Alcohol and Other Drug Information

Health Effects of Alcohol and Other Drug Use: The abuse of alcohol and the use of other drugs are detrimental to the health of the user. Further, the use of drugs and alcohol is not conducive to an academic atmosphere. Drugs impede the learning process and can cause disruption for other students and can disturb their academic interests. The use of alcohol or drugs in the workplace may also impede the employee’s ability to perform in a safe and effective manner, and may result in injuries to others. Early diagnosis and treatment of drug and alcohol abuse is in the best interest of the student, employee and the university.

Alcohol: Alcohol is the most frequently abused drug on campus and in society. Alcohol is chemically classified as a mind-altering drug because it contains ethanol and has the chemical power to depress the action of the central nervous system. This depression affects motor coordination, speech and vision. In great amounts, it can affect respiration and heart rate control. Death can result when the level of blood alcohol exceeds 0.40%. Prolonged abuse of alcohol can lead to alcoholism, malnutrition and cirrhosis.

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.

Controlled Substances Act: The Controlled Substances Act (CSA) places all substances which were in some manner regulated under existing federal law into one of five schedules. The placement is based upon the substance’s medical use, potential for abuse, and safety or dependency liability. The Act also provides a mechanism for substances to be controlled (added to or transferred between schedules) or decontrolled (removed from control). The procedure for these actions is found in Section 201 of the Act (21 U.S.C. § 811).

- **Schedule I:** (1) The drug or other substance has a high potential for abuse; (2) The drug or other substance has no currently accepted medical use in treatment in the United States; (3) There is a lack of accepted safety for use of the drug or other substance under medical supervision; (4) Examples of Schedule I substances include heroin, gamma hydroxybutyric acid (GHB), lysergic acid diethylamide (LSD), marijuana, and methaqualone.

- **Schedule II:** (1) The drug or other substance has a high potential for abuse; (2) The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions; (3) Abuse of the drug or other substance may lead to severe psychological or physical dependence; (4) Examples of Schedule II substances include morphine, phencyclidine (PCP), cocaine, methadone, hydrocodone, fentanyl, and methamphetamine.

- **Schedule III:** (1) The drug or other substance has less potential for abuse than the drugs or other substances in Schedules I and II; (2) The drug or other substance has a currently accepted medical use in treatment in the United States; (3) Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence; (4) Anabolic steroids, codeine and hydrocodone products with aspirin or Tylenol®, and some barbiturates are examples of Schedule III substances.
- **Schedule IV:** (1) The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III; (2) The drug or other substance has a currently accepted medical use in treatment in the United States; (3) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III; (4) Examples of drugs included in Schedule IV are alprazolam, clonazepam, and diazepam.

- **Schedule V:** (1) The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV; (2) The drug or other substance has a currently accepted medical use in treatment in the United States; (3) Abuse of the drug or other substances may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV; (4) Cough medicines with codeine are examples of Schedule V drugs.

**Controlled Substance Analogues:** A new class of substances was created by the Anti-Drug Abuse Act of 1986. Controlled substance analogues are substances that are not controlled substances, but may be found in illicit trafficking. They are structurally or pharmacologically similar to Schedule I or II controlled substances and have no legitimate medical use. A substance that meets the definition of a controlled substance analogue and is intended for human consumption is treated under the CSA as if it were a controlled substance in Schedule I. (21 U.S.C. § 802(32), 21 U.S.C. § 813)

**User Accountability/Personal Use Penalties:** On November 19, 1988, Congress passed the Anti-Drug Abuse Act of 1988, P. L. 100-690. Two sections of this Act represent the U.S. Government’s attempt to reduce drug abuse by dealing not just with the person who sells the illegal drug, but also with the person who buys it. The first new section is titled “User Accountability,” and is codified at 21 U.S.C. § 862 and various sections of Title 42, U.S.C. The second involves “personal use amounts” of illegal drugs, and is codified at 21 U.S.C. § 844a.

- **User Accountability:** The purpose of User Accountability is to not only make the public aware of the Federal Government’s position on drug abuse, but to describe new programs intended to decrease drug abuse by holding drug abusers personally responsible for their illegal activities, and imposing civil penalties on those who violate drug laws. It is important to remember that these penalties are in addition to the criminal penalties drug abusers are already given, and do not replace those criminal penalties.

- **Personal Use Amounts:** This section of the 1988 Act allows the government to punish minor drug offenders without giving the offender a criminal record if the offender is in possession of only a small amount of drugs. This law is designed to impact the “user” of illicit drugs, while simultaneously saving the government the costs of a full-blown criminal investigation. Under this section, the government has the option of imposing only a civil fine on individuals possessing only a small quantity of an illegal drug. Possession of this small quantity, identified as a “personal use amount,” carries a civil fine of up to $10,000.

In determining the amount of the fine in a particular case, the drug offender’s income and assets will be considered. This is accomplished through an administrative proceeding rather than a criminal trial, thus reducing the exposure of the offender to the entire criminal justice system, and reducing the costs to the offender and the government.

The value of this section is that it allows the government to punish a minor drug offender, gives the drug offender the opportunity to fully redeem himself or herself, and have all public record of the proceeding destroyed. If this was the drug offender’s first offense, and the offender has paid all fines, can pass a drug test, and has not been convicted of a crime after three years, the offender can request that all proceedings be dismissed. If the proceeding is dismissed, the drug offender can lawfully say he or she had never been prosecuted, either criminally or civilly, for a drug offense.

Congress has imposed two limitations on this section’s use. It may not be used if (1) the drug offender has been previously convicted of a Federal or state drug offense; or (2) the offender has already been fined twice under this section.