LOYOLA UNIVERSITY MARYLAND

ALCOHOL AND DRUG EDUCATION AND SUPPORT SERVICES

2012-2013 Standards and Sanctions, Health Information, and Services

Alcohol and Drug Education and Support Services
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I. Points of Emphasis

The information contained in this document is required by federal law to be given out annually to students.

● The vast majority of Loyola students who consume alcohol drink responsibly, with over 11% of Loyola students choosing not to drink at all. 84% of students drink two times per week or less and over 46% of students drink one time per week or less. Most students who drink engage in safe drinking practices such as pacing their drinks to maintain a low BAC (blood alcohol concentration).

● Loyola University, through its Department of Alcohol and Drug Education and Support Services (ADESS), conducts alcohol and other drug abuse prevention education programs, developed and presented with involvement of peer educators. ADESS provides confidential intervention, support, education, and referral services for students with, or at risk to develop, alcohol or other drug (AOD) problems, including individual and group counseling and an on-campus state-certified Outpatient Treatment Program. Substance free housing is available through the Office of Student Life.

Help is also available to students experiencing difficulty due to the AOD use of someone close to them, including a roommate, significant other, or parent, in the latter case often called "Adult Children of Alcoholics" (ACOAs). ADESS offers weekly, confidential support groups for student with parents or other loved ones with alcohol or drug problems. There are twelve step meetings on, and close by, campus, (e.g., Alcoholics Anonymous, Narcotics Anonymous, Al-Anon). ADESS has a solid core of Loyola students and recent graduates in recovery to act as contacts to aid a student new to recovery. ADESS also offers weekly confidential support groups for students in recovery or who for any reason have chosen to not use drugs or alcohol.

● Loyola University's policies and regulations, consistent with federal, state and local laws, prohibit unlawful possession, use, or distribution of AOD on its property or as part of its activities. Involvement in the sale, or issuance of a false ID is a violation of Maryland law. Fraudulently altering or using a driver's license to obtain alcoholic beverages can result in loss or suspension of the license. A person under 21 years of age driving or attempting to drive a motor vehicle may, under Maryland law, be fined up to $500 and have his/her driver's license suspended if found to have a blood alcohol level of .02. This level can result from as little as one beer or glass of wine.

● Students under the age of 21 may not lawfully purchase, or consume alcoholic beverages, and face consequences for doing so which, in addition to mandatory attendance of education classes, or evaluation to identify potential problem use, include suspension from residence halls, or suspension or expulsion from the University, with completion of substance dependence treatment a condition for return to the University, if appropriate. Students illegally using a drug(s) other than alcohol also face consequences that include suspension, with mandatory random drug tests, suspension and expulsion, with treatment as a condition for return, as appropriate.

● Material in this document is not intended to be, and is not, a comprehensive statement of applicable laws. Students are subject to all applicable local, state, and federal laws regarding alcohol and other drugs, and are not exempt from enforcement of these laws by virtue of their status as Loyola students or their presence on Loyola University property. Concerned individuals should consult state or federal prosecutors or their own attorneys for legal advice or clarification of legal matters.

II. Alcohol and Drug Education and Support Services (ADESS)

This Department is staffed by a full time Director, Jan Edward Williams, MS, JD, LCADC; a part time educator and counselor, Cindy Parcover, MS, LCPC; a full time educator and counselor, Zachary Hitchens, MS, NCC; and an Administrative Assistant Danielle Avent. Department offices are located in Seton Hall 02B next to the Health Center on the west side of campus. *Call 410-617-2928 for information or for a confidential individual session with Jan Edward Williams to discuss any of the information in this document*, or visit our Web Site: http://www.loyola.edu/campuslife/healthservices/adess/index.html, which provides information about alcoholism and related problems and ADESS services. ADESS services are free to Loyola undergraduate and graduate students.

III. Health Information

The following points deserve special emphasis:

1. Severe consequences can result from the use and abuse of alcohol and other psychoactive substances, without the development of alcoholism or other drug dependence.

2. Alcohol or other drug dependence can and does develop rapidly in teenagers and young adults.

3. Although addictive disease can develop in almost any chronic user of psychoactive substances, persons from families with a history of alcoholism, especially in parents or grandparents, are at a greater risk to develop alcohol problems themselves. Surveys of incoming Loyola students and their parents show that forty percent reported alcohol or other drug problems in blood relatives. Students with such a family history tend also to be at risk to develop other problems, including eating disorders and difficulties in intimate relationships.

5. Use of any non-physician prescribed medications, especially pain killers such as OxyContin, can result in addiction and carries dangers of overdose.

6. A number of college students in the United States dies each year from excessive alcohol use. Drinking too much alcohol too fast can kill you. Mixing alcohol and other drugs, whether prescribed, over the counter medications, or street drugs, can also be deadly. If you encounter a person who is passed out, or unconscious and cannot be easily aroused, or appears to have trouble breathing, it can be a fatal decision to put the person to bed, unattended, "to sleep it off." The

safest action is to call for help. Call Campus Police x5911 and 911.

Health Risks: Alcohol

Alcohol, a drug, is a central nervous system depressant. With moderate drinking a person may experience flushing, dizziness, dulling of senses, and impairment of coordination, reflexes, memory and judgment. Taken in larger quantities, death may occur due to depression of the parts of the brain that control breathing and heart rate. Drinkers who also smoke are more at risk for developing certain cancers. Pregnant women who drink risk fetal alcohol syndrome in the newborn. It is important to read labels of over-the-counter medications for cautions about the use of alcohol while on a particular medication.

College students who drink to get drunk are at significant risk while drinking for personal injury, acquaintance rape, and unplanned, unprotected sexual activity which could result in pregnancy and exposure to sexually transmitted infections (STIs), including the AIDS virus, and genital human papillomavirus (HPV), Chlamydia, and genital herpes.

The dangers of drinking and driving cannot be overemphasized. Data suggest that despite widespread knowledge of these dangers, a significant number of students continue to drive under the influence of alcohol.

Health Risks: Controlled Psychoactive Substances

For a listing of possible effects, effects of overdose, withdrawal signs and symptoms, and potential for dependence of substances regulated under the Federal Controlled Substances Act (21 U.S.C. 811), refer to Table 1, attached to this document.

<u>Prescription Pain Relievers (codeine, oxycodone, hydrocodone, etc.)</u>

Whether Swallowed, Snorted, Smoked, or Injected, these Drugs Are Highly Addictive, Pose Serious Overdose Dangers, and Their Unlawful Use Can Result in Serious Criminal Penalties.

The drugs referred to include: Opium/morphine/codeine; Oxycodone (trade names include Percodan, Percocet and OxyContin); Hydromorphone (Pallodone, Dilaudid); Hydrocodone (Vicodin, Lortab); Meperidine (Demerol); Fentanyl; Methadone; and Buprenorphine. Use or possession of these drugs by anyone not the holder of a lawful prescription is a crime subjecting the offender to serious criminal penalties including imprisonment. Unlawful (no valid prescription) possession and use of these drugs by a Loyola University student will constitute grounds for suspension or expulsion from the University. Abuse of these opiate drugs has increased in recent years on college campuses, especially by snorting or smoking of the drugs rather than by intravenous use. Users believe, erroneously, that avoidance of dangers associated with I.V. use, such as HIV and hepatitis disease, by snorting or smoking the drugs, reduces the dangers of physical dependence, addiction, and overdose. That belief is dangerously incorrect.

<u>Dangers Associated with Non-Prescribed Use of Pain Relievers</u>

Overdose

Let's use oxycodone as an example. Like other narcotic medications, oxycodone can impair mental and physical abilities, and is a central nervous system depressant. Side effects include breathing irregularity or respiratory depression, headaches, nausea, dizziness, seizures, low blood pressure, and heart failure. Overdose death is possible due to cardiac arrest or slowed breathing, especially when ingesting or snorting crushed pain relievers.

Addiction and Physical Dependence

Addiction basically means a pattern of use of a drug despite adverse consequences. What is important is not necessarily how often the addict uses, but what happens when he/she does use. The addict may not be physically dependent on the opiate in order to have an addiction. Addiction is characterized by behaviors that include one or more of the following: impaired control over drug use (loss of control), compulsive use, continued use despite harm, and craving. Physical Dependence is a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, or decreasing blood level of the drug. Any individual that takes an opiate, regardless of the reason, will, after use every four hours or so, over a week to 10 days (or less), become physically dependent on the drug and go into withdrawal upon abruptly stopping use.
The short term withdrawal, as unpleasant as it may be, is the easy part of addiction recovery. Recovery from opiate addiction is possible, but is difficult. The opiate addict needs comprehensive treatment and support in order to put together a long term recovery. Treatment often includes completion of a residential treatment program or of an intensive outpatient treatment program, and regular, preferably daily, attendance of Twelve Step meetings such as Narcotics Anonymous. Any Loyola University student with concerns about drug addiction may call Jan Williams, Director of Loyola University's Alcohol and Drug Education and Support Services, to schedule a confidential appointment: 410-617-2928.

Club Drugs

Rohypnol, GHB, and Ecstasy, described below, are "club drugs" found at dance parties, "raves", "trances", dance clubs, and bars. Rohypnol and GHB are also reported to have been used in sexual assaults on college campuses in the United States, primarily in combination with alcohol. News stories have been published of unsuspecting use by women followed by rape and inability by the victim to clearly identify the perpetrator. Students should exercise caution in drinking situations. Here are some ways to try to protect oneself:

- Do not go to parties alone; there is safety in numbers.
- Do not accept a mixed drink, or opened container; watch your drink being mixed.
- Don't share or exchange drinks with others.
- Don't leave your drink unattended.
- If you feel disoriented, out-of-control, or not able to care for yourself, or make decisions, ask for help from a trustworthy person.

Prescription Stimulant Abuse

Students sometimes use non-prescribed (i.e., not prescribed for them) stimulants such as Adderall, Concerta, or Ritalin to cram for tests or do an "all-nighter" to write a paper. Use of these non-prescribed stimulants is dangerous, unlawful, associated with other harmful behaviors, and does not result in academic success.

1) Nonmedical prescription stimulant users typically have lower grade point averages than non-users, suggesting that academically successful students are not likely to use prescription stimulants nonmedically.
2) Nonmedical prescription stimulant users are more likely than other students to be heavy drinkers and users of other illicit drugs.
3) Use of someone else's prescription drug can result in serious criminal penalties, including suspension or expulsion from the University. Abuse of these stimulants can cause serious cardiovascular, central nervous system, and other medical problems. Taking stimulants without a

doctor's prescription can cause dangerous side effects in individuals with heart disease, high blood pressure, overactive thyroid, anxiety, mental illness, and other medical condition

Marijuana (tetrahydrocannabinol)

Marijuana has the reputation among many as a "no big deal" drug; "It's just pot." There are a number of points to consider in making a decision to use marijuana or not. The obvious point to be made first is that purchase and possession of this illegal substance (regardless of whether one agrees with this legal policy or not), is dangerous in terms of circumstances of purchase on the street, can result in criminal charges, and, of course, can result in serious disciplinary consequences at Loyola College, including suspension from the college.

The effects of chronic use of marijuana are not as obviously devastating as those associated with other "harder" drugs. Indeed, the fact that the effects are not as dramatic tends to play into the denial that this drug is addictive and dangerous. **Marijuana is not a benign drug**. The disruption of short term memory from use of marijuana is well established. There can also be serious effects on motivation, drive, and focus that often do not become apparent until too late, after the person stops using the drug. For some, marijuana use results in addiction, meaning use of the drug adversely affects significant areas of the user's life: academics, relationships, legally, and at times medically (for example use while on an anti-depressant medication). For some, use of the drug can trigger, or be associated with, development of mental health problems such as anxiety and depression. Finally, and not usually considered by traditional college age students, a pattern of marijuana use, say, one to two times a week, even if not resulting in addiction or adverse effects, can pose serious obstacles to employment where in depth background checks are done (for example, for security clearance reasons). Investigators will interview college friends and acquaintances. A pattern of marijuana use may result in denial of employment. So, marijuana use IS a big deal!

Miscellanous Drugs

These drugs are not sold through legitimate channels. As with all drugs purchased on the "street" or over the internet, one must be aware of the dangers of using an unknown, unregulated substance.

- Synthetic stimulants ("bath salts") are designer drugs that were made illegal to possess in the U.S. by the Drug Enforcement Administration in October 2011; have effects similar to other drugs such as MDMA, LSD, and amphetamines; effects include agitation, insomnia, irritability, dizziness, depression, paranoia, delusions, suicidal thoughts, seizures, panic attacks. impaired perception of reality, reduced motor control, and decreased ability to think clearly; rapid heart rate, chest pains, nosebleeds, sweating, nausea, and vomiting. Possession of these these drugs can result in suspension or expulsion from the University.
- K2 or Spice ("fake weed") : A mixture of herbs and spices that is typically sprayed with a synthetic compound chemically similar to THC, the psychoactive ingredients in marijuana; made illegal by the Drug Enforcement Administration in March 2011. Effects are similar to marijuana and can include paranoia, anxiety, increased heart rate and blood pressure. Possession of these drugs can result in suspension or expulsion from the University.

IV. Summary of Alcohol and Drug Policies, and Regulations

Loyola University's policies and regulations, consistent with federal, state and local law and regulations, prohibit the unlawful possession, use, or distribution of illicit drugs and alcoholic beverages by students

on its property or as part of its activities. Use of illicit drugs by a student is grounds for severe sanctions, including suspension, mandatory random drug testing, or expulsion, and may result in referral to authorities for prosecution. Use of alcohol by any student under age of 21 years is prohibited and may provide grounds for sanctions that may include referral for alcohol and drug education, and other action up to expulsion. Similarly, students whose behaviors involve charges of other violations of College regulations, including the Student Code of Conduct, and indicate problematic use of alcohol or other drugs, may be referred to the Alcohol and Drug Program Director for assessment as to the presence of alcohol or drug dependence and referral for education and/or treatment on or off campus, as appropriate. Completion of referral recommendations may be included as part of the sanctions for these violations.

Legal Sanctions

The possession, use or distribution of drugs, drug paraphernalia, or alcohol by Loyola University students on campus or at any university sponsored or related activity is subject to applicable federal, state and local laws. Criminal sanctions for illegal drug and alcohol activity are severe. Loyola University students are not exempt from these laws by virtue of their status as students or their presence on Loyola University property.
The following information is provided for informational purposes only and is not intended to describe fully all of the pertinent laws regarding drug or alcohol offenses.

Federal Sanctions

Federal law prohibits generally the manufacture, distribution, or dispensing of a controlled dangerous substance and, under certain circumstances, of a counterfeit substance. It is also a crime to possess a controlled dangerous substance with the intent to manufacture, distribute or dispense the substance. Conviction for one of these "distribution offenses" is punishable by a prison sentence, the length of which depends on the type and amount of the drug involved. In addition to the prison sentence the penalty may also include a fine. For example, for an offense involving five kilograms or more of cocaine, 10 grams or more of LSD, or 1000 kilograms or more of marijuana, a prison sentence of not less than 10 years will be imposed. A prison term of not less than five years will be imposed for offenses involving 500 grams or more of cocaine, one gram or more of LSD or 100 kilograms or more of marijuana.

Federal law also provides stiff penalties for "simple" possession. For a first conviction for possession of a controlled substance, the law provides for up to one year imprisonment and mandates a fine of at least $1000. With each drug conviction, the penalties increase. Further, federal law states that a first conviction for any federal or state drug possession offense may disqualify the offender from receiving any federal benefits (including, for example, student loans) for up to one year.

State and Local Sanctions

Maryland law states that an individual convicted of the manufacture, distribution, dispensing, or possession of certain controlled dangerous substance with an intent to do any of the foregoing is subject to imprisonment for up to 20 years, or a fine of up to $25,000, or both. As with federal law, the penalty varies depending on the drug types and amount and the Maryland statute provides for increasingly stiff penalties with each drug offense conviction. Repeat offenders are subject to a mandatory prison sentence of at least two years. A felony conviction for bringing into Maryland certain illegal drugs can carry a prison sentence of up to 25 years and a fine of up to $50,000. Conviction of possession of controlled substances also carries penalties. For example, if convicted of possession of marijuana, an individual faces a prison sentence of up to one year and/or a fine of up to $1,000, and for the possession of other controlled dangerous substances, a prison term of up to four years and/or a fine of up to $25,000. In general, under Maryland law it is unlawful for any person under 21 years of age to possess alcoholic

beverages or for any person to misrepresent his or her age or the age of another to obtain alcoholic beverages. It is also unlawful for a person to furnish alcoholic beverages to another if he or she knows the recipient of the beverage is under 21 years old. Any person over 18 violating these sections of the law may be fined up to $500 for a first offense and $1000 for a second offense.

This description is only a brief summary of some of the sanctions under federal and state drug and alcohol offense statutes. It does not identify all sanctions; for example, there are statutes which provide for enhanced penalties for the manufacture or distribution of drugs in or near schools or colleges, and statutes which result in property forfeiture. Concerned individuals should consult state or federal prosecutors or their own attorneys for further information.

University Regulations

Loyola University's regulations, set forth in detail in the Loyola University Community Standards 2010-2011 and summarized here, prohibit unlawful possession, use, or distribution of drugs, drug paraphernalia and alcoholic beverages, and provide for prompt imposition of consequences for violative behaviors, upon completion of prescribed procedures that include opportunity for hearing and appeal. The possible sanctions include, but are not limited to, suspension or expulsion, and may result in referral to authorities for prosecution in the case of conduct in violation of Federal, State, or local law. The basic principle underlying these regulations is that each student is responsible for his or her behavior and its consequences, intended or unintended, in violation of prescribed rules of conduct. When available information suggests the behavior to be related to dependence on alcohol or other drugs, the student involved may be provided an opportunity for appropriate treatment interventions as a part of or in addition to other sanctions.

Illicit Drugs and Paraphernalia

It is a violation of University regulations for a student to unlawfully use, possess, administer to another, or to manufacture, distribute, or dispense any controlled dangerous substance or drug paraphernalia. Controlled dangerous substances include, but are not necessarily limited to, the following classes of psychoactive substances: amphetamine, cannabis (marijuana, THC), cocaine, hallucinogens, opioids (for example, codeine, morphine, heroin, methadone), phencyclidine (PCP), and sedatives, hypnotics and anxiolytics. Paraphernalia include: hypodermic syringes, gelatin capsules, substances used to cut drugs (for example, quinine), testing equipment, mixing devices, scales, pipes, roach clips, cocaine spoons, bongs.

Alcoholic Beverages

The University s prohibitions and sanctions relative to alcoholic beverages are set forth in detail in the Loyola University Community Standards 2010-2011. Violations carry penalties ranging from fines, parental and academic adviser notification, suspension from housing, suspension or expulsion from the College, to referral to State or local authorities. For any misuse or abuse of alcohol, the University reserves the right to mandate that a student attend alcohol education classes and/or receive an assessment by the University's Alcohol and Drug Education and Support Services Director and follow that individual’s educational and/or treatment recommendations.

Jan Edward Williams, MS, JD, LCADC
September 2012

Table 1. Controlled Substances—Uses & Effects*

Drugs	Physical Dependence	Psychological Dependence	Possible Effects	Effects Of Overdose	Withdrawal Syndrome
NARCOTICS			Euphoria Drowsiness Respiratory depression Constricted pupils Nausea	Slow and shallow Breathing Clammy skin Convulsions Coma Possible death	Yawning Loss of appetite Irritability Tremors Panic Cramps Nausea Runny nose Chills and sweating Watery eyes
Morphine	High	High			
Codeine	Moderate	Moderate			
Heroin Hydrocodone Hydromorphone Oxycodone (OxyContin) Methadone and LAAM	High	High			
Fentanyl and Analogs	High	High			
DEPRESSANTS					
Chloral Hydrate	Moderate	Moderate	Slurred speech Disorientation Drunken behavior without odor of alcohol	Shallow respiration Clammy skin Dilated pupils Weak and rapid pulse Coma Possible death	Anxiety Insomnia Tremors Delirium Convulsions Possible death
Barbiturates Benzodiazepines	High-Moderate	High-Moderate			
Ketamine (Special K)	Possible	Unknown	Psychedelic effects Muscle rigidity Aggressive/violent behavior Exaggerated strength Euphoria Illusions, Hallucinations Dissociation Impervious to pain	Vomiting Convulsions Possible death	Unknown
STIMULANTS					

Cocaine (crack) Amphetamine Methamphetamine Ritalin (methylphenidate)	Possible	High	Increased alertness Euphoria Increased pulse rate and blood pressure Excitation Insomnia Loss of appetite	Agitation Increased body temperature Hallucinations Convulsions Death	Apathy Long periods of sleep Irritability Depression Disorientation Pleasurelessness
Ecstasy (MDMA)	Unknown	Moderate	Same as stimulants Nausea Jaw muscle clenching Heightened aware-Ness Calm empathy	High body temp-erature High blood pressure Seizures Acute anxiety	Flashbacks Possible effects on memory
CANNABIS					
Marijuana	Possible	Moderate	Euphoria Relaxed inhibitions Increased appetite Disorientation	Fatigue Paranoia Possible Psychosis	Insomnia Appetite loss Headache Aches, chills Craving
HALLUCINOGENS					
Phencyclidine and Analogs (PCP)	Unknown	High	Illusions/ hallucinations Misperception time Dissociation Depersonalization Combativeness Amnesia Impervious to pain	Paranoia Seizures High blood pressure Longer trips Psychosis Catatonia Coma Possible death	Unknown
LSD	None	Moderate	Stimulant effects Light trails Sensory distortion Depersonalization	Acute anxiety/panic Paranoia Delusions Psychosis	None

*****Adapted from Higher Education Center for Alcohol and Other Drug Education and Prevention: Complying With the Drug-Free Schools and Campuses Regulations [34 CFR Part 86]. A Guide for University and College Administrators. http://www.edc.org/hec/pubs/dfscr.htm

(DrugFreeAct.2012-2013.undergrad)