

Drug and Alcohol Abuse Prevention Program

I. Introduction

It is the policy of Lurleen B. Wallace Community College that during each academic year, the information contained in this document shall be distributed to each student and employee of the College. It is further the policy of Lurleen B. Wallace Community College that during May of 1991 and every other May thereafter, a committee assigned by the President of the College shall review its Drug and Alcohol Prevention Program and shall:

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

The President shall implement the Committee's recommended revisions as he/she shall deem appropriate and reasonable.

II. Standards of Conduct and Disciplinary Sanctions for Violations

Lurleen B. Wallace Community College is a public educational institution of the State of Alabama and, as such, shall not permit on its premises, or at any activity which it sponsors, the possession, use or distribution of any alcoholic beverage or any illicit drug by any student, employee or visitor. In the event of the confirmation of such prohibited possession, use or distribution by a student or employee, the College shall, within the scope of applicable Federal and State due process requirements, take such administrative or disciplinary action as is appropriate. For a student, the disciplinary action may include, but shall not be limited to, suspension or expulsion. For an employee, such administrative or disciplinary action may include, but shall not be limited to, reprimand or suspension or termination of employment or requirement that the employee participate in and/or successfully complete an appropriate rehabilitation program. Any visitor engaging in any act prohibited by this policy shall be called upon to immediately desist from such behavior. If any employee, student or visitor shall engage in any behavior prohibited by this policy which is also a violation of Federal, State or local law or ordinance, that employee, student or visitor shall be subject to referral to law enforcement officials for arrest and prosecution.

III. Legal Sanctions Regarding Unlawful Use, Possession or Distribution of Alcoholic Beverages and Illicit Drugs

A. State Offenses

Activities which violate Alabama laws concerning illicit possession, use and distribution of alcoholic beverages or drugs include, but are not limited to, the following. (Those provisions which refer to drug "Schedules" are making reference to the authorization by the State

Legislature for the State Board of Health to classify drugs in terms of their potential for abuse and their current usage in medical treatment. Schedule I consists primarily of “street drugs” such as crystal methamphetamine, heroin, morphine, marijuana, LSD, mescaline, etc. Schedule II includes opium, cocaine and methadone, among other illicit drugs. Schedule III drugs include those which have less potential for abuse than Schedule I or II and those substances with the least potential for abuse are included in Schedules IV and V. The Schedules may be found at Code of Alabama (1975), Section 20-2-23, et seq.)

1. Public Intoxication is punishable by up to 30 days in jail. (Code of Alabama (1975), sec. 13A-11-10.)
2. Possession, consumption or transportation of an alcoholic beverage by a person of less than 21 years of age is punishable by a fine of \$25-\$100 or a 30 day jail term. (Code, sec. 28-1-5.)
3. Possession or distribution of an alcoholic beverage in a dry county is punishable by a fine of \$50-\$100 and, in the discretion of the judge, a jail sentence of up to six (6) months. (Code, sec. 28-4-20, et seq.)
4. Possession of an alcoholic beverage illegally manufactured or illegally brought into the State of Alabama is punishable by a fine of \$100-\$1,000 plus, in the discretion of the judge, a jail sentence of up to six (6) months. (Code, sec. 28-1-1.)
5. Driving or being in actual physical control of a vehicle while under influence of alcohol or other drugs is punishable, upon the first conviction, by a fine of \$250-\$1,000 and/or one year in jail plus suspension of drivers license for 90 days. (Code, sec. 32-5A-191.)
6. Possession of marijuana for personal use is punishable by a fine of up to \$2,000 and/or a jail sentence of up to one (1) year. (Code, sec. 13A-12-213.)
7. Possession of marijuana for other than personal use is punishable by a fine of up to \$5,000 and a prison sentence of not more than ten (10) years. (Code, sec. 13A12-213.)
8. The selling, furnishing, or giving away, manufacturing, delivery or distribution of a controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$10,000 and/or a prison term of not more than 20 years. (Code, sec. 13A-12-211.)
9. The selling, furnishing or giving by a person 18 years or older to a person under the age of 18 years of age any controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$20,000 and/or a prison term of up to life. (Code, sec. 13A-12-215.)
10. Possession of a controlled substance enumerated in Schedule I through V is punishable by a fine of not more than \$5,000 and/or a prison term of not more than 10 years. (Code, sec. 13A-12-212.)
11. Conviction for an unlawful sale of a controlled substance or, within a three-mile radius of, any educational institution brings with it an additional penalty of 5 years of imprisonment with no provision for parole. (Code, sec. 13A-12-250.)
12. The use or possession with intent to use, of drug paraphernalia is punishable by up to three (3) months in jail and/or a fine of up to \$500. (Code, sec. 13A-12-260.)
13. The sale of, delivery of, or possession of with the intent to sell or deliver drug paraphernalia is punishable by not more that 10 years in prison and/or a fine of up to

\$5,000. If the delivery or sale is to a person under 18 years of age, it is punishable by up to 20 years in prison and/or a fine of up to \$10,000. (Code, sec. 13A-12-260).

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

B. Federal Offenses

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

- 21 U.S.C. 841 makes it a crime: (a) to manufacture, distribute or dispense or possess with intent to manufacture, distribute or dispense a controlled substance or (b) to create, distribute or dispense or possess with intent to distribute or dispense or counterfeit substance.
- The U.S. Code establishes and authorizes the U.S. Attorney General to revise as needed, classifications of controlled substances. The drugs are each classified in one or more of five "schedules", Schedule I being comprised essentially of "street drugs" and Schedule V being comprised of drugs with a "low potential for abuse" when compared with drugs in
- Schedules I-IV. Examples of Schedule I drugs are heroin and marijuana. PCP, for example, is a Schedule II drug. Amphetamine is a Schedule III drug, while Barbital is a Schedule IV drug. An example of a Schedule V drug would be a prescription medication with not more than 200 mg. of codeine per 100 grams.

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

1. In the case of Schedule I or II drug which is a narcotic drug, not more than fifteen (15) years in prison, a fine of not more than \$25,000, or both.
2. In the case of Schedule I or II drug which is not a narcotic drug or in the case of Schedule III drug, not more than five (5) years in prison, a fine of not more than \$15,000, or both.
3. In the case of Schedule IV drug, not more than three (3) years in prison, a fine of not more than \$10,000, or both.
4. In the case of a Schedule V drug, not more than one (1) year in prison, a fine of not more than \$5,000, or both.
5. Notwithstanding subparagraphs 1 through 4 above, the distribution of a small amount of marijuana for no remuneration is punishable by imprisonment of not more than one (1) year and/or a fine of not more than \$5,000.
6. Notwithstanding subparagraphs 1 through 4 above, the manufacture, possession or distribution or intent to manufacture, possess or distribute phencyclidine (PCP, "angel dust") is punishable by up to ten (10) years in prison and/or fine of not more than \$25,000.

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

C. Local Ordinances

The local ordinances for the cities of Andalusia, Greenville, and Opp are covered under State and Federal laws concerning drug and alcohol abuse.

IV. Health Risks of Drug and Alcohol Use and Abuse

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

A. Cannabis

1. Include marijuana, hashish, hashish oil and tetrahydrocannabinol (THC).
2. Regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat and increased appetite. Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high". Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis. Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco. Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

B. Cocaine

1. Include cocaine in powder form and "crack" in crystalline or pellet form.
2. Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with unsterile equipment can cause AIDS, hepatitis and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia and seizures. The use of cocaine can cause death by disrupting the brain's control of the heart and respiration.

C. Other Stimulants

1. Include amphetamines and methamphetamines (“speed”, phenmetrazine (Preludin); Methylphenidate (Ritalin); and “anorectic” (appetite suppressant) drugs such as Didrex, Pre-Sate, etc.
2. Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness and anxiety. Extremely high doses can cause rapid or irregular heartbeat, tremors, loss of coordination and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure than can result in stroke, very high fever or heart failure. In addition to the physical effects, users report feeling restless, anxious and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions and paranoia. These symptoms usually disappear when drug use ceases.

D. Depressants

1. Include such drugs as barbiturates, methqualone (Quaaludes), and tranquilizers such as Valium, Librium, Equanil, Mil-town, etc.
2. The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait and altered perception. Very large doses can cause respiratory depression, coma and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks. The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia and anxiety or convulsions and death. Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result

E. Narcotics

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

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

F. Hallucinogens

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

The effects of PCP vary, but users frequently report a sense of distance and derangement. Time and body movements are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent. Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year following prolonged daily use. Mood disorders, depression, anxiety and violent behavior also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations. Large doses may produce convulsions and coma, heart and lung failure or ruptured blood vessels in the brain.

Lysergic acid (LSD), mescaline and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness and tremors. Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline or psilocybin. The user may experience panic, confusion, suspicion, anxiety and loss of control. Delayed effects or flashbacks can occur even after use has ceased.

G. Inhalants

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

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

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

H. Designer Drugs

1. Designer drugs include analogs of fentanyl and analogs of meperidine (synthetic heroin), analogs of amphetamines and methamphetamines (such as “Ecstasy”), and analogs of phencyclidine.
2. Illegal drugs are defined in terms of their chemical formulas. Underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate. The narcotic analogs can cause symptoms such as those seen in Parkinson’s disease – uncontrollable tremors, drooling, impaired speech, paralysis and irreversible brain damage. Analogues of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating and faintness. Psychological effects include anxiety, depression and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations and impaired percept.

I. Alcohol

1. Ethyl alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer and distilled spirits.
2. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, unconsciousness or death, depending on how much is consumed and how fast it is consumed. Alcohol is a “psychoactive or mind-altering drug as are narcotics and tranquilizers. It can alter moods, cause changes in the body and become habit-forming. Alcohol depresses the central nervous system and too much can cause slowed reactions, slurred speech and unconsciousness. Chronic use of alcohol has been associated with such diseases as alcoholism and cancers of the liver, stomach, colon, larynx, esophagus and breast. Alcohol abuse can also lead to damage to the brain, pancreas and kidneys; high blood pressure, heart attacks and strokes; hepatitis and cirrhosis of the liver; stomach and duodenal ulcers; colitis; impotence and infertility; and premature aging. Abuse of alcohol has also been linked to birth defects and Fetal Alcohol Syndrome.

V. Where to Get Assistance

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

A. On-Campus Assistance

Counselors at the College are available to students and employees of the College concerning information on substance abuse as well as information on, and assistance in obtaining counseling or other treatment.

B. National Toll-Free Hotlines

1. 1-800-662-HELP (M-F, 8:30 a.m. - 4:30 p.m.) National Institute on Drug Abuse Informational and Referral Line
2. 1-800-241-9746 (M-F, 8:30 a.m. - 5:00 p.m.) Parent's Resource Institute for Drug Education (PRIDE)
3. 1-800-COCAINE (M-F, 9:00 a.m. – 5:00 p.m.; S-S, 12 noon – 3:00 a.m.)

C. Local Information and Referral Numbers

1. First Step 469-5347
2. Crenshaw County Hospital 1-800-662-1171
3. Southeast Alabama Mental Health Center 222-2523
4. Intensive Outpatients Substance Abuse Program
Atmore Mental Health Center 334/368- 1675 (M-F, 1:00 p.m. - 9:00 p.m.)

D. Treatment Facilities

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

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

Baptist Addictive Disease Program
2105 East South Boulevard
Montgomery, Alabama 36616 334/286-3535
Crenshaw County Hospital (A/D)
Brantley Highway
Luverne, Alabama
334/335-5763

East Central Mental Health/Mental Retardation Center (A/D)
1305 South Brundidge Street
Troy, Alabama 36081
566-6053

Spectra Care (A/D)
104 Prevatt Road
Dothan, Alabama 36301 794-0731

Montgomery Area Mental Health Authority 101 Coliseum Blvd
Montgomery, Alabama 36109
334/279-7830

South Central Alabama Mental Health Center
Highway 55 South
Andalusia, Alabama 36420
334/222-2525

Southwest Alabama Mental Health/Mental Retardation Center
328 West Claiborne Street
Monroeville, Alabama 36461-0964
251/575-4203 or 251/575-4204