Drug and Alcohol Abuse Prevention Program

University of Wisconsin Colleges

The University of Wisconsin Colleges is committed to the success of our students and employees. To this end, we are committed to providing a safe learning and employment environment. The illegal use or misuse of alcohol and drugs have no legitimate place on our campus and is prohibited. For our students and employees who may suffer from the illegal use or misuse of alcohol and drugs, we want to provide opportunities to receive education and services to assist in overcoming or preventing addiction and/or misuse.

The Drug-Free Schools and Communities Act requires institutions of higher education to adopt and implement programs to "to prevent the unlawful possession, use or distribution of illicit drugs and alcohol by all students and employees on school premises or as part of any of its activities (EDGAR Part 86 Subpart A 86:3)" As part of this initiative, institutions of higher education are required to provide annual notification to all students and employees regarding the institutions Drug and Alcohol Abuse Prevention Programs. The annual notification must contain the following:

- 1. Standards of Conduct
- 2. Legal sanctions under federal, state or local laws for the unlawful possession or distribution of illicit drugs and alcohol
- 3. Health risks associated with the abuse of alcohol or the use of illicit drugs
- 4. Drug and alcohol programs available
- 5. A statement that the institution will impose disciplinary sanctions on students and employees who violate the standards of conduct and a description of those sanctions

The University of Wisconsin Colleges is pleased to share this important information with its students and employees. This document will be reviewed for accuracy on an on-going basis. Every two years, the University of Wisconsin Colleges administration will conduct a review of this program and its effectiveness.

Standards of Conduct and Disciplinary Sanctions

The University of Wisconsin System and the University of Wisconsin Colleges prohibits the unlawful possession, use, distribution, manufacturing, or dispensing of illicit drugs and alcohol by students, employees, and guests. In addition, the use, possession, and distribution of alcoholic beverages on UW Colleges campuses or at university activities is prohibited unless permitted by the chief administrative officer or in established campus or institutional regulations.

The State of Wisconsin governs age restrictions for the lawful consumption of alcohol. The State of Wisconsin's definition of controlled substances can be found in CH. 961, Wis. Stat. University of Wisconsin System policies regarding drugs and drug paraphernalia can be found at Chapter UWS 18.09 (2-3) and Chapter UWS 18.15 (1). The University of Wisconsin System's policy on alcohol can be found at Chapter UWS 18.09. It is important to note that Students and Employees are subject to both institutional sanctions and to criminal sanctions provided by the federal, state, and local law.

Student Disciplinary Sanctions

The unlawful possession, use, distribution, manufacturing, or dispensing of illicit drugs and alcohol are offenses which are subject to disciplinary action, up-to and including expulsion, at the University of Wisconsin Colleges. A student who is found responsible for violating these policies will be assigned appropriate disciplinary sanctions. The University of Wisconsin System has a clearly defined Student Non-Academic Disciplinary Procedures: Chapter UWS 17. Under Chapter UWS 17.10, the University of Wisconsin System outlines the possible sanctions a student may be assigned. It is important to note that one or more of these sanctions can be assigned and could include mandated AOD counseling. The sanctions include:

- A written reprimand
- Denial of specified university privileges
- Payment of restitution
- Educational or service sanctions, including community service
- Disciplinary probation
- Imposition of reasonable terms and conditions on continued student status
- Removal from a course in progress
- Enrollment restrictions on a course or program
- Suspension
- Expulsion

At the University of Wisconsin Colleges, the Office of Conduct and Compliance has oversight of student discipline.

Employee Disciplinary Sanctions

The unlawful possession, use, distribution, manufacturing, or dispensing of illicit drugs and alcohol are offenses in which employees are subject to disciplinary action, up-to and including termination, if these violations take place on university property, university activities, at an off-campus work site, or during the employees work hours. An employee may be referred to an appropriate counseling and/or treatment program. Procedures for employee discipline vary by employment status. These policies include:

- UWS Chapter 4: Dismissal Faculty (https://docs.legis.wisconsin.gov/code/register/2016/726B/insert/uws4)
- UWS Chapter 6: Complaints and Grievances (https://docs.legis.wisconsin.gov/code/admin_code/uws/6)
- UWS Chapter 7: Faculty (special) Dismissal (https://docs.legis.wisconsin.gov/code/register/2016/726B/insert/uws7)
- UWS Chapter 11: Academic Staff Dismissal (https://docs.legis.wisconsin.gov/code/register/2016/724B/insert/uws11)
- UPS Operational Policies (university staff): https://www.wisconsin.edu/ohrwd/download/policies/ops/gen0.pdf

At the University of Wisconsin Colleges, the Office of Human Resources has oversight of employee discipline.

The University of Wisconsin Colleges offers a confidential Employee Assistance Program through FEI. FEI is available 24/7 by calling (866) 274-4723 or visiting their <u>website</u>. Username is SOWI. Employees are encouraged to utilize these services.

Legal Sanctions

Federal

Alcohol

In the United States, the Bureau of Alcohol, Tobacco, and Firearms enforces all federal alcohol laws; including the Interstate Transport in Aid of Racketeering or 18 U.S.C. The Federal Government's primary law governing alcohol policy is the 21st Amendment. The 21st Amendment repealed national prohibition and gave States the right to determine policy regarding the sale, importing, distribution, and possession of alcohol for the State. Under the Federal Uniform Drinking Age Act of 1984, Congress set the minimum legal drinking age to 21 and at this time every State abides by that standard. More information can be found on the NIH website. Another resource for Alcohol-related policies in the United States can be found on the Alcohol Policy Information System.

Illicit Drugs

The Drug Enforcement Agency publishes the "Drugs of Abuse" handbook. The most current edition was released in 2017 and can be found here. This handbook contains information regarding the Controlled Substance Act, U.S. Chemical Control, descriptions of different drugs, and resources. It also includes the penalties for violating federal drug trafficking laws.

It is important to note that penalties can differ depending on the type of drug, the amount, the criminal history of the alleged offender, and other circumstances. Not every case is the same nor will it have the same consequences. The Drug Abuse Prevention and Control under <u>Title 21 U.S.C.</u> offers information on penalties of drug laws.

Federal Trafficking Laws are as follows:

FEDERAL TRAFFICKING PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	First Offense: Not less	5 kgs or more mixture	First Offense: Not less
Cocaine Base (Schedule II)	28–279 grams mixture	than 5 yrs, and not more than 40 yrs. If death or	280 grams or more mixture	than 10 yrs, and not more than life. If death or serious
Fentanyl (Schedule II)	40–399 grams mixture	serious injury, not less than	400 grams or more mixture	injury, not less than 20 or
Fentanyl Ana- logue (Schedule I)	10–99 grams mixture	20 or more than life. Fine of not more than \$5 million if an individual. \$25 million if	100 grams or more mixture	more than life. Fine of not more than \$10 million if an individual. \$50 million if not
Heroin (Schedule I)	100–999 grams mixture	not an individual.	1 kg or more mixture	an individual.
LSD (Schedule I)	1–9 grams mixture	Second Offense: Not less	10 grams or more mixture	Second Offense: Not less
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture	than 10 yrs, and not more than life. If death or serious injury, life imprisonment.	50 grams or more pure or 500 grams or more mixture	than 20 yrs, and not more than life. If death or serious injury, life imprisonment.
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture	Fine of not more than \$8 million if an individual, \$50 million if not an individual.	100 gm or more pure or 1 kg or more mixture	Fine of not more than \$20 million if an individual, \$75 million if not an individual.
				2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
		PENALTIES		
Other Schedule I & II drugs (and any drug product containing Gamma	Any amount		n 20 yrs. If death or serious inj ion if an individual, \$5 million i	
Hydroxybutyric Acid) Flunitrazepam (Schedule IV)	1 gram		than 30 yrs. If death or serious dividual, \$10 million if not an ir	
Other Schedule III drugs	Any amount		n 10 years. If death or serious 00,000 if an individual, \$2.5 mi	
		Second Offense: Not more Fine not more than \$1 million	than 20 yrs. If death or seriou if an individual, \$5 million if n	s injury, not more than 30 yrs. ot an individual.
All other Schedule IV drugs	Any amount		n 5 yrs. Fine not more than \$2	50,000 if an individual, \$1
Flunitrazepam (Schedule IV)	Other than 1 gram or more	million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.		
All Schedule V drugs	Any amount	First Offense: Not more tha \$250,000 if not an individual.	n 1 yr. Fine not more than \$10	0,000 if an individual,
		Second Offense: Not more \$500,000 if not an individual.	than 4 yrs. Fine not more than	\$200,000 if an individual,

FEDERAL TRAFFICKING PENALTIES—MARIJUANA

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

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

State of Wisconsin

Alcohol

The State of Wisconsin follows the Federal Uniform Drinking Age Act of 1984. Individuals must be 21 years of age or older to drink alcohol. <u>Chapter 125</u> of the Wisconsin State Legislature outlines policies and penalties regarding Alcohol Beverages. Some important highlights include:

- <u>Prohibition</u> of the Sale of alcohol to those who are underage
- <u>Restrictions</u> of sales to intoxicated persons
- Responsibilities regarding sales and distribution of alcohol; including providing for underage persons
- "Amnesty" Information regarding emergency assistance
- Proof of Age standards and penalties

Penalties include, but are not limited to: fines, loss of license and other privileges, work programs, probation, and/or imprisonment.

<u>Chapter 346.63</u> of the Wisconsin State Legislature outlines the State of Wisconsin's operating a vehicle under the influence of an intoxicant or other drug and the penalties outlined for violations of this statute.

Illicit Drugs

The State of Wisconsin's list of offenses and penalties can be found in <u>CH. 961, Wis. Stat</u>. Some highlights include:

- <u>Prohibition</u> of manufacturing, distribution, or delivery of a controlled substance
 - Schedule I and II narcotic drugs is a Class E felony
 - o Schedule I, II, and III nonnarcotic drugs is a Class H felony
- <u>Possession</u> with intent to manufacture, distribute or deliver a controlled substance
- Locational offenses and penalties
- <u>Immunity</u> guidelines for aiding a person in crisis
- <u>Treatment</u> Options

Penalties include, but are not limited to: fines, forfeitures, loss of license and other privileges, treatment, probation, and/or imprisonment.

Local

Local Law Enforcement has the jurisdiction to issue underage drinking citations, false ID citations, etc. These citations typically are adjudicated through the county courthouse and decisions are binding. Typical penalties include, but are not limited to, fines and deferment courses. The University of Wisconsin Colleges does not have a Police Force, so community police will be called if needed.

Health Risks

Alcohol

The National Institute on Drug Abuse released a <u>Commonly Abused Drugs</u> document which includes information on alcohol abuse, addiction, health effects, and common treatment plans. From the document: "People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people—and throughout history, people have struggled to understand and manage alcohol's power. Why does alcohol cause people to act and feel differently? How much is too much? Why do some people become addicted while others do not? The National Institute on Alcohol Abuse and Alcoholism is researching the answers to these and many other questions about alcohol. Here's what is known:

Alcohol's effects vary from person to person, depending on a variety of factors, including:

- How much you drink
- How often you drink
- Your age
- Your health status
- Your family history

While drinking alcohol is itself not necessarily a problem, drinking too much can cause a range of consequences, and increase your risk for a variety of problems. Drinking too much – on a single occasion or over time – can take a serious toll on your health."

Here are some potential <u>consequences</u> of drinking too much according to the National Institute for Alcohol and Abuse and Alcoholism:

- Economic Burdens
- Job Insecurity
- Family Issues
- Lower Academic Success
- Health Problems
- Effects on pregnancy
- Addiction
- Driving Fatalities
- Death

Here's how alcohol can affect your body as directly published on the National Institute for Alcohol and Abuse and Alcoholism website:

Brain:

Alcohol interferes with the brain's communication pathways, and can affect the way the brain looks and works. These disruptions can change mood and behavior, and make it harder to think clearly and move with coordination.

Heart:

Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including:

- Cardiomyopathy Stretching and drooping of heart muscle
- Arrhythmias Irregular heart beat
- Stroke
- High blood pressure

Liver:

Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including:

- Steatosis, or fatty liver
- Alcoholic hepatitis
- Fibrosis
- Cirrhosis

Pancreas:

Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.

Immune System:

Drinking too much can weaken your immune system, making your body a much easier target for disease. Chronic drinkers are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much. Drinking a lot on a single occasion slows your body's ability to ward off infections – even up to 24 hours after getting drunk.

Cancer:

Source: National Cancer Institute -- see https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet:

Based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer. In its Report on Carcinogens, the National Toxicology Program of the US Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen. The research evidence indicates that the more alcohol a person drinks—particularly the more alcohol a person drinks regularly over time—the higher his or her risk of developing an alcohol-associated cancer. Based on data from 2009, an estimated 3.5 percent of all cancer deaths in the United States (about 19,500 deaths) were alcohol related.

Clear patterns have emerged between alcohol consumption and the development of the following types of cancer:

Head and neck cancer: Alcohol consumption is a major risk factor for certain head and neck cancers, particularly cancers of the oral cavity (excluding the lips), pharynx (throat), and larynx (voice box). People who consume 50 or more grams of alcohol per day (approximately 3.5 or more drinks per

day) have at least a two to three times greater risk of developing these cancers than nondrinkers. Moreover, the risks of these cancers are substantially higher among persons who consume this amount of alcohol and also use tobacco.

Esophageal cancer: Alcohol consumption is a major risk factor for a particular type of esophageal cancer called esophageal squamous cell carcinoma. In addition, people who inherit a deficiency in an enzyme that metabolizes alcohol have been found to have substantially increased risks of alcohol-related esophageal squamous cell carcinoma.

Liver cancer: Alcohol consumption is an independent risk factor for, and a primary cause of, liver cancer (hepatocellular carcinoma). (Chronic infection with hepatitis B virus and hepatitis C virus are the other major causes of liver cancer.)

Breast cancer: More than 100 epidemiologic studies have looked at the association between alcohol consumption and the risk of breast cancer in women. These studies have consistently found an increased risk of breast cancer associated with increasing alcohol intake. A meta-analysis of 53 of these studies (which included a total of 58,000 women with breast cancer) showed that women who drank more than 45 grams of alcohol per day (approximately three drinks) had 1.5 times the risk of developing breast cancer as nondrinkers (a modestly increased risk). The risk of breast cancer was higher across all levels of alcohol intake: for every 10 grams of alcohol consumed per day (slightly less than one drink), researchers observed a small (7 percent) increase in the risk of breast cancer. The Million Women Study in the United Kingdom (which included more than 28,000 women with breast cancer) provided a more recent, and slightly higher, estimate of breast cancer risk at low to moderate levels of alcohol consumption: every 10 grams of alcohol consumed per day was associated with a 12 percent increase in the risk of breast cancer.

Colorectal cancer: Alcohol consumption is associated with a modestly increased risk of cancers of the colon and rectum. A meta-analysis of 57 cohort and case-control studiesthat examined the association between alcohol consumption and colorectal cancer risk showed that people who regularly drank 50 or more grams of alcohol per day (approximately 3.5 drinks) had 1.5 times the risk of developing colorectal cancer as nondrinkers or occasional drinkers. For every 10 grams of alcohol consumed per day, there was a small (7 percent) increase in the risk of colorectal cancer.

Tobacco

While not an illicit drug, tobacco use does have an impact on our health. The National Institute on Drug Abuse included in the <u>Commonly Abused Drugs</u> document information on tobacco use, addiction, health effects, and common treatment plans. From the document:

		Tobacco		
Plant grown for its leave	es, which are dried and fer	mented before use.		
Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
None	Multiple brand names	cigarettes, cigars, bidis, hookahs, smokeless tobacco (snuff, spit tobacco, chew)	Smoked, snorted, chewed, vaporized	Not Scheduled
	Po	ossible Health Effects	•	•
Short-term	Increased blood pressure	e, breathing, and heart rate.		
Long-term		Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.		
Other Health-related Issues	Pregnancy: miscarriage,	low birth weight, stillbirth, l	earning and behavior proble	ms.
In Combination with Alcohol	Unknown.			
Withdrawal Symptoms	Irritability, attention and	l sleep problems, depression	n, increased appetite.	
		Treatment Options		
Medications	➤ Bupropion (Zyba ➤ Varenicline (Cha ➤ Nicotine replace	•		
Behavioral Therapies	➤ Self-help materia	ioral therapy (CBT) als d Internet quit resources		

Illicit Drugs

The <u>National Institute on Drug Abuse</u> is an outstanding resource which provides a brief overview, street and clinical name, the effects of alcohol and drugs on your brain and body, statistics and trends regarding alcohol and drug use, and shares important research and other publications.

The <u>Drugs of Abuse</u> publication contains excellent information regarding specific drugs and the effects it has on the mind, body, overdoses, and risk of dependence.

The National Institute on Drug Abuse released a <u>Commonly Abused Drugs</u> document which includes information on the different type of drugs, addiction, health effects, and common treatment plans. Below is the information from this document regarding some of the more commonly used drugs on a college campus:

Central Nervous System Depressants				
Medications that slow b	orain activity, which makes	them useful for treating anx	iety and sleep problems.	
Street Names	Commercial Names (Common)	Common Forms	Common Ways Taken	DEA Schedule
Barbs, Phennies, Red Birds, Reds, Tooies, Yellow Jackets, Yellows	Barbiturates: pentobarbital (Nembutal ^a)	Pill, capsule, liquid	Swallowed, injected	II, III, IV
Candy, Downers, Sleeping Pills, Tranks	Benzodiazepines: alprazolam (Xanax [®]), chlorodiazepoxide (Librium [®]), diazepam (Valium [®]), lorazepam (Ativan [®]), triazolam (Halicon [®])	Pill, capsule, liquid	Swallowed, snorted	IV
Forget-me Pill, Mexican Valium, R2, Roche, Roofies, Roofinol, Rope, Rophies	Sleep Medications: eszopiclone (Lunesta®), zaleplon (Sonata®), zolpidem (Ambien®)	Pill, capsule, liquid	Swallowed, snorted	IV
	Po	ssible Health Effects		
Short-term		ch, poor concentration, con lowered blood pressure, slo	fusion, dizziness, problems v wed breathing.	vith
Long-term	Unknown.			
Other Health-related Issues		metimes used as date rape of other infectious diseases fr	-	
In Combination with Alcohol	Further slows heart rate	and breathing, which can lea	ad to death.	
Withdrawal	Must be discussed with a	health care provider; barbit	turate withdrawal can cause	a serious
Symptoms		at may even include seizures		
		Treatment Options		
Medications			iction to prescription sedatively of a health care provide	, I
Behavioral Therapies	More research is needed prescription sedatives.	to find out if behavioral the	rapies can be used to treat a	ddiction to

		GHB		
A depressant approved for use in the treatment of narcolepsy, a disorder that causes daytime "sleep attacks."				
Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
G, Georgia Home Boy, Goop, Grievous Bodily Harm, Liquid Ecstasy, Liquid X, Soap, Scoop	Gamma- hydroxybutyrate or sodium oxybate (Xyrem [®])	Colorless liquid, white powder	Swallowed (often combined with alcohol or other beverages)	ı
	Po	ossible Health Effects	<u>'</u>	•
Short-term Euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breathing, lower body temperature, seizures, coma, death.			ss, slowed	
Long-term	Unknown.			
Other Health-related Issues	Sometimes used as a dat	te rape drug.		
In Combination with Alcohol	Nausea, problems with b	reathing, greatly increased de	epressant effects.	
Withdrawal Symptoms	Insomnia, anxiety, tremo thoughts.	ors, sweating, increased heart	rate and blood pressure, p	sychotic
		Treatment Options		
Medications	Benzodiazepines			
Behavioral Therapies	More research is needed addiction.	to find out if behavioral there	apies can be used to treat (SHB

Rohypnol® (Flunitrazepam)

A benzodiazepine chemically similar to prescription sedatives such as Valium® and Xanax®. Teens and young adults tend to misuse this drug at bars, nightclubs, concerts, and parties. It has been used to commit sexual assaults due to its ability to sedate and incapacitate unsuspecting victims.

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Circles, Date Rape Drug, Forget Pill, Forget-Me P La Rocha, Lunch Money Mexican Valium, Mind Eraser, Pingus, R2, Reynolds, Rib, Roach, Roach 2, Roaches, Roachies, Roapies, Roch Dos, Roofies, Rope, Rophies, Row-Shay, Ruf Trip-and-Fall, Wolfies	Rohypnol®	Tablet	Swallowed (as a pill or as dissolved in a drink), snorted	IV Rohypnol® is not approved for medical use in the United States; it is available as a prescription sleep aid in other countries.
Short-term	Possible Health Effects Drowsiness, sedation, sleep; amnesia, blackout; decreased anxiety; muscle relaxation, impaired reaction time and motor coordination; impaired mental functioning and judgment; confusion;			
Long-term	aggression; excitability; slurred speech; headache; slowed breathing and heart rate. Unknown.			
Other Health-related Issues	Unknown.			
In Combination with Alcohol	Severe sedation, unconsciousness, and slowed heart rate and breathing, which can lead to death.			
Withdrawal Symptoms	Headache; muscle pain; extreme anxiety, tension, restlessness, confusion, irritability; numbness and tingling of hands or feet; hallucinations, delirium, convulsions, seizures, or shock.			
	Tı	reatment Options		
Medications	There are no FDA-approved sedatives.	medications to treat ad	diction to Rohypnol® or oth	er prescription

	n-	escription Stimulants		
Medications that increa		ergy, blood pressure, heart	rate and breathing rate	
medications and marke	.52 0.0. (ergy, blood pressure, meant	ote, and breating rate.	
Street Names	Commercial Names (Common)	Common Forms	Common Ways Taken	DEA Schedule
Bennies, Black Beauties, Crosses, Hearts, LA Turnaround, Speed, Truck Drivers, Uppers	Amphetamine (Adderall®)	Tablet, capsule	Swallowed, snorted, smoked, injected	11
JIF, MPH, R-ball, Skippy, The Smart Drug, Vitamin R	Methylphenidate (Concerta®, Ritalin®)	Liquid, tablet, chewable tablet, capsule	Swallowed, snorted, smoked, injected, chewed	П
	Po	ossible Health Effects	•	
Short-term	Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages. High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.			
Long-term	Heart problems, psychos	sis, anger, paranoia.		
Other Health-related Issues	Risk of HIV, hepatitis, an	d other infectious diseases f	rom shared needles.	
In Combination with Alcohol	Masks the depressant ac blood pressure.	tion of alcohol, increasing ri	sk of alcohol overdose; may	increase
Withdrawal Symptoms	Depression, tiredness, sl	eep problems.		
		Treatment Options		
Medications	There are no FDA-appro	ved medications to treat stir	nulant addiction.	
Behavioral Therapies	methamphetam	pies that have helped treat ine may be useful in treating application: reSET®	addiction to cocaine or g prescription stimulantaddio	tion.

	1	Methamphetamine		
An extremely addictive	stimulant amphetamine di	rug.		
	T	T		
Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Crank, Chalk, Crystal,	Desoxyn ⁶	White powder or pill;	Swallowed, snorted,	II
Fire, Glass, Go Fast,		crystal meth looks like	smoked, injected	
Ice, Meth, Speed		pieces of glass or shiny blue-white "rocks" of		
		different sizes		
		different sizes		
	Po	ssible Health Effects		
Short-term	Increased wakefulness a	nd physical activity; decreas	sed appetite; increased breatl	ning, heart
	rate, blood pressure, ten	rate, blood pressure, temperature; irregular heartbeat.		
Long-term	Anxiety, confusion, insor	Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations,		
			th mouth"), intense itching le	ading to
	skin sores from scratchin	<u> </u>		
Other Health-related			acenta from the uterus; low b	irth
Issues	weight; lethargy; heart a	nd brain problems.		
	Risk of HIV, hepatitis, and	d other infectious diseases t	from shared needles.	
In Combination with	Masks the depressant ef	fect of alcohol, increasing ri	isk of alcohol overdose; may i	ncrease
Alcohol	blood pressure.			
Withdrawal	Depression, anxiety, tire	dness.		
Symptoms				
		Treatment Options		
Medications	There are no FDA-approv	ved medications to treat me	ethamphetamine addiction.	
Behavioral Therapies	 Cognitive-behavi 	ioral therapy (CBT)		
	Contingency man	nagement, or motivational i	incentives	
	The Matrix Mode	el		
	 12-Step facilitati 	on therapy		
	Mobile medical a	application: reSET®		

		Cocaine		
A powerfully addictive s	timulant drug made from	the leaves of the coca plant nati	ve to South America.	
Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, Toot	Cocaine hydrochloride topical solution (anesthetic rarely used in medical procedures)	White powder, whitish rock crystal	Snorted, smoked, injected	"
	Po	ssible Health Effects		
Short-term	pressure; headache; abd insomnia, restlessness; a	enlarged pupils; increased body ominal pain and nausea; euphor nxiety; erratic and violent behav problems, heart attack; stroke, s	ia; increased energy, ale vior, panic attacks, paran	rtness;
Long-term	Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss; lung damage from smoking.			
Other Health-related Issues	children prenatally expose	ery, low birth weight, deficits in self-re d. other infectious diseases from s		nool-aged
In Combination with Alcohol	Greater risk of cardiac to	xicity than from either drug alon	e.	
Withdrawal Symptoms	Depression, tiredness, in movement, restlessness.	creased appetite, insomnia, vivid	d unpleasant dreams, slo	wed
	1	Treatment Options		
Medications	There are no FDA-approv	ed medications to treat cocaine	addiction.	
Behavioral Therapies	 Contingency mar The Matrix Mode Community-base 	oral therapy (CBT) nagement, or motivational incen el sd recovery groups, such as 12-Si application: reSET®		:

		Heroin		
An opioid drug made fro	om morphine, a natural su	bstance extracted from the	seed pod of various opium p	oppy plants.
Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse With OTC cold medicine and antihistamine: Cheese	No commercial uses	White or brownish powder, or black sticky substance known as "black tar heroin"	Injected, smoked, snorted	ı
	Po	ossible Health Effects		
Short-term	Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate.			
Long-term	Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease.			
Other Health-related Issues		Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome. Risk of HIV, hepatitis, and other infectious diseases from shared needles.		
In Combination with Alcohol	Dangerous slowdown of	heart rate and breathing, co	oma, death.	
Withdrawal Symptoms	Restlessness, muscle and bumps ("cold turkey").	d bone pain, insomnia, diarr	hea, vomiting, cold flashes w	ith goose
		Treatment Options		
Medications	Methadone Buprenorphine Naltrexone (shore)	rt- and long-acting forms)		
Behavioral Therapies	Contingency man 12-Step facilitati	nagement, or motivational i	ncentives	

	MDMA (Ecstasy/Molly)		
, ,, ,	_	s to both the stimulant ampl ific name 3,4-methylenediox	netamine and the hallucinog y-methamphetamine.	en
Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Adam, Clarity, Eve, Lover's Speed, Peace, Uppers	No commercial uses	Colorful tablets with imprinted logos, capsules, powder, liquid	Swallowed, snorted	ı
	Po	ssible Health Effects		
Short-term	Short-term Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death.			
Long-term	Long-lasting confusion, d anxiety, impulsiveness; le		tention, memory, and sleep;	increased
Other Health-related Issues	Unknown.			
In Combination with Alcohol		of alcohol's effects. Alcohol ase the risk of neurotoxic ef	can increase plasma concent fects.	rations of
Withdrawal Symptoms	Fatigue, loss of appetite,	depression, trouble concen	trating.	
		Treatment Options		
Medications	There is conflicting evide medications to treat MD		s addictive. There are no FD/	A-approved
Behavioral Therapies	More research is needed addiction.	to find out if behavioral the	erapies can be used to treat f	MDMA

Inhalants

Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids; also nitrites (e.g., amyl nitrite), which are prescription medications for chest pain.

Street Names	Commercial Names	Common Forms	Common Ways	DEA
			Taken	Schedule
Poppers, snappers,	Various	Paint thinners or removers,	Inhaled through the	Not
whippets, laughing gas		degreasers, dry-cleaning	nose or mouth	scheduled
		fluids, gasoline, lighter fluids,		
		correction fluids, permanent		
		markers, electronics cleaners		
		and freeze sprays, glue, spray		
		paint, hair or deodorant sprays, fabric protector		
		sprays, aerosol computer		
		cleaning products, vegetable		
		oil sprays, butane lighters,		
		propane tanks, whipped		
		cream aerosol containers,		
		refrigerant gases, ether,		
		chloroform, halothane,		
		nitrous oxide		
	Po	ssible Health Effects		
Short-term	Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness;			
	· ·	dness, hallucinations/delusions;		-
		n butane, propane, and other ch	••	th from
	asphyxiation, suffocation	n, convulsions or seizures, coma,	or choking.	
	Nitrites: enlarged blood	vessels, enhanced sexual pleasur	e increased heart rate	hrief
	_	citement, dizziness, headache.	e, mereasea meare rate,	51121
Long-term		; bone marrow damage; limb sp	asms due to nerve dama	ge: brain
	damage from lack of oxy	gen that can cause problems wit	h thinking, movement, v	ision, and
	hearing.	-	· ,	•
	Nitrites: increased risk of	f pneumonia.		
Other Health-related	Pregnancy: low birth wei	ight, bone problems, delayed bei	havioral development du	ie to brain
Issues	problems, altered metab	olism and body composition.		
In Combination with	Unknown.	·		
Alcohol				
Withdrawal	Nausea, tremors, irritabi	lity, problems sleeping, and mod	d changes.	
Symptoms				
		Treatment Options		
Medications	There are no FDA-approx	ved medications to treat inhalant	addiction.	
Behavioral Therapies	More research is needed	to find out if behavioral therapi	es can be used to treat i	nhalant
-	addiction.			

	M	larijuana (Cannabis)		
Marijuana is made from	the hemp plant, Cannabis	sativa. The main psychoacti	ive (mind-altering) chemical	in
marijuana is delta-9-tet	rahydrocannabinol, or THC	· ·		
Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Blunt, Bud, Dope, Ganja, Grass, Green, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Trees, Weed; Hashish: Boom, Gangster, Hash, Hemp	Various brand names in states where the sale of marijuana is legal	Greenish-gray mixture of dried, shredded leaves, stems, seeds, and/or flowers; resin (hashish) or sticky, black liquid (hash oil)	Smoked, eaten (mixed in food or brewed as tea)	I
	Po	ssible Health Effects		
Short-term	Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety.			
Long-term	Mental health problems, chronic cough, frequent respiratory infections.			
Other Health-related Issues	Youth: possible loss of IQ points when repeated use begins in adolescence. Pregnancy: babies born with problems with attention, memory, and problem solving.			
In Combination with Alcohol	Increased heart rate, blood pressure; further slowing of mental processing and reaction time.			
Withdrawal Symptoms	Irritability, trouble sleeping, decreased appetite, anxiety.			
	1	Freatment Options		
Medications	There are no FDA-approved medications to treat marijuana addiction.			
Behavioral Therapies	Cognitive-behavioral therapy (CBT) Contingency management, or motivational incentives Motivational Enhancement Therapy (MET) Behavioral treatments geared to adolescents Mobile medical application: reSET®			

Drug and Alcohol Programs

There are national, state, and local programs designed to assist you in treatment of alcohol and/or drug abuse/addiction.

Here are some resources available to all campus members:

- Substance Abuse and Mental Health Services Administration
 - o Behavioral Health Treatment Services Locator
 - o National Helpline: free, confidential, 24/7 availability
 - **1**-800-662-4357
 - 1-800-487-4889 (TTY)
- Wisconsin Department of Health Services
 - o Provider Search Service
- Alliance for Wisconsin Youth
 - o Regional Prevention <u>Centers</u>

- AlcoholScreening.Org: Personalized results, links to treatment sites
- Alcoholics Anonymous: www.aa.org
- Al-Anon Family Groups: www.al-anon.org
- Narcotics Anonymous: www.na.org

For Employees, UW Colleges offers an Employee Assistance Program through FEI

- o Phone: (866) 274-4723 (24 hours a day/7 days a week)
- o Online: https://www.feieap.com
 - Username: SOWI

For Students, UW Colleges Wellness Resource

- o Screen U Screenings and Assessment: http://www.uwc.edu/aode/help
 - Free, anonymous
- o UW Colleges AODE office website: www.uwc.edu/aode
- o Campus Counseling for Students:
- o UW Baraboo/Sauk County:

Karen Evenson

Campus Counseling Center

Performing Arts Building, Room B141

1006 Connie Road

Baraboo, WI 53913

608-355-5272 (office) or 608-963-4695 (cell)

karen.evenson@uwc.edu

o UW Barron County:

Dr. Bruce Jungerberg

Campus Counselor/Psychologist

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715-822-3800

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o UW Fond du Lac

Terra Braatz

Counseling Center

Classroom Building, Second Floor, C-208

400 University Drive

Fond du Lac, WI 54935

920-929-1182

o UW Fox Valley

Hannah Keesler, MS, LPC, SAC-IT

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920-832-2697

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Menasha, WI 54952

920-832-2697

John.schaller@uwc.edu

o UW Manitowoc

L116, Music Department

Manitowoc, WI 54220

920-652-2001

UW Marathon County

Colleen Angel

Elmergreen and Associates

Student Affairs, Room 150

114 Grand Avenue

Wausau, WI 54401

715-261-6235

www.uwmc.uwc.edu/campus/resources/students/counseling

o **UW Marinette**

Contact the solution center to set up an appointment:

715-735-4300 ext 4301

http://marinette.uwc.edu/campus/resources/students/counseling

UW Marshfield/Wood County

Contact Student Affairs to set up an appointment:

msfadmit@uwc.edu

715-389-6530

http://marshfield.uwc.edu/campus/resources/students/counseling

o UW Richland

Counseling Center

Melvill Hall, Room 443

1200 Hwy 14 West

Richland Center, WI 53581

608-649-5777

UW Rock County

Call Student Affairs to make an appointment at (608) 758-6565 ext. 200.

o UW Sheboygan

Luisa Morales

Mental Health Counselor and Coordinator & AODE Program

Main Building, Room 2216

1 University Drive

Sheboygan, WI 53081

920-459-6684 (office and confidential voice mail) or 920-459-6633 (main office)

luisa.morales@uwc.edu

o UW Washington County

Michelle Henderson, MAC, PCTL 400 South University Drive, Room 306 West Bend, WI 53095 (262) 808-4734

o UW Waukesha

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