

5.2 Drug Prevention Information

The Drug-Free Schools and Campuses Act, enacted August 16, 1990, mandates that all institutions of higher education which receive Federal Student Aid Funds must certify that they have adopted and implemented a drug prevention program. The following information is provided for the student body with this Act in mind. Much of the following information was sourced from www.dea.gov/factsheets. Visit this site for specific information about drugs within broad categories.

Alcohol Effects

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 spouse and child abuse. 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 a greater risk than other youngsters of becoming alcoholics.

Narcotics

Among the hazards of illicit drug use is the ever-increasing risk of infection, disease, and overdose. Medical complications common among narcotic abusers arise primarily from adulterants found in street drugs and in the non-sterile practices of injecting. Skin, lung, and brain abscesses, endocarditis (inflammation of the lining of the heart), hepatitis, and AIDS are commonly found among narcotic abusers. While pharmaceutical products have a known concentration and purity, clandestinely produced street drugs have unknown compositions. Since there is no simple way to determine the purity of a drug that is sold on the street, the effects of illicit narcotic use are unpredictable and can be fatal. Physical signs of narcotic overdose include constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, severe drowsiness, and respiratory depression (slow or troubled breathing). Most narcotic deaths are a result of respiratory depression.

Stimulants

Stimulants are diverted from legitimate channels and clandestinely manufactured exclusively for the illicit market. They are taken orally, sniffed, smoked, and injected. Smoking, snorting, or injecting stimulants produce a sudden sensation known as a "rush" or a "flash." Abuse is often

associated with a pattern of binge use--sporadically consuming large doses of stimulants over a short period of time. Heavy users may inject themselves every few hours, continuing until they have depleted their drug supply or reached a point of delirium, psychosis, and physical exhaustion. During this period of heavy use, all other interests become secondary to recreating the initial euphoric rush. Tolerance can develop rapidly, and both physical and psychological dependence occur. Abrupt cessation, even after a brief two- or three-day binge, is commonly followed by depression, anxiety, drug craving, and extreme fatigue known as a "crash."

Depressants

Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures.

Barbiturates are older drugs and include butalbital (Fiorina), phenobarbital, Pentothal, Seconal, and Nembutal. A person can rapidly develop dependence on and tolerance to barbiturates, meaning a person needs more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death.

Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence. Some examples are Valium, Xanax, Halcion, Ativan, Klonopin, and Restoril. Rohypnol is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally.

Lunesta, Ambien, and Sonata are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone (Quaalude), and the illicit drug GHB.

Cannabis

Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana contains over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect. Cannabis products are usually smoked. Their effects are felt within minutes, reach their peak in 10 to 30 minutes, and may linger for two or three hours. The effects experienced often depend upon the experience and expectations of the individual user, as well as the activity of the drug itself. Low doses tend to induce a sense of well-being and a dreamy state of relaxation, which may be accompanied by a more vivid sense of sight, smell, taste, and hearing, as well as by subtle alterations in thought formation and expression. This state of intoxication may not be noticeable to an observer. However, driving, occupational, or household accidents may result from a distortion of time and space relationships and impaired motor coordination. Stronger doses intensify reactions. The individual may experience shifting sensory imagery, rapidly fluctuating emotions, fragmentary thoughts with disturbing associations, an altered sense of self-identity, impaired memory, and a dulling of attention despite an illusion of heightened insight. High doses may result in image distortion, a loss of personal identity, fantasies, and hallucinations.

Hallucinogens

Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood.

Taken in non-toxic dosages, these substances produce changes in perception, thought, and mood. Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils. Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychic effects include disorders of thought associated with time and space. Time may appear to stand still and forms and colors seem to change and take on new significance. This experience may be either pleasurable or extremely frightening. It needs to be stressed that the effects of hallucinogens are unpredictable each time they are used. There is a considerable body of literature that links the use of some of the hallucinogenic substances to neuronal damage in animals, and recent data support that some hallucinogens are neurotoxic to humans. However, the most common danger of hallucinogen use is impaired judgment that often leads to rash decisions and accidents.

Inhalants

Invisible, volatile substances found in common household products, e.g., felt tip markers, spray paint, air freshener, typewriter correction fluid, butane, computer cleaners, glue that produce chemical vapors that are inhaled to induce psychoactive or mind altering effects.

Inhalants depress the central nervous system, producing decreased respiration and blood pressure. Users report distortion in perceptions of time and space. Many users experience headaches, nausea, slurred speech, and loss of motor coordination. Mental effects may include fear, anxiety, or depression. A rash around the nose and mouth may be seen, and the abuser may start wheezing. An odor of paint or organic solvents on clothes, skin, and breath is sometimes a sign of inhalant abuse. Other indicators of inhalant abuse include slurred speech or staggering gait, red, glassy, watery eyes, and excitability or unpredictable behavior. The chronic use of inhalants has been associated with a number of serious health problems. Sniffing glue and paint thinner causes kidney abnormalities, while sniffing the solvents toluene and trichloroethylene cause liver damage. Memory impairment, attention deficits, and diminished non-verbal intelligence have been related to the abuse of inhalants. Deaths resulting from heart failure, asphyxiation, or aspiration have occurred.

Steroids

Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone that are abused in an attempt to promote muscle growth, enhance athletic or other physical performance, and improve physical appearance.

Testosterone, nandrolone, stanozolol, methandienone, and boldenone are some of the most frequently abused anabolic steroids.

The long-term adverse health effects of anabolic steroid use are not definitely known. There is, however, increasing concern of possible serious health problems associated with the abuse of these agents, including cardiovascular damage, cerebrovascular toxicity, and liver damage.

Physical side effects include elevated blood pressure and cholesterol levels, severe acne, premature balding, reduced sexual function, and testicular atrophy. In males, abnormal breast development (gynecomastia) can occur. In females, anabolic steroids have a masculinizing effect, resulting in more body hair, a deeper voice, smaller breasts, and fewer menstrual cycles. Several of these effects are irreversible. In adolescents, abuse of these agents may prematurely stop the lengthening of bones, resulting in stunted growth. For some individuals, the use of anabolic steroids may be

associated with psychotic reactions, manic episodes, feelings of anger or hostility, aggression, and violent behavior.

Designer Drugs

Recently, the abuse of clandestinely synthesized drugs has re-emerged as a major worldwide problem. These drugs are illicitly produced with the intent of developing substances that differ slightly from controlled substances in their chemical structure while retaining their pharmacological effects. These substances are commonly known as designer drugs and fall under several drug categories. The following section describes these drugs of concern and their associated risks.

Synthetic stimulants often referred to as “bath salts” are from the synthetic cathinone class of drugs. Synthetic cathinones are central nervous stimulants and are designed to mimic effects similar to those produced by cocaine, methamphetamine, and MDMA (ecstasy). These substances are often marketed as “bath salts,” “research chemicals,” “plant food,” “glass cleaner,” and labeled “not for human consumption,” in order to circumvent application of the Controlled Substance Analogue Enforcement Act. Marketing in this manner attempts to hide the true reason for the products’ existence—the distribution of a psychoactive/stimulant substance for abuse.

Drugs of Concern

Even though some substances are not currently controlled by the Controlled Substances Act, they pose risks to individuals who abuse them. The following section describes these drugs of concern and their associated risks.

WHAT IS DXM?

DXM is a cough suppressor found in more than 120 over-the-counter (OTC) cold medications, either alone or in combination with other drugs such as analgesics (e.g., acetaminophen), antihistamines (e.g., chlorpheniramine), decongestants (e.g., pseudoephedrine), and/ or expectorants (e.g., guaifenesin). The typical adult dose for cough is 15 or 30 mg taken three to four times daily. The cough-suppressing effects of DXM persist for 5 to 6 hours after ingestion. When taken as directed, side effects are rarely observed.

FEDERAL TRAFFICKING PENALTIES—

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	<p>First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual.</p> <p>Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.</p>	5 kgs or more mixture	<p>First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual.</p> <p>Second Offense: Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p> <p>2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p>
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture	

PENALTIES				
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	<p>First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine \$1 million if an individual, \$5 million if not an individual.</p> <p>Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.</p>		
Flunitrazepam (Schedule IV)	1 gram			
Other Schedule III drugs	Any amount	<p>First Offense: Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.</p> <p>Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.</p>		
All other Schedule IV drugs	Any amount	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.</p>		
Flunitrazepam (Schedule IV)	Other than 1 gram or more			
All Schedule V drugs	Any amount	<p>First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p>Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>		

FEDERAL TRAFFICKING PENALTIES—MARIJUANA—

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not less than 20 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	Not less than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) marijuana plants; 1 to 49 marijuana plants;	Not less than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual	Not less than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule I)	1 kg or less		

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to \$20 million if an individual and \$75 million if other than an individual.

Federal Student Aid Penalties for Drug Convictions

A federal or state drug conviction can disqualify a student for FSA funds. Convictions only count if they were for an offense that occurred during a period of enrollment for which the student was receiving Title IV aid. Students who became ineligible due to offenses that did NOT occur during such a period are eligible. Also, a conviction that was reversed, set aside, or removed from the student's record does not count, nor does one received when she was a juvenile, unless she was tried as an adult.

The chart below illustrates the period of ineligibility for FSA funds, depending on whether the conviction was for sale or possession and whether the student had previous offenses. (A conviction for sale of drugs includes convictions for conspiring to sell drugs.)

	Possession of Illegal Drugs	Sale of Illegal Drugs
First offense	One year from date of conviction	Two years from date of conviction
Second offense	Two years from date of conviction	Indefinite period
Third plus offenses	Indefinite period	

If the student was convicted of both possessing and selling illegal drugs, and the periods of ineligibility are different, the student will be ineligible for the longer period. Schools must provide each student who becomes ineligible for FSA funds due to a drug conviction a clear and conspicuous written notice of his loss of eligibility and the methods whereby he can become eligible again.

A student regains eligibility the day after the period of ineligibility ends (i.e., for a 1st or 2nd offense); or when he or she successfully completes a qualified drug rehabilitation program that includes passing two unannounced drug tests given by such a program. Further drug convictions will make him ineligible again.

Standards for a Qualified Drug Rehabilitation Program

A qualified drug rehabilitation program must include at least two unannounced drug tests and satisfy at least one of the following requirements:

- Be qualified to receive funds directly or indirectly from a federal, state, or local government program;
- Be qualified to receive payment directly or indirectly from a federally or state-licensed insurance company;
- Be administered or recognized by a federal, state, or local government agency or court; or
- Be administered or recognized by a federally or state-licensed hospital, health clinic, or medical doctor.

If you are counseling a student who will need to enter such a program, be sure to advise the student of these requirements. If a student certifies that he has successfully completed a drug rehabilitation program, but you have reason to believe that the program does not meet the requirements, you must find out if it does before paying the student any Title IV funds

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