

Northeast Alabama Community College

DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM

I. INTRODUCTION

It is the policy of Northeast Alabama Community College that each year the following information will be distributed to each student and employee of Northeast Alabama Community College. It is further the policy of Northeast Alabama Community College that every other year a committee assigned by the President of Northeast Alabama Community College shall review its Drug and Alcohol Abuse Prevention Program and shall:

1. determine the effectiveness of its program and report to the President any revisions needed by the program to make it more effective; and
 2. ensure that the standards of conduct described in Part II hereof are fairly and consistently enforced; and
 3. submit a written report to the President stating all findings and recommendations of the Committee.
- The President shall implement such of the Committee's recommended revisions as he/she shall deem appropriate and reasonable.

II. STANDARDS OF CONDUCT AND ENFORCEMENT THEREOF

Northeast Alabama Community College is a public education institution of the State of Alabama and, as such, shall not permit on its premises, or at any activity which it sponsors, the possession, use, or distribution of any alcoholic beverage or any illicit drug by any student, employee, or visitor. In the event of the confirmation of such prohibited possession, use, or distribution by a student or employee, Northeast Alabama Community College shall, within the scope of applicable Federal and State due process requirements, take such administrative or disciplinary action as is appropriate. For a student, the disciplinary action may include, but shall not be limited to, suspension or expulsion. For an employee, such administrative or disciplinary action include, but shall not be limited to, reprimand, or suspension, or termination of employment, or requirement that the employee participate in and/or successfully complete an appropriate rehabilitation program. Any visitor engaging in any act prohibited by this policy shall be called upon to immediately desist from such behavior.

If any employee, student, or visitor shall engage in any behavior prohibited by this policy which is a violation of Federal, State, or local law or ordinance, that employee, student, or visitor shall be subject to referral to law enforcement officials for arrest and prosecution.

III. LEGAL SANCTIONS REGARDING UNLAWFUL USE, POSSESSION, OR DISTRIBUTION OF ALCOHOLIC BEVERAGES AND ILLICIT DRUGS

A. State Offenses

Activities which violate Alabama laws concerning illicit possession, use, and distribution of alcoholic beverages or drugs include, but are not limited to, the following. (Those provisions which refer to drug "Schedules" are making reference to the authorization by the State Legislature for the State Board of Health to classify drugs in terms of their potential for abuse and their current usage in medical treatment. Schedule I consists primarily of "street drugs" such as heroin, morphine, marijuana, LSD, mescaline, etc. Schedule II includes opium, cocaine, and methadone, among other illicit drugs. Schedule III drugs include those which have less abuse than Schedule I or II, and those substances with the least potential for abuse are included in Schedule IV and V. The Schedules may be found at Code of Alabama [1975], sec. 20-2-23, et seq.)

1. Public intoxication is punishable by a fine up to \$200.00 and up to thirty (30) days in the county jail

- (Code of Alabama of 1975, 13A-11-10).
2. Possession, consumption, or transportation of an alcoholic beverage by a person of less than 21 years of age is punishable by a fine of \$25-\$100 and up to a thirty (30) day jail term or thirty (30) day term in a juvenile detention facility (Code, 28-1-5), and mandatory loss of driver license for three (3) to six (6) months (28-3A-25).
 3. Possession or distribution of an alcoholic beverage in a dry county is punishable by a fine of \$50-\$500 and a jail sentence or hard labor of up to six (6) months (Code, 28-4-20).
 4. Possession of an alcoholic beverage illegally manufactured or illegally brought into the State of Alabama is punishable by a fine of \$100-\$1000 and a jail sentence of up to six (6) months (Code, 28-1-1).
 5. Transportation of five (5) gallons or more of any such liquor or beverage is a felony punishable by a sentence of not less than one (1) year nor more than five (5) years in the State penitentiary (Code, 28-4-15).
 6. Driving or being in actual physical control of a vehicle while under the influence of other drugs is punishable upon first conviction by a fine of \$600-\$2,100, up to one (1) year in jail, suspension of drivers' license for ninety (90) days, and a completion of a DUI court referral program (Code 32, 5A-191).
 7. Possession of marijuana for personal use is punishable by fine of up to \$2000 and a jail sentence of up to one (1) year (Code, 13A-12-214), and mandatory loss of driver license for six (6) months (13A-12-291).
 8. Possession of marijuana for other than personal use is punishable by a fine up to \$5,000 and a prison sentence of not less than one (1) year and one (1) day, and not more than ten (10) years (Code , 13A-12-213), and mandatory loss of driver license for six (6) months (13A-12-291).
 9. The selling, furnishing, giving away, manufacturing, delivery, or distribution of a controlled substance listed in Schedules I-V of the ALABAMA CONTROLLED SUBSTANCES ACT is punishable by a fine of up to \$10,000 and a prison term of not less than two (2) years and not more than twenty (20) years (Code, 13A-12-211), and mandatory loss of driver license for six (6) months (13A-12-291).
 10. The selling, furnishing or giving by a person 18 years or older to a person under the age of 18 years, of any controlled substance listed in Schedule I-V of the ALABAMA CONTROLLED SUBSTANCES ACT is punishable by a fine of up to \$20000 and a prison term of not less than ten (10) years and up to life or ninety-nine (99) years and mandatory loss of driver license for six (6) months (13A-12-291). No suspended sentence shall be imposed nor shall probations be granted (Code, 13A-12-215).
 11. Possession of a controlled substance enumerated in Schedule I-V is punishable by a fine of not more than \$5,000 and a prison term of not less than a year and a day and not more than (10) years (Code, 13A-12-212), and mandatory loss of driver license for six (6) months (13A-12-291).
 12. Conviction for an unlawful sale of a controlled substance within a three (3) mile radius of an education institution brings with it an additional penalty of five (5) years imprisonment, with no provision for probation (Code, 13A-12-250).
 13. The use or possession with intent to use drug paraphernalia is punishable by a fine of up to \$2,000 and a jail term of not more than one (1) year (Code, 13A-19-260).
 14. The sale, delivery of, or possession with intent to sell or deliver drug paraphernalia is punishable by not more than one (1) year in prison and a fine of up to \$2000. The delivery or sale to any person under 18 years of age is punishable by a prison term of not less two (2) years and not more than twenty (20) years and a fine of up to \$10000 (Code, 13A-12-260).
 15. The sale of cigarettes to minors is also prohibited (13A-12-3).
 16. The possession of a prescription drug that was not lawfully dispensed is a misdemeanor punishable by not more than one (1) year in the county jail for hard labor and a fine of not more than \$1000 (Code, 34-23-7).

Criminal offenses are classified as follows:

TYPE	SENTENCE	FINE
Class A Felony	10 years to life	up to \$20,000
Class B Felony	2 years to 20 years	up to \$10,000
Class C Felony	1 year + 1 day to 10 years	up to \$5,000
Class A Misdemeanor	up to 1 year	\$2,000
Class B Misdemeanor	up to 6 months	\$1,000
Class C Misdemeanor	up to 3 months	\$500
Violation	up to 30 days	up to \$200

Most subsequent violations of drug and alcohol related offenses are either elevated to a more severe offense or carry a more severe sentence by Statute; for example, DUI. Further, a special penalty is provided by the Code of Alabama, 13A-5-94 for individuals who have been convicted with 1, 2, and 3 or more prior felony offenses. A new conviction's punishment is usually enhanced to higher classification, the minimum sentence is increased, and the discretion of the Court is drastically limited. Code of Alabama, 13A-5-6, provides additional sentencing enhancements for any offense in which a firearm or deadly weapon was used.

For most drug or alcohol convictions, the court will require the successful completion of drug/alcohol treatment program which can include inpatient or outpatient treatment as well as random drug/alcohol testing.

B. Federal Offenses

Activities which violate Federal laws concerning illicit possession, use, and distribution of alcoholic beverages and drugs include, but are not limited to, the following:

21 U.S.C. 841 makes it a crime: (a) to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance; or (b) to create, distribute, or dispense, or possess with intent to distribute or dispense, or counterfeit substance.

The U.S. Code establishes, and authorizes the U.S. Attorney General to revise as needed, classifications of controlled substances. The drugs are each classified in one or more of five "schedules." Schedule I being comprised essentially of "street drugs" and Schedule V being comprised of drugs with a "low potential for abuse" when compared with drugs in Schedules I-IV. Examples of Schedule I drugs are heroin and marijuana. PCP, for example, is a Schedule II drug. Amphetamine is a Schedule III drug, while Barbitol is a Schedule IV drug. An example of a Schedule V drug would be a prescription medication with not more than 200 mg of codeine per 100 grams.

The penalties for a first offense conviction of violating the laws described in items (a) and (b) above are:

1. In the case of a Schedule I or II drug which is a narcotic drug, not more than fifteen (15) years in prison, a fine of not more than \$25,000, or both.
2. In the case of a Schedule I or II drug which is not a narcotic drug or in the case of a Schedule III drug, not more than five (5) years in prison, a fine of not more than \$15,000, or both.
3. In the case of a schedule IV drug, not more than three (3) years in prison, a fine of not more than \$10,000, or both.
4. In the case of a Schedule V drug, not more than one (1) year in prison, a fine of not more than \$5,000 or both.
5. Notwithstanding sub-paragraphs (1) through (4) above, the distribution of a small amount of marijuana for no remuneration is punishable by imprisonment of not more than one (1) year and/or a fine of not more than \$5,000.
6. Notwithstanding subparagraph (1) through (4) above, the manufacture, possession, or distribution, or intent to manufacture, possess, or distribute phenethylamine (PCP, "angel dust") is punishable by up to ten (10) years in prison and/or a fine of not more than \$25,000.

Penalties for subsequent violations of these provisions are progressively more severe than for initial convictions.

C. Local Ordinances

Local ordinances and violations of state statutes are prosecuted in DeKalb and Jackson Counties by the District Attorney's Office on behalf of the State of Alabama. The city prosecutor prosecutes misdemeanor offenses on behalf of the Town of Powell for misdemeanor offenses and violations occurring within the town limits.

IV. HEALTH RISKS OF DRUG AND ALCOHOL USE AND ABUSE

The following is a list of some of the health risks and symptoms associated with the following categories of substances. It is not intended to be the final word on such health risks, since the scientific and medical communities will continue their research into and discoveries concerning the abusive use of drugs and alcohol.

A. Cannabis

1. Includes marijuana, hashish, hashish oil, and tetrahydrocannabinol (THC).
2. Regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite. Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high." Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis. Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco. Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

B. Cocaine

1. Includes cocaine in powder form and "crack" in crystalline or pellet form.
2. Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with unsterile equipment can transmit AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly. Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucination, paranoia, and seizures. The use of cocaine can cause death by disrupting the brain's control of the heart and respiration.

C. Other Stimulants

1. Include amphetamines and methamphetamines ("speed"); phenmetrazine (Preludin); methylphenidate (Ritalin); and "anorectic" (appetite suppressant) drugs such as Didrex, Pre-Sate, etc.
2. Methamphetamine is an addictive stimulant that affects the central nervous system. It is commonly known as "speed", "meth", and "chalk" in its powdered form, it is known as "ice," "crystal," "crank," "glass," and "batu" in its smoked form. Crystal methamphetamine can be smoked, snorted, orally ingested, or injected. The crystalline form is very high in purity (90-100%) and effects can last 6 to 24 hours while the powdered form varies in purity and the effects can last 2 to 4 hours.

3. Other forms of stimulants that can produce similar effects include amphetamines; phenmetrazine (Preludin); methylphenidate (Ritalin); and “anorectic” (appetite suppressant) drugs such as Adipex, Fastin, Didrex, Pre-Sate, etc.
4. Immediate/short term effects include: dilated pupils, extreme elevations of heart rate, blood pressure and body temperature. A sense of exhilaration or an intense rush followed by superabundant energy, hyperactivity, extended wakefulness and loss of appetite. Short term effects include increased alertness, a sense of well-being, paranoia, hallucinations, aggressive behavior, convulsions, uncontrollable repetitive behavior (known as "tweaking"), twitching, "jitteriness," jaw clenching or teeth grinding, violent behavior, insomnia, loss of appetite, dry, itchy skin, acne and sores. Long term effects: fatal kidney, liver and lung damage or disorders, possible brain damage, permanent psychological problems, severe depression, hallucinations, poor coping abilities, violent and aggressive behavior, loss of pleasure, weight loss, malnutrition, loss of teeth (known as “meth mouth”), insomnia, lowered resistance to illnesses, stroke, even suicide and death. Methamphetamine is an addictive drug. While withdrawal symptoms are less pronounced than those of alcohol or opiates (such as heroin), they are nonetheless physiological in nature and could include seizures, narcolepsy, and stroke. Furthermore, the mental and social consequences of quitting can be severe and extremely difficult for the addict

D. Depressants

1. Include such drugs as barbituates, methaqualone (Quaaludes), and tranquilizers such as valium, Librium, Equanil, Miltown, etc.
2. The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks. The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death. Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

E. Narcotics

1. Include such substances as heroin, morphine, opium, and codeine as well as methadone, meperidine (Demerol), hydromorhine (Dilaudid), and such drugs as Percocet, Percodan, Darvon, Talwin, etc.
2. Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possibly death. Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

F. Hallucinogens

1. Include phenycyclidine (“PCP”), lysergic acid diethylamide “Acid” or (“LSD”), mescaline, peyote, and psilocybin.
2. Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries. The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movements are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent. Chronic users of PCP report

persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year following prolonged daily use. Mood disorders – depression, anxiety, and violent behavior – also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations. Large doses may produce convulsions and coma, heart and lung failure, or ruptured blood vessels in the brain. Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors. Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, or psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

G. Inhalants

1. Include such substances as nitrous oxide (“laughing gas”), amyl nitrite, butyl nitrite, chlorohydrocarbons (used in aerosol sprays), and hydrocarbons (found in gasoline, glue, and paint thinner).
2. Immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgement. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain hemorrhage. Deeply inhaling the vapors, or using large amounts over a short period of time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops. Long-term use can cause a weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

H. Designer Drugs/Club Drugs

1. Designer drugs include analogs of fentanyl and analogs of meperidine (synthetic heroin), analogs of amphetamines and methamphetamines (such as “Ecstasy”), and analogs of phenylclidine. Other drugs to include are “GHB,” ketamine, and rophynol (“Roofies”) known as the “date rape” drug.
2. Illegal drugs are defined in terms of their chemical formulas. Underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.
3. The narcotic analogs can cause symptoms such as those seen in Parkinson’s disease – uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills, or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phenylclidine cause illusions, hallucinations, and impaired perception.

I. Alcohol

1. Ethyl alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits.
2. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, unconsciousness, or death, depending on how much is consumed and how fast it is consumed. Alcohol is a “psychoactive,” or mind-altering, drug as are narcotics and tranquilizers. It can alter moods, cause changes in the body, and become habit-forming. Alcohol depresses the central nervous system and too much can cause slowed reactions, slurred speech, and unconsciousness. Chronic use of alcohol has been associated with such diseases as alcoholism, and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse can also lead to damage to the brain, pancreas and kidneys; high blood pressure, heart attacks, and strokes; hepatitis and cirrhosis of the liver; stomach and

duodenal ulcers; colitis; impotence and infertility; and premature aging. Abuse of alcohol has been linked to birth defects and Fetal Alcohol Syndrome.

J. Nicotine

1. Nicotine is a highly addictive drug which is found in tobacco products such as cigarettes, cigars, and chewing tobacco.
2. Nicotine is absorbed readily from the tobacco smoke in the lungs as well as the oral mucosa when it is chewed. Nicotine acts by stimulating and sedating the central nervous system. The initial ingestion results in a “kick” followed by fatigue and depression. This “letdown” causes the abuser to seek more nicotine. With repetitive use of tobacco, levels of nicotine accumulate in the body. Addiction to nicotine results in withdrawal symptoms when the person tries to stop. They may include anger, hostility and extreme cravings for the drug as with other abuse drugs. Dozens of harmful gases and tar are found in cigarette smoke. The Environmental Protection Agency concludes that secondhand smoke causes lung cancer and greatly increases the risk of chronic respiratory problems in children. Women that smoke and take oral contraceptives are more prone to heart attacks and strokes than other smokers. Other problems include emphysema, chronic bronchitis, and cancers of the lips, mouth and throat.

V. WHERE TO GET ASSISTANCE

Local Information and Referral Numbers

DeKalb County CED Mental Health Center 301 14th Street, NW Fort Payne, Alabama 35967 256-845-4571	Mountain Lakes Behavioral Health Center Scottsboro, Alabama 35768 256-259-1774
--	--

National Toll-Free and Websites and Hotlines

<http://www.drugabuse.gov/>
<http://international.drugabuse.gov/>
<http://www.nlm.nih.gov/medlineplus/drugabuse.html>
<http://www.inhalants.drugabuse.gov/>
<http://www.health.org/newsroom/abuseInformation/>
http://helpguide.org/mental/drug_substance_abuse_addiction_signs_effects_treatment.htm
<http://www.drug-abuse.net>

1-800-662-HELP (M-F, 8:30a.m. - 4:30p.m.)

National Institute on Drug Abuse Informational and Referral Line

1-800-622-2255

National Council on Alcoholism

Revised October 2010