

CONCORD UNIVERSITY BOARD OF GOVERNORS

Policy No. 51

Policy on Drug and Alcohol Abuse Policy and Prevention Program

Effective Date: 05/06/2014

Section 1. GENERAL

- 1.1 Scope: The University is required to have and to notify all employees and students of its specific alcohol and drug prevention policy and program.
- 1.2 Authority: The "Drug Free Workplace Act of 1988" and the "Drug Free Schools and Communities Act Amendments of 1991"
- 1.3 Effective Date: [to be added after HEPC approval]

Section 2. PURPOSE

- 2.1 The U.S. Department of Education requires that every institution adopt and implement a drug prevention policy and program that is then distributed to University employees and students on an annual basis.
- 2.2 The elements of the policy and program include consequences that may follow the use of alcohol and other drugs, and sanctions that may be applied both by the University and by external authorities. The law requires that individuals be notified of possible sources of assistance for problems that may arise as a result of use.

Section 3. PHILOSOPHY

- 3.1 The University is committed to the overall health and well-being of faculty, staff, and students. The primary objective of the University is to contribute to the growth of the student and to provide a positive workplace for faculty and staff, who serve as educators and role models for the students.
- 3.2 The University works to maintain an environment conducive to health and free from conditions that may prove harmful or distract from or conflict with the University's mission.
 - 3.2.1 The behavior resulting from the use of drugs and alcohol can endanger both the individual user and others, and often limits one's full participation in and contribution to the total program of the University. As a result, the use of drugs and alcohol is incompatible with the educational process and inconsistent with the basic purpose of any academic community.
 - 3.2.2. Concord University is a drug-free workplace. To help ensure the safety and well-being of faculty, staff, students, and the general public, the University is committed to maintaining a campus environment that is free of illegal drugs and of drugs and alcohol that are used illegally.
- 3.3 The main focus of the University's program is to provide both curricular and extracurricular education and prevention activities. The intent is that providing the

education and prevention activities will deter illegal consumption and usage and promote the health and well-being of the campus community.

Section 4. STANDARDS OF CONDUCT

4.1 The possession of, distribution, cultivation or use by any student or employee of any narcotic or hallucinogenic drugs in either the refined or crude form, except under the direction of a licensed physician, is prohibited on University owned or controlled properties and at functions sponsored by Concord University off campus.

4.2 Alcoholic beverages are not permitted on University owned or controlled properties or at functions sponsored by Concord University off campus unless approved pursuant to Concord Board of Governor Policy No. 23, the Concord University Student Handbook, and the State of West Virginia Alcohol Beverage Control Administration.

Section 5. Legal Sanctions Under Local, State, and Federal Law for the Unlawful Possession or Distribution of Illicit Drugs and Alcohol

5.1 Local Sanctions for Possession and Distribution—Local sanctions are consistent with West Virginia law as listed as follows in section 5.2.

5.2 State Sanctions for Possession and Distribution

5.2.1 West Virginia law prohibits illicit selling, cultivating, manufacturing, or otherwise trafficking in controlled substances, including, but not limited to, cocaine, heroin, amphetamines and marijuana; knowingly or recklessly furnishing them to a minor; and administering them to any person by force, threat, or deception with the intent to cause serious harm or if serious harm results. These offenses are felonies.

5.2.2 The law prohibits knowingly obtaining, possessing or using a controlled substance and permitting drug use on one's premises or in one's vehicle. These offenses may be either felonies or misdemeanors.

5.2.3 The law prohibits obtaining, possessing or using hypodermics and other drug paraphernalia for unlawful administration of drugs, and the sale to juveniles of paraphernalia for use with marijuana. A felony conviction may lead to imprisonment or both imprisonment and fine. A misdemeanor conviction may lead to imprisonment and/or a fine.

5.2.4 With regard to alcohol, West Virginia law provides that a person under twenty-one years of age who orders, pays for, attempts to purchase, possesses or consumes alcohol, or furnishes false information in order to effect a purchase, commits a misdemeanor.

5.3 Federal Sanctions for Possession and Distribution

5.3.1 Under federal laws trafficking in drugs such as heroin or cocaine may result in sanctions up to and including 10 years for a first offense involving 100 grams or more. Fines for such an offense can reach \$10 million. First offenses involving lesser amounts of 10-99 grams may result in sanctions up to and including 5 years imprisonment and fines of up to \$5 million.

5.3.2 Under federal law, a first offense for trafficking in marijuana may lead to sanctions up to life imprisonment for an offense involving 1,000 kg or more or up to 5 years imprisonment for an offense involving less than 50 kg. Such an offense carries with it fines that can reach \$4 million for an individual offender. Federal and State sanctions for illegal possession of controlled substances ranges from up to one-year imprisonment and up to \$100,000 in fines to three years imprisonment and \$250,000 in fines for repeat offenders. Violations may also lead to forfeiture of personal and real property and denial of federal benefits, such as grants, contracts, and student loans.

Section 6. Description of Health Risks Associated with the Use of Illicit Drugs and the Abuse of Alcohol

6.1 Alcohol

6.1.1 General Health Effects/Risks: Low doses cause euphoria, mild stimulation and relaxation; higher doses, slurred speech, nausea, drowsiness, muscular incoordination and possible aggression. Higher doses may cause alcohol poisoning, unintentional injuries, and blackouts (memory impairment) even with moderate use. Frequent use can lead to cirrhosis of liver, pancreatitis, brain disorders, vitamin deficiencies, malnutrition, and addiction. Large doses can cause unconsciousness and death.

6.1.2 Symptoms: Puffiness of face, redness of eyes, depression, disorientation, shallow respiration, nausea, and dehydration.

6.1.3 Duration: 1-12 hours.

6.1.4 Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including partner and child abuse, and sexual assaults. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than others of developing alcoholism.

6.1.5 Route of Administration: Swallowed

6.1.6 Common Names: Liquor, beer or wine

6.2 Cannabinoids: Marijuana and Hashish

6.2.1 Health Effects: Can impair memory perception and judgment by destroying brain cells. It also raises blood pressure and contains more known carcinogens than cigarettes. Cannabinoids may cause poor reaction time, increased heart rate, impaired learning, panic attacks, psychosis, and addiction. Frequent use of cannabis may lead to respiratory problems much like those found in tobacco smokers. Because cannabinoids seriously impairs judgment and motor coordination the risk of injury or death increases.

6.2.2 Symptoms: Euphoria, relaxed inhibitions, disoriented behavior, staring off into space, hilarity without cause, time distortion, bloodshot eyes, and dry mouth and throat.

6.2.3 Duration: 2-4 hours.

6.2.4 Route of Administration: Smoked, swallowed

6.2.5 Common Street Names: Ganja, grass, blunt, herb, joint, weed.

6.3 Depressants: Barbiturates, Benzodiazepines, Methaqualone, Alcohol, Tranquilizers

6.3.1 Health Effects: Slows down activity in the central nervous system of the body. Depressants can cause sedation and/or drowsiness, reduced anxiety, feelings of well-being, slurred speech, staggering gait, poor judgment/concentration, and slow uncertain reflexes. Large doses can cause respiratory distress, unconsciousness and death particularly when combined with alcohol. Increased tolerance is common. Addiction is possible. Depressants are commonly prescribed to relieve stress, anxiety and anger.

6.3.2 Symptoms: Slurred speech, disorientation, drunken behavior with possible no odor of alcohol, sedation.

6.3.3 Duration: 1-16 hours.

6.3.4 Route of Administration: Injected, swallowed, and snorted.

6.3.5 Common Street Names: Barbs, reds, yellow jackets, downers, roofies, ropies.

6.4 Stimulants: Cocaine, Amphetamine, Methamphetamine

6.4.1 Health Effects: Speeds up activity in the central nervous system of the body. Causes dilated pupils, increased blood pressure, heart rate, breathing rate and body temperature. Stimulants can cause seizures, heart attacks, stroke and death. Addiction is possible with the use of stimulants. Cocaine may cause nasal damage from snorting. Methamphetamine may cause tooth decay/sever dental problems

6.4.2 Symptoms: Apathy, anxiety, sleeplessness, paranoia, panic attacks, hallucinations, craving for more cocaine, psychosis. Due to reduced appetite weight loss may occur. The use of stimulants may cause constant sniffing due to snorting and subsequent nasal damage.

6.4.3 Duration: ½ - 2 hours.

6.4.4 Route of Administration: Injected, swallowed, smoked, and snorted.

6.4.5 Common Street Names: Coke, crack, rock, snow, speed, black beauties,

meth, ice, crank.

6.5 Dissociative Drugs: PCP or Phencyclidine, Ketamine

6.5.1 Health Effects: Increased heart rate and blood pressure, large doses can cause convulsions, comas, heart and lung failure and ruptured brain vessels. Users may show long-term effects on memory, judgment, concentration and perception.

6.5.2 Symptoms: Sweating, nausea, memory loss, dizziness, numbness, hallucination, confusion, agitation, violence and aggression or silence and withdrawn state.

6.5.3 Duration: variable.

6.5.4: Swallowed, smoked, snorted, injected.

6.5.5: Common Street names: Special K, vitamin K, angel dust, cat valium, peace pill.

6.6 Opioids: Heroin and Opium

6.6.1 Health Effects: Slowed breathing, lowered pulse and blood pressure, tolerance, addiction, the repeated use of opioids can lead to infections of heart lining and valves, skin abscesses and congested lungs. The use of opioids can lead to convulsions, coma and death. The risk of death is increased when combined with alcohol or other CNS Depressants.

6.6.2 Symptoms: Euphoria, watery eyes, runny nose, yawning, and loss of appetite, tremors, irritability, confusion, panic, chills, sweating, cramps, and nausea.

6.6.3 Duration: 12-24 hours.

6.6.4: Route of Administration: Swallowed, injected, smoked and snorted.

6.6.5 Common Street Names: Smack, dope, skunk, junk.

6.7 Inhalants: Gasoline & Glues, Paint, Aerosol Propellants and Other Inhalants

6.7.1 Health Effects: May include liver and kidney damage. Brain damage occurs when used over a long period of time. All these chemicals carry considerable risk, particularly of cardiac arrhythmia. Inhalants can be fatal and sudden when sniffing highly concentrated amounts of the chemical.

6.7.2 Symptoms: Very alert, keen senses, hallucinations, dizziness, scrambled words and disconnected sentences. Smells like the substance being used (i.e. gasoline, glue, degreasers, paint and lighter fluid).

6.7.3 Duration: variable

6.7.4 Route of Administration: Inhaling or “huffing” or “sniffing” the chemical from a plastic or paper bag.

6.7.5 Common Street Names: Whippets, poppers.

6.8 Hallucinogens: LSD, Mescaline, Psilocybin

6.8.1 Health Effects: Dilated pupils, nausea, increased body temperature, increased heart rate and blood pressure, hallucinations, stomach cramps, sleeplessness, blackouts. Flashbacks, a recurrence of the drug effects may be a problem for some.

6.8.2 Symptoms: Beady eyes, nervous, panic, erratic behavior, crying,

personality changes, “sees” smells, “hear” colors. Hallucinogens may cause altered perception/marked depersonalization.

6.8.3 Duration: 3-12 hours.

6.8.4 Route of Administration: Swallowed, smoked.

6.8.5 Common Street Names: microdot, buttons, cactus, peyote, purple passion, shrooms.

6.9 Club Drugs: MDMA (ecstasy), Methamphetamine and LSD

6.9.1 Health Effects: Increased heart rate and blood pressure, blurred vision, chills, sweating, and drastic increases in body temperature. The use of club drugs may cause increased wakefulness, increased physical activity and are believed to cause permanent brain damage. The use of club drugs bring with it considerable risk of addiction.

6.9.2 Symptoms: confusion, depression, sleep difficulties, anxiety, paranoia, muscle tension, involuntary teeth clenching, and nausea.

6.9.3 Duration: variable, up to days.

6.9.4 Route of Administration: Swallowed, snorted, injected.

6.9.5 Common Names: “Date rape” “drug rape.”

6.10 Prescription Drugs: Central Nervous System (CNS) Depressants, Stimulants, Opioids

6.10.1 Health Effects: Many prescription medications have mind altering properties that may lead someone to use a specific prescription drug in a manner different than its intended purpose. Commonly abused prescription drugs are those that belong to the categories of depressants, stimulants and opioids. Possible health consequences include: 1) Depressants slow down activity in the central nervous system of the body, cause sedation and/or drowsiness, reduced anxiety, feelings of well-being, slurred speech, staggering gait, poor judgment/concentration, slow uncertain reflexes, unconsciousness, addiction, coma, and, increased risk of death when combined with alcohol or other depressant drugs; 2) Stimulants speed up activity in the central nervous system of the body, cause dilated pupils, increased blood pressure, heart rate, breathing rate and body temperature, seizures, heart attacks, stroke, addiction, for stimulants; and, 3) Opioids can result in slowed breathing, lowered pulse and blood pressure, tolerance, and possibly addiction. Repeated use of opioids can lead to infections of heart lining and valves, skin abscesses and congested lungs. The use of opioids can lead to convulsions, coma and death. The risk of death is increased when combined with alcohol or other CNS Depressants.

6.10.2 Symptoms: Depressants will likely cause slurred speech, disorientation, drunken behavior with possible no odor of alcohol, sedation. Stimulants may cause apathy, anxiety, sleeplessness, paranoia, panic attacks, hallucinations, craving, and psychosis. Due to reduced appetite weight loss may occur. The use of stimulants may cause constant sniffing due to snorting and subsequent nasal damage. Opioids, euphoria, watery eyes, runny nose, yawning, and loss of appetite, tremors, irritability, confusion, panic, chills, sweating, cramps, and nausea.

6.10.3 Duration: Variable

6.10.4 Route of Administration: Swallowed, injected, smoked, snorted.

6.10.5 Common Market Names: Amytal, Nembutal, Seconal, Phenobarbital, Ativan, Halcion, Librium, Valium, Xanax, Ambien, Sonata, Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine, Tylox, Oxycontin, Percodan, Percocet, Dexedrine, Adderall, Concerta, Ritalin

6.11 Other: Bath Salts and Synthetic Marijuana

6.11.1 Health Effects: Bath Salts produce effects similar to amphetamines and cocaine and have been reported to cause racing heart, high blood pressure, headache, and possible chest pains. Frequent use may cause increased tolerance, addiction, psychological and physical withdrawal and possible suicide. Synthetic Marijuana produces experiences similar to marijuana such as elevated mood, impaired judgment, elevated heart rate, altered perception.

6.11.2 Symptoms: Bath Salts have been reported to produce euphoria, severe intoxication, increased sociability, increased sex drive, paranoia, panic attacks, agitation, possible delirium, and possible psychotic and violent behavior. Synthetic Marijuana has been reported to cause extreme anxiety, panic, paranoia and hallucinations.

6.11.3 Duration: Variable

6.11.4 Route of Administration: Swallowed, injected, smoked, snorted

6.13.4 Common Names: Ivory Wave, Bloom, Cloud Nine, Lunar Wave, Vanilla Sky, White Lightning, and Scarface. K-2 fake weed, moon rocks, skunk.

Section 7. Description of Drug or Alcohol Counseling and/or Treatment Availability

7.1 Through the university counseling services, health service, and appropriate local agencies, Concord University will assist individuals needing drug or alcohol counseling and/or treatment.

7.2 A high quality effort will be made to enhance the institution's capability for offering employees and students meaningful and helpful referral to treatment services when it becomes clear that neither campus prevention nor early intervention activities have met an individual's needs.

7.3 The University's Counseling Services can provide other campus and community resources.

7.4 Campus Resources:

7.4.1 COUNSELING SERVICES:

(a) Concord University Counseling Center
Bonner House, 2nd Floor
304-384-5290

(b) Public Employees Insurance Agency (coverage for benefit-eligible employees)

601 57th St., SE, Suite 2
Charleston, WV 25304-2345
1-304-558-7850, 1-888-680-7342

Fax: 1-304-558-2470, 1-877-233-4295

Email: PEIA.Help@wv.gov

www.wvpeia.com

7.4.2 COMMUNITY RESOURCES:

Given that resources and contact information may change over time, the web site for Concord University's Counseling Center shall maintain a current list of the names, addresses, and telephone numbers of local drug and alcohol prevention resources in the southern West Virginia area.

Section 8. Disciplinary Sanctions

8.1 Unlawful possession, use, manufacture, or distribution of alcohol or illicit drugs by faculty, staff, or students on University property or as a part of any University activity may lead to sanctions within the University, the severity of which shall increase as the seriousness of the violation increases.

8.2 Sanctions include:

8.2.1 A verbal or written reprimand;

8.2.2 Completion of an appropriate rehabilitation program;

8.2.3 A disciplinary warning, with notice that repetition of the offense or continuation of the offense may result in a more serious sanction;

8.2.4 Suspension from the University (student) or from employment (employee) or from a specific University activity or facility for a fixed period of time or until completion of specified conditions, such as completion of an appropriate rehabilitation program;

8.2.5 Expulsion from the University (student) or termination of employment (faculty and staff); and/or other appropriate sanctions

8.3 Please contact the Office of Student Affairs and the Student Handbook if you are a student or contact the Office of Human Resources and review Board of Governors Policy No. 49 if you are an employee.

Section 9. Employee Reporting Requirement

9.1 Under the Drug-Free Workplace Act of 1988, in addition to the other requirements of this policy, a faculty or staff member who works in any capacity under a federal grant or contract must notify his or her University supervisor or department head, in writing, of his or her conviction for a violation of any criminal drug statute occurring in the workplace no later than five calendar days after such conviction. This requirement applies regardless of whether the employee is full-time or part-time and regardless of whether the worker is an employee of the University, the Concord University Research & Development Corp., or is hired on a contract-basis.

9.1.1 Section 9.1 applies to direct charge employees and to the indirect charge employees who perform any support or overhead functions related to the grant.

The supervisor or department head must then promptly report the violation to the University's Office of Human Resources.

Section 10. Drug Program Evaluation

10.1 Biennially, the University shall review its "Alcohol and Drugs Prevention Program and Policy on Alcohol and Drugs" to determine the program's and policy's effectiveness and implement changes, if needed, and to ensure that the

University's disciplinary sanctions are consistently enforced.

Section 11. References

11.1 AICUO Member Institutions Memorandum (Re: Drug-Free School and Communities Act Amendments of 1989), September 5, 1990, Larry H. Christman.

11.2 Drugs of Abuse, 1989 Edition. U.S. Department of Justice Drug Enforcement Administration; U.S. Government Printing Office; Washington, D.C. 20402

11.3 Federal Register, Part II, Department of Education; Drug-Free Schools and Campuses; Final Regulations; Vol. 55, No. 159, Thursday, August 16, 1990.

Section 12. RESOURCES

12.1 Partnership for Drug Free America

12.2 National Institute of Drug Abuse (NIDA)

12.3 National Council on Alcoholism & Drug Dependence

12.4 CU Counseling Services

12.5 West Virginia Code 60-1-1 et seq., entitled State Control of Alcoholic Liquors

12.6 West Virginia Code 60A-1-101 et seq., entitled the Uniform Controlled Substances Act