

Loyola University Maryland
Drug and Alcohol Policies, Health Information, Services and Benefits: Faculty, Administrators, and Staff
2012 – 2013

I. Introduction

This document provides all Loyola University's faculty, administrators and staff at the Evergreen, Columbia, and Timonium Centers information about:

- Community standards and regulations governing illegal alcohol or other drug use;
- Health risks associated with the use of these substances;
- Services available through the Alcohol and Drug Education Support Services Department (ADESS) for problems related to substance abuse or dependence;
- Employee Assistance Program; and
- Benefits coverage of rehabilitation counseling and treatment.

For more detailed information please contact the Director of ADESS, Jan Edward Williams, at 410.617.2928, jwilliams@loyola.edu or Maurisha Hooper, Associate Director, Benefits and Wellness, at 410 617-1368, mhooper@loyola.edu. The ADESS office is located on the Evergreen (main) campus in Seton Court 02B, on the West side of campus. The Benefits and Wellness unit is located at 5000 York Road in the Human Resources Office. Call 410-617-2354 for directions.

Points of Emphasis

- Loyola University, through ADESS, the EAP, and your medical benefits, provides confidential intervention, support, and referral services for employees with, or at risk to develop alcohol or other drug problems. Help is also available to employees experiencing difficulty due to the alcohol or other drug use of someone close to him or her.
- Loyola University's policies and regulations, consistent with federal, state, and local laws, prohibit unlawful possession, use, or unauthorized distribution of alcohol or other drugs on its property.
- Employees illegally using a drug(s) face consequences that include suspension and expulsion from the university.
- Material in this document is not intended to be, and is not, a comprehensive statement of applicable laws. Employees 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 University employees 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.

Alcohol and Drug Education and Support Services (ADESS)

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; and 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 email him at jwilliams@loyola.edu. Please visit our Web Site: <http://www.loyola.edu/campuslife/healthservices/adess/index.html>, which provides information about alcoholism and related problems and ADESS services.

Employee Assistance Program

The Employee Assistance and Referral program for Faculty, Staff, and Administrators is a benefit that provides professional and confidential assessment, referrals or short-term problem-solving to eligible participants and their family members. Among the types of problems for which assistance is provided are marital or family problems, job problems, emotional distress, gambling, financial, legal, health, or addiction problems. Services begin on the first of the month coinciding with, or following, date of hire. There is no cost to participants or family members for services provided through this plan. EAP can be reached at 1-800-765-0770.

II. Medical Benefits

Medical Benefits for benefits-eligible Faculty, Administrators and Staff

Substance Abuse Care: *Precertification of this benefit is required for day or partial hospitalization.*

CareFirst BCBS PPO (IN-NETWORK)

INPATIENT 80% of AB after deductible
OUTPATIENT 100% of AB

CareFirst BCBS PPO (OUT-OF-NETWORK)

INPATIENT 60% of AB after deductible
OUTPATIENT 60% of AB after deductible

BlueChoice HMO (IN-NETWORK ONLY)

INPATIENT Covered in full
OUTPATIENT Covered in full

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. Students with such a family history tend also to be at risk to develop other problems, including eating disorders and difficulties in intimate relationships.
4. Use of any non-physician prescribed medications, especially pain killers such as OxyContin, can result in addiction and carries dangers of overdose.
5. A number of college students die 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.

Persons 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.

Prescription Pain Relievers (codeine, oxycodone, hydrocodone, etc.)

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 covered here 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.

Dangers Associated with Non-Prescribed Use of Pain Relievers

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.

Rohypnol ("Roofies", "roche", and "R-2")

Rohypnol, the trade name for a sedative hypnotic drug called flunitrazepam, is a benzodiazepine drug similar to Valium™ or Xanax™. The drug is approximately 10 times more potent than the benzodiazepines mentioned, producing a marked sedative effect that begins within 30 minutes of oral ingestion, peaks within 2 hours, and may persist up to 8 hours. In addition to causing muscle relaxation, slowing of psychomotor responses and mental impairment, the drug is noted for its ability to produce amnesia resulting in an inability to clearly recall events that occurred while impaired. Continued use can produce dependence, with dangerous withdrawal symptoms including seizures and cardiovascular collapse.

GHB ("Liquid G", "liquid ecstasy", "somatomax", "scoop")

GHB (gamma-hydroxybutyrate) is a depressant drug, not approved for use in the United States, which has also been implicated as a date rape drug. It is cheap, easily manufactured, and has allure due to its past use in the 1980s in health food stores as an alleged alternative to steroids for bodybuilders (an unproved claim). In high doses this drug can be dangerous and lethal, causing nausea, confusion, somnolence, unconsciousness, coma, and respiratory arrest. Reports of sexual assaults linked to GHB have resulted in legislatures in a number of states enacting laws with severe penalties for possession or distribution of the drug. GHB is particularly dangerous when combined with other sedatives (including alcohol) or other drugs.

Ecstasy or MDMA ("XTC", "e", "X", "Adam", "Clarity", "Lover's Speed")

MDMA (methylenedioxyamphetamine), "Ecstasy", is chemically similar to the stimulant amphetamine and the hallucinogen mescaline. MDMA's effects last 3 to 6 hours. Considered by users a benign drug producing peace, empathy, and energy, MDMA can be dangerous, and can cause increase in heart rate and blood pressure. MDMA energizes users, but interferes with the body's ability to regulate temperature, which may lead to *dehydration, hypertension, and heart or kidney failure*. Some users have died as a result of these effects. There is also some research suggesting that MDMA use may have a toxic effect on neurochemicals in the brain involving memory, mood, and sleep.

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 University, including suspension from the university.

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, 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!

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. Similarly, students whose behaviors involve charges of other violations of University 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 or employees 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 or employees 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

Consult the Loyola University Maryland Staff and Administrator Policy Manual, <https://inside.loyola.edu/HR/Policies/>, Code of Conduct, section 8.12 for policies in connection with drugs and alcohol.

Drugs

All persons employed by the University are responsible for performing their duties effectively and safely for the community's health and safety. Therefore, it is imperative that Loyola as a community operate in an environment free from illegal drugs and other controlled substances, specifically:

- The manufacture, sale, possession, distribution, or use by employees in the workplace of a controlled substance or drug not medically authorized is strictly prohibited.
- An employee may not be under the influence of a controlled substance, alcohol, over-the-counter medication or prescription drug which affects job performance or poses a hazard to the safety and welfare of the employee or other employees.
- Employees are required to report his/her criminal drug statute conviction for a violation occurring in the workplace to his/her immediate supervisor/department chair within five days after such conviction. As applicable, the University will, in turn, also notify the appropriate federal granting/contracting agency of such conviction within 10 days after receiving notice from the employee.
- Information on the dangers of drug abuse and the availability of counseling and rehabilitation assistance is provided through the Health Services Center, the Counseling Center, alcohol and drug education and support services or the human resources office and is distributed annually to each employee.
- Certain staff positions require pre-employment physicals involving a drug/alcohol screen. Additional required screens include but are not limited to: reasonable suspicion, reliable information, post-accident, random, return-to-duty, and follow-up.
- Compliance with this policy is a condition of employment. Any violation of this policy will result in disciplinary action, including, but not necessarily limited to required participation in a rehabilitation program, suspension from duties or dismissal from employment.

Alcohol

All members of the University community are to act in a manner consistent with the alcohol policy of the University. This policy is to be observed in the planning and hosting of functions, both public and departmental, on the campus or at University sponsored activities. Alcohol-free events are to be encouraged.

- Persons under the age of 21 and visibly intoxicated persons may not be served alcoholic beverages. All alcoholic beverages should be served by a bartender(s); the bartender(s) should be over the age of 21 and should be instructed to ask for proof of age.
- Food and non-alcoholic beverages should be provided and made easily available to all guests.
- The quantity of alcohol offered and the length of time during which alcohol is offered should be monitored by the host or hostess.
- Persons who are visibly intoxicated may not be served.
- Announcements and advertising of such events should not feature nor promote alcoholic beverages as the focus of the event.
- The unlawful possession, use, or distribution of alcoholic beverages is strictly prohibited on University property or as part of its activities.

Jan Edward Williams, MS, JD, LCADC
October 2012

Table 1. Controlled Substances – Uses & Effects*

Drugs	Physical Dependence	Psychological Dependence	Possible Effects	Effects Of Overdose	Withdrawal Syndrome
NARCOTICS					
Morphine	High	High	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
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 Analog (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>.