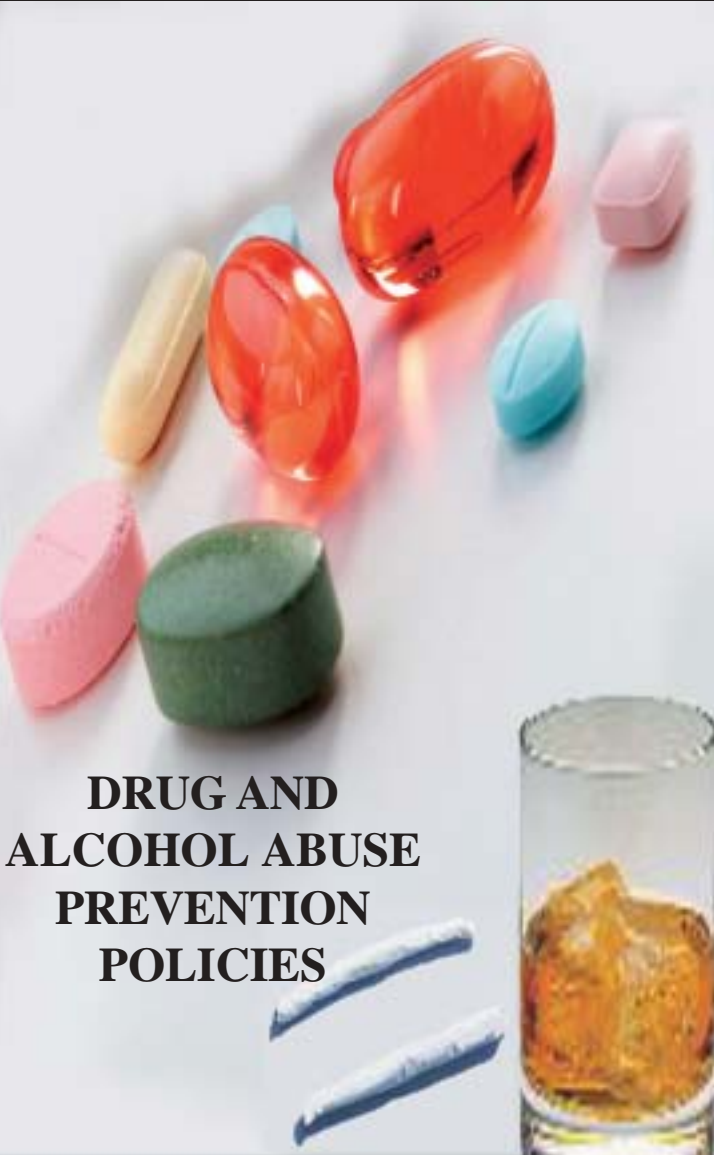




ATHENS STATE

UNIVERSITY



**DRUG AND
ALCOHOL ABUSE
PREVENTION
POLICIES**

I. INTRODUCTION

It is the policy of Athens State University that at the beginning of each term, the information contained in this document shall be distributed to each student and employee of Athens State University.

It is further the policy of Athens State University that during May of 1991 and every other May thereafter, a committee assigned by the President of Athens State University shall reviews its Drug and Alcohol Abuse Prevention Program and shall:

1. determine the effectiveness of its program and report to the President any revisions needed by the program to make it more effective; and
2. ensure that the standards of conducts described in Part II hereof are fairly and consistently enforced; and
3. submit a written report to the President stating the findings and recommendations of the Committee.

The President shall implement, effective the ensuing September, such of the Committee's recommended revisions as he/she shall deem appropriate and reasonable.

II. STANDARDS OF CONDUCT AND ENFORCEMENT THEREOF

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

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

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

A. State Offenses

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

1. Public intoxication is punishable by up to 30 days in jail. (Code of Alabama (1975), Sec. 13A-11-10).
2. Possession, consumption, or transportation of an alcoholic beverage by a person of less than 21 years of age is punishable by a fine of \$25.00 - \$100.00 or a 30-day jail term. (Code of Alabama, Sec. 28:1-5).
3. Possession or distribution of an alcoholic beverage in a dry county is punishable by a fine of \$50.00 - \$100.00 and, in the discretion of the judge, a jail sentence of up to six (6) months. (Code of Alabama, Sec. 28-4-20, et.seq.)
4. Possession of an alcoholic beverage illegally manufactured or illegally brought into the state of Alabama is punishable by a fine of \$100.00-\$1,000.00 plus, in the discretion of the judge, a jail sentence of up to six (6) months. (Code of Alabama, Sec. 28-1-1).
5. Driving or being in actual physical control of a vehicle while under the influence of alcohol or other drugs is punishable, upon the first conviction, by a fine of \$250.00- \$1000.00 and/or one year in jail plus suspension of driver’s license for 90 days. (Code of Alabama, Sec. 32-5A-191.)
6. Possession of marijuana for personal use is punishable by a fine of up to \$2,000.00 and/or a jail sentence of up to one year. (Code of Alabama, Sec. 13A-12-214.)

7. Possession of marijuana for other than personal use is punishable by a fine of up to \$5,000.00 and a prison sentence of not more than ten years. (Code of Alabama, Sec. 13A-12-213.)
8. The selling, furnishing, or giving away, manufacturing, delivery or distribution of a controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$10,000.00 and/or a prison term of not more than 20 years. (Code of Alabama, Sec. 13A-12-211.)
9. The selling, furnishing or giving by a person 18 years or older to a person under the age of 18 years of age any controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine up to \$20,000 and a prison term of up to \$20,000 and/or a prison term of up to life. (Code of Alabama, Sec. 13A-12-215.)
10. Possession of a controlled substance enumerated in Schedule I through V is punishable by a fine of not more than \$5,000.00 and/or a prison term of not more than 10 years. (Code of Alabama, Sec. 13A-12-212.)
11. Conviction for an unlawful sale of a controlled substance or, within a three-mile radius of, an educational institution brings with it an additional penalty of 5 years of imprisonment with no provision for parole. (Code of Alabama, Sec. 13A-12-250.)
12. The use, or possession with intent to use, of drug paraphernalia is punishable by up to three months in jail and/or a fine of up to \$500. (Code of Alabama, Sec. 13A-12-260).
13. The sale or delivery of, or possession with the intent to sell or deliver, drug paraphernalia is punishable by not more than 10 years in prison and/or a fine of up to \$5,000.00. If the delivery or sale is to a person under 18 years of age, it is punishable by up to 20 years in prison and/or a fine of up to \$10,000.00 (Code of Alabama, Sec. 13A-12-260.)

Penalties for subsequent violations of the above-described provisions are progressively more severe than the initial convictions.

B. Federal Offenses

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

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

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

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

1. In the case of a Schedule I or II drug which is a narcotic drug, not more than \$25,000.00, or both.
2. In the case of a Schedule II drug which is not a narcotic drug or in the case of a Schedule III drug, not more than five (5) years in prison, a fine of not more than \$15,000.00, or both.
3. In the case of a Schedule IV drug, not more than three (3) years in prison, a fine of not more than \$10,000.00 or both.
4. In the case of a Schedule V drug, not more than one (1) year in prison, a fine of not more than \$5,000.00 or both.
5. Notwithstanding subparagraphs (1) through (4) above, the distribution of a small amount of marijuana for no remuneration is punishable by imprisonment of not more than one (1) year and/or a fine of not more than \$5,000.00.
6. Notwithstanding subparagraph (1) through (4) above, the manufacture, possession, or distribution, or intent to manufacture, possess, or distribute phenylclidine (PCP, “angle dust”) is punishable by up to ten (10) years in prison and/or a fine of not more than \$25,000.00.

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

C. Local Ordinances

The local authorities abide by the federal laws concerning illicit possession, use, and distribution of alcoholic beverages and drugs.

IV. HEALTH RISKS OF DRUG AND ALCOHOL USE AND ABUSE

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

A. Cannabis

1. Includes marijuana, hashish, hashish oil, and tetrahydrocannabinol (THC).
2. Regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are “high”. Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana smoke contains more cancer-causing agents than tobacco.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

B. Cocaine

1. Includes cocaine in powder form and a “crack” in crystalline or pellet form.
2. Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucus membranes of the nose. Injecting cocaine with unsterile equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use

of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack of freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by disrupting the brain's control of the heart and respiration.

C. Other Stimulants

1. Includes amphetamines and methamphetamines ("speed"); phenmetrazine (Preluding); methylphenidate (Ritalin); and "anorectic" (appetite suppressant) drugs such as Didrex, PreSate, etc.
2. 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. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

D. Depressants

1. Includes such drugs as barbiturates, methaqualone (Quaaludes), and tranquilizers such as Valium, Librium, Equanil, Miltown, etc.
2. The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

E. Narcotics

1. Includes such substances as heroin, morphine, opium, an codeine as well as methadone, meperidine (Demerol, hydromorphone (Dilaudin), and such drugs as Percocet, Percodan, Darvon, Talwin, etc.
2. Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also my experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possibly death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

F. Hallucinogens

1. Include phencyclidien (“PCP”, lysergic acid diethylamide (“LSD”), mescaline, peyote, and psilocybin.
2. Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last six months to a year following prolonged

daily use. Mood disorders--depression, anxiety, and violent behavior--also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, heart and lung failure, or ruptured blood vessels in the brain.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, or psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

G. Inhalants

1. Include such substances as nitrous oxide ("laughing gas"), amyl nitrite, butyl nitrite, chlorohydrocarbons (used in aerosol sprays), and hydrocarbons (found in gasoline, glue, and paint thinner).
2. Immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates, and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain hemorrhage.

Deeply inhaling the vapors, or using large amounts over a short period of time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

H. Designer Drugs

1. Designer drugs include analogs of fentanyl and analogs of meperidine (synthetic heroin), analogs of amphetamines and methamphetamines

(such as “Ecstasy”), and analogs of phenecyclidine.

2. Illegal drugs are defined in terms of their chemical formulas. Under ground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

The narcotic analogs can cause symptoms such as those seen in Parkinson’s disease--uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phenecyclidine cause illusions, hallucinations, and impaired perception.

I. Alcohol

1. Ethyl alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits.
2. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, unconsciousness, or death, depending on how much is consumed and how fast it is consumed.

Alcohol is a “psychoactive” or mind-altering drug as are narcotics and tranquilizers. It can alter moods, cause changes in the body, and become habit-forming. Alcohol depresses the central nervous system and too much can cause slowed reactions, slurred speech, and unconsciousness.

Chronic use of alcohol has been associated with such diseases as alcoholism, and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse can also lead to damage to the brain, pancreas and kidneys; high blood pressure, heart attacks, and strokes; hepatitis and cirrhosis of the liver; stomach and duodenal ulcers; colitis; impotence and infertility; and premature aging. Abuse of alcohol has been linked to birth defects and Fetal Alcohol Syndrome.

V. WHERE TO GET ASSISTANCE

There is help available for persons who are in need of counseling or other treatment for substance abuse. Listed below are several agencies and organizations which can assist persons in need of such services.

A. On-Campus Assistance

The Office of the Dean for Student Affairs at Athens State University is available to students and employees of the University concerning information on substance abuse as well as information on, and assistance in obtaining counseling or other treatment.

B. National Toll-Free Hot Lines

1. 1-800-662-HELP (M-F, 8:30 a.m. - 4:30 p.m.)
National Institute on Drug Abuse Informational and Referral Line
2. 1-800-241-9746 (M-F, 8:30 a.m. - 5:00 p.m.)
Parent's Resource Institute for Drug Education (PRIDE)
3. 1-800-COCAINE (M-F, 9:00 a.m. - 3:00 p.m.) (S-S, 12:00 Noon - 3:00 p.m.)
4. 1-800-622-2255
National Council on Alcoholism
5. 1-800-SOBER-90 (24 hour)
Council on Substance Abuse

C. Local Information and Referral Numbers

The Athens-Limestone Counseling Center
Elm Street
Athens, Alabama
(256) 232-3661
Emergency Line (256) 355-6091

Albany Clinic
1315 13th Avenue, S.E.
Decatur, Alabama 35601
(256) 350-1935

Family Life Center
520 Whitesburg Road
Huntsville, Alabama 35805
(256) 880-1967

Free By Choice
Alabama Department of Corrections
Limestone Corrections Facility
P.O. Box 66
Capshaw, Alabama 35742

Huntsville Christian Counseling Center
2339 Pansy Street
Huntsville, Alabama 35801
(256) 539-3721

Mayfair Family Services
4700 Whitesburg Drive S.
Huntsville, Alabama 35802
(256) 880-3596

Mothers Against Drunk Drivers (MADD)
3322 Memorial Parkway SW
Huntsville, Alabama 35801
(256) 880-3596

Community Counseling Center
Building 3490, Honest John Road
Redstone Arsenal, Alabama 35989

Counseling Associates
3311 Bob Wallace Avenue
Huntsville, Alabama 35805
(256) 539-7339

The Key
219 Grove Avenue
Huntsville, Alabama 35801
(256) 539-0641

Drug & Alcohol
22165 U.S. Highway 431
Guntersville, Alabama 35976
(256) 582-4465

Huntsville-Madison County Mental Health Center
660 Gallatin Street
Huntsville, Alabama 35801
(256) 533-1970

Triana Youth Center
280 Zierdt Road
Madison, Alabama 35758
(256) 461-7598

VA Community Services Program
Franklin Professional Center
2006 Franklin Street
Huntsville, Alabama 35801
(256) 534-1691

D. TREATMENT FACILITIES

The treatment facilities shown below provide either alcohol (A), drug (D), or alcohol and drug (A/D) treatment on an outpatient, residential, or inpatient basis. Outpatient care generally consists of counseling and other therapy on a periodical basis, such as twice-a-week. Inpatient services include such treatment as detoxification and short-term hospital care. Residential services include residing (generally from one to six months) at a treatment facility and participating in such therapeutic activities as lectures, group counseling, individual counseling and self-analysis.

Some of the listed facilities are private and some public. In most instances, the care offered at a public facility is less expensive than similar services offered at private facilities. However, many health and hospitalization insurance policies include coverage for substance abuse treatment. There are also situations in which private facilities are provided public funding to offer services to eligible clients who would not otherwise be able to afford such services.

Alcoholism Recovery Service, Inc. (A)
Pearson Hall
2701 Jefferson Avenue, SW
Birmingham, Alabama 35211
(256) 923-6552

Aletheia House (Drug Residential) (D)
201 Finley Avenue, West
P.O. Box 1514
Birmingham, Alabama 35205
(256) 324-6502

Baldwin County Mental Health/Mental Retardation Center (A/D)
372 South Greeno Road
Fairhope, Alabama 36532-1905
(334) 928-2871

Baptist Meadhaven Addictive Disease Program (A/D)
2105 East South Boulevard
Montgomery, Alabama 36116
(334) 284-1224

Bradford-Adult Unit (A/D)
1600 Browns Ferry Road
Madison, Alabama 35758
1-800-879-7272

Bradford Group (A/D)
104 Mendel Parkway
Montgomery, Alabama 36117
(334) 262-3900

Bryce Hospital (A/D)
200 University Boulevard
Tuscaloosa, Alabama 35401
(205) 759-0799

Cahaba Cares (A/D)
912 Jefferson Davis Avenue
1017 Medical Center Parkway
Selma, Alabama 36701
(334) 874-2600

Calhoun-Cleburne Mental Health Center (A/D)
331 East Eighth Street
Anniston, Alabama 36202
236-3403

Caradale House (A/D)
1625 Old Birmingham Highway
Sylacauga, Alabama 35150
245-2395

Department of Psychiatry School of Medicine
University of Alabama in Birmingham (A/D)
1700 7th Avenue South
Birmingham, Alabama 35294
(205) 934-4041

Eastside Mental Health Center, Inc. (A/D)
129 East Park Circle
Birmingham, Alabama 35235
(205) 836-7283

Fellowship House, Inc. (A/D)
1625 Twelfth Avenue South
Birmingham, Alabama 35205
(205) 933-2430

Glenwood Mental Health Services (A/D)
150 Glenwood Lane
Birmingham, Alabama 35242
(205) 969-2880

Hillcrest Hospital (A/D)
6869 Fifth Avenue
Birmingham, Alabama 35212
1-800-292-8553

Huntsville-Madison County Mental Health Center (A/D)
660 Gallatin Street
Huntsville, Alabama 35801
(256) 533-1970

JCCEO (A/D)
3040 Ensley Avenue
Birmingham, Alabama 35208
(205) 787-3040

Lighthouse, Inc. (A/D Male)
925 Convent Road
Cullman, Alabama 35055
739-2777

Marshall-Jackson Mental Health Center (A/D)
2409 Homer Clayton Drive
Guntersville, Alabama 35976
(256) 582-3203

North Central Alabama Mental Health Center (A/D)
4110 Highway 31 South
Decatur, Alabama 35603
(256) 355-6091

Oakmont Center (A/D)
1915 Avenue H, Ensley
Birmingham, Alabama 35218
(205) 787-7100

Bradord Services
Parkside Medical Facility (A/D)
1189 Albritton Road
Warrior, Alabama 35180
1-800-648-1945

Quest Recovery Center (A/D)
1312 Somerville Road
Decatur, Alabama 35601
(256) 353-9116

Riverbend Center for Mental Health (A/D)
635 West College Street
P.O. Box 941
Florence, Alabama 35631
(256) 764-3431

St. Anne's Home, Inc. (A/D)
2772 Hanover Circle
Birmingham, Alabama 35205
(205) 933-6906

Western Mental Health Center (A/D)
1701 Avenue D, Ensley
Birmingham, Alabama 35218
(205) 788-7770

Athens State University does not discriminate on the basis of sex, race, color, religion, national origin, disability or age in its educational programs, activities, admissions, or employment policies. If an individual has a disability requiring accommodations, Contact [Maureen Chemsak](#), ADA/504 Coordinator, at 256-233-8285. The campus Telephone Device for the Deaf (TDD) number is 256-233-1127.