

Northeast Alabama Community College



Drug and Alcohol Abuse Prevention Program 2021-2022

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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 may 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, including State underage drinking laws, that employee, student, or visitor shall be subject to referral to law enforcement officials for arrest and prosecution.

III. CAMPUS PREVENTION

Northeast Alabama Community College is committed to maintaining a campus free from drug and alcohol abuse. To encourage students and employees to avoid the negative effects of such abuses, the college offers the following activities and training as part of its drug and alcohol awareness program.

Students:

New Student Orientation: Students receive information during orientation regarding the prohibition of drug and alcohol use on campus.

Online Alcohol and Drug Prevention Program: The Dean of Student Services sends an email each semester to all students encouraging them to participate in free online training for the prevention and awareness of drug and alcohol abuse, etc. The program addresses standards of conduct and policy; legal sanctions, including campus

disciplinary actions and state and federal sentences for offenses; health risks of drug and alcohol use; and where to seek assistance.

Mocktail Activity: Each year the Student Activities Director invites all student organizations to participate in a “mocktail” party in the Student Center. Participating organizations compete by providing alcohol-free drinks to students in support of the theme to prevent dangerous alcohol-related activities such as drinking and driving. Students vote on the winning “mocktail” and are provided with educational information on the negative effects of alcohol.

Mustang Community Resource Fair: This activity is a free on-campus event where local agencies come together to share helpful information with students, faculty, staff and community members. This event promotes awareness of the many services that are available in the community including food services, clothing resources, housing and shelter, childcare, healthcare, counseling services, substance abuse resources, senior care, crisis and emergency services, transportation, education and employment. Tables are set up outside on the quad, and agency representatives share information with attendees that stop by. The Fair is a biannual event that takes place each Fall and Spring semester.

Employees:

Orientation: The Human Resources Director provides new employees with a copy of the *Drug-Free Workplace Policy* and asks them to review it during their orientation. Additionally, employees receive a copy of the *Drug and Alcohol Abuse Prevention Program* upon hire.

Practitioners of Youth Safety Summit: The Criminal Justice program holds an annual training event on drug abuse awareness, current drug trends, and drug-induced medical emergencies. The training event is offered to local law enforcement, social workers, counselors, school administration/staff, and other professions that work to safeguard the youth. The Campus Police and Criminal Justice program faculty utilize the training, and it is tuition-free for all NACC faculty and staff.

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

A. State Offenses

The State Legislature for the State Board of Health is authorized to determine and classify substances by current medical usage, the potential for abuse, scientific evidence and knowledge of effects, risk to public health, etc. Controlled substances are classified in one or more of five “schedules.” A schedule I drug has high potential for abuse and has no accepted medical use in the United States, such as heroin. A schedule II drug has high potential for abuse, has a current accepted medical use with severe restrictions, and has potential for a high degree of dependence, such as methadone. A schedule III drug has a potential for abuse, has an accepted medical use, and has a potential for a low to moderate degree of dependence, such as amphetamine. A schedule IV drug has a low potential for abuse, has a current accepted medical use, and has a potential for limited dependence, such as phenobarbital. A schedule V drug has a low potential for abuse, has a current accepted medical use, and has a limited potential for dependence, such as modified codeine. The schedules may be found at Code of Alabama [1975], sec. 20-2-22, et seq.

Activities that violate Alabama laws concerning illicit possession, use, and distribution of alcoholic beverages and drugs, along with first-offense convictions, include, but are not limited to, the following:

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 (Code, 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-\$1,000 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 there is 0.08 percent or more by weight of alcohol in the blood; while there is 0.02 percent or more by weight of alcohol in the blood of a person under the age of 21 years; while under the influence of alcohol, a controlled substance, or the combined influence of alcohol and a controlled substance which renders a person incapable of safely driving; while under the influence of any substance which impairs the mental or physical faculties of such person to a degree which renders a person incapable of safely driving 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/substance abuse court referral program. Those under age 21 years are punishable upon first conviction by above mentioned fines and referral with a suspension of driver's license for thirty (30) days (Code, 32-5A-191).
7. Possession of marijuana for personal use is punishable by fine of up to \$2,000 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. Selling, furnishing, giving away, manufacturing, delivery, or distribution of a controlled substance listed in Schedules I-V of the Alabama Uniform 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. 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 Uniform Controlled Substances is punishable by a fine of up to \$20,000 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. 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. 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 \$2,000. 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 \$10,000 (Code, 13A-12-260).
15. Manufacture, distribution, or possession with intent to distribute or sell an imitation controlled substance is punishable for a Class A misdemeanor under Title 13A. Distribution or sale of an imitation controlled substance to a person under 18 years of age is punishable for a Class C felony under Title 13A. Use or possession with intent to use an imitation controlled substance is punishable for a Class C misdemeanor under Title 13A. Advertisement with the purpose to promote the distribution or sale of an imitation controlled substance is punishable for a Class B misdemeanor Title 13A (Code, 20-2-143).
16. Purchase, use, possession, or transportation of tobacco, tobacco product, or alternative nicotine product, including electronic cigarettes, by a minor, which is any person under the age of 19. Violation by a minor is punishable by citation, a fine of not less than \$10 nor more than \$50 each, and notification of a parent, legal guardian, or legal custodian. (Code, 28-11-13 and 28-11-14).
17. Selling, bartering, exchanging, or giving any minor any cigarettes, cigarette tobacco or cigarette paper, or any substitute for either of them is punishable by a fine of not less than \$10.00 nor more than \$50.00 and imprisonment in the county jail or hard labor for not more than thirty (30) days. (Code, 13A-12-3).
18. 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 \$1,000 (Code, 34-23-7).

Criminal offenses are classified as follows:

TYPE	SENTENCE	FINE
Class A Felony	10 years to life	up to \$60,000
Class B Felony	2 years to 20 years	up to \$30,000
Class C Felony	1 year and 1 day to 10 years	up to \$15,000
Class D Felony	1 year and 1 day to 5 years	Up to \$7,500
Class A Misdemeanor	up to 1 year	up to \$6,000
Class B Misdemeanor	up to 6 months	up to \$3,000
Class C Misdemeanor	up to 3 months	up to \$500
Violation	up to 30 days	up to \$200

Sentences and fines vary depending on the particular details and circumstances surrounding the criminal charge. 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-5-9 for individuals who have been convicted with 1, 2, and 3 or more prior felony offenses. An additional 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.

State legislation contained herein is not intended to represent the extent or complexity of violations and sentencing. Please consult local governing bodies and the Code of Alabama 1975 for the most recent, comprehensive information regarding criminal laws and penalties.

B. Federal Offenses

According to 21 U.S. Code 841, it is a violation of Federal law (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." A schedule I drug has high potential for abuse and has no accepted medical use in the United States, such as heroin. A schedule II drug has high potential for abuse, has a current accepted medical use with severe restrictions, and has potential for a high degree of dependence, such as methadone. A schedule III drug has a potential for abuse, has an accepted medical use, and has a potential for a low to moderate degree of dependence, such as amphetamine. A schedule IV drug has a low potential for abuse, has a current accepted medical use, and has a potential for limited dependence, such as phenobarbital. A schedule V drug has a low potential for abuse, has a current accepted medical use, and has a limited potential for dependence, such as modified codeine.

Sentencing and fines for activities that violate Federal laws concerning illicit possession, use, and distribution of alcoholic beverages and drugs, include, but are not limited to, the following:

1. Violations involving a Schedule I or II substance carry a sentence of not more than 20 years of imprisonment and a fine of not more than \$1,000,000.
2. Violations involving a Schedule III substance carry a sentence of not more than 10 years of imprisonment and a fine of not more than \$500,000.
3. Violations involving a Schedule IV substance carry a sentence of not more than 5 years of imprisonment and a fine of not more than \$250,000.
4. Violations involving a Schedule V substance carry a sentence of not more than 1 year of imprisonment and a fine of not more than \$100,000.
5. Notwithstanding the above, the distribution of a small amount of marijuana for no remuneration is punishable by not more than 1 year of imprisonment and a minimum fine of \$1,000.
6. Violations involving possession of minimum amounts of substances such as heroin, cocaine, ecgonine, phencyclidine (PCP), lysergic acid diethylamide (LSD), marijuana, and methamphetamine carry a sentence ranging from not less than 5 years of imprisonment to not more than life, and a fine of not less than \$5,000,000.

7. Violations involving the intent to commit a crime of violence by distributing a controlled substance to an individual without that individual's knowledge carry a sentence of not more than 20 years of imprisonment and fines in accordance with 18 U.S. Code.

8. Under 21 U.S. Code 843, it is unlawful to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge. Violations carry a sentence of not more than 4 years of imprisonment and fines in accordance with 18 U.S. Code.

Penalties for subsequent violations of these provisions are progressively more severe than for initial convictions. Federal legislation contained herein is not intended to represent the extent or complexity of violations and sentencing. Please consult national governing bodies and the U.S. Code for the most recent, comprehensive information regarding criminal laws and penalties.

C. Local Ordinances

Local authorities uphold State and Federal laws regarding unlawful use, possession, or distribution of alcoholic beverages and illicit drugs. Violations are prosecuted in DeKalb and Jackson Counties by the District Attorney's Office on behalf of the State of Alabama. Misdemeanor offenses and violations occurring within town limits are prosecuted by the city prosecutor on behalf of the Town of Powell.

V. HEALTH RISKS OF DRUG AND ALCOHOL USE AND ABUSE

The following is a list of some of the health risks and symptoms associated with various 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 user's life.

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. Includes amphetamines and methamphetamines.
 - a. Methamphetamine is an addictive stimulant that affects the central nervous system. It is commonly known as "speed," "meth," and "chalk" in its powdered form and "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.
 - b. 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.
2. 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. Additional 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, dry, itchy skin, acne and sores. Long term effects include 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, 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”/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”), analogs of tetrahydrocannabinol (THC), 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. Analogues 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. Other types of alcohol such as isopropyl, ethyl, methyl, and acetone are found in common household items like mouthwash, cough syrup, flavored extracts, and rubbing alcohol. These are not intended to be consumed.
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. Ingesting types of alcohol like those found in household items is more likely to lead to alcohol poisoning because of the higher potency. 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, e-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. E-cigarettes are used to vaporize a synthetic liquid containing nicotine, flavoring, THC, stimulants, synthetic drugs, and even chemicals. The health risks associated with “vaping” these alternate products can be found in sections A, C, G, and H above. 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. Additionally, because e-cigarettes contain battery and heating components, other health risks are posed in the event of malfunction or misuse.

VI. EXPOSURE/CONTAMINATION

Immediately report any suspicious or unknown substances to Campus Police. Do not touch, or allow others to touch, any suspicious or unknown substances. Exposure to some drugs can be dangerous and even fatal.

Fentanyl, similar to morphine and heroin but 50-100 times more potent, acts quickly to depress the central nervous system and respiratory function. Exposure can occur through inhalation, ingestion, absorption into the skin, or by touching the eyes, nose, or mouth with contaminated hands.

Report all potential exposures and wash hands thoroughly (no hand sanitizer or any alcohol based cleaner) if suspected of potential contamination.

VII. WHERE TO GET ASSISTANCE

The resources and assistance organizations listed below are available to students and employees seeking information about or help with drug or alcohol addiction.

A. Campus Resources

Van McAlpin, NACC Police Chief
Student Center 101
256-638-4418/256-228-6001 ext. 2249
mcalpinv@nacc.edu

Sherie Grace, Dean of Student Services
Student Center 115
256-638-4418/256-228-6001 ext. 2325
graces@nacc.edu

B. Community Resources

DeKalb County CED Mental Health Center
301 14th Street NW
Fort Payne, Alabama 35967
256-845-4571
24 Hour Assistance: 256-492-7800
Website: cedmentalhealth.org

Mountain Lakes Behavioral Healthcare
Jackson County Location:
508 Gregory Street
Scottsboro, Alabama 35768

256-259-1774

Website: <https://www.mlbcwebpage.com/>

DeKalb County Sheriff's Office – Narcotics and Interdiction Unit

2801 Jordan Road SW

Fort Payne, AL 35968

24 Hours (Non-Emergency)/Crime Tips: 256-845-3801

Investigations Office: 256-845-8562

Website: <https://www.dekalbcountysheriff.org/>

Jackson County Sheriff's Office – Narcotics Division

102 East Laurel Street

Scottsboro, Alabama 35768

24 Hours (Non-Emergency)/Crime Tips Hotline: 256-574-2610

Website: <https://www.jacksoncountysheriffal.org>

C. State/National Toll-Free Hotlines and Websites

The Council on Substance Abuse-NCADD (COSA-NCADD)

Recovery Support Services: 334-262-7477

Website: cosancadd.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

National Helpline: 1-800-662-HELP

Website: www.samhsa.gov/find-help

D. Additional Online Resources

www.drugabuse.gov

<https://www.alcohol.org/>

<http://www.alabamapublichealth.gov/tobacco/index.html>

www.nlm.nih.gov/medlineplus/drugabuse.html

<https://helpguide.org/home-pages/addictions.htm>

<http://www.drugabuse.net/>

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