

UWM DRUG-FREE CAMPUS NOTIFICATIONS

Authority: Federal Drug-Free Workplace Act of 1988
Drug-Free Schools and Communities Act Amendments of 1989
UWM Selected Academic and Administrative Policy SAAP 10-5

UNIVERSITY OF WISCONSIN-MILWAUKEE STANDARDS OF CONDUCT

The University of Wisconsin System and the University of Wisconsin-Milwaukee prohibit the unlawful possession, use, distribution, manufacture or dispensing of illicit drugs and alcohol by students and employees on university property or as part of university activities.

- The use or possession of alcoholic beverages is prohibited on university premises, except in faculty and staff housing and as expressly permitted by the chief administrative officer or under institutional regulations. (Wis. Admin. Code § UWS 18.09(1); UWM's Guidelines for Serving Alcoholic Beverages (SAAP 3-1))
- Without exception, alcohol consumption is governed by Wisconsin statutory age restrictions. (Wis. Admin. Code § UWS 18.09(1))
- The unlawful use, possession, distribution, manufacture or dispensing of illicit drugs ("controlled substances" as defined in Wis. Stat. § 961.01(4)) is prohibited. (Wis. Admin. Code §§ UWS 18.09(2), 18.15(1)).
- UWM's policies relating to alcohol and drugs may be enforced off-campus, such as in the neighborhoods surrounding UWM's campus. This may occur when the investigating officer determines that a student's behavior adversely affects a substantial University interest. In making this determination, the investigating officer considers whether the conduct constitutes or would constitute a serious criminal offense, indicates that the student presented or may present a danger or threat to self or others, or demonstrates a pattern of behavior that seriously impairs the University's ability to fulfill its mission. (Wis. Admin. Code § UWS 17.08(2))

UWM DISCIPLINARY SANCTIONS

Violation of these provisions by a student may lead to the imposition of disciplinary sanctions, up to and including suspension or expulsion under Wis. Admin. Code Chapter UWS 17. University employees are also subject to disciplinary sanctions for violation of these provisions occurring in the workplace or during work time, up to and including termination from employment.

- Disciplinary sanctions are initiated and imposed in accordance with applicable procedural requirements and work rules, as set forth in Wisconsin statutes, Wisconsin administrative code, faculty, academic staff, and university staff policies.
- Violations of Wis. Admin. Code § UWS 18.09 and 18.15 may result in additional penalties as allowed under Wis. Admin. Code Chapter UWS 18.
- Referral for prosecution under criminal law is possible.

Employees who are convicted of any drug statute violation occurring in the workplace must notify their dean, director or department chair within 5 days of the conviction if the employees are employed by the

university at the time of the conviction, in accordance with the Federal Drug-Free Workplace Act, 41 U.S.C. §§701 *et seq*, and UWM's Drug-Free Campus Policy (SAAP 10-5).

PROCEDURE FOR REPORTING CONVICTIONS

The UWM Drug-Free Campus Policy (SAAP 10-5) incorporates the requirements of the Federal Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act of 1989. The Drug-Free Workplace Act requires any employee who is convicted (including a plea of *nolo contendere*) of any drug statute violation occurring in the workplace to notify his or her dean, director or department chair **within 5 calendar days of the conviction** if employed by the University at the time of the conviction. This notification must be in writing.

Within 10 calendar days of receiving information from any source about a conviction, the University must notify the federal funding agency if the employee worked on any activity covered by the grant or contract. This includes both direct charge and indirect charge employees. The following steps explain the internal administrative procedure for reporting convictions to the federal funding agency:

1. Dean, director or department chair obtains knowledge (from any source whatsoever) about a drug statute conviction at the workplace. (Consult Legal Affairs if there is a question about whether a particular location is considered a "workplace.")
2. Dean, director or department chair shall contact immediately Vice Provost for Research or the Director of Sponsored Programs to transmit the relevant information. This contact shall be by telephone, followed by written confirmation.
3. The Vice Provost for Research or the Director of Sponsored Programs shall obtain written confirmation of the conviction if the information was obtained by the dean, director or department chair from any source other than the convicted employee.
4. The Vice Provost for Research or the Director of Sponsored Programs shall determine whether the convicted employee worked on any activity related to a federal grant or contract.
5. If the convicted employee worked on an activity related to a federal grant or contract, Vice Provost or Director of Sponsored Programs, within 10 calendar days of the conviction, must notify in writing the appropriate federal funding agency. The notification should be sent via certified mail and copies sent to the Vice Chancellor responsible for the employee's department and to the Director of Legal Affairs.
6. The Vice Provost shall ensure that appropriate internal discipline and/or rehabilitation is implemented for the employee following applicable due process requirements or collective bargaining agreement provisions and in compliance with the Wisconsin Fair Employment Act.

FEDERAL LEGAL SANCTIONS

The Controlled Substances Act (CSA), 21 U.S.C. §§801 *et seq.*, is a consolidation of numerous federal laws regulating the manufacture and distribution of controlled substances. The CSA establishes **mandatory minimum penalties** for the unlawful manufacturing and distribution of controlled substances. Select penalties mandated by the CSA are highlighted below.

21 U.S.C. § 844(a)

- 1st drug conviction: Up to 1 year imprisonment and/or fined at least \$1,000
- 2nd conviction: At least 15 days in prison, not to exceed 2 years and/or fined at least \$2,500
- 3rd conviction: At least 90 days in prison, not to exceed 3 years and/or fined at least \$5,000

21 U.S.C. § 853 and 21 U.S.C. § 881

- Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance, used to transport a controlled substance, obtained as the result of a violation of federal law, or otherwise used to violate federal law relating to controlled substances.

21 U.S.C. § 844a

- Civil fine of up to \$10,000.

21 U.S.C. § 862

- 1st conviction: Ineligibility for Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses for up to 5 years
- 2nd conviction: Ineligibility for Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses for up to 10 years
- Third or subsequent conviction: permanently ineligible for all Federal benefits

18 U.S.C. § 922(g)

- Ineligible to ship, transport, possess or receive a firearm or ammunition.

Miscellaneous

- Drug convictions may result in the revocation of certain federal licenses and benefits, e.g. pilot licenses, public housing tenancy, etc. The power to revoke such licenses and benefits is vested within the authorities of the applicable government agency. There may also be financial aid consequences for drug-related convictions, as some students who have drug-related convictions may be ineligible for federal student financial aid. See [this website](#) for additional information about such financial aid consequences.

WISCONSIN LEGAL SANCTIONS

The Uniform Controlled Substances Act (Wis. Stat. Chapter 961) regulates controlled substances and outlines the penalties for violations, including but not limited to the following:

- A person convicted for the first time for possession of a controlled substance can receive a sentence of up to three years and six months in prison and/or a fine of up to \$10,000 (§ 961.41(3g)(am)-(g), Wis. Stats.).
- If a person is convicted of possession of a controlled substance, with intent to manufacture, distribute or delivering, depending on the amount and type of drug, he or she can be imprisoned for up to 40 years and fined up to \$100,000 (§ 961.41(1m)(a)-(j), Wis. Stats.).
- Penalties differ depending on the type of drug, the amount of the drug confiscated, previous convictions, and whether there are any aggravating factors.
- The distribution of a controlled substance to a minor can result in a person receiving an increase of up to 5 years in the authorized sentence term (§ 961.46, Wis. Stats.).

Wisconsin has formidable legal sanctions that restrict the use of alcohol in a variety of situations.

- It is illegal to procure for, sell, dispense or give alcohol to anyone that has not reached the legal drinking age of 21 years (§ 125.07(1)(a)(1), Wis. Stats.). A first time violation can result in a fine up to \$500. (§125.07(1)(b)(2)(a), Wis. Stats.)
- All adults have a legal obligation to prevent the illegal consumption of alcohol on property they own or control. (§ 125.07(1)(a)(3), Wis. Stats.). A first-time violation of can result in a fine up to \$500. (§125.07(1)(b)(2)(a), Wis. Stats.)
- It is illegal for an underage person to obtain or attempt to obtain an alcoholic beverage, or to represent falsely his or her age in order to obtain alcohol, to enter premises licensed to sell alcohol, or to consume or possess alcohol on licensed premises (§ 125.07(4), Wis. Stats.). A first-time underage violator can be fined at least \$250 and up to \$500, required to participate in a supervised work program or community service, and have his or her license suspended.

HEALTH EFFECTS OF THE USE OF ALCOHOL AND OTHER DRUGS

Substance use among college students impacts all aspects of University life, including student well-being, academic performance, the educational environment, and the quality of life on campus and in the surrounding communities. The use of alcohol or other drugs in the workplace may inhibit an employee's ability to perform in a safe and effective manner and may also have a detrimental effect on others. The following is a partial list of drugs and some of the possible consequences of their use. Using more than one substance at a time and using contaminated substances pose additional risks that may result in more severe or additional negative health effects.

For more information concerning the effects of alcohol or other drugs, contact:
 Susan Cushman, MPH, CHES
 Campus Alcohol & Other Drug Coordinator, Norris Health Promotion and Wellness
 414-251-7535 cushman@uwm.edu

<p>Alcohol <i>Alcohol is the most frequently used drug on campus and in society. Alcohol is classified as a mind-altering drug due to its depressant effect on the central nervous system. Alcohol's effects vary from person to person, depending on a variety of factors, including: how much and how often a person drinks, age, health status and family history.</i></p>	
<p>Short-Term Effects</p>	<ul style="list-style-type: none"> As a person drinks, they increase the blood alcohol concentration (BAC) level, which is the amount of alcohol present in the bloodstream. The higher the BAC, the more impaired a person becomes by alcohol's effects. These effects can include: reduced inhibitions, slurred speech, motor impairment, confusion, memory problems, concentration problems, coma, breathing problems, death. Other risks can include: car crashes and other accidents, risky behavior, violent behavior, suicide and homicide. Heavier drinking among college students is associated with poorer academic performance.
<p>Long-Term Effects</p>	<ul style="list-style-type: none"> People who drink too much over a longer period of time may experience alcohol's longer-term effects, which can include alcohol use disorder; damage to the heart, liver and pancreas; a weakened immune system; and the development of head, neck, esophageal, liver, breast and colorectal cancers.
<p>Anabolic Steroids <i>Concerns over a growing illicit market and the prevalence of abuse, combined with the possibility of long-term health effects, led Congress to classify anabolic steroids as a Schedule III Controlled Substance. Although used most frequently by bodybuilders and athletes hoping to increase muscle mass and improve performance, use of anabolic steroids can have serious and irreversible health consequences.</i></p>	
<p>Short-Term Effects</p>	<ul style="list-style-type: none"> Abuse of steroids has been associated with increased mood problems, hostility, aggression, and paranoia.
<p>Long-Term Effects</p>	<ul style="list-style-type: none"> The abuse of oral and injectable steroids is associated with higher risks for heart attacks, strokes, and liver problems. In men, steroids can result in breast development and genital shrinking. In women, steroids can cause masculinization of the body. Use of anabolic steroids can lead to acne and hair loss. Use of anabolic steroids can lead to addiction.

Cannabis

Obtained from the cannabis plant, marijuana is the most widely used controlled substance in the U.S. It contains over 400 chemicals, including delta-9-tetrahydrocannabinol (THC), the main psychoactive (mind-altering) chemical responsible for most of the intoxicating effects.

Short-Term Effects

- Short-term effects include feeling euphoric, relaxation, altered senses, altered sense of time, impaired body movement, increased heart rate, difficulty thinking and problem solving, and impaired memory. It can cause mild to severe anxiety or mild paranoia in some users.

Long-Term Effects

- Marijuana use in teens affects brain development, which may reduce thinking, memory and learning functions for an indefinite period of time.
- Compared to non-users, heavy users report less academic and career success.
- Research has associated frequent use of marijuana with increased risk of respiratory problems.
- Use during pregnancy is linked to brain and behavioral problems in babies.
- Long-term use is linked to mental illness in some users.
- Marijuana can be addictive. People who begin using before age 18 are at higher risk to develop problems with use. Withdrawal symptoms (including irritability, difficulty sleeping, cravings, anxiety and decreased appetite) can make quitting difficult.

Cocaine

Cocaine (and its smokable freebase form "crack") is among the most potent of the stimulant drugs. In addition to its euphoric effects, many use cocaine for the short-lived experience of increased mental alertness or clarity, increased energy, or increased sense of confidence.

Short-Term Effects

- Immediate negative effects reported by some users include restlessness, irritability, and anxiety with depressed mood following the high period.
- High doses of cocaine can cause mood disturbances, paranoia, and auditory hallucinations. Crack can potentially produce particularly aggressive paranoid behavior.
- Moderate to severe depression lasting weeks can follow cessation of use in heavy users.
- Even those experimenting with the drug may experience disturbances in heart rhythm, heart attacks, chest pain, respiratory failure, strokes, and seizures.
- Mixing cocaine and alcohol can increase the risk of sudden death.

Long-Term Effects

- Cocaine and crack pose a relatively high potential for addiction. The more intense and immediate euphoric effects of crack increase its potential for addiction.
- Prolonged snorting of cocaine can cause serious damage to the nasal membranes and nasal septum.
- Prolonged use can produce irritability, mood disturbances, paranoia, and auditory hallucinations.
- Medical complications of frequent cocaine use can include disturbances in heart rhythm, heart attacks, chest pain, respiratory failure, strokes, and seizures.

Nicotine

Nicotine is another highly addictive stimulant drug whether it is ingested by smoking, vaping or chewing.

Short-Term Effects

- Nicotine causes a short-term increase in blood pressure, heart rate, and the flow of blood from the heart. It also causes the arteries to narrow. Nicotine activates reward circuit in the brain, producing a pleasurable effect.

Long-Term Effects

- The dependence that develops is both physical and psychological. Physical withdrawal symptoms include changes in body temperature, heart rate, digestion, muscle tone, and appetite. Psychological withdrawal can include irritability, anxiety, sleep disturbances, nervousness, headaches, fatigue, nausea, and cravings for nicotine that can last for long periods of time after cessation of use.

	<ul style="list-style-type: none"> • Some of the risks associated with smoking include numerous types of cancer, stroke, heart disease, emphysema, elevated blood pressure, chronic bronchitis, gastric ulcers, frequent colds, and premature and more abundant facial wrinkles. • Because the brain continues developing until about age 25, young people who use nicotine in any form are uniquely at risk for addiction, diminished attention and learning, mood disorders and permanent problems with impulse control. • E-cigarette use exposes the lungs to a variety of chemicals produced during the heating/vaporizing process. Vaping, like smoking, may harm lung health. Emerging evidence suggests that exposure to aerosols from e-cigarettes harms the cells of the lung and diminishes the ability to respond to infection.
<p>Other Stimulants <i>Other stimulant drugs with the potential for abuse and dependence include amphetamines, Ritalin, and methamphetamine. These substances stimulate the central nervous system.</i></p>	
<p>Short-Term Effects</p>	<ul style="list-style-type: none"> • Stimulants cause increased energy, increased stamina, decreased need for sleep, decreased appetite, euphoria, and increased sense of power and well-being. • Short-term effects of stimulant use include anxiety, headaches, and increased heart rate and blood pressure. • In higher doses, there is a risk of stroke, convulsions, and irregular heartbeat and respiration that can lead to death. • Crushing and snorting stimulant tablets greatly increases the risk of overdose and serious infections. These risks are increased by intravenous use, as well.
<p>Long-Term Effects</p>	<ul style="list-style-type: none"> • Prolonged abuse of stimulants can cause weight loss, paranoia, hallucinations, delusions, and the feeling of bugs crawling under one's skin. • Prolonged abuse can also cause significant depression after the high and during periods of abstinence. • Methamphetamine use can cause irreversible damage to the blood vessels in the brain and lead to strokes. • Methamphetamine has been associated with long-term decreased functioning of brain areas that regulate motor control and memory. • Methamphetamine has a very high potential for addiction.
<p>Club Drugs <i>The term "club drugs" refers to a wide variety of substances, many of which are associated with use by individuals who are seeking their stimulating and/or psychedelic properties. Club drugs include Ecstasy (MDMA), Special K (Ketamine), GBH, and Rohypnol.</i></p>	
<p>Short-Term Effects</p>	<ul style="list-style-type: none"> • GBH and Rohypnol are often referred to as "date rape" drugs, due to their use by some to immobilize or cause unconsciousness in unknowing users. Rohypnol can cause a type of amnesia in which the user may not remember what was said or done while under its influence. • In higher doses, Ecstasy can cause dehydration, dangerous increases in heart rate, dangerous increases in body temperature, heart attacks, seizures, and potentially death. • Ketamine is a depressant drug that has dissociative properties. In low doses, it can produce psychedelic effects quickly. In higher doses, it can lead to lack of coordination, slurred speech, paranoia, aggressive behavior, heart attacks, strokes, comas, or death. • In general, combining club drugs with alcohol can exaggerate the negative effects of each substance and increase the risks associated with even small amounts of use.
<p>Long-Term Effects</p>	<ul style="list-style-type: none"> • Chronic abuse of Ecstasy has been shown to cause long-term damage to the nerve cells in the brain that are important to the regulation of emotion, memory, sleep, and pain. • Some studies suggest that lasting negative effects may occur with only experimental use.

Hallucinogens

Hallucinogenic drugs are substances that distort the perception of objective reality. The most well-known and widely-used hallucinogens include LSD, PCP, psilocybin ("magic mushrooms"), mescaline, and peyote.

Short-Term Effects

- Under the influence of hallucinogens, the senses of direction, distance, time, sound, and visual perception can become distorted. Effects can last up to 12 hours.
- Psychological risks associated with the use of hallucinogens include "bad trips," which can involve significant anxiety, confusion, depression, paranoia, and loss of emotional control. Other risks include flashbacks, violent behavior, or behaviors resembling psychosis.
- Possible physical health risks associated with hallucinogens include elevated heart rate and blood pressure, sleeplessness and tremors, and the decreased awareness of touch and pain. Use may result in injury, convulsions, and coma.

Long-Term Effects

- Hallucinogen use may precipitate significant mental health problems in emotionally vulnerable individuals.

Depressants

Depressant drugs depress, or slow down, activity in the central nervous system. Included in this broad category are medications to relieve anxiety and those to induce sleep. They include the general classes of barbiturates and benzodiazepines, as well as newer anti-anxiety drugs. Some of the more common brand names in the category are Xanax, Ativan, Valium, Librium, Amytal, Butisol, Nembutal, Seconal, Luminal, Quaalude, Notec, Placidyl, Doriden, and Ambien. When used as prescribed, these drugs can be very beneficial in short-term use or at safe dosages over a longer period of time. However, they pose significant potential for abuse through taking them in higher dosages than prescribed, taking them without a prescription, or using them with alcohol or other depressant medications.

Short-Term Effects

- When used with alcohol or other depressant medications, the risk of overdose and possible death is multiplied.
- Side effects include loss of coordination, slowed reaction time, sleepiness, or poor judgment. These side effects, which can sometimes occur in dosages slightly higher than those prescribed, may lead to accidents.

Long-Term Effects

- Tolerance can develop, in which the person needs larger amounts to achieve the desired effect. This can lead to accidental overdoses.
- Drugs in this class have a high potential for physical and psychological dependence.

Opioids

Opioids (also called 'narcotics') are a class of drugs that include the illegal drug heroin as well as pain relievers available by prescription. Some opiates come from the Asian poppy, including opium, morphine, heroin, and codeine. Others are synthetics, such as Fentanyl, Demerol and Oxycontin.

Short-Term Effects

- Different potencies of opioids can lead to accidental death from overdose. Unintentional overdoses can also occur due to inhaling drugs prescribed to be taken orally.

Long-Term Effects

- As a result of their powerful properties, opioids have a high potential for abuse.
- Tolerance can lead to taking remarkably high amounts to achieve the desired effects, which increase the chances of accidental overdoses.
- Contamination of the drug, use of unsterile needles, or mixing the drug with other substances can lead the intravenous drug user to develop HIV infection, infections in the heart lining or valves, skin abscesses, liver disease, hepatitis, or tetanus.

Drug and Alcohol Prevention and Treatment Programs, Services & Resources

The Alcohol and Other Drug Prevention and Intervention Program at the University of Wisconsin-Milwaukee uses a multi-disciplinary, comprehensive approach to address substance use on campus. This approach stems from a social ecological perspective that substance use behavior is influenced at multiple levels (i.e., individual, interpersonal, institutional and community) and thus requires the integration of varied strategies and interventions at multiple levels. To this end, the University maintains a comprehensive breadth of evidence-based and theory-driven programs and services that concurrently impact the individual, interpersonal, institutional and community factors that influence these behaviors. These include: mandatory online alcohol and other drug education for incoming students; information and trainings for student mentors, student leaders, coaches, faculty, parents and others to assist them in disseminating information and engaging in dialogue with students regarding alcohol and other drugs; educational programs sponsored by Norris Health Center, counseling centers, Health Promotion and Wellness, Dean of Students Office, University Housing, Union Programming, and other campus entities; collaboration between UWM Police, local police, Milwaukee Neighborhood Services, Norris Health Center, University Relations and Dean of Students to enforce policy and address student conduct issues in the neighborhood; and the regular distribution of policy and educational information via campus-wide emails, events, information tables, and bulletin boards as well as within the Dean of Students Office, University Housing and campus resource centers.

In addition, the following resources are available for those looking for support in addressing alcohol and other drug concerns or problems.

Resources for Students

- e-Check Up to Go: Alcohol
This anonymous, online, evidence-based prevention intervention is designed to provide students with personalized information and feedback regarding their alcohol use and how it might affect one's health, relationships and academic, career and life goals. Visit <http://uwm.edu/norris/health-services/alcohol-screening/>.
- Brief Alcohol and other drug Screening and Intervention for College Students (BASICS)
offers UWM students an opportunity to explore their use of alcohol, marijuana or other drugs in a confidential and non-judgmental setting and to consider strategies to reduce harmful consumption and negative experiences related to use. In BASICS, students will:
 - * Reflect on their use and its relation to things like school, relationships, health, goals and values
 - * Receive personalized feedback on individual risk factors
 - * Compare their use to that of other students
 - * Explore options for reducing harm and, if interested, plan for changes
 - * Learn about additional resources for support on and off campus.

BASICS typically includes a small group discussion followed by an individual feedback session with a trained facilitator. Another option is to meet individually with the Campus Alcohol & Other Drug Coordinator for 1-3 sessions. BASICS is free for voluntary (non-mandated) students. BASICS does not provide a diagnosis of substance abuse or dependence. For more information about this evidence-based program, visit <https://uwm.edu/basics> or contact the Norris' Office of Health Promotion & Wellness at 414-229-3712 or aodresources@uwm.edu.

- Collegiate Recovery Community
The Panther Recovery Community (PRC) welcomes all students in recovery from a substance use disorder, those struggling with substance use, as well as allies of those seeking freedom from addiction. For information about the next PRC gathering, contact the Campus Alcohol & Other Drug Coordinator at aodresources@uwm.edu.
- Self-Guided Mental Health Care
[SilverCloud](#) is an online mental health tool available to all students and staff at no cost. It offers self-

guided programs for anxiety, depression, stress, resilience, or insomnia. Based on cognitive behavioral therapy principles, the self-guided program is available any time, on any device. Aimed at helping to address mild to moderate issues, SilverCloud allows individuals to manage day-to-day stressors personally and anonymously.

- Evaluation and Treatment Services

University Counseling Services at Milwaukee offers voluntary, short-term alcohol and other drug services for students who have questions or concerns regarding their use of alcohol or other substances. Short-term counseling is offered for students desiring treatment of an identified substance use problem. For students with a substance use disorder that requires more intensive AODA services, referrals to community resources are provided.

Norris Health Center and University Counseling Services do not offer medications designed specifically for drug detoxification or maintenance. University Counseling Services can be contacted at 414-229-4133. Additional information is located at www.uwm.edu/norris/counseling.

For information related to services at UWM at Waukesha contact the Campus Counseling Center at wak-counseling@uwm.edu, call 262-521-5480 or go to their website at <https://uwm.edu/waukesha/campus-life/campus-counseling-center/>. For information related to services at UWM at Washington County contact the Campus Counseling Center at wsh-counseling@uwm.edu, call 262-335-5233 or go to their website at <https://uwm.edu/washington/campus-life/campus-counseling-center/>.

Resources for Faculty and Staff

- The Employee Assistance Program

The Employee Assistance Program (EAP) was established at UWM because alcohol, drug, and other personal problems can affect the quality of an employee's life at home and performance on the job. UWM has contracted with a private, nonprofit human services agency, to provide EAP services to all permanent employees and their immediate families/household members. Participation is voluntary, confidential, and free. Help is immediately available 24 hours a day, 7 days a week by calling FEI Behavioral Health at 866-274-4723, or by accessing on-line information at <https://www.feieap.com> using the password SOWI.

- Self-Guided Mental Health Care

[SilverCloud](#) is an online mental health tool available to all faculty, staff and students at no cost. It offers self-guided programs for anxiety, depression, stress, resilience, or insomnia. Based on cognitive behavioral therapy principles, the self-guided program is available any time, on any device. Aimed at helping to address mild to moderate issues, SilverCloud allows individuals to manage day-to-day stressors personally and anonymously. Visit <https://uwsystem.silvercloudhealth.com/signup/> to sign up.

Resources for Faculty, Staff and Students

Faculty, staff and students may wish to contact community resources directly for assistance or information. The names and phone numbers of some of the agencies and groups that are involved with counseling and/or treatment and self-help programs are listed below.

Information, Counseling and Treatment Resources

- Aurora Behavioral Health Services
.....www.aurorahealthcare.org/services/behavioral-health-addiction
- Impact, Inc.....414-256-4808
- Lutheran Social Services.....1-800-488-5181
- Milwaukee County Crisis Line (24/7 hotline).....414-257-7222
- Rogers Behavioral Health.....1-800-767-4411
- [Substance Abuse Treatment Facility Locator](#).....1-800-662-HELP

- UWM Smoke- and Tobacco-Free Campus.....www.uwm.edu/smokefree/
- Waukesha County Health and Human Services Outpatient Clinic.....262-548-7666

Self-Help/Support Groups

- Al-Anon Family Groups of Southeastern Wisconsin..... 414-257-2415
- Alcoholics Anonymous.....414-771-9119
- Cocaine Anonymous Wisconsin Area414-445-5433
- Families Anonymous.....414-384-8051
- Galano Club414-276-6936
- The Milwaukee Alano Club414-278-9102
- Narcotics Anonymous.....1-866-913-3837
- SMART Recovery..... www.smartrecovery.org
- Wisconsin Tobacco Quit Line.....1-800-QUITNOW

Updated: September 2020