Drug and Alcohol Abuse Prevention Program (DAAPP) 2025 Report

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

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

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

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

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

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

Bergen COMMUNITY COLLEGE

Standards of Conduct

A. Employees

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

As representatives of the College, all employees are expected to always exercise discretion and act within the limits of decorum and propriety and in all places.

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

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

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

Employees are required to adhere to the requirements of these policies. Human Resources is responsible for the administration of these policies and failure to adhere to them may result in disciplinary action as listed in section V (A) below.

B. Currently Enrolled Students

Currently enrolled students are required to abide by Bergen's Student Code of Conduct. The current Code of Conduct is available here:
https://bergen.edu/student-conduct/student-code-of-conduct/.
Under the Code of Conduct, the following acts are violations. The Code expressly states:

Reckless, Irresponsible and Criminal Conduct

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

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

Failure to abide by the Student Code of Conduct and the Drug Free Schools and Communities Act Policy may result in sanctions imposed as listed in Section V(B) below.

Bergen's Alcohol and Drug Use Policy further states:

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

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

Although legislation legalizing the recreational sale and use of cannabis was passed and became effective in 2021 by New Jersey with sales beginning in 2022, the sale, use, or possession of cannabis is prohibited on all Bergen Community College campuses or at the College's organized or sponsored activities and events.

Legal Sanctions

A. Federal

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

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

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

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

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

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

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

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

B. New Jersey State and Local Drug and Alcohol Laws

State of New Jersey

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

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

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

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

An under aged person who purchases or attempts to purchase alcohol, or who misstates his/her age, or a person of legal age who purchases alcohol for an under aged person faces a conviction of a disorderly person's offense, which incurs a fine of not less than $500 and loss of license for six months.
In addition, under aged persons may be required to participate in a state sponsored alcohol education program.

Offering Alcoholic Beverages to Underage People (N.J.S.A. 2C:33-17):

Anyone who purposely or knowingly offers, serves, or makes available an alcoholic beverage to a person under the legal age for consuming alcoholic beverages or entices that person to drink an alcoholic beverage is a disorderly person. This provision does not apply to certain close relatives, certain activities confined to the home, or if the consumption is part of a religious observance.

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

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

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

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

Host / Hostess Liability:

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

Driving While Intoxicated

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

A person is legally drunk in New Jersey if his/her blood alcohol concentration is at or above .08%.
Penalties: All persons convicted of DWI must pay an insurance surcharge of $1,000 per year for three years. In addition:

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

Driving While License is Suspended Due to DWI (N.J.S.A. 39.3-40):

If a person is found driving while his/her license is suspended due to a conviction for Driving While Intoxicated, that person upon conviction again shall be fined $500, shall have his/her license to operate a motor vehicle suspended for an additional period of not less than one year nor more than two years and may be imprisoned in the county jail for not more than 90 days.

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

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

Health Risks

A. Drug Abuse

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

1. Cannabinoids (unprescribed marijuana & hashish)

Known short-term risks include (but not limited to) slowed reaction time, balance and coordination issues, increased heart rate, anxiety, panic attacks, and problems with learning

and memory. Long-term risks include “mental health problems, chronic cough, [and] frequent respiratory infections.”

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

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

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

Known short-term risks of *Flunitrazepam* include (but not limited to) sedation, amnesia, impaired reaction time and coordination, impaired mental functioning, aggression, headache, and slowed breathing/heart rate. According to the National Institute on Drug Abuse, most long-term effects are unknown. Although it may be used as a drug of abuse in the United States, this lack of information is due to it no longer being prescribed for medical purposes. However, people can develop tolerance and dependence over time.

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

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

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

Known short-term risks of *PCP* include (but not limited to) delusions, paranoia, “a sense of distance from one’s environment,” anxiety, numbness of the hands and feet, movement

problems, altered blood pressure and breathing rate, nausea, drooling, “violence, suicidal thoughts, seizures, coma, and death.” Long-term risks include memory loss, depression, speech and thinking problems, and anxiety.

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

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

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

Known short-term risks of *Mescaline* include (but not limited to) anxiety; increased body temperature, heart rate, and blood pressure; and impaired movement. While rare, there are potential long-term risks from hallucinogenic drugs, such as mescaline. Flashbacks are typical side effects, which is the reemergence of the drug’s intoxication experience that can pop up at random. Hallucinogenic Persisting Perception Disorder (HIPPD) may occur**.** Visual disturbances, such as halos or trails following lights, are common symptoms of HPPD that can occur without warning. Persistent psychosis is another disorder that can be a long-term side effect. With persistent psychosis, individuals suffer from disturbed moods, disorganized thoughts, paranoia, and visual disturbances.

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

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

Known short-term risks include (but not limited to) “confusion; nausea; slurred speech;” lightheadedness; hallucinations/delusions; “sudden sniffing death due to heart failure (from

butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking." Long-term risks include "liver and kidney damage; bone marrow damage;" nerve damage; and brain damage.

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

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

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

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

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

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

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

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

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

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

1. Alcohol Abuse

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

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

Drug and Alcohol Programs

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

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

The Center for Health, Wellness and Personal Counseling (the Center) at Bergen Community College is dedicated to a proactive approach to the education and prevention of alcohol and

other drug use. Awareness that the use and abuse of alcohol and other drugs are a severe impediment to the overall success of students and employees has led to the implementation of a robust program that strives to communicate the dangers and consequences of such use.

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

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

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

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

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

Programming by the Office of Student Life and Student Conduct

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

Benefits through Membership Affiliation with the Bergen County Prevention Coalition

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

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

Disciplinary Sanctions

A. Employees

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

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

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

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

If an employee violates the policy, he or she may be subject to disciplinary action up to and including demotion, suspension, or termination of employment. The College, in its discretion, may choose not to terminate an employee. When this is the case, in addition to any disciplinary action, the College may refer the employee to a treatment and/or counseling program for substance abuse.

Any employee convicted for violation of any criminal drug statute must notify the College in writing of the conviction no later than five (5) days after such conviction. The College will take

appropriate action as deemed necessary within ten (10) days of being informed of the conviction, based on the nature and severity of the violation.

B. Currently Enrolled Students

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

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

Any of the following may accompany a remedy and sanction:

1. ***Referral*** to appropriate psychological or psychiatric service for evaluation, mandated assessment, or other special help.
2. ***Campus-Wide Notice of No Trespass*** will accompany a sanction of suspension or expulsion from the College.
3. ***Other Educational Sanction:*** Educational sanctions meant to help students learn from their experiences. Other educational sanctions, such as reflection papers, required attendance at educational programs, letters of apology or other restorative assignments may be imposed consistent with the nature and severity of the violation(s).

A range of factors are considered when the College determines which sanction(s) to impose, including but not limited to:

a. The nature and severity of the incident,
b. The disciplinary history of the student,
c. The developmental needs of the student,
d. The level of accountability and responsibility taken by the student,
e. The level of cooperation from the student,
f. The interests of the community and those impacted by the violation and,
g. Any other aggravating, mitigating or relevant factors.

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

Annual Notification of the DAAPP and Biennial Review Reports

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

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

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

The responsible departments and personnel of the College work together, along with Public Relations, on a regular basis to ensure that information about the College's policies, legal and conduct sanctions, health risks, counseling and rehabilitation, and treatment options are up to date and addressed in the DAAPP and the Biennial Review documents which are available on the College's website via the following link: https://bergen.edu/currentstudents/student-policies-and-procedures/alcoholanddrugpolicy/. Bergen's Biennial Review and related report are discussed below.

The Vice President of Student Affairs and Vice President of Human Resources and Organizational Development distribute notifications to all students, faculty and staff regarding these documents and their availability at the start of each new fall and spring academic terms.

Both documents are made available to prospective employees during the hiring process and to all new employees via the new hire orientation process. Information about these documents and their availability are also communicated after the census of the latest session in each term to capture any newly enrolled students. This ensures that all new employees and students hired or who joined the College after the initial distribution each term are informed about and have access to the DAAPP and Biennial Review documents.

Student Notification and Distribution

As mentioned above, information about Bergen's DAAPP and Biennial Review is distributed to all enrolled students through email to currently enrolled students. Care is taken in the distribution to ensure that access to this information is afforded to all students.

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

Faculty and Staff Notification and Distribution

As mentioned above, information about Bergen's DAAPP and Biennial Review and their availability is distributed to all employees through email. Care is taken in the distribution to ensure that access to this information is afforded to all faculty and staff.

The College distributes the Employee Code of Professional Conduct policy to all faculty and staff members at the time of their hiring. New employees are required to sign a copy of the policy certifying that they agree to abide by its terms. The signed certification letter must be returned to the Office of Human Resources within two weeks. The Employee Code of Professional Conduct is also redistributed annually through Safe Colleges as part of a required training module which all current faculty and staff employed by the College are required to review and complete.

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

Biennial Review and Report

Every two years the College must conduct a review of its DAAPP to determine program effectiveness and the consistency of sanction enforcement, and to identify and implement any necessary changes. The College conducts its biennial review in even numbered years,

which focuses on the two preceding academic years. The Biennial Review Report is available to all students and employees as posted on the Bergen website.

Oversight Responsibility

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