or controlled drug analog, or (2) any preparation containing a substance which he represents to be a controlled drug or controlled drug analog, except as authorized in this chapter. It shall be no defense to a prosecution under this section that the actor mistakenly believed that the person who the actor used, solicited, directed, hired or employed was 18 years of age or older, even if such mistaken belief was reasonable. Nothing in this section shall be construed to preclude or limit a prosecution or conviction for a violation of any other offense defined in this chapter or any other provision of law governing an actor's liability for the conduct of another.

XII. A person is a drug enterprise leader if he conspires with one or more persons as an organizer, supervisor, financier, or manager to engage for profit in a scheme or course of conduct to unlawfully manufacture, sell, prescribe, administer, dispense, bring with or transport in this state methamphetamine, lysergic acid diethylamide, phencyclidine (PCP) or any controlled drug classified in schedule I or II, or any controlled drug analog thereof. A conviction as a drug enterprise leader shall not merge with the conviction for any offense which is the object of the conspiracy. Nothing in this section shall be construed to preclude or limit a prosecution or conviction of any person for conspiracy or any other offense defined in this chapter.

XII-a. It shall be unlawful for any person to knowingly acquire, obtain possession of or attempt to acquire or obtain possession of a controlled drug by misrepresentation, fraud, forgery, deception or subterfuge. This prohibition includes the situation in which a person independently consults 2 or more practitioners for treatment solely to obtain additional controlled drugs or prescriptions for controlled drugs.

XII-b. It shall be unlawful for any person to knowingly obtain, or attempt to obtain, or to assist a person in obtaining or attempting to obtain a prescription for a controlled substance without having formed a valid practitioner-patient relationship.

XII-c. It shall be unlawful for any person to, by written or electronic means, solicit, facilitate or enter into any agreement or contract to solicit or facilitate the dispensing of controlled substances pursuant to prescription orders that do not meet the federal and state requirements for a controlled drug prescription, and without an established valid practitioner-patient relationship.

XII-d. It shall be unlawful for any pharmacy to ship finished prescription products, containing controlled substances, to patients residing in the state of New Hampshire, pursuant to any oral, written or online prescription order that was generated based upon the patient's submission of an electronic or online medical history form. Such electronic or online medical questionnaires, even if followed by telephonic communication between practitioner and patient, shall not be deemed to form the basis of a valid practitioner-patient

relationship.

XII-e. It shall be unlawful for any pharmacist to knowingly dispense a controlled substance pursuant to any oral, written, or electronic prescription order, which he or she knows or should have known, was generated based upon the patient's submission of an electronic or online medical history form. Such electronic or online medical questionnaires, even if followed by telephonic communication between practitioner and patient, shall not be deemed to form the basis of a valid practitioner-patient relationship.

XII-f. It shall be unlawful for any person to prescribe by means of telemedicine a controlled drug classified in schedule II through IV, except as provided in RSA 318-B:2, XVI, (a) and (b).

XIII. Nothing in this section shall be deemed to preclude or limit a prosecution for theft as defined in RSA 637.

XIV. It shall be an affirmative defense to prosecution for a possession offense under this chapter that the person charged had a lawful prescription for the controlled drug in question or was, at the time charged, acting as an authorized agent for a person holding a lawful prescription. An authorized agent shall mean any person, including but not limited to a family member or caregiver, who has the intent to deliver the controlled drug to the person for whom the drug was lawfully prescribed.

XV. Persons who have lawfully obtained a controlled substance in accordance with this chapter or a person acting as an authorized agent for a person holding a lawful prescription for a controlled substance may deliver any unwanted or unused controlled substances to law enforcement officers acting within the scope of their employment and official duties for the purpose of collection, storage, and disposal of such controlled drugs in conjunction with a pharmaceutical drug take-back program established pursuant to RSA 318-E.

XVI. (a)(1) The prescribing of a non-opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a), who are treating a patient with whom the prescriber has an in-person practitioner-patient relationship, for purposes of monitoring or follow-up care. A provider shall not be required to establish care via face-to-face in-person service when:

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

(E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).

(2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and drug, but not less than annually.

(b)(1) The prescribing of an opioid controlled drug classified in schedule II through IV by means of telemedicine shall be limited to prescribers as defined in RSA 329:1-d, I and RSA 326-B:2, XII(a). A provider shall not be required to establish care via face-to-face in-person service when:

(A) The provider is a Department of Veteran Affairs (VA) practitioner or VA-contracted practitioner not required to obtain a special registration pursuant to 21 U.S.C. section 831(h);

(B) The patient is being treated by, and is physically located in a correctional facility administered by the state of New Hampshire or a New Hampshire county;

(C) The patient is being treated by, and is physically located in a Doorway as defined in RSA 167:4-d, II(c);

(D) The patient is being treated by and is physically located in a state designated community mental health center pursuant to RSA 135; or

- (E) The patient is being treated by, and physically located in, a hospital or clinic registered in a manner fully consistent with 21 U.S.C. section 823(f).
- (2) Subsequent in-person exams shall be by a practitioner licensed to prescribe the drug at intervals appropriate for the patient, medical condition, and opioid, but not less than annually.
- (c) The prescription authority under this paragraph shall be limited to a practitioner licensed to prescribe the drug and in compliance with all federal laws, including the United States Drug Enforcement Agency registration or waiver when required. An initial face-to-face in person exam shall be required.

### **318-B:2-c Personal Possession of Marijuana. –**

#### **I. In this section:**

(a) "Marijuana" includes the leaves, stems, flowers, and seeds of all species of the plant genus cannabis, but shall not include the resin extracted from any part of such plant and every compound, manufacture, salt, derivative, mixture, or preparation from such resin including hashish, and further, shall not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture, or preparation of such mature stalks, fiber, oil or cake, or the sterilized seed of such plant which is incapable of germination. Marijuana shall not include hemp grown, processed, marketed, or sold under RSA 439-A.

(b) "Personal-use amount of a regulated marijuana-infused product" means one or more products that is comprised of marijuana, marijuana extracts, or resins and other ingredients and is intended for use or consumption, such as, but not limited to, edible products, ointments, and tinctures, which was obtained from a state where marijuana sales to adults are legal and regulated under state law, and which is in its original, child-resistant, labeled packaging when it is being stored, and which contains a total of no more than 300 milligrams of tetrahydrocannabinol.

II. Except as provided in RSA 126-X, any person who knowingly possesses 3/4 of an ounce or less of marijuana, including adulterants or dilutants, shall be guilty of a violation, and subject to the penalties provided in paragraph V.

III. Except as provided in RSA 126-X, any person who knowingly possesses 5 grams or less of hashish, including adulterants or dilutants, shall be guilty of a violation, and subject to the penalties provided in paragraph V.

IV. Except as provided in RSA 126-X, any person 21 years of age or older possessing a personal-use amount of a regulated marijuana-infused product shall be guilty of a violation, and subject to the penalties provided in paragraph V. Persons 18 years of age or older and under 21 years of age who knowingly possess marijuana-infused products shall be guilty of a misdemeanor.

V. (a) Except as provided in this paragraph, any person 18 years of age or older who is convicted of violating paragraph II or III, or any person 21 years of age or older who is convicted of violating paragraph IV shall be subject to a fine of \$100 for a first or second offense under this paragraph, or a fine of up to \$300 for any subsequent offense within any 3-year period; however, any person convicted based upon a complaint which alleged that the person had 3 or more prior convictions for violations of paragraph II, III or IV, or under reasonably equivalent offenses in an out-of-state jurisdiction since the effective date of this paragraph, within a 3-year period preceding the fourth offense shall be guilty of a class B misdemeanor. The offender shall forfeit the marijuana, regulated marijuana-infused products, or hashish to the state. A court shall waive the fine for a single conviction within a 3-year period upon proof that person has completed a substance abuse assessment by a licensed drug and alcohol counselor within 60 days of the conviction. A person who intends to seek an assessment in lieu of the fine shall notify the court, which shall schedule the matter for review after 180 days. Should proof of completion of an assessment be filed by or before that time, the court shall vacate the fine

without a hearing unless requested by a party.

(b) Any person under 18 years of age who is convicted of violating paragraph II or III shall forfeit the marijuana or hashish and shall be subject to a delinquency petition under RSA 169-B:6.

VI. (a) Except as provided in this section, no person shall be subject to arrest for a violation of paragraph II, III, or IV and shall be released provided the law enforcement officer does not have lawful grounds for arrest for a different offense.

(b) Nothing in this chapter shall be construed to prohibit a law enforcement agency from investigating or charging a person for a violation of RSA 265-A.

(c) Nothing in this chapter shall be construed as forbidding any police officer from taking into custody any minor who is found violating paragraph II, III, or IV.

(d) Any person in possession of an identification card, license, or other form of identification issued by the state or any state, country, city, or town, or any college or university, who fails to produce the same upon request of a police officer or who refuses to truthfully provide his or her name, address, and date of birth to a police officer who has informed the person that he or she has been found to be in possession of what appears to the officer to be 3/4 of an ounce or less of marijuana, a personal-use amount of a regulated marijuana-infused product, or 5 grams or less of hashish, may be arrested for a violation of paragraph II, III, or IV.

VII. All fines imposed pursuant to this section shall be deposited into the alcohol abuse prevention and treatment fund established in RSA 176-A:1 and utilized for evidence-informed substance abuse prevention programs.

VIII. (a) No record that includes personally identifiable information resulting from a violation of this section shall be made accessible to the public, federal agencies, or agencies from other states or countries.

(b) Every state, county, or local law enforcement agency that collects and reports data for the Federal Bureau of Investigation Uniform Crime Reporting Program shall collect data on the number of violations of paragraph II, III, or IV. The data collected pursuant to this paragraph shall be available to the public. A law enforcement agency may update the data annually and may make this data available on the agency's public internet website. With exception of the locations enumerated in this paragraph.