In accordance with the Athens State University policy statement Drug-Free University: Unlawful Drugs and Alcohol, this document will be distributed annually to each Athens State University student and employee so as to assist members of the University community in making informed choices about drug and alcohol use.

Every effort has been made to ensure the accuracy of all information presented in this document. Individuals are encouraged to consult other sources and seek appropriate legal advice when necessary.

Standards of Conduct and Enforcement

Any employee, student, vendor/contractor, or visitor who engages in any behavior prohibited by the policy Drug-Free University: Unlawful Drugs and Alcohol, and/or which is a violation of federal, state, or local laws or ordinances, shall be subject to referral to law enforcement officials for arrest and prosecution in addition to any disciplinary sanctions that might be imposed by the University.

Information on Legal Sanctions Regarding Unlawful Use, Possession, or Distribution of Alcoholic Beverages and Illicit Drugs

A. State of Alabama Laws and Sanctions

The information presented below refers to drug “Schedules” which make reference to the authorization by the Alabama State Legislature for the Alabama State Board of Health to classify drugs in terms of their potential for abuse and/or their current usage in medical treatment. Schedule I substances consist primarily of “street drugs” and “controlled substance analogs” which have a high potential for abuse, including heroin, morphine, marijuana, LSD, Mescaline, and psilocybin. Schedule II substances include controlled substances such as opium, cocaine, and methadone. Schedule III drugs include those which have less potential for abuse than Schedule I or II; those substances with decreasing potential for abuse are included in Schedules IV and V. The Schedules may be found in the Code of Alabama 1975, Section 20-2-20, et. seq.

Alabama laws related to the illicit possession, use, and distribution of alcoholic beverages or drugs, and the possible legal penalties for violation of these laws include, but are not limited to:

1. Public intoxication – up to 30 days in jail and/or a fine up to $200 (Code of Alabama 13A-5-7, 13A-5-12, 13A-11-10);

2. Purchase, possession, consumption, or transportation of alcoholic beverages by a person less than 21 years of age – a fine ranging from $25 to $100 and/or up to 30 days in jail (Code of Alabama 28-1-5);

3. Possession or distribution of an alcoholic beverage in a dry county – a fine ranging from $50 to $500 and, at the judge’s discretion, a jail sentence of up to 6 months (Code of Alabama 28-4-20, et. seq.);

4. Possession of an alcoholic beverage illegally manufactured or illegally brought into the State of Alabama – a fine ranging from $100 to $1,000 and, at the judge’s discretion, a jail sentence of up to 6 months (Code of Alabama 28-1-1, 28-3A-25);

5. Driving or being in actual physical control of a vehicle while under the influence of alcohol or other drugs – on the first conviction, a fine ranging from $600 to $2100 and/or one year in jail plus suspension of driver’s license for 90 days (Code of Alabama 32-5A-191);
6. Possession of marijuana, salvia divinorum, or salvinorin A for personal use – a fine up to $6,000 and/or a jail sentence of up to one year (Code of Alabama 13A-5-7, 13A-5-12, 13A-12-214, 13A-12-214.1);

7. Possession of marijuana salvia divinorum, or salvinorin A for other than personal use – a fine up to $15,000 and a prison sentence of not more than 10 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-213, 13A-12-214.1);

8. Unlawful distribution or possession with intent to distribute of a controlled substance listed in Schedules I-V – a fine up to $30,000 and/or a prison sentence of not more than 20 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-211);

9. The selling, furnishing or giving of any controlled substance listed in Schedules I-V by a person 18 years or older to a person under 18 years of age – a fine up to $60,000 and/or a prison sentence for life, or not less than 10 years but no more than 99 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-215);

10. Possession of a controlled substance enumerated in Schedule I-V – a fine of not more than $15,000 and/or a prison sentence of not more than 10 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-212);

11. Conviction for an unlawful sale of a controlled substance on or within a three-mile radius of an educational institution – in addition to any other penalties provided by law, an additional penalty of 5 years of imprisonment with no provision for probation (Code of Alabama 13A-12-250);

12. The use, or possession with intent to use, of drug paraphernalia – a fine of up to $6,000 and/or up to one year in jail (Code of Alabama 13A-5-7, 13A-5-12, 13A-12-260);

13. The sale, delivery of, or possession with the intent to sell or deliver drug paraphernalia – a fine of up to $15,000 and/or a prison sentence of not more than 10 years. If the delivery or sale is by a person 18 years or older to a person under 18 years of age, a fine of up to $30,000 and/or a prison sentence of up to 20 years (Code of Alabama 13A-5-6, 13A-5-11, 13A-12-260).

Penalties for subsequent violations and convictions of the above are progressively more severe than for initial convictions.

B. Federal Laws and Sanctions Related to Controlled Substances

In a manner similar to the Code of Alabama, Title 21 of the United States Code, Section 812 (21 U.S.C. 812) establishes, and authorizes the U.S. Attorney General to revise as needed, classifications of controlled substances. Substances are classified in one or more of five “Schedules,” where Schedule I are substances often considered “street drugs” with a high potential for abuse, while Schedule V are substances considered to have a low potential for abuse when compared with substances in Schedules I – IV.

21 U.S.C. 841 makes it unlawful (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, a counterfeit substance. As specified in the provisions of 21 U.S.C. 841, the minimum penalties for the conviction of an individual in a first-offense violation of (a) or (b) are:

1. Schedule I or II substance – a fine not to exceed $1,000,000 and/or a term of imprisonment of not more than 20 years;

2. Schedule III substance – a fine not to exceed $500,000 and/or a term of imprisonment of not more than 15 years;
3. **Schedule IV substance** – a fine not to exceed $250,000 and/or a term of imprisonment of not more than 5 years;

4. **Schedule V substance** – a fine not to exceed $100,000 and/or a term of imprisonment of not more than one year.

Notwithstanding the above, the distribution of a small amount of marijuana for no remuneration is punishable by imprisonment of not more than one year and/or other penalties under Title 18 of the United States Code.

In addition, 21 U.S.C. 843 makes it unlawful for any person knowingly or intentionally to acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception, or subterfuge. Penalties for the conviction for a first offense violation include a term of imprisonment of not more than 4 years and/or other penalties under Title 18 of the United States Code.

Penalties for subsequent violations and convictions of the above are progressively more severe than for initial convictions.

C. **Local Ordinances**

Local authorities abide by state and federal laws concerning unlawful possession, use, and distribution of alcoholic beverages and drugs.

**Health Risks Associated with Use and Abuse of Drugs or Alcohol**

The following is a summary of information on some of the effects, symptoms, and health risks associated with commonly abused substances. It is not intended to be the final word on the types of substances being abused since new drugs and drug use trends are constantly emerging. In addition, the scientific and medical communities continue to research health risks associated with the use and abuse of drugs or alcohol.

**Marijuana**

Marijuana is a dry, shredded green and brown mix of leaves, flowers, stems and seeds from the hemp plant *Cannabis sativa*. In a more concentrated form it is known as hashish, and as sticky black liquid, hashish oil. The main psychoactive (mind-altering) chemical in marijuana is tetrahydrocannabinol (THC).

According to the National Institute on Drug Abuse, as of December 2012 marijuana was the most common illicit drug used in the United States.

Regularly observed physical effects of marijuana are a substantial increase in heart rate, bloodshot eyes, dry mouth and throat, and increased appetite.

Marijuana use can have a variety of adverse short- and long-term effects, especially on cardiopulmonary and mental health. Use of marijuana 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.

Research has shown that, in chronic users, marijuana’s adverse impact on learning and memory persists after the acute effects of the drug wear off; when marijuana use begins in adolescence, the effects may persist for many years. Motivation and cognition may be altered, making the acquisition of new information difficult.

Contrary to common belief, marijuana is addictive. Estimates from research suggest that about 9 percent of users become addicted to marijuana; this number increases among those who start young (to about 17 percent, or 1 in 6) and among daily users (to 25-50 percent).
Cocaine
Cocaine is a powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. Cocaine may be used in powder form and inhaled through the nose, dissolved in water and injected, or smoked when processed to form a rock crystal, often known as “crack” or freebase cocaine.

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 mucus membranes of the nose. Injecting cocaine with unsterile equipment leads to risk of contracting HIV, hepatitis C, and other blood-borne diseases.

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 cocaine is extremely addictive, since its effects are felt more rapidly but for a shorter time.

The health and physical risks of cocaine use include elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures. Cocaine use can cause death by disrupting the brain’s control of the heart and respiration, leading to cardiac and respiratory arrest.

Methamphetamine and Other Stimulants
Stimulants may include amphetamines, methamphetamine, phenmetrazine (Preludin), methylphenidate (Ritalin), and appetite suppressant (anorectic) drugs such as phentermine.

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse.

In particular, methamphetamine is generally a white crystalline powder that dissolves in water or alcohol and is taken orally, inhaled through the nose, by injection, or by smoking. Most of the methamphetamine abused in the United States comes from foreign or domestic “superlabs”, although it is also made in small, illegal “labs”. Production of the drug in these small labs often endangers the people producing the drug, neighbors and the surrounding community, and the environment.

Long-term methamphetamine abuse has many negative health consequences, including addiction, extreme weight loss, severe dental problems (“meth mouth”), anxiety, confusion, insomnia, mood disturbances, and violent behavior. Chronic methamphetamine abusers can also display a number of psychotic features, including paranoia, visual and auditory hallucinations, and delusions (for example, the sensation of insects crawling under the skin). Research indicates that chronic abuse significantly changes how the brain functions and can lead to a reduction in motor skills and impairment of verbal learning.

Heroin
Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant. Heroin usually appears as a white or brown powder or as a black sticky substance (“black tar heroin”). Heroin can be injected, inhaled by snorting or sniffing, or smoked.

Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious diseases like hepatitis and HIV for people who inject the drug. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease. Pulmonary complications, including various types of pneumonia, may result from the poor health of the user as well as from heroin’s effects on breathing.

Research shows that regular heroin use changes the functioning of the brain. One result is tolerance, in which more of the drug is needed to achieve the same intensity of effect. Another result is dependence, characterized by the need to
continue use of the drug to avoid withdrawal symptoms.

**Hallucinogens**

Hallucinogenic compounds are often found in plants and mushrooms or their extracts, and include LSD (d-lysergic acid diethylamide), PCP (phencyclidine), peyote (mescaline), and psilocybin.

LSD is usually taken orally and is frequently found in tablets, capsules, or added to absorbent paper. The effects on people who take it vary, but generally include dramatic emotional swings, and, in larger doses, delusions and visual hallucinations. LSD users can also experience flashbacks, or recurrences of certain aspects of the drug experience. Flashbacks occur suddenly, often without warning, and may do so within a few days or more than a year after LSD use. Physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors. While prolonged use of LSD can produce tolerance, LSD is not generally considered an addictive drug since most users voluntarily stop its use over time.

PCP is a white crystalline powder, but is frequently sold illegally as a tablet, capsule, or dyed powder that is orally ingested, inhaled by snorting, or smoked. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana. The effects of PCP on users include delusions, hallucinations, paranoia, mood disturbances, memory loss, and difficulties with speech and thought. Physical effects may include elevated breathing rate, shallow breathing, increased heart rate and blood pressure, flushing and sweating, numbness and loss of muscular control. PCP users may become violent or suicidal, and high doses can cause seizures, coma, and death. PCP is very addictive and repeated abuse frequently leads to compulsive behavior in seeking the drug.

Peyote is a small cactus; disc-shaped buttons on the top of the cactus can be cut and dried. The buttons are generally chewed or soaked in water to produce a liquid. The principal active ingredient in peyote is mescaline, which can also be produced by chemical synthesis. According to the National Institute on Drug Abuse, the long term effects of mescaline remain poorly understood. The effects of peyote are similar to LSD, and peyote abusers may also experience flashbacks.

Psilocybin is obtained from certain types of mushrooms found in tropical regions of South America, Mexico, and the United States. The mushrooms are typically taken orally, and may be brewed as tea or added to other foods. The psychological consequences of psilocybin use include hallucinations, an altered perception of time, and an inability to discern fantasy from reality. Physical effects can include excessive pupil dilation, nausea, vomiting, and drowsiness.

**Inhalants**

Many legal substances found in the home, such as spray paints, hair sprays, paint thinners, markers, glues, cleaning and correction fluids, and lighter fluid, contain substances that have mind-altering properties when inhaled. Nitrites, such as amyl nitrite, are used medicinally to relieve pain of angina attacks, but are also sold for illicit use in small bottles or cap vials.

The effects of inhalants include slurred speech, lack of coordination, euphoria, and dizziness. Inhalant abusers may also experience light-headedness, hallucinations, and delusions. Physical effects of inhalants may include nausea, sneezing, coughing, nose bleeds, headache, fatigue, lack of coordination, and loss of appetite. Long-term effects may include liver and kidney damage, hearing loss, and damage to sheathing around nerve fibers which may result in loss of coordination and spasms. Inhaling highly concentrated amounts of the chemicals in solvents or aerosol sprays can cause heart failure, suffocation, and permanent brain damage.

**“Club” Drugs**

So-called “club” drugs include MDMA (Ecstasy), GHB (gamma hydroxybutyrate), Rohypnol, and ketamine.

MDMA is generally taken orally as a capsule or tablet, and is frequently abused in combination with other drugs. It produces feelings of increased energy, euphoria, emotional warmth and empathy toward others, and distortions in sensory and time perception. MDMA can have many of the same physical effects as other stimulants like cocaine and
amphetamines. Research on the addictive properties of MDMA has shown varying results, but dependence has been reported.

GHB and Rohypnol are both generally ingested orally – GHB in liquid or powder form, while Rohypnol is typically in pill form or ground up and inhaled by snorting. Both drugs have been used to commit sexual assaults (also known as “date rape,” “drug rape,” “acquaintance rape,” or “drug-assisted” assault) due to their ability to sedate and incapacitate unsuspecting victims, preventing them from resisting sexual assault. Rohypnol may also produce amnesia, in which individuals cannot remember events they experienced while under the drug’s influence. Repeated GHB use may lead to insomnia, tremors, sweating, and anxiety. Chronic use of Rohypnol can produce tolerance, dependence, and addiction.

Ketamine, a dissociative anesthetic often used in veterinary practice, is usually snorted or injected intramuscularly. Ketamine use may result in distortion in perceptions of sight and sound and may produce feelings of detachment from the environment and self. Low-doses can cause impaired attention, learning ability, and memory. At higher doses, ketamine can cause delirium and amnesia.

**Prescription Drugs**

Many medications used for legitimate medical reasons have mind-altering properties and may be abused by those who take the medications for reasons or in ways or amounts not intended by a doctor, or by someone who takes them who is not the person for whom the medications are prescribed.

According to the National Institute on Drug Abuse, as of May 2013, prescription and over-the-counter drugs (such as cough and cold remedies) are, after marijuana and alcohol, the most commonly abused substances by Americans 14 years of age or older. In addition, research indicates that 70% of the people who misuse prescription drugs get them from a friend or relative.

Some of the most commonly abused prescription drugs are: opioids, such as hydrocodone (e.g. Vicodin), oxycodone (e.g. Oxycontin), meperidine (e.g. Demerol), and hydromorphone (e.g. Dilaudid); depressants, such as pentobarbital sodium (e.g. Nembutal), diazepam (e.g. Valium), and alprazolam (e.g. Xanax); and stimulants, such as dextroamphetamine (e.g. Dexedrine), methylphenidate (e.g. Ritalin, Concerta), and amphetamines (e.g. Adderall).

Opioids can produce drowsiness, cause constipation, and in larger doses, depress breathing. Research has shown that more people die from overdoses of prescription opioids than from all other drugs combined, including heroin and cocaine. Depressants slow down brain activity and can cause sleepiness and loss of coordination. Stimulants can have strong effects on the cardiovascular system. Taking high doses of a stimulant can raise body temperature to dangerous levels and cause seizures, irregular heartbeat or even heart failure.

All of these drugs have the potential for addiction even when used as intended, and this risk is amplified when they are abused.

**Synthetic Drugs**

Synthetic Cannabinoids, commonly known as “synthetic marijuana,” “K2,” or “Spice”, are often sold in legal retail outlets as “herbal incense” or “potpourri”, and synthetic cathinones are often sold as “bath salts” or “jewelry cleaner”. They are labeled “not for human consumption” to mask their intended purpose and avoid Food and Drug Administration (FDA) regulatory oversight of the manufacturing process. Synthetic cathinones are man-made chemicals related to amphetamines. Synthetic cathinone products often consist of methylenedioxyxymethamphetamine (MDPV), mephedrone, and methylone.

The contents and effects of synthetic cannabinoids and cathinones are unpredictable due to a constantly changing variety of chemicals used in manufacturing processes devoid of quality controls and government regulatory oversight.
Health warnings have been issued by numerous health authorities and poison control centers describing the adverse health effects associated with the use of synthetic drugs. The effects of synthetic cannabinoids include severe agitation and anxiety, nausea, vomiting, tachycardia (fast, racing heartbeat), elevated blood pressure, tremors and seizures, hallucinations, dilated pupils, and suicidal and other harmful thoughts and/or actions. Similar to the adverse effects of cocaine, LSD, and methamphetamine, synthetic cathinone use is associated with increased heart rate and blood pressure, chest pain, extreme paranoia, hallucinations, delusions, and violent behavior, which causes users to harm themselves or others.

The Synthetic Drug Abuse Prevention Act is part of the FDA Safety and Innovation Act of 2012, signed into law by President Obama. The law permanently places 26 types of synthetic cannabinoids and cathinones into Schedule I of the Controlled Substances Act (CSA).

**Alcohol**

Ethyl alcohol, a natural substance formed by the fermentation of yeast, sugars, and starches, is the major active ingredient in beer, wine, and liquor. Alcohol can produce feelings of well-being, but can lead to intoxication, sedation, unconsciousness, or death, depending on how much is consumed and how fast it is consumed.

Alcohol is mind-altering substance, and can alter moods, cause changes in the body, and become habit forming. Alcoholism or alcohol dependence is a diagnosable disease characterized by a strong craving for alcohol, and/or continued use despite harm or personal injury.

Chronic use of alcohol has been associated with such diseases as alcoholism, stroke, 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 other Fetal Alcohol Disorders.

**Where to Get Assistance**

There are many resources and organizations that can provide information and assistance for persons who are in need of counseling or other treatment for substance abuse. The information below lists some additional resources and contact information for several local agencies and organizations which can assist persons in need of such services.

The Office of Student Activities at Athens State University (256-233-8243) can also assist students and employees of the University with contact information on other local resources.

The University’s Counseling Services provides services include short-term individual and group counseling by appointment (256-233-8144), crisis intervention, consultation, mental health counseling, social skills training, and referral services to agencies or private practitioners within the community when long-term counseling is required.

The information below is provided for informational purposes only, and does not constitute an endorsement of any of the agencies/organizations listed.

**Local Agencies/Organizations**

**Alcoholics Anonymous – North Central Alabama (Area 1 District 20)**

3322 Memorial Parkway SW
Building 600, Suite 603
Huntsville, AL 35801
(256) 885-0323
[www.aahuntsvilleal.org](http://www.aahuntsvilleal.org) (This website provides links to information about meetings and other activities in the greater Huntsville – Decatur – Athens area.)
Bradford Health Services – Huntsville Regional Office (provides treatment services for persons with alcohol and drug dependency)
555 Sparkman Drive, Suite 208
Huntsville, AL 35816
(256) 895-3848 or (800) 879-7272

Bradford Health Services – Florence Regional Office
303 College Street
Florence, AL 35630
(256) 760-0200 or (800) 333-1865
www.bradfordhealth.com

The Bridge, Inc. (provides substance abuse treatment for adolescents age 12-18)
402 Arnold Street NE
P.O. Box 2426
Cullman, AL 35056
(256) 775-8301, (256) 735-1922 (Fax)
www.bridgeinc.org

Crestwood Medical Center – Behavioral Health Services (provides comprehensive chemical dependency detox services)
One Hospital Drive
Huntsville, AL 35801
(256) 429-5480
www.crestwoodmedcenter.com

Narcotics Anonymous – Northeast Alabama Area
(800) 230-5109

**Online Resources**

Alcoholics Anonymous World Services
www.aa.org

AL-ANON Alabama Northwest Florida (Area 64)
www.alnwf-al-anon.org/

Alabama Department of Public Health
www.adph.org/

Narcotics Anonymous World Services
www.na.org/
National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov/

National Institute on Drug Abuse
www.drugabuse.gov/
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