



Revised April 2015
Revised: February 19, 2018

Drug and Alcohol Abuse: Awareness and Prevention

Athens State University (the “University”) has developed, adopted and implemented policies and programs to prevent the unlawful possession, use, and/or distribution of illicit drugs and alcohol by all students and employees on school premises and/or as a part of any school activity. Please read the following information thoroughly so that you will have the information necessary to assist with the University’s initiative to keep the campus and the community safe and drug-free.

In accordance with the Athens State University policy statement [Drug-Free University: Unlawful Drugs and Alcohol](#), which can be found on the University’s website, 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.

This document has been issued in order to provide all students and employees with information concerning the University’s standards of conduct; sanctions for violating federal, state, and local laws and the Policy; a description of health risks associated with the use of certain drugs; available treatment options; and a summary of the biennial review as it relates to the Policy.

The University has endeavored to ensure the accuracy of all information presented in this document. However, the information presented is subject to change and/or interpretation, and so individuals are encouraged to consult other sources and seek appropriate legal advice with respect to this material.

STANDARDS OF CONDUCT AND ENFORCEMENT

Any employee, student, or other person that engaged in behavior prohibited by the policy [Drug-Free University: Unlawful Drugs and Alcohol](#) shall be subject to the sanctions discussed in that document. For University employees, this may include various discipline, including but not limited to reprimand, suspension and termination. For University students, this may include various discipline, including but not limited to reprimand, suspension and expulsion. A disciplinary sanction may include the completion of an appropriate rehabilitation program. For vendors, contractors and other University visitors, this may include loss of University business and/or access. In all cases, violations of the police and state/federal/local laws may result in referral to law enforcement for arrest and prosecution. Disciplinary sanctions that may be imposed are further described in the [Student Code of Conduct and Disciplinary Procedures](#).

LEGAL SANCTIONS AND PENALTIES

Federal Trafficking Penalties

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.



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Drug/Schedule	Quantity	Penalty
Cocaine (Schedule II)	500-4999 gms mixture	<p>First Offense: Not less than 5 years and not more than 40 years. If death or serious injury, not less than 20 or more than life. Fine of not more than \$2 million, if an individual, \$5 million if not an individual.</p> <p>Second Offense: Not less than 10 years and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$4 million, if an individual, \$10 million if not an individual.</p>
Cocaine Base (Schedule II)	5-49 gms mixture	
Fentanyl (Schedule II)	40-399 gms mixture	
Fentanyl Analogue (Schedule I)	10-99 gms mixture	
Heroin (Schedule I)	100-999 gms mixture	
LSD (Schedule I)	1-9 gms mixture	
Methamphetamine (Schedule II)	5-49 gms pure or 50-499 gms mixture	
PCP (Schedule II)	10-99 gms pure or 100-999 gms mixture	

Drug/Schedule	Quantity	Penalty
Cocaine (Schedule II)	5 kgs or more mixture	<p>First Offense: Not less than 10 years and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$4 million, if an individual, \$10 million if not an individual.</p> <p>Second Offense: Not less than 20 years and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million, if an individual, \$20 million if not an individual.</p> <p>2 or More Prior Offenses: Life Imprisonment.</p>
Cocaine Base (Schedule II)	50 gms or more mixture	
Fentanyl (Schedule II)	400 gms or more mixture	
Fentanyl Analogue (Schedule I)	100 gms or more mixture	
Heroin (Schedule I)	1 kg or more mixture	
LSD (Schedule I)	1-9 gms mixture	
Methamphetamine (Schedule II)	50 gms or more pure or 500 gms or more mixture	
PCP (Schedule II)	100 gms or more pure or 1 kg or more mixture	

Drug	Quantity	Penalty
Any Other Schedule I or II Substance	Any	<p>First Offense: Not more than 20 years. If death or serious injury, not less than 20 years or more than life</p>
Any Drug Product Containing Gamma Hydroxybutyric	Any	

Drug	Quantity	Penalty
Flunitrazepam (Schedule IV)	1 gram	and/or fine not to exceed \$1 million if an individual, \$5 million if not an individual. Second Offense: Not more than 30 years. If death or serious injury, life imprisonment and or/fine not more than \$2 million in an individual, \$10 million if not an individual.
Any Other Schedule III Substance	Any	First Offense: Not more than 10 years. If death or serious injury, not less than 15 years. Fine not to exceed \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 years. If death or serious injury, not more than 30 years. Fine not more than \$1 million in an individual, \$10 million if not an individual.
All Other Schedule IV Drugs	Any	First Offense: Not more than 5 years. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 years. Fine not more than \$500,000 if an individual, \$2 million if not an individual.
All Other Schedule V Drugs	Any	First Offense: Note more than 1 year. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 years. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.
Marijuana	Less than 50 kilograms mixture or 1-49 plants	First Offense: Not more than 5 years. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Note more than 10 years. Fine \$500,000 if an individual, \$2 million if not an individual.

Drug	Quantity	Penalty
	50-99 kilograms mixture or 50-99 plants	<p>Frist Offense: Not more than 20 years. If death or serious bodily injury, not less than 20 years or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.</p> <p>Second Offense: Not more than 30 years. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.</p>
	100-999 kilograms mixture or 100-999 plants	<p>Frist Offense: Not less than 5 years or more than 40 years. If death or serious bodily injury, not less than 20 years or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.</p> <p>Second Offense: Not less than 10 years or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50 million if not an individual.</p>
	1,000 kilograms or more mixture or 1,000 or more plants	<p>Frist Offense: Not less than 10 years or more than life. If death or serious bodily injury, not less than 20 years or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.</p> <p>Second Offense: Not less than 20 years or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if not an individual.</p>
Hashish	10 kilograms or less	<p>Frist Offense: Not more than 5 years. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p>
Hashish Oil	1 kilogram or less	<p>Second Offense: Note more than 10 years. Fine \$500,000 if an individual, \$2 million if not an individual.</p>



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Drug	Quantity	Penalty
Hashish	More than 10 kilograms	First Offense: Not more than 20 years. If death or serious bodily injury, not less than 20 years or more than life. Fine \$1 million if an individual, \$5 million if other than an individual. Second Offense: Not more than 30 years. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.
Hashish Oil	More than 1 kilogram	

State

Sentences for felonies, misdemeanors, and violations shall be for a definite term of imprisonment, which may include hard labor, as follows:

- Felonies
 - Class A: 10 – 99 years or life
 - Class B: 2 – 20 years
 - Class C: 1 year and 1 day – 10 years
 - Class D: 1 year and 1 day – 5 years
- Misdemeanors
 - Class A: not more than 1 year
 - Class B: not more than 6 months
 - Class C: not more than 3 months
- Violations
 - not to exceed 30 days

Violation	Penalty	Code
Attempt, criminal solicitation, and criminal conspiracy to commit a controlled substance crime: offenses that are included in any controlled substance crime that is charged, and a defendant charged with any controlled substance crime may be convicted of attempt, solicitation, or conspiracy to commit it.	Punished the same as the controlled substance crime solicited	13A-12-202, 203, 204, 205
Unlawful distribution of a controlled substance; possession with intent to distribute a controlled substance.	Class B Felony	13A-12-211
Unlawful possession or receipt of controlled substances.	Class D Felony	13A-12-212



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Violation	Penalty	Code
Unlawful possession of marijuana in the first degree.	Class C Felony: possession for other than personal use	13A-12-213
	Class D Felony: possession for his/her personal use only after having been previously convicted of unlawful possession of marijuana in the second degree or for unlawful possession of marijuana for his/her personal use only	
Unlawful possession of marijuana in the second degree (possess marijuana for his/her personal use).	Class A Misdemeanor	13A-12-214
Unlawful possession of salvia divinorum or salvinorum A, including all parts of the plant, whether growing or not.	Class C Felony: possession for other than personal use	13A-12-214.1
	Class D Felony: possession for his/her personal use only after having been previously convicted of unlawful possession in the second degree or for unlawful possession for his/her personal use only	
	Class A Misdemeanor: possession for his/her personal use	
Sale, furnishing, etc., of controlled substance by person over age 18 to persons under age 18.	Class A Felony	13A-12-215
Unlawful manufacture of controlled substance in the second degree.	Class B Felony	13A-12-217
Unlawful manufacture of controlled substance in the first degree.	Class A Felony	13A-12-218
Unlawful possession of anhydrous ammonia.	Class B Felony	13A-12-219
Trafficking in cannabis; cocaine; morphine, opium, or any salt, isomer, or salt of any isomer thereof, including heroin, or any mixture containing any such substance; pills or capsules of methaqualone; pills or capsules of hydromorphone; methylenedioxy amphetamine or any mixture containing such; pills or capsules of hydromorphone; phencyclidine or any mixture containing such; lysergic acid diethylamide or any mixture containing such; amphetamine or any mixture contained such; methamphetamine or any mixture containing such; synthetic controlled substance).	Depending on quantity, penalties range 3 years to life imprisonment without parole and a fine of \$25,000 - \$500,000	13A-12-231



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Violation	Penalty	Code
Drug Trafficking Enterprise.	25-life imprisonment without parole and a fine of \$50,000 to \$1 million	13A-12-233
Additional penalty if unlawful sale on or within a three-mile radius of a school campus.	5 years with no provision for probation	13A-12-250
Drug paraphernalia.	<p>Class A Misdemeanor: use or possession with intent to use</p> <p>Class C Felony: use, deliver, or sell, possess with intent to deliver, or sell, or manufacture with intent to deliver or sell, or possess with intent to use to manufacture a controlled substance</p> <ul style="list-style-type: none"> Class B Felony: if also in possession of a firearm <p>Class A Misdemeanor: delivery or sale</p> <ul style="list-style-type: none"> Class C Felony: if subsequent violation Class B Felony: if person 18 years of age or older delivering to a person under 18 at least three years his junior 	
Additional penalty for unlawful sale with three-mile radius of public housing project.	5 years with no provision for probation	13A-12-270
Additional Penalties	In addition to disposition and fine authorized above, an additional penalty fixed at \$1,000 shall be assessed for a first offence and \$2,000 for a second or subsequent offense.	13A-12-281
License suspended for six months for specific crimes and fee.	In addition to the other penalties provided by law	13A-12-290, 291, 294
Deceptively obtaining a prescription for a controlled substance.	<p>Class A Misdemeanor</p> <p>Class C Felony: if a fourth or subsequent violation committed within a five-year period</p>	13A-12-320
Contributing to the delinquency of children.	Class A Misdemeanor	12-15-111
Public Intoxication.	Violation	13A-11-10
Open house parties.	Class B Misdemeanor	13A-11-10.1



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Violation	Penalty	Code
Minimum age: it is unlawful for a person less than 21 years of age to purchase, consume, possess or transport alcohol.	30 days in the county jail and/or fine of \$25-\$100	28-1-5
Minor in possession.	Misdemeanor punishable by possible imprisonment, at the judges discretion, for not more than three months, and a fine of \$50-\$500	28-3A-25
Driving while under the influence of alcohol, controlled substance, etc.	<p>First conviction: Not more than one year in the county or municipal jail and/or a fine of \$600-\$2,000 and suspension of license for a period of 90 days or installation of ignition interlock device for six months.</p> <p>Second conviction within a five-year period: Not more than one-year jail, a fine of \$1,100-\$5,100, mandatory sentence in jail for not less than 5 days or community service for not less than 30 days, suspension of driver's license for a period of one year, and installation of ignition interlock device for two years.</p> <p>Third conviction: 60 days-1 year in jail, fine of \$2,100-\$10,100, revocation of driver's license for 3 years, and installation of ignition interlock device for 3 years.</p> <p>Fourth conviction: Class C felony, 1 year and 1 day – 10 years in prison, fine of \$4,100-\$10,100, revocation of driver's license for 5 years, and installation of ignition interlock device for 5 years.</p> <p>Additional penalties may be enforced pursuant to the code.</p>	32-5A-191
Possession of open container of alcoholic beverage in motor vehicle.	Class C Misdemeanor and fine of not more than \$25	32-5A-330
Furnishing liquor to minors.	Civil cause of action - compensatory and punitive monetary damages to be determined by a jury	6-5-70



Violation	Penalty	Code
Right of action of wife, child, parent or other person for injury in consequence of illegal sale or disposition of liquor or beverages.	Civil cause of action - compensatory and punitive monetary damages to be determined by a jury	6-5-71
Liability of person for injury to third party in consequence of selling or furnishing controlled substance to minor.	Civil cause of action - compensatory and punitive monetary damages to be determined by a jury	6-5-72

Local

In addition to the violations below as found in the [Code of Ordinances of the City of Athens, Alabama](#), the City of Athens has adopted and abides by all state and federal laws pertaining to possession, use or distribution of illicit drugs and alcohol.

- Sec. 6-38. – Misrepresentation of age of minor. It shall be unlawful for any person, directly or indirectly, to falsely represent that a minor person is not a minor or is not 21 years of age, by means of which false representation such person aids or abets or attempts to aid or abet, such minor person to buy, receive or otherwise obtain any malt or brewed beverage, any wine or liquor or any alcoholic or intoxicating beverages.
- Sec. 6-43. – Open containers. It shall be unlawful for any person to or allow another person to: (1) Possess, consume or otherwise use any open container containing alcoholic beverages while upon or along any public place, street, road or highway in the city, except in the case of alcoholic beverages that are sold, served or consumed within a licensed area on or along a sidewalk or public way subject to a sidewalk dining permit under section 74-81 or permitted pursuant to section 6-47. (2) Possess or use any alcoholic beverages at any public park, municipal playground, municipal recreation facility, school playground, school stadium, or school recreational facility.

HEALTH RISKS ASSOCIATED WITH AOD ABUSE

The following information on health risks is from [What Works: Schools Without Drugs](#), U. S. Department of Education (1992):

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 at greater risk than other youngsters of becoming alcoholics.



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Below is further information describing certain illicit drugs and controlled substance and possible effects and health risks associated with the use of each. This is not intended to be the final word on the types of substances being abused. 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 illicit drugs and alcohol.

The following information is from the U.S. Department of Justice Drug Enforcement Administration's [*Drugs of Abuse, A DEA Resource Guide, 2017 Edition.*](#)

Narcotics

Also known as "opioids," the term "narcotic" comes from the Greek word for "stupor" and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as "narcotics," today "narcotic" refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is "opioid." Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin, Vicodin, codeine, morphine, methadone, and fentanyl.

Narcotics/opioids come in various forms, including: tablets, capsules, skin patches, powder, chunks in varying colors (from white to shades of brown and black), liquid form for oral use and injection, syrups, suppositories, and lollipops. Narcotics/opioids can be swallowed, smoked, sniffed, or injected.

Besides their medical use, narcotics/opioids produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to the drugs' abuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy.

Use can create psychological dependence. Long after the physical need for the drug has passed, the addict may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapse is common if there are not changes to the physical environment or the behavioral motivators that prompted the abuse in the first place.

Narcotics/opioids are prescribed by doctors to treat pain, suppress cough, cure diarrhea, and put people to sleep. Effects depend heavily on the dose, how it's taken, and previous exposure to the drug. Negative effects include: slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing. As the dose is increased, both the pain relief and the harmful effects become more pronounced. Some of these preparations are so potent that a single dose can be lethal to an inexperienced user. However, except in cases of extreme intoxication, there is no loss of motor coordination or slurred speech.

Physical dependence is a consequence of chronic opioid use, and withdrawal takes place when drug use is discontinued. The intensity and character of the physical symptoms experienced during withdrawal are directly related to the particular drug used, the total daily dose, the interval between doses, the duration of use, and the health and personality of the user. These symptoms usually appear shortly before the time of the next scheduled dose. Early withdrawal symptoms often include: watery eyes, runny nose, yawning, and sweating. As the withdrawal worsens, symptoms can include: restlessness, irritability, loss of appetite, nausea, tremors, drug craving, severe depression, vomiting, increased heart rate and blood pressure, and chills alternating with flushing and excessive sweating. However, without intervention, the withdrawal usually runs its course, and most physical symptoms disappear within days or weeks, depending on the particular drug.

Overdoses of narcotics are not uncommon and can be fatal. Physical signs of narcotics/opioid overdose include: constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing.

Drug	Effects	Overdose Effects
<p><u>Fentanyl</u></p> <p>potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic</p>	<p>On the body: relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression</p>	<p>Stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.</p>
<p><u>Heroin</u></p> <p>highly addictive drug and a rapidly acting opioid</p>	<p>On the mind: a surge of euphoria or "rush," followed by a twilight state of sleep and wakefulness</p> <p>On the body: drowsiness, respiratory depression, constricted pupils, nausea, a warm flushing of the skin, dry mouth, and heavy extremities</p>	<p>Slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death</p>
<p><u>Hydromorphone</u></p> <p>belongs to a class of drugs called "opioids," which includes morphine. It has an analgesic potency of two to eight times greater than that of morphine and has a rapid onset of action</p>	<p>On the mind: euphoria, relaxation, sedation, and reduced anxiety. It may also cause mental clouding, changes in mood, nervousness, and restlessness. It works centrally (in the brain) to reduce pain and suppress cough. Hydromorphone use is associated with both physiological and psychological dependence.</p> <p>On the body: constipation, pupillary constriction, urinary retention, nausea, vomiting, respiratory depression, dizziness, impaired coordination, loss of appetite, rash, slow or rapid heartbeat, and changes in blood pressure</p>	<p>Severe respiratory depression, drowsiness progressing to stupor or coma, lack of skeletal muscle tone, cold and clammy skin, constricted pupils, and reduction in blood pressure and heart rate, death due to respiratory depression</p>
<p><u>Methadone</u></p> <p>a synthetic (man-made) narcotic</p>	<p>On the mind: psychological dependence</p> <p>On the body: sweating, itchy skin, or sleepiness, risk of becoming physically dependent</p> <p>Withdrawal symptoms: Anxiety, muscle tremors, nausea, diarrhea, vomiting, and abdominal cramps</p>	<p>Slow and shallow breathing, blue fingernails and lips, stomach spasms, clammy skin, convulsions, weak pulse, coma, and possible death</p>

Drug	Effects	Overdose Effects
<p><u>Morphine</u></p> <p>non-synthetic narcotic with a high potential for abuse and is derived from opium. It is used for the treatment of pain.</p>	<p>On the mind: euphoria and relief of pain Chronic use results in tolerance and physical and psychological dependence.</p> <p>On the body: relief from physical pain, decrease in hunger, and inhibition of the cough reflex</p>	<p>Cold and clammy skin, lowered blood pressure, sleepiness, slowed breathing, slow pulse rate, coma, and possible death</p>
<p><u>Opium</u></p> <p>highly addictive non-synthetic narcotic that is extracted from the poppy plant, <i>Papaver somniferum</i>. The opium poppy is the key source for many narcotics, including morphine, codeine, and heroin</p>	<p>On the mind: euphoric rush, followed by relaxation and the relief of physical pain.</p> <p>On the body: inhibits muscle movement in the bowels leading to constipation; dry out the mouth and mucous membranes in the nose; physical and psychological dependence</p>	<p>Slow breathing, seizures, dizziness, weakness, loss of consciousness, coma, and possible death</p>
<p><u>Oxycodone</u></p> <p>semi-synthetic narcotic analgesic</p>	<p>On the mind: euphoria and feelings of relaxation</p> <p>On the body: pain relief, sedation, respiratory depression, constipation, papillary constriction, and cough suppression. Extended or chronic use of oxycodone containing acetaminophen may cause severe liver damage</p>	<p>Extreme drowsiness, muscle weakness, confusion, cold and clammy skin, pinpoint pupils, shallow breathing, slow heart rate, fainting, coma, and possible death</p>

Stimulants

Stimulants speed up the body's systems. This class of drugs includes: prescription drugs such as amphetamines [Adderall and dexedrine], methylphenidate [Concerta and Ritalin], diet aids [such as didrex, Bontril, Preludin, Fastin, Adipex P, ionomin, and Meridia] and illicitly produced drugs such as methamphetamine, cocaine, and methcathinone.

Stimulants come in the form of: pills, powder, rocks, and injectable liquids. Stimulants can be pills or capsules that are swallowed. Smoking, snorting, or injecting stimulants produces 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 heavy use, all other interests become secondary to recreating the initial euphoric rush.

When used as drugs of abuse and not under a doctor's supervision, stimulants are frequently taken to: produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for prolonged period, and "get high" Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur. Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone. Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."

Stimulants are sometimes referred to as uppers and reverse the effects of fatigue on both mental and physical tasks. Therapeutic levels of stimulants can produce exhilaration, extended wakefulness, and loss of appetite. These effects are greatly intensified when large doses of stimulants are taken. Taking too large a dose at one time or taking large doses over an extended period of time may cause such physical side effects as: dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.

In overdose, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature regulating systems, physical exertion increases the hazards of stimulant use.

Drug	Effects	Overdose Effects
<p><u>Amphetamines</u></p> <p>stimulants that speed up the body's system. Many are legally prescribed and used to treat attention-deficit hyperactivity disorder (ADHD).</p>	<p>On the mind: similar to cocaine, but their onset is slower and their duration is longer. Chronic abuse produces a psychosis that resembles schizophrenia and is characterized by paranoia, picking at the skin, preoccupation with one's own thoughts, and auditory and visual hallucinations. Violent and erratic behavior is frequently seen among chronic users of amphetamines and methamphetamine.</p> <p>On the body: increased blood pressure and pulse rates, insomnia, loss of appetite, and physical exhaustion</p>	<p>Agitation, increased body temperature, hallucinations, convulsions, and possible death</p>
<p><u>Cocaine</u></p> <p>intense, euphoria-producing stimulant drug derived from cocoa leaves with strong addictive potential</p>	<p>On the mind: euphoria, increased alertness and excitation, as well as restlessness, irritability, and anxiety</p> <p>Taking high doses of cocaine or prolonged use, usually causes paranoia.</p> <p>The crash that follows euphoria is characterized by mental and physical exhaustion, sleep, and depression lasting several days. Following the crash, users experience a craving to use cocaine again.</p> <p>On the body: increased blood pressure and heart rate, dilated pupils, insomnia, and loss of appetite, Cardiac arrhythmias, ischemic heart conditions, sudden cardiac arrest, convulsions, strokes, and death</p> <p>Long-term use of inhaled cocaine has led to a unique respiratory syndrome, and chronic snorting of cocaine has led to the erosion of the upper nasal cavity.</p>	

Drug	Effects	Overdose Effects
<p><u>Khat</u></p> <p>a flowering evergreen shrub that is abused for its stimulant-like effect. Khat has two active ingredients, cathine and cathinone</p>	<p>On the mind: grandiose delusions, paranoia, nightmares, hallucinations, and hyperactivity Chronic use can result in violence and suicidal depression, and cause physical exhaustion.</p> <p>On the body: immediate increase in blood pressure and heart rate, brown staining of the teeth, insomnia, and gastric disorders Chronic use can cause physical exhaustion. Long-term use can result in overdose.</p>	<p>Delusions, loss of appetite, difficulty with breathing, and increases in both blood pressure and heart rate, liver damage and cardiac complications, specifically myocardial infarctions</p>
<p><u>Methamphetamine</u></p> <p>a stimulant. The FDA approved brand-name medication is Desoxyn. Highly addictive drug with potent central nervous system (CNS) stimulant properties</p>	<p>On the mind: smoke or inject – brief, intense sensation, or rush; oral ingestion or snorting – long-lasting high instead of a rush, which reportedly can continue for as long as half a day Chronic meth users can exhibit violent behavior, anxiety, confusion, insomnia, and psychotic features including paranoia, aggression, visual and auditory hallucinations, mood disturbances, and delusions – such as the sensation of insects creeping on or under the skin. Such paranoia can result in homicidal or suicidal thoughts. Researchers have reported that as much as 50 percent of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of meth. Researchers also have found that serotonin-containing nerve cells may be damaged even more extensively.</p> <p>On the body: increased wakefulness, increased physical activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure, and hyperthermia (overheating) High doses can elevate body temperature to dangerous, sometimes lethal, levels, and cause convulsions and even cardiovascular collapse and death. Meth use may also cause extreme anorexia, memory loss, and severe dental problems.</p>	<p>High doses may result in death from stroke, heart attack, or multiple organ problems caused by overheating.</p>



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.

Depressants come in the form of pills, syrups, and injectable liquids. Individuals abuse depressants to experience euphoria. Depressants are also used with other drugs to add to the other drugs' high or to deal with their side effects. Users take higher doses than people taking the drugs under a doctor's supervision for therapeutic purposes. Depressants like GHB and Rohypnol are also misused to facilitate sexual assault.

Depressants used therapeutically do what they are prescribed for: to induce sleep, relieve anxiety and muscle spasms, and prevent seizures They also: cause amnesia, leaving no memory of events that occur while under the influence, reduce reaction time, impair mental functioning and judgment, and cause confusion Long-term use of depressants produces psychological dependence and tolerance.

Some depressants can relax the muscles. Unwanted physical effects include: slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.

Drug	Effects	Overdose Effects
<u>Barbiturates</u> produce a wide spectrum of central nervous system depression from mild sedation to coma. They also have been used as sedatives, hypnotics, anesthetics, and anticonvulsants. Barbiturates are classified as: Ultrashort, Short, Intermediate, Long-acting	On the mind: mild euphoria, lack of inhibition, relief of anxiety, and sleepiness Higher doses cause impairment of memory, judgment, and coordination; irritability; and paranoid and suicidal ideation On the body: slow down the central nervous system and cause sleepiness	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, and possible death
<u>Benzodiazepines</u> produce sedation and hypnosis, relieve anxiety and muscle spasms, and reduce seizures	On the mind: amnesia, hostility, irritability, and vivid or disturbing dreams On the body: slow down the central nervous system and may cause sleepiness	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, and possible death

Drug	Effects	Overdose Effects
<p><u>GHB</u></p> <p>another name for the generic drug sodium oxybate. Xyrem (which is sodium oxybate) is the trade name of the Food and Drug Administration (FDA)-approved prescription medication</p>	<p>On the mind: euphoria, drowsiness, decreased anxiety, confusion, and memory impairment, both visual hallucinations and — paradoxically — excited and aggressive behavior; greatly increases the CNS depressant effects of alcohol and other depressants</p> <p>On the body: nausea, High doses cause unconsciousness, seizures, slowed heart rate, greatly slowed breathing, lower body temperature, vomiting, nausea, coma, and death</p> <p>Withdrawal symptoms: insomnia, anxiety, tremors, increased heart rate and blood pressure, and occasional psychotic thoughts</p> <p>Analogues: topical irritation to the skin and eyes, nausea, vomiting, incontinence, loss of consciousness, seizures, liver damage, kidney failure, respiratory depression, and death</p>	<p>death</p>
<p><u>Rohypnol</u></p> <p>a central nervous system (CNS) depressant that belongs to a class of drugs known as benzodiazepines; produces sedative-hypnotic, anti-anxiety, and muscle relaxant effects</p> <p>also referred to as a “date rape” drug</p>	<p>On the mind: slows down the functioning of the CNS producing: drowsiness (sedation), sleep (pharmacological hypnosis), decreased anxiety, and amnesia (no memory of events while under the influence of the substance); increased or decreased reaction time, impaired mental functioning and judgment, confusion, aggression, and excitability</p> <p>On the body: muscle relaxation, Slurred speech, loss of motor coordination, weakness, headache, and respiratory depression, Physical dependence when taken regularly over a period of time.</p>	<p>High doses, particularly when combined with CNS depressant drugs such as alcohol and heroin, can cause severe sedation, unconsciousness, slow heart rate, and suppression of respiration that may be sufficient to result in death</p>

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.

Hallucinogens come in a variety of forms. MDMA or ecstasy tablets are sold in many colors with a variety of logos to attract youth. LSD is sold in the form of impregnated paper (blotter acid), typically imprinted with colorful graphic



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designs. The most commonly abused hallucinogens among junior and senior high school students are hallucinogenic mushrooms, LSD, and MDMA (ecstasy). Hallucinogens are typically taken orally or can be smoked.

Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychic effects include distortions 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. Weeks or even months after some hallucinogens have been taken, the user may experience flashbacks — fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of a flashback is unpredictable, but is more likely to occur during times of stress and seems to occur more frequently in younger individuals. With time, these episodes diminish and become less intense.

Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils.

Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material. A severe overdose of PCP and ketamine can result in: respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest.

Drug	Effects	Overdose Effects
<p><u>Ecstasy/MDMA</u></p> <p>MDMA acts as both a stimulant and psychedelic, producing an energizing effect, distortions in time and perception, and enhanced enjoyment of tactile experiences.</p>	<p>On the mind: may increase the risk of long-term, perhaps permanent, problems with memory and learning; causes changes in perception, including euphoria and increased sensitivity to touch, energy, sensual and sexual arousal, need to be touched, and need for stimulation, confusion, anxiety, depression, paranoia, sleep problems, and drug craving</p> <p>On the body: increased motor activity, alertness, heart rate, and blood pressure, Muscle tension, tremors, involuntary teeth clenching, muscle cramps, nausea, faintness, chills, sweating, and blurred vision, Severe dehydration</p> <p>High doses of MDMA can interfere with the ability to regulate body temperature, resulting in a sharp increase in body temperature (hyperthermia), leading to liver, kidney, and cardiovascular failure.</p> <p>Chronic use of MDMA can produce damage to the serotonin system</p>	<p>High doses can interfere with the body's ability to regulate temperature resulting in a sharp increase in body temperature (hyperthermia), resulting in liver, kidney, and cardiovascular system failure, and death</p>

Drug	Effects	Overdose Effects
<p><u>Ketamine</u></p> <p>dissociative anesthetic that has some hallucinogenic effects</p>	<p>On the mind: produces hallucinations, distorts perceptions of sight and sound and makes the user feel disconnected and not in control, flashbacks of the drug's effects weeks after use, agitation, depression, cognitive difficulties, unconsciousness, and amnesia</p> <p>On the body: increase in heart rate and blood pressure, unresponsive to stimuli, involuntarily rapid eye movement, dilated pupils, salivation, tear secretions, and stiffening of the muscles, nausea</p>	<p>Unconsciousness and dangerously slowed breathing</p>
<p><u>LSD</u></p> <p>potent hallucinogen that has a high potential for abuse and currently has no accepted medical use in treatment in the United States</p>	<p>On the mind: during the first hour – visual changes with extreme changes in mood, impaired depth and time perception accompanied by distorted perception of the shape and size of objects, movements, colors, sound, touch, and the user's own body image, ability to make sound judgments and see common dangers is impaired, making the user susceptible to personal injury; After a "trip" – acute anxiety and depression, flashbacks of the drug's effects months after use</p> <p>On the body: dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors</p>	<p>Longer, more intense "trip" episodes, psychosis, and possible death</p>
<p><u>Peyote & Mescaline</u></p> <p>a small, spineless cactus, active ingredient in peyote is the hallucinogen mescaline</p>	<p>On the mind: illusions, hallucinations, altered perception of space and time, and altered body image, euphoria sometimes followed by feelings of anxiety</p> <p>On the body: intense nausea, vomiting, dilation of the pupils, increased heart rate, increased blood pressure, a rise in body temperature that causes heavy perspiration, headaches, muscle weakness, and impaired motor coordination</p>	
<p><u>Psilocybin</u></p> <p>a chemical obtained from certain types of fresh or dried mushrooms</p>	<p>On the mind: hallucinations and an inability to discern fantasy from reality, panic reactions and psychosis</p> <p>On the body: nausea, vomiting, muscle weakness, and lack of coordination</p>	<p>Longer, more intense "trip" episodes, psychosis, and possible death, poisoning</p>



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Drug	Effects	Overdose Effects
<p><u>Steroids</u></p> <p>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</p>	<p>On the mind: dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as “roid rage”), psychological dependence and addiction</p> <p>When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide.</p> <p>On the body: high cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks, liver damage, endocarditis, a bacterial infection that causes a potentially fatal inflammation of the heart lining</p> <p>In boys – early sexual development, acne, and stunted growth</p> <p>In girls/women – deepening of the voice, increased facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris</p> <p>In men – shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer</p> <p>Users who inject steroids run the risk of contracting various infections due to non-sterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in non-sterile environments. All these factors put users at risk for contracting viral infections such as HIV/AIDS or hepatitis B or C, and bacterial infections at the sight of injection.</p>	<p>not associated with overdoses</p>



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Drug	Effects	Overdose Effects
<p><u>Marijuana/Cannabis</u></p> <p>mind-altering (psychoactive) drug, produced by the Cannabis sativa plant</p>	<p>On the mind: Short-term – problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination, serious impairments in learning, associative processes, and psychomotor behavior; Long-term – addiction and withdrawal; Other possible effects – dizziness, nausea, tachycardia, facial flushing, dry mouth, and tremor initially, Merriment, happiness, and even exhilaration at high doses, Disinhibition, relaxation, increased sociability, and talkativeness, Enhanced sensory perception, giving rise to increased appreciation of music, art, and touch, Heightened imagination leading to a subjective sense of increased creativity, Time distortions, Illusions, delusions, and hallucinations are rare except at high , Impaired judgment, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk-taking behavior, Emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose, increased appetite and short-term memory impairment are common</p> <p>On the body: sedation, bloodshot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure, bronchitis, emphysema, and bronchial asthma Extended use may cause suppression of the immune system</p> <p>Withdrawal symptoms: headache, shakiness, sweating, and stomach pains and nausea, restlessness, irritability, sleep difficulties, and decreased appetite</p>	<p>No deaths from overdose of marijuana have been reported.</p>

Drug	Effects	Overdose Effects
<p><u>Marijuana Concentrates</u></p> <p>highly potent THC concentrated mass</p>	<p>more psychologically and physically intense than plant marijuana use</p> <p>On the mind: paranoia, anxiety, panic attacks, and hallucinations</p> <p>On the body: increases one’s heart rate and blood pressure, withdrawal and addiction</p>	
<p><u>Inhalants</u></p> <p>invisible, volatile substances found in common household products that produce chemical vapors that are inhaled to induce psychoactive or mind-altering effects</p>	<p>On the mind: damage to the parts of the brain that control thinking, moving, seeing, and hearing; cognitive abnormalities can range from mild impairment to severe dementia</p> <p>On the body: slow down the body’s function, slight stimulation, feeling of less inhibition, or loss of consciousness, intoxication, slurred speech, an inability to coordinate movements, euphoria, and dizziness, drowsiness, headache</p> <p>Long-term: Weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, and damage to the nervous system and other organs, irregular and rapid heart rhythms leading to heart failure and death, paint or stains on body or clothing; spots or sores around the mouth; red or runny eyes or nose; chemical breath odor; drunk, dazed, or dizzy appearance; nausea; loss of appetite; anxiety; excitability; and irritability</p>	<p>loss of consciousness and/or death</p> <p>“Sudden sniffing death” can result from a single session of inhalant use by an otherwise healthy young person. Sudden sniffing death is particularly associated with the abuse of butane, propane, and chemicals in aerosols.</p> <p>Inhalant abuse can also cause death by asphyxiation from repeated inhalations, which lead to high concentrations of inhaled fumes displacing the available oxygen in the lungs, suffocation by blocking air from entering the lungs when inhaling fumes from a plastic bag placed over the head, and choking from swallowing vomit after inhaling substances.</p>

Other 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.

Drug	Effects	Overdose Effects
<p><u>DXM</u></p> <p>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) When taken as directed, side effects are rarely observed</p>	<p>On the mind: confusion, inappropriate laughter, agitation, paranoia, and hallucinations, feeling of floating and changes in hearing and touch Long-term – severe psychological dependence (mild stimulation, euphoria and hallucinations, distorted visual perceptions and loss of motor coordination, out-of-body sensations)</p> <p>On the body: Over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, and involuntary spasmodic movement of the eyeballs, death when combined with alcohol or other drugs</p> <p>Often mixed with other ingredients that can cause: liver damage, rapid heart rate, lack of coordination, vomiting, seizures, and coma</p>	<p>Generally does not result in severe medical consequences or death. Most DXM-related deaths are caused by ingesting the drug in combination with other drugs. DXM-related deaths also occur from impairment of the senses, which can lead to accidents.</p>
<p><u>Kratom</u></p> <p>tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses), and can lead to psychotic symptoms, and psychological and physiological dependence</p>	<p>On the mind: low doses – stimulant effects such as increased alertness, physical energy, and talkativeness; high doses – sedative effects; psychosis, psychotic symptoms, including hallucinations, delusion, and confusion</p> <p>On the body: nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite, anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations</p>	
<p><u>Salvia Divinorum</u></p> <p>perennial herb in the mint family that is abused for its hallucinogenic effects</p>	<p>On the mind: perceptions of bright lights, vivid colors, shapes, and body movement, as well as body or object distortions, fear and panic, uncontrollable laughter, a sense of overlapping realities, and hallucinations</p> <p>On the body: loss of coordination, dizziness, and slurred speech</p>	

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.

Drug	Effects	Overdose Effects
<p><u>Bath Salts or Designer Cathinones</u></p> <p>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).</p>	<p>On the mind: euphoria and alertness, confusion, acute psychosis, agitation, combativeness, aggressive, violent, and self-destructive behavior</p> <p>On the body: rapid heartbeat; hypertension; hyperthermia; prolonged dilation of the pupil of the eye; breakdown of muscle fibers that leads to release of muscle fiber contents into bloodstream; teeth grinding; sweating; headaches; palpitations; seizures; as well as paranoia, hallucinations, and delusions</p>	<p>Death</p>
<p><u>K2/Spice</u></p> <p>K2 and Spice are just two of the many trade names or brands for synthetic designer drugs that are intended to mimic THC, the main active ingredient of marijuana. These designer synthetic drugs are from the synthetic cannabinoid class of drugs that are often marketed and sold under the guise of “herbal incense” or “potpourri.”</p>	<p>On the mind: acute psychotic episodes, dependence, and withdrawal, intense hallucinations, severe agitation, disorganized thoughts, paranoid delusions, and violence</p> <p>On the body: tachycardia (elevated heart rate), elevated blood pressure, unconsciousness, tremors, seizures, vomiting, hallucinations, agitation, anxiety, pallor, numbness, and tingling</p>	<p>Death, including death by heart attack, acute kidney injury requiring hospitalization and dialysis</p>
<p><u>Synthetic Opioids</u></p> <p>substances that are synthesized in a laboratory and that act on the same targets in the brain as natural opioids (e.g., morphine and codeine) to produce analgesic (pain relief) effects</p> <p>Some synthetic opioids, such as fentanyl and methadone, have been approved for medical use.</p>	<p>Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression</p>	<p>Stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.</p>



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.

AVAILABLE TREATMENT OPTIONS AND PROGRAMS

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 available resources for alcohol and drug prevention, counseling, treatment, rehabilitation and re-entry programs and services available to students and employees.

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

On Campus

The Office of Student Activities

- Contact: (256) 233-8243
- Services: Can assist students and employees with contact information for local resources.

The University's Counseling Services

- Contact: (256) 233-8144
- Services: Provides short-term individual and group counseling by appointment, 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.

Local Agencies and Organizations

Alcoholics Anonymous – Area 1 District 20 (North Alabama)

- Contact: North Central Alabama (Area 1 District 20)
3322 Memorial Parkway SW
Huntsville, AL 35801
(256) 885-0323



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- Website: <http://aahuntsvilleal.com/> (Provide information on meetings and other activities taking place in the greater Huntsville, Decatur and Athens area.)
- Services: A self-supporting international fellowship of men and women who had struggled with alcohol abuse.

Bradford Health Services

- Contact: Huntsville Regional Office
555 Sparkman Drive, Suite 208
Huntsville, AL 35816
(256) 895-3848 or (800) 879-7272

Florence Regional Office
303 College Street
Florence, AL 35630
(256) 760-0200 or (800) 333-1865

Madison In-Patient Treatment Facility
1600 Browns Ferry Road
Madison, AL 35758
(256) 461-7272 or (800) 879-7272
- Website: <https://bradfordhealth.com>
- Services: Drug and alcohol addiction treatment facility and rehabilitation center with tailored inpatient and outpatient services for ages 12 and above.

The Bridge, Inc.

- Contact: 402 Arnold Street NE
P.O. Box 2426
Cullman, AL 35056
(256) 775-8301
- Website: www.bridgeinc.org
- Services: Inpatient and outpatient substance use treatment and behavioral rehabilitation programs for adolescents age 12-18.

Crestwood Medical Center – Behavioral Health Services

- Contact: One Hospital Drive
Huntsville, AL 35801
(256) 429-5480
- Website: www.crestwoodmedcenter.com/crestwood-medical-center/behavioral-health.aspx
- Services: Intensive outpatient treatment for individuals struggling with substance use disorders that do not need medically supervised detox or to continue recovery therapies for individuals following successful detox.

Narcotics Anonymous – Northeast Alabama Area

- Contact: (800) 230-5109
- Website: <https://neaana.com>
- Services: A fellowship of recovering addicts who meet regularly to help each other stay clean. Closed meetings and 24-hour hotline.



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Online Resources

Alcoholic Anonymous World Services

www.aa.org

AL-ANON Alabama Northeast Florida (Area 64)

<https://al-anon.org>

Alabama Department of Public Health

www.alabamapublichealth.gov

Narcotics Anonymous World Services

www.na.org

National Institute on Drug Abuse

www.drugabuse.gov

BIENNIAL REVIEW

The University conducts a biennial review of its alcohol and drug prevention program to determine the effectiveness and implement changes to the program, if they are needed, and to ensure disciplinary sanctions are consistently enforced. This review may include program inventories, policy inventories, and enforcement analysis with supporting documentation, such as descriptions or copies of the programs or policies, procedures for annual notifications, and descriptions of and supporting documentation for means of assessing program effectiveness and enforcement consistency. The University may construct a task force or committee to conduct this review.

Athens State University Non-Discrimination/Equal Opportunity

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