



College of Health Sciences

2025

BIENNIAL REVIEW REPORT:

Drug-Free Schools & Campuses

Publication Date: January 1, 2026

Prepared by: Biennial Review Report Committee

Approved by: College Quality Committee: _01/30/26_

316 Main Street • Newport News, VA 23601-3814
(757) 240-2200 • (757) 240-2225 fax • www.riverside.edu

TABLE OF CONTENTS

	<i>PAGE</i>
PART I COLLEGE SUBSTANCE ABUSE PREVENTION PROGRAM	3
OVERVIEW	3
PROGRAM GOALS	3
PROGRAM DESCRIPTION	3
METHODS OF ACHIEVEMENT OF PROGRAM GOALS	4
PROGRAM STRENGTHS	4
Prior RECOMMENDATIONS FOR PROGRAM REVISIONS	5
PART II PROCEDURES FOR DISTRIBUTION OF ANNUAL NOTIFICATIONS	5
PART III BIENNIAL REVIEW REPORT COMMITTEE	5
APPENDIX A STUDENT POLICY 216 SUBSTANCE ABUSE	6
APPENDIX B FACULTY POLICY 173 SUBSTANCE ABUSE MANAGEMENT	9
APPENDIX C REASONABLE SUSPICION MANAGEMENT – A FACULTY GUIDE	11
APPENDIX D ANNUAL NOTIFICATION: HEALTH RISKS ASSOCIATED WITH ALCOHOL & DRUG USE	12
MARIJUANA	13
ALCOHOL	13
OTHER DRUGS	14
SUMMARY OF HEALTH RISKS	18
AVAILABLE RESOURCES FOR STUDENTS AND EMPLOYEES	20
STATE AND FEDERAL DRUG TRAFFICKING AND ALCOHOL PENALTIES	20
APPENDIX E NEW STUDENT ORIENTATION: SUBSTANCE ABUSE PREVENTION TRAINING RESOURCES	
ALCOHOL: MYTHS & FACTS	22
RETHINKING DRINKING: ALCOHOL & YOUR HEALTH	23

MEMBERS OF 2025 BIENNIAL REVIEW REPORT COMMITTEE

Angela Dryden, DNP, RN, Instructional Design & Assessment Specialist (*Nursing*)

G. Michael Hamilton, M.Ed, Dean of Student Success

Crystal McKenney, M.Ed, R.T. (R)(BD)(CT), Assistant Professor, Radiologic Technology

Naomi Pollock, MS, R.T. (R), Assistant Professor, Radiologic Technology

Melissa Wilson, MEd.HE/L, CMA, Instructional Design & Assessment Specialist (*Allied Health*)

PART I COLLEGE SUBSTANCE ABUSE PREVENTION PROGRAM

OVERVIEW

Riverside College of Health Sciences is a small, non-residential, commuter college with an annual enrollment of approximately 500 students. The College maintains a zero-tolerance policy on the use of alcohol and/or other drugs in the educational environment consistent with Riverside Health policy. The College has no ability to affect the cost, laws, or licensure of alcohol in the areas surrounding the campus.

The College provides a substance abuse prevention program that is designed to educate the campus community on issues of personal safety and well-being. The program provides information and resources related to the use and abuse of alcohol and other drugs.

PROGRAM GOALS

1. Articulate and consistently enforce clear policies that promote an educational environment free from substance use/abuse.
2. Provide ongoing education for members of the campus community for the purpose of preventing the abuse of alcohol and other drugs.
3. Inform the campus community that College and RH Policy prohibit recreational use of marijuana without medical certification. Students and employees who test positive for marijuana will face disciplinary action up to and including program dismissal / termination of employment.
4. Implement alcohol and drug-free events and celebrations that reinforce healthy, responsible living, respect for community and campus standards, and individual responsibility on the campus.
5. Provide initial training to new students on substance abuse which highlights misconceptions of drinking norms and health risks associated with alcohol and other drugs.
6. Encourage using VITAL Worklife, a Riverside-contracted student and employee assistance program, which provides 24-hour confidential access to a Licensed Professional Counselor for immediate needs, access to community resources, and long-term assistance for substance abuse problems.
7. Be vocal and visionary in combating the negative issues surrounding the use and abuse of alcohol and other drugs in our student population to create a climate that discourages high-risk drinking and drug use.

PROGRAM DESCRIPTION

Annually after the fall term add/drop, the College provides each employee and enrolled student the ***ANNUAL NOTIFICATION: HEALTH RISKS ASSOCIATED WITH ALCOHOL AND DRUG USE*** which describes the following:

- Standards of conduct that prohibit unlawful possession, use, or distribution of illicit drugs and alcohol on its property as a part of its activities;
- A description of the health risks associated with the use and abuse of alcohol and other drugs;
- State and federal drug trafficking and alcohol penalties;
- A description of available counseling and treatment programs; and
- A clear statement of the disciplinary sanctions the institution will impose for violations of its substance abuse policy and a description of those sanctions.

The *Annual Notification* is distributed to all students and employees each fall through electronic mail. Additionally, the *Annual Notification* is made available to new students electronically on their orientation site in the learning management system (LMS). (See *Appendix B*.)

During New Student Orientation, students are informed that the College restricts drugs and alcohol from being brought onto or being present on the campus or other Riverside property. Because of patient safety concerns, College policy prohibits students from reporting to class, lab or clinical while having detectable levels or identifiable trace quantities of alcohol, certain drugs, and other substances. Students are reminded that a drug screen can be mandated when there is suspicion of alcohol or drug use. Students are also informed that violations of the College policy on alcohol and drug use may result in disciplinary action up to and including dismissal from the College. (See *Appendix A Policy 216 Substance Abuse*)

Also, during New Student Orientation, students are provided information on the health risks associated with alcohol and other drugs, resources for students experiencing problems with alcohol and/or drugs, and state and federal penalties for drug trafficking and alcohol. Finally, students are provided two additional resources related to alcohol consumption: "Alcohol—Myths & Facts" and "Rethinking Drinking: Alcohol and Your Health" which is a National Institutes of Health training program. All of these resources are also available to students in the LMS under Student Information and Services / Drug & Alcohol Abuse Prevention Program.

The College leadership only approves holding parties or other activities on campus that are alcohol and drug-free. The College sponsors alcohol and drug-free events throughout the year which reinforce healthy, responsible living, respect for community and campus standards, and individual responsibility on the campus. Examples of such events include Annual Campus Picnics, Sno-Cone Days, Scholarship Events, Commencements, Hiring/Networking Events, New Student Orientations, and Graduation Pinning Ceremonies.

The College does not have officially recognized student organizations with off-campus locations. The College does provide alcohol and drug-free common student areas on campus, such as the Tree House Café and Recovery Room. Students are encouraged through their program curricula to participate in community volunteer service to provide safe, drug-free experiences within the community.

METHODS OF ACHIEVEMENT OF PROGRAM GOALS

Program goals are achieved through the following activities:

1. Mandatory pre-matriculation 12-panel Healthcare Professional urine drug screening for all students.
2. Dissemination of *Annual Notification: Health Risks Associated with Alcohol and Drug Use*.
3. Dissemination of program information to new students and employees.
4. Sponsorship of alcohol and drug-free campus celebrations and events.
5. Opportunity for student and employee referrals to Health Advocate for substance abuse counseling and referral.
6. Tracking and trending of substance abuse violations.

PROGRAM STRENGTHS

Strengths of the Program include:

1. The College has a zero-tolerance policy toward drugs and alcohol.
2. All incoming new students enter with a recorded negative drug screen.
3. The College has published policies and procedures which address violations of the zero-tolerance policy.
4. All campus activities are drug and alcohol-free events.

5. *Annual Notifications* sent to students and employees address health risks of alcohol and drug abuse, legal sanctions, available treatment and counseling options, and disciplinary measures regarding drug and/or alcohol use by students and employees.
6. Because all of the College programs are health-careers focused, all curricula include content on health risks associated with abuse of alcohol and illegal drugs, resources, and community awareness programs.
7. Students and employees have available 24-hour confidential access to a Licensed Professional Counselor, access to community resources, and long-term assistance for substance abuse problems through the Health Advocate Program.

2025 RECOMMENDATIONS FOR PROGRAM REVISIONS

The 2025 Biennial Review Committee made the following recommendations for potential Program modifications:

1. Continue to discuss and review current College policies related to substance abuse, including changes to Virginia state law related to marijuana.
 - a. College policies were updated, reviewed, and approved. Updates were disseminated out to currently enrolled students, and to future students during their orientation onboarding process.
2. Ensure that new faculty members are familiar with their responsibilities when reasonable suspicion exists that a student may be under the influence of drugs or alcohol.
3. A student wellness survey in the fall of even numbered years to evaluate the effectiveness of the Program, to assess current student use of alcohol and other drugs, and to determine student knowledge of the College substance abuse policy. Implement strategies to address identified areas of concern.
 - a. Student survey will be completed in the fall of 2026.
 - b. The survey will examine if there was an increased use of drugs and alcohol due to the stress of the COVID-19 pandemic.
 - c. The College provides students with print resources, online resources, and reminders for Vital Worklife to help them with the additional stress caused by the pandemic and beyond. In addition, the Student Engagement team met with students one-on-one to discuss any on-going issues and recommended resources accordingly to support that specific student needs.
 - d. Updated survey results were not available at the time of publication of this report, but updates will be provided to campus administrators and students when completed.

PART II PROCEDURES FOR DISTRIBUTION OF ANNUAL NOTIFICATIONS

The *Annual Notification: Health Risks Associated with Alcohol and Drug Use* is sent electronically by the Registrar at the beginning of the academic year to all enrolled students via the College student information system. The notification is also posted on the LMS and the College website. Students who enroll in a program of study after the annual notification date receive a copy of the notification through their online New Student Orientation site.

The Registrar sends College employees a copy of the *Annual Notification* via email at the beginning of each academic year. The *Annual Notification* is also available online in the Policy Manual on the College shared drive. New employees are provided a copy of the *Annual Notification* during employee orientation and onboarding.

The *Annual Notification* includes references to applicable College policies. These policies are accessible to students in the Student Handbook in the LMS and to employees in the online Policy

Manual.

The College Policy Committee reviews College policies minimally once every three years and makes revisions as needed to reflect current practice.

PART III BIENNIAL REVIEW REPORT COMMITTEE

To comply with the EDGAR Part 86 regulations, every two years the College conducts a review of its Substance Abuse Prevention Program to determine program effectiveness and to identify and implement any necessary changes. The College conducts its biennial review in the fall of even-numbered years and publishes its report in January of even-numbered years. The report focuses on the two preceding academic years. The Committee is tasked with determining the effectiveness of the Program and reviewing College policies and procedures related to substance abuse for currency, appropriateness, and consistency with Riverside Health policy.

APPENDIX A STUDENT POLICY 216 SUBSTANCE ABUSE

POLICY STATEMENT:

It is the policy of Riverside College of Health Sciences to provide a drug-free learning environment that is safe for its students, patients, volunteers, and campus employees. This policy restricts drugs and alcohol from being brought onto or being present on Riverside property, prohibits students from reporting to class, lab or clinical while having detectable levels or identifiable trace quantities of certain drugs and other substances, and prohibits the unauthorized possession, by students, of property, materials, or other items specifically covered by the provisions and/or spirit of this policy. This policy applies to all College students. Disciplinary action, including dismissal, will be used to address violations of this policy.

I. GENERAL GUIDELINES

Riverside College of Health Sciences and Riverside Health are drug-free environments. Use, possession, sale, purchase, transfer, distribution, or being under the influence of illegal or unauthorized drugs, marijuana, or alcohol on Riverside property or in clinical settings is strictly prohibited. Because safety is of paramount importance, any suspicion of drug or alcohol abuse or an arrest for drug use, possession, or sale anywhere by persons covered under this policy will be grounds for disciplinary action up to and including dismissal from the program of study.

The refusal to submit to a drug or alcohol test prescribed by this policy will be grounds for immediate disciplinary dismissal. Legal prescription drugs and "over-the-counter" medications must be used in accordance with the medication directions and consistent with this policy. The possession and/or use of Drug Related Paraphernalia is strictly prohibited. Violation of this policy, as well as conviction for drug use, possession or sale anywhere by persons covered under this policy, will be reason for disciplinary action, up to and including denial of access to College property and/or disciplinary dismissal from the program of study.

II. USE OF PRESCRIPTION AND OVER-THE-COUNTER DRUGS

Students may take prescription and over-the-counter drugs while on Riverside property if the prescription drugs are prescribed by a licensed medical provider for current use by the person in possession and the student consumes the prescribed drugs as prescribed. Taking medications in excess of prescribed dosages or taking multiple medications could result in a positive drug screen.

A student's drug screen will be considered "positive" if it is positive for a DEA Schedule drug the student did not receive by prescription from a licensed medical provider. A student who has been informed or otherwise has knowledge that a medication (prescription or over-the counter) could impair cognitive

functioning or the ability to perform safe patient care must consult the College Disabilities Officer or Program Director prior to using such medication while on campus or at a clinical site.

Prior to class/lab/clinical attendance the College Disabilities Officer or Program Director may require submission of a Return To School Clearance Form (Attachment 213.G), signed by a licensed medical provider, that verifies that the medication will not impair cognitive functioning or the ability to perform safe patient care. The College reserves the right, if a reasonable accommodation is not available to suspend the student during the period that the medication is being taken.

III. USE OF MARIJUANA

Although marijuana is legal for recreational use in the Commonwealth of Virginia, it has the ability to impair cognition, which is a safety hazard, particularly in clinical areas. Students who use marijuana for medical purposes must have medical certification from a Board of Pharmacy-registered practitioner. The medical certification must also verify that the medication will not impair cognitive functioning or the ability to perform safe patient care. Students who test positive for marijuana and who do not possess medical certification will face disciplinary action up to and including dismissal from the program.

IV. SUBSTANCE ABUSE SCREENING PROGRAM

Reasonable Suspicion includes inappropriate behavior, attendance concerns, performance problems; observable indicators of substance use; and actual observance of the individual taking drugs or alcohol. If reasonable suspicion exists to suspect that a student may be under the influence of drugs or alcohol, the student will be required to submit to a drug or alcohol test. Students may also be required to undergo drug testing when drug diversion is suspected, and an internal investigation is being conducted. Substance abuse testing may be required of all students as a condition of reinstatement after a Voluntary Intervention has occurred.

When directed to submit to drug and/or alcohol testing, the student will purchase an a la carte test from Castlebranch and submit a sample within six hours of being instructed to obtain the test. Students taking or testing positive for controlled substances may be required to provide a copy of their prescription to the Medical Review Officer.

Random Testing: The College reserves the right to randomly test all students, including a student with a documented history of a confirmed positive drug test. The random selection will be in a manner established by the College and will be non-discriminatory.

Cooperation in Testing and Follow-Up Procedures A student who refuses to be tested or who attempts to alter or tamper with a sample, or any other part of the testing process will be subject to disciplinary dismissal. All drug and/or alcohol testing will follow the RH Chain of Custody Procedures as outlined in the RH Substance Abuse Policy (4-05).

V. SEARCHES

The College reserves the right to have a designated College representative and/or police authorities, including drug detection dogs, conduct reasonable searches and inspections of student's personal effects, lunch bags, purses, backpacks, clothing, vehicles, etc., while on Riverside property. Student searches may be initiated without prior notice and conducted at times and locations as deemed appropriate by College Administration. Consent to such searches is required as a condition of becoming and remaining enrolled in a College program of study. Students who refuse to cooperate with a search request are subject to disciplinary dismissal.

All searches and inspections will be conducted with concern for each student's personal privacy, dignity,

and confidentiality. The results of any search will be considered a confidential record disseminated strictly on a need-to-know basis or as legally required. Drugs and other prohibited items discovered through these searches and inspections will result in the proper law enforcement authorities being notified for additional review and disposition.

VI. PENALTIES FOR VIOLATING POLICY

A student found in violation of this policy or suspected of possible violation will be suspended and removed from Riverside until the investigation and/or testing is complete. Violations of the policy will lead to disciplinary action, up to and including dismissal. Students who have a Mandated Referral to the Riverside employee assistance program and refuse to participate, fail to successfully complete it, or who violate this policy after participating in a voluntary intervention are subject to disciplinary dismissal. The College, at its discretion, may take into custody any illegal, unauthorized or prohibited items or substances and may turn them over to the proper law enforcement agencies.

VII. EMPLOYEE ASSISTANCE PROGRAM

Students and employees are urged to seek help through the employee assistance program in a timely manner before a violation of policy occurs and/or their position at work or in school is adversely affected. The employee assistance program is a CONFIDENTIAL service that can be reached by calling 1-800-383-1908. An individual's decision to seek assistance through the employee assistance program will not be used as the basis for disciplinary action, nor will it be used against the individual in any disciplinary proceedings. The College may request an evaluation through the employee assistance program prior to finalizing disciplinary action in cases where the College determines a violation of policy may have occurred.

VIII. DISCIPLINARY ACTION / REVIEW

A student who is disciplined or dismissed from a program of study because of drug use may refer to Policy 210 Student Grievance & Appeal to appeal the decision.

DEFINITIONS:

Adulterant: Any chemical additive or foreign substance that blocks, or is intended to block, marijuana, cocaine, and other drugs from being detected in urine drug screening.

Alcohol: Ethyl alcohol as ethanol; includes any substance containing alcohol that is for consumption.

Drug or Alcohol Test: Includes urine drug tests, breathalyzer tests, and/or blood tests.

Drug Related Paraphernalia: Any unauthorized material, equipment, or item used or designed for use in testing, packaging, storing, selling, weighing, injecting, ingesting, inhaling, or otherwise used in introduction into the human body illegal or unauthorized drugs.

Health Advocate: An RH endorsed counseling program that may be used by a student to resolve a personal or work performance problem before such problem results in impairment or management involvement.

Illegal Drug: Any drug that is not legally obtainable or that is legally obtainable but has not been legally obtained. This term includes prescription drugs for which the student has no prescription.

Legal Drug: Any prescription drug or over the counter drug that has been legally obtained and is being used for the purposes for which it was described or manufactured.

Mandatory Intervention: Action taken by the College or clinical facility requiring a student to be assessed for fitness for duty when an impairment indicates a potential health or safety risk to the student or to others.

Medical Review Officer: A licensed physician responsible for receiving laboratory results generated by the

College's drug testing program that has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.

Reasonable Suspicion: For all purposes under this policy, reasonable suspicion is defined as a belief based on observation, specific, objective facts where the rational conclusion to be drawn under the circumstances is that the person is under the influence of drugs or alcohol. A workplace accident may be considered to provide reasonable suspicion.

Refuse to Submit: Failure to provide adequate breath for testing without a valid medical explanation after receiving notice of a requirement for such a breath test; failure to provide adequate urine or blood for testing without a valid medical explanation after receiving notice of the requirement of taking such a test; or otherwise refusing or engaging in conduct that clearly obstructs the testing process.

College Management: For all purposes under this policy, College management will include: College faculty, assigned preceptors, and/or members of the College Administration Team.

College/Riverside Property: Includes all property, facilities, offices, patient care areas, buildings, structures, equipment, and parking areas, whether owned, leased, used, or under control of the College and/or RH. This may also include other non-RH clinical sites while in the course and scope of student clinical experiences.

Unauthorized Drug: Any drug other than alcohol that may be legally obtained but for which the student has no legal prescription, or that the student is using in a manner other than as prescribed by the student's physician. This term includes prescribed drugs not legally obtained, prescribed drugs not being used in accordance with the prescription, and over-the-counter drugs not being used according to manufacturer's directions.

Under the Influence: The student is affected by any illegal or unauthorized drug or alcohol, or the combination of these, in any detectable manner. A determination of such influence can be established by professional opinion, a scientifically valid examination, or, in some cases, by a lay person's opinion.

Voluntary Intervention: Use of the Employee Assistance Program by a student to resolve a personal or work performance problem before such problem results in impairment or management involvement.

APPENDIX B FACULTY POLICY 173 SUBSTANCE ABUSE MANAGEMENT

POLICY STATEMENT:

It is the policy of Riverside College of Health Sciences to provide a drug-free learning environment that is safe for its students, patients, volunteers, and College employees. This policy addresses management responsibilities and guidelines when reasonable suspicion exists that a student may be under the influence of drugs or alcohol. When reasonable suspicion exists that an employee may be under the influence of drugs or alcohol, management will follow RH Policy 4-05 Substance Abuse Policy.

I. GENERAL GUIDELINES

This policy is an adjunct to Policy 216 Substance Abuse.

The faculty are responsible for taking appropriate action any time a student's behavior or performance creates any question about the student's ability to function in the classroom, lab, or clinical setting properly and safely. Student performance is important. Faculty should be aware that to overlook or avoid a performance and/or attendance problem typically is contrary to the best interests of the College, as seen in student, course and program outcomes.

In cases of suspected substance abuse by a student in class, lab, or clinical settings, faculty, preceptors, and administrators should never try to diagnose or treat a medical or psychological condition. This should

be reserved for qualified professionals. Confine remarks and documentation to the specific performance and behavior problems that you personally have observed. Be careful not to speculate as to the reason for the student's performance and/or behavior which may include illness, worries and other problems, as well as substance abuse. Do not refer to a student as being "drunk" or "on drugs," or any other term that might support those conditions. Do not discuss problems of individual students with other employees/peers.

II. IDENTIFYING IMMEDIATE PROBLEMS

Performance and behavior problems may indicate the current use of illegal drugs, marijuana, or abuse of alcohol, particularly if they represent a significant change from the student's past behavior. Students abusing drugs or alcohol may appear confused or exhibits erratic behavior; appear drowsy or sleepy during class, lab or clinical; or exhibit paranoia, slurred speech, or irrational or unsafe behavior. These students may have trouble interacting with other students, faculty, staff, or patients. They may be involved in an on-the-job accident or has a series of safety-related incidents that raise questions about his or her functioning capacity.

III. REASONABLE SUSPICION MANAGEMENT

When a student exhibits such behavior or appears unfit for class, lab or clinical, faculty should follow the following procedures:

1. Remove the student from the work area. Do this immediately if the condition may affect the safety of others.
2. Initiate the Reasonable Suspicion Management Form (Attachment 173.A).
3. Whenever practical, arrange for another faculty member to observe the student and/or try to detect the odor of alcohol or smell of marijuana in an effort to confirm reasonable suspicion.
4. Notify your Program Director of your suspicions and actions.

The student should be given a chance to explain. Quietly remove the student from the class, lab or clinical setting. Select a private location, out of hearing of other students. Before and during the interview, observe and document everything you see, hear, smell and touch. All documentation should be based on observable and factual events and should not include opinions. Confine your questions and statements to specific performance and behavior. If you detain the student, do not let the student out of your sight. Do not let the student eat, get a drink, go to the bathroom or leave your presence for any reason. Do not accuse the student of alcohol or drug use. However, if circumstances warrant, you may ask the student if alcohol or illegal drug use are contributing factors to the observed behavior.

If, after the explanation, you still believe the student is unfit for class, lab and/or clinical, proceed with drug or alcohol testing. Notify your Program Director that reasonable suspicion exists. If appropriate, the Program Director may initiate a search. Such searches require the presence of two College/RH Management representatives. (see Policy 216 Substance Abuse regarding searches.)

IV. TESTING PROCEDURES

Drug and/or alcohol testing will be initiated if reasonable suspicion exists. Students requiring drug and/or alcohol testing will be required open their Castlebranch online account, purchase an *a la carte* drug test, download the documentation from Castlebranch, and take it to LabCorp within 4-6 hours of being told to obtain a drug screen. Alcohol testing may be conducted with either a breathalyzer or blood alcohol test. For drug testing, the Health Professional Panel Test (HPP) is required.

The faculty member(s) will inform the student that reasonable suspicion exists and, therefore, that they are subject to drug or alcohol testing. [A non-student witness is strongly recommended.] The student should not be allowed to drive and will be responsible for arranging transportation home. The student may be suspended following the test procedures pending receipt of the test results.

V. COOPERATION IN TESTING AND FOLLOW UP PROCEDURES

If the student refuses to answer questions or submit to testing, inform the student that this refusal will subject the student to disciplinary action. Do not attempt to restrain the student or use physical force. If the student continues to refuse, he or she will be suspended pending an investigation of the incident. Refusal to submit to drug and/or alcohol testing is grounds for disciplinary dismissal.

VI. SALE, PURCHASE OR POSSESSION OF ILLEGAL DRUGS

If the student is involved in or suspected to be involved in the sale, purchase, or possession of illegal drugs on Riverside property, the possession of alcohol by a student on Riverside property, or the theft (diversion) of narcotics or drugs by a student on Riverside property, management should contact the Program Director, or designee, and RH Protection to outline the events that have created the suspicion. If possible, an RH Protection Officer should be present when the student or students are approached and asked for an explanation of the events. This should be done in a private area. Do not accuse the student of wrongdoing; rather let the student explain his or her version of the event and related circumstances. In the event that a search and/or drug screen is required, follow the procedures outlined above.

Request that the student voluntarily cooperate with a search to determine whether he or she is in possession of illegal drugs or alcohol. Request that the student remove all articles from his or her pockets and book bag, if necessary. If the student refuses to cooperate, the Program Director, or designee, should inform the student that the refusal will be grounds for disciplinary action up to and including disciplinary dismissal. Do not attempt to restrain the student or use physical force. Before and during the search, observe and document everything you see, hear, smell, and touch. All documentation should be based on observable and factual events and should not include opinions.

If the student voluntarily admits possession of illegal drugs or alcohol, ask the student to give the items to the RH Protection Officer. ALL DRUGS, PARAPHERNALIA, ETC., MUST BE GIVEN TO THE PROTECTION DEPARTMENT IMMEDIATELY. Initiate drug/alcohol testing. Complete Attachment 173.A Reasonable Suspicion Management Form. Failure to cooperate in the testing procedure will result in disciplinary action up to and including dismissal from the program. The student will be suspended following the test procedures pending receipt of the test results.

APPENDIX C DRUG & ALCOHOL TESTING: REASONABLE SUSPICION MANAGEMENT – A FACULTY GUIDE

The following checklist has been developed to assist faculty to successfully intervene in a case of suspected drug and/or alcohol use. Consider contacting the Program Director, or designee, and/or RH Protection before confronting any student who may be acting in an unusual or erratic manner.

Reasonable Suspicion must first be established. Once reasonable suspicion has been reported, two faculty/staff (when possible) should observe the student to determine if suspicion is valid.

Important Guidelines for Management

1. If available, have a second faculty/staff member observe the student's behavior and/or try to detect the odor of alcohol or smell of marijuana in an effort to confirm reasonable suspicion.
2. Before and during the intervention, observe and document everything you see, hear, smell, and touch.
3. All documentation should be based on observable and factual events and should not include opinions.
4. If you detain the individual, do not let the student out of your sight.
5. Do not allow the student to eat, get a drink, go to the bathroom or leave your presence for any reason.

Be sure to notify your Program Director *If behavior warrants, contact RH Protection.*

.....

Student Name: _____

Date: _____ **Time:** _____

In the following section, please note all pertinent behavior and physical signs and symptoms, which lead you to reasonably believe that the student has recently used, or is under the influence of alcohol and/or drugs:

Odor of alcohol *Odor of marijuana* *Slurred speech*
Flushed, swollen face *Runny nose,*
sniffles
Pupils dilated or constricted
Unusual eye movement
Bloodshot or watery eyes
Decreased breathing rate
Inconsistent work patterns
Missed deadlines
Tremors or sweats

Weariness, exhaustion or sleepiness *Abnormal or erratic behavior* *Observed or reported use of prohibited substances*
Swaying, wobbling, staggering, or falling *Lack of coordination*
Dizziness or fainting
Reduced reaction time
Restlessness
Poor productivity
Repeated/multiple complaints from other students/faculty/staff

If reasonable suspicion exists after observing the student, follow these procedures:

1. Have a second faculty/staff member present (when possible) when you communicate with the student.
2. Quietly remove the student from the class, lab, or clinical setting to a private location out of hearing of other students.
3. Do not accuse the student of drug or alcohol use.
4. Inform the student that reasonable suspicion exists and that he/she is subject to drug and/or alcohol testing.
5. Give the student a chance to explain. Confine your questions and statements to specific performance and behavior.
6. Contact RH Protection to transport the student to the testing center.
7. Notify the Program Director or designee.

.....

Supervising Faculty Signature: _____

Date: _____

Second Observer Signature: _____

Date: _____

APPENDIX D ANNUAL NOTIFICATION: HEALTH RISKS ASSOCIATED WITH ALCOHOL AND DRUG USE

This notification meets federal requirements under Department of Education, Drug-Free Schools and Campuses Regulations, EDGAR Part 86.

The Drug-Free Schools and Communities Act amendments of 1989 require Riverside College of Health Sciences to notify our students and employees that the unlawful manufacture, possession, use, or distribution of illegal drugs (including inhalants) and alcohol on the property of the College, or as part of any College activities, is prohibited. "Illegal drugs" are those chemicals that are specifically identified in Schedule I-V, section 202 of the Federal Control Substances Act (21 U.S.C. 812).

Significant health risks are associated with the use of illegal drugs and the abuse of alcohol. Confidential counseling, treatment and rehabilitation programs are available to both students and employees by contacting Health Advocate. Additional resources are also available. Serious legal sanctions may be invoked under local, state, and federal laws for the unlawful manufacturing, possession, use, or distribution of illegal drugs and alcohol. These sanctions include fines and incarceration commensurate

with the offense.

The College's usual investigative and disciplinary procedures will be used to address any allegations that this policy has been violated. In all cases the College will protect, to the maximum extent possible, the rights of all parties involved. When a violation of this policy occurs, the College will take appropriate action, which may include requiring the student or employee to participate in a drug or alcohol rehabilitation program. Disciplinary sanctions up to and including dismissal, termination of employment, and/or referral for prosecution are also available to the College. (Students: Policy 202 Student Code of Conduct, Policy 216 Substance Abuse; Employees: RH HR Policy 4-05 Substance Abuse) A person who wishes to report a violation of this policy should contact the following: The System Administrator of Education if the allegation is against a faculty or staff member or the Senior Director of Educational Programs if against a student.

Students charged or convicted in state or federal court of violating a criminal drug statute must inform their Program Director within five (5) calendar days of the charge and/or conviction. Students who receives a federal grant such as a Pell grant must report the conviction to the granting agency within five (5) calendar days of the conviction. Federal law requires that a person who is convicted in state or federal court of violating a criminal drug statute in the workplace must inform his or her employer within five (5) calendar days of the conviction.

The summaries below are an overview of the major health risks associated with the use of illicit drugs and alcohol. Abuse of alcohol and other drugs can lead to chemical dependency and can be harmful during pregnancy.

MARIJUANA

*Although marijuana is legal for recreational use in the Commonwealth of Virginia, it has the ability to impair cognition, which is a safety hazard, particularly in clinical areas. Students who use marijuana for medical purposes must have medical certification from a Board of Pharmacy- registered practitioner. The medical certification must also verify that the medication will not impair cognitive functioning or the ability to perform safe patient care. **Students who test positive for marijuana and who do not possess medical certification will face disciplinary action up to and including dismissal from the program.***

Marijuana is a derivative of the cannabis sativa plant and is illegally used for its intoxicating effects and dreamy state of relaxation and euphoria. All forms of marijuana have negative physical and mental effects. Long-term use of marijuana may develop tolerance levels requiring more and more marijuana to achieve the same “high”. Prolonged use leads to dependence, and the drug can become the center of users’ lives. The active ingredient in marijuana is Delta-9-Tetrahydrocannabinol.

Mental effects may include:

- Impaired or reduced short-term memory and comprehension
- Altered sense of time
- Changed sensory perception—sight, smell, hearing, touch
- Reduced ability to perform tasks requiring concentration and coordination, such as driving a car
- Research also shows that people do not retain knowledge when they are “high”. Motivation and cognition may be altered, making the acquisitions of new information difficult. Marijuana also can produce paranoia and psychosis.

DRUGS	PHYSICAL DEPENDENCE	PSYCHOLOGICAL DEPENDENCE
Marijuana	Unknown	Moderate

DRUGS	PHYSICAL DEPENDENCE	PSYCHOLOGICAL DEPENDENCE
Tetrahydrocannabinol	Unknown	Moderate
Hashish and Hashish Oil	Unknown	Moderate

HEALTH EFFECTS OF MARIJUANA

- Emphysema-like symptoms
- Respiratory tract and sinus infections
- Lowered immune system response
- 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.

ALCOHOL

Alcohol is a depressant and is the leading drug of abuse in America. Use of alcohol may affect judgment and decision-making abilities, slow down the central nervous system and brain function, and reduce coordination and reflex actions needed to safely operate equipment or drive a car. Alcohol use (even low doses) may increase the incidence of a variety of aggressive acts, including physical altercations, threats, and domestic abuse. Higher doses may cause marked impairment in mental functions, severely altering a person's ability to learn and remember information. Very high doses may cause respiratory depression and death. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, also can lead to permanent damage to vital organs such as the brain and the liver.

A 12-oz. can of beer, a 5-oz. glass of wine and a 1.5-oz. shot of hard liquor all contain the same amount of alcohol. Coffee, cold showers and exercise do not speed up the body's ability to metabolize alcohol – only the passage of time will free the body of the effects of alcohol.

HEALTH EFFECTS OF ALCOHOL

- Decreased sexual functioning
- Liver cancer, fatty liver, hepatitis, cirrhosis
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast and skin
- Kidney disease
- Ulcers
- Increased acid in the stomach
- Insomnia
- Gout
- Contributes to high blood pressure and strokes
- Heart muscle disease or heart failure
- Use during pregnancy can cause fetal alcohol syndrome, increased risk of miscarriages, premature births, stillbirths, and low-birthweight babies

Increased severity of mental health problems such as bipolar disorder, posttraumatic stress disorder, depression, anxiety, and addiction.

NARCOTICS

Narcotic analgesics are the most effective compounds used for pain relief. Narcotic analgesics include: Opium, Opiates (Morphine, Codeine, Percodan, Heroin and Dilaudid) and Opioids (synthetic substitutes such as Vicodin, Darvon, Demerol, and Methadone). Narcotics can be smoked or eaten (Opium), injected, taken orally or smoked (Morphine), inhaled, injected or smoked (Heroin). Opiates also are known as: Heroin, Smack, Horse, Brown Sugar, and Black Tar.

DRUGS	PHYSICAL DEPENDENCE	PSYCHOLOGICAL DEPENDENCE
Heroin	High	High
Morphine	High	High
Codeine	Moderate	Moderate
Hydrocodone	High	High
Hydromorphone	High	High
Oxycodone	High	High
Methadone and LAAM	High	High
Fentanyl and Analogues	High	High
Other Narcotics	High-Low	High-Low

HEALTH EFFECTS OF NARCOTICS

- Easy addiction
- Addiction in pregnant women can lead to premature, stillborn or addicted infants who experience severe withdrawal symptoms
- Reduced sex drive
- Scarring (“tracks”) along veins and collapsed veins from repeated injections
- Irregular blood pressure, slow and irregular heartbeat (arrhythmia)
- Hepatitis, Aids, and other infections from unsanitary injection
- Stroke or heart attack caused by blood clots resulting from insoluble additives
- Respiratory paralysis, coma, and death from accidental overdose.

STIMULANTS

DRUGS	PHYSICAL DEPENDENCE	PSYCHOLOGICAL DEPENDENCE
Cocaine	Possible	High
Amphetamine/Methamphetamine	Possible	High
Methylphenidate	Possible	High
Other Stimulants	Possible	High

Stimulants are drugs that stimulate the central nervous system and excite bodily activity.

Methamphetamine is one of the fastest growing drugs of abuse. These drugs create less intense and less expensive cocaine-like effects in the body. People 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 the drug use ceases. Amphetamines can be swallowed in pills or capsules, smoked as “crank” and “ice” or injected. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever or heart failure.

HEALTH EFFECTS OF STIMULANTS

- Increased heart and respiratory rates, rapid or irregular heartbeat
- Elevated blood pressure
- Sweating
- Headaches
- Blurred vision, dizziness, tremors
- Sleeplessness and anxiety
- Poor coordination
- Physical collapse

- Physical exertion while using stimulants can be dangerous because of the drugs' effects on the body's temperature-regulating and cardiovascular systems and can cause death in otherwise healthy young athletes.

Cocaine is the most potent stimulant of organic origin and the most widely used of the stimulants. Although cocaine has been used in the past as a topical anesthetic, its therapeutic use has almost been eliminated due to the development of safer anesthetics. Cocaine is a powerfully addictive drug leading to physical and psychological dependence. Cocaine powder is sniffed or snorted. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Cocaine powder can also be injected into the bloodstream when it is mixed with water. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Inhalation of cocaine fumes from freebasing produces effects that are very fast in onset, very intense and momentary in duration. Crack cocaine that is processed into tiny chips having the appearance of slivers of soap. Crack has become a very popular form of cocaine, since it is inexpensive and relatively easy to use. It is smoked in a pipe or rolled with tobacco in a cigarette.

HEALTH EFFECTS OF COCAINE

- Dilated pupils
- Elevated blood pressure, respiratory rate, heart rate, and temperature
- Death by cardiac arrest or respiratory failure

DEPRESSANTS

A depressant is a drug that depresses the central nervous system, resulting in sedation and a decrease in bodily activity. Depressants, taken as prescribed by physicians, can be beneficial for the relief of anxiety, irritability, stress and tension. The main classes of medical depressants are Barbiturates and benzodiazepines. When regular users suddenly stop taking large doses, they can develop withdrawal symptoms ranging from restlessness, insomnia and anxiety to 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 defect and behavioral problems also may result. Depressants are known as: Barbiturates, downers and tranquilizers, such as Valium, Librium, Equanil, Serax, Tranxene, and Zanax.

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
- Staggered walk
- Altered perception
- Mental clouding and drowsiness
- Respiratory depression
- Coma and death

DRUGS	PHYSICAL DEPENDENCE	PSYCHOLOGICAL DEPENDENCE
Chloral Hydrate	Moderate	Moderate
Barbiturates	High-Moderate	High-Moderate
Benzodiazepines	Low	Low
Glutethimide	High	Moderate
Other Depressants	Moderate	Moderate

HEALTH EFFECTS OF DEPRESSANTS

- Physical and psychological dependence
- Tolerance to the drug, leading the user to increase the quantity consumed

HALLUCINOGENS

Hallucinogenic drugs distort the senses and often produce hallucinations—experiences that depart from reality. Some negative health effects may last six months to a year following prolonged daily use. Phencyclidine (PCP) interrupts the function of the neurocortex, 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. Lysergic acid (LSD), Mescaline and Psilocybin also are hallucinogens that cause illusions and hallucinations. It is common to have a bad psychological reaction to LSD, Mescaline and Psilocybin. The user may experience panic, confusion, suspicion, anxiety and loss of control. Delayed effects or flashbacks can occur even after use has ceased.

DRUGS	PHYSICAL DEPENDENCE	PSYCHOLOGICAL DEPENDENCE
LSD	None	Unknown
Mescaline/Peyote	None	Unknown
Amphetamine Variants	Unknown	Unknown
Phencyclidines/ Analogues	Unknown	High
Other Hallucinogens	None	Unknown

HEALTH EFFECTS OF HALLUCINOGENS

- Impaired concentration, confusion and agitation
- Increased heart rate, blood pressure and temperature
- Sleeplessness
- Loss of appetite
- Persistent memory problems
- Speech difficulty
- Mood disorders, such as depression, anxiety and violent behavior
- Paranoid and violent behavior
- Hallucinations
- Convulsions and coma
- Heart and lung failure

INHALANTS

Inhalants are mood-altering substances that are voluntarily inhaled. Most substances used are commercial and household products, such as solvents and aerosols, which are easily obtained and are not harmful, if used for the purpose intended and as directed. Because they are common products, inhalants often are a young person’s first attempt at “getting high”. Inhalants can severely impair judgment and driving ability. They also cause severe disorientation, visual distortion and confusion.

There is evidence that tolerance to the effects of inhalants develops with continued use so, users need to increase use to obtain the same high/ Studies have shown that dependence on inhalants continues even when the user goes on to use other drugs. Inhalants include: Nitrous Oxide, laughing gas, propellant aerosol cans, Amyl Nitrite, popper, snappers in ampoules, Butyl Nitrite, rush, bullet, climax, aerosol sprays, aerosol paint cans, containers of cleaning fluid, gasoline, glue and paint thinner.

Inhaling solvents allows the substance to reach the blood stream very quickly. Deeply inhaling the vapors,

or using large amounts over a short 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 depressing the central nervous system to the point that breathing stops.

HEALTH EFFECTS OF INHALANTS

- Decreased heart and respiratory rates, rapid pulse
- Involuntary passing of urine and feces
- Hepatitis
- Debilitating effects and possibly permanent damage to the central nervous system, including brain damage
- Weight loss
- Fatigue
- Electrolyte imbalance
- Muscle fatigue

DESIGNER DRUGS

Illegal drugs are defined in terms of their chemical formulas, but underground chemists can modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs, which do not meet these definitions. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

Many so-called designer drugs are related to amphetamines and have mild stimulant properties but are mostly euphorants. They can produce severe neurochemical damage to the brain. The narcotic analogs can cause symptoms such as those seen in Parkinson’s disease, including uncontrollable tremors, drooling, impaired speech, paralysis and irreversible brain damage. Analogs 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, and the designer drugs still cause illusions, hallucinations and impaired perception. Some designer drugs are: Synthetic Heroin White, MPTP (New Heroin), analogs of MDMA (Ecstasy, XTC, Essence), hallucinogens (STP, PMA, EVE) and analogs of PCP.

HEALTH EFFECTS OF ECSTASY

- Short term: *(These effects occur during use and can continue even weeks after use.)*
 - Confusion
 - Depression
 - Sleep Problems
 - Craving
 - Severe anxiety and paranoia.
- Long term:
 - Memory loss
 - Depleted serotonin, a brain chemical which regulates mood, sleeping and eating habits, as well as thinking and behavior processes, sexual function and sensitivity to pain

SUMMARY OF HEALTH RISKS

DRUGS/CSA SCHEDULES	TRADE OR OTHER NAMES	MEDICAL USES	DEPENDENCE PHYSICAL	PSYCHOLOGICAL	TOLERANCE	DURATION (HOURS)	USUAL METHODS OF ADMINISTRATION	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME
NARCOTICS Opium/II,III,V	Dover’s Powder, Paregoric,	Analgesic, antidiarrheal	High	High	Yes	3-6	Oral, smoked	Euphoria, drowsiness	Slow and shallow	Watery eyes, runny nose,

DRUGS/CSA SCHEDULES	TRADE OR OTHER NAMES	MEDICAL USES	DEPENDENCE PHYSICAL	PSYCHOLOGICAL	TOLERANCE	DURATION (HOURS)	USUAL METHODS OF ADMINISTRATION	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME
Morphine/II,III	Parepectolin Morphine, MS-Contin, Roxanol, Roxanol-SR, Pectoral Syrup	Analgesic, antitussive	High	High	Yes	3-6	Oral, smoked, injected	respiratory depression, constricted pupils, nausea	breathing, clammy skin, convulsions, coma, possible death	yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
Codeine/II,III,V	Tylenol w/codeine, Empirin w/codeine, Robitussin A-C, Fiorinal w/codeine	Analgesic, antitussive	Moderate	Moderate	Yes	3-6	Oral, injected			
Heroin/I	Diacetyl-morphine, Horse, Smack	Under Investigation	High	High	Yes	3-6	Injected, sniffed, smoked			
Hydromorphone/II	Dilaudid	Analgesic	High	High	Yes	3-6	Oral, injected			
Meperidine (Pethidine)/II	Demerol, Mepergan, Pethadol	Analgesic	High	High	Yes	3-6	Oral, injected			
Methadone/II	Dolopine, Methadone, Methadose	Analgesic	High	High	Yes	12-24	Oral, injected			
Other Narcotics/ I,II,III,IV,V	Numorphan, Percodan, Percocet, Tylox, Tussionex, Fentanyl, Darvon, Lomotil, Talwin, LAAM, Leritine, Levo-Dromoran	Analgesic, antidiarrheal, antitussive	High-Low	High-Low	Yes	Variable	Oral, injected			
DEPRESSANTS Chloral Hydrate/IV	Noctec, Somnos	Hypnotic	Moderate	Moderate	Possible	5-8	Oral	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/II,III,IV	Amytal, Butisol, Fiorinal, Lotusate, Nembutal, Seconal, Tuinal, Phenobarbital, Amobarbital, Phenobarbital, Fecodarbital	Anesthetic, anticonvulsant, sedative, hypnotic, veterinary euthanasia agent	High Moderate	High Moderate	Yes	1-16	Oral			
Benzodiazepines /IV	Ativan, Dalmane, Diazepam, Librium Xanax, Serax, Valium, Tranxexa, Verstan, Versed, Halcion, Paxipam, REstoril, Axene, Clonopin	Antianxiety, anticonvulsant, sedative, hypnotic	Low	Low	Yes	4-8	Oral			
Methaqualone/I	Quaalude, Optamil, Parest, Somnofax, Sopur	Sedative, hypnotic	High	High	Yes	4-8	Oral			
Glutethimide/III	Doriden	Sedative, hypnotic	High	High	Yes	4-8	Oral			
Other Depressants/II,IV	Equanil, Miltown, Noludar, Placidyl, Valmid	Antianxiety, sedative, hypnotic	Moderate	Moderate	Yes	4-8	Oral			
STIMULANTS Cocaine/II	Coke, Flake, Snow, Crack	Local anesthetic	Possible	High	Yes	1-2	Sniffed, smoked, injected			
Amphetamines/II	Biphetamine, Delcobese, Desoxyn, Dexedrine, Obetrol, Mediatric	Attention deficit disorders, narcolepsy, weight control, hyperkinesis	Possible	High	Yes	2-4	Oral, injected			
Phenmetrazine/II	Preludin	Weight control	Possible	High	Yes	2-4	Oral, injected			
Methylphenidate/II	Ritalin	Attention deficit disorders, narcolepsy	Possible	Moderate	Yes	2-4	Oral, injected			
Other Stimulants/III,IV	Adipex, Cylert, Didrex, Ionamin, Melfiat, Plegine, Sanorex, Tenuate, Tepani, Prelu-2, Bacarate, Presate, Voranil	Weight control	Possible	High	Yes	2-4	Oral, injected			

HALLUCINOGENS LSD/I	Acid, Microdot, Breen/Red Dragon	None	None	Unknown	Yes	8-12	Oral	Illusions and hallucina- tions, poor perception of time and distance, violent behavior, anxiety; Large doses could result in convul- sions, heart and lung failure	Longer and more intense "trip" episodes, psychosis, possible death	Withdrawal syndrome not reported
Mescaline & Peyote/I	Mexc, Buttons, Cactus, Mesc, Mex, Mexo	None	None	Unknown	Yes	8-12	Oral			
Amphetamine Variants/I	2.5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB	None	Unknown	Unknown	Yes	Variable	Oral, injected			
Phencyclidine/II	PCP, Angel Dust, Hog, Love Boat	Vet anesthetic	Unknown	High	Yes	Days	Smoked, oral, injected			
Phencyclidine Analogues/I	PCE, PCPy, TCP	None	Unknown	High	Yes	Days	Smoked, oral, injected			
Other Hallucinagens/I	Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn	None	None	Unknown	Possible	Variable	Smoked, oral, injected, sniffed			
CANNABIS Marijuana/I	Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks	Under Investigation	Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disoriented behavior	Fatigue, paranoia, possible psychosis	Insomnia, hyperactivity, and decreased appetite occasionally reported
Tetrahydrocanna binol/I,II	THC, Marinol	Cancer chemo- therapy, anti- nauseant, anesthetic	Unknown	Moderate	Yes	2-4	Smoked, oral			
Hashish/I	Hash	None	Unknown	Moderate	Yes	2-4	Smoked, oral			
Hashish Oil/II	Hash Oil	None	Unknown	Moderate	Yes	2-4	Smoked, oral			
ALCOHOL Ethyl, Alcohol, Ethanol		None	Possible	Possible		1-4	Oral	Intoxica- tion, sensory alteration, anxiety reduction	Staggering, odor of alcohol on breath, loss of coordination, slurred speech, dilated pupils, nerve and liver damage	Sweating, tremors, altered perception, psychosis, fear, auditory hallucina- tions

AVAILABLE RESOURCES FOR STUDENTS / EMPLOYEES EXPERIENCING PROBLEMS WITH DRUGS AND/OR ALCOHOL

- Alcohol and Drug Abuse Helpline, 1-800-ALCOHOL
- Al-Anon / Alateen, 1-888-4Al Anon
- Alcoholics Anonymous (AA), (757) 595-1212 or www.aa.org
- National Council on Alcoholism and Drug Dependence, 1-800-622-2255
- National Drug Treatment Referral Routing Service, 1-800-662-HELP
- Narcotics Anonymous (NA) 818-773-9999 or www.na.org
- National Institute on Drug Abuse, 1-800-662-HELP

STATE AND FEDERAL DRUG TRAFFICKING AND ALCOHOL PENALTIES

Virginia Penalties

MARIJUANA

According to Code of Virginia §4.1-1100, §4.1-1105.1, §4.1-1107, §4.1-1108, §18.2-248.1, and §54.1-3408.3:

Although marijuana is still illegal under federal law, in Virginia, the recreational use of marijuana or marijuana products is legal, for persons 21 years of age and older. Virginia also allows for the limited use

of CBD oil.

- Any person who possesses on his person or in any public place marijuana or marijuana products in excess of [one ounce of marijuana or an equivalent amount of marijuana product] is subject to civil penalties. Possession of >1 ounce but <1 pound of marijuana or marijuana product is either a Class 2 or 3 misdemeanor, depending on the amount. Possession of >1 pound of marijuana or marijuana product is a felony punishable by a term of imprisonment 1-10 years and/or a fine of \$250,000.
- Persons younger than 21 years of age who consume or possess, or attempt to consume or possess, any marijuana or marijuana products may be subject to civil penalty of \$25.00 and substance abuse treatment or education program, or both.
- It is unlawful for any person to use or consume marijuana or marijuana products while driving a motor vehicle upon a public highway of the Commonwealth or while being a passenger in a motor vehicle being driven upon a public highway of the Commonwealth may be guilty of a Class 5 misdemeanor.
- No person shall consume marijuana or a marijuana product or offer it to another, whether accepted or not, at or in any public place is subject to a fine of \$25.00 and required to complete substance abuse treatment or education program, or both.
- It is unlawful for any person to sell, give, distribute, or possess with intent to sell, give, or distribute marijuana. Penalties range from a Class 1 misdemeanor to a Class 5 felony with imprisonment of 5-30 years.
- For medical use of marijuana, an unexpired valid written certification issued from a board-registered practitioner is required.
- Possession of drug paraphernalia remains unlawful, punishable by 12 months in jail and/or a fine.

ALCOHOL

According to Code of Virginia §§§ 4.1-305 (c), 16.1-278.9 and 16.1-278.8:

- It is illegal for anyone under 21 to possess any alcoholic beverage. Violators are guilty of a Class 1 misdemeanor and upon conviction, face a fine of up to \$2,500 and/or a year in jail and/or 50 hours of community service, and can lose their driver's license for up to a year. The court may also order substance abuse counseling and treatment.
- Use of false ID to obtain alcohol is a criminal offense. A penalty may include driver's license suspension through a judicial procedure.
- Furnishing alcohol to a minor may result in a fine of up to \$2,500 and/or up to 1 year in jail.

Federal Trafficking Penalties

SCHEDULE	SUBSTANCE/QUANTITY	PENALTY	SUBSTANCE/QUANTITY	PENALTY
II	Cocaine 500-4999 grams mixture	First Offense: Not less than 5 yrs. And not more than 40 yrs. If death or serious bodily injury, not less than 30 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 20 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an	Cocaine 5 kilograms or more mixture	First Offense: Not less than 10 years and not more than life. If death or serious bodily injury, not less than 20 yrs or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 20 years, and not more than life. If death or serious bodily injury, life imprisonment. 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
II	Cocaine Base 28-279 grams mixture		Cocaine Base 280 grams or more mixture	
IV	Fentanyl 40-399 grams mixture		Fentanyl 400 grams or more mixture	
I	Fentanyl Analogue 10-99 grams mixture		Fentanyl Analog 100 grams or more mixture	
I	Heroin 100-999 grams mixture		Heroin 1 kilogram or more mixture	
I	LSD 1-9 grams mixture		LSD 10 grams or more mixture	
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture	
II	PCP		PCP	

SCHEDULE	SUBSTANCE/QUANTITY	PENALTY	SUBSTANCE/QUANTITY	PENALTY
	10-99 grams pure or 100-999 grams mixture	individual, \$50 million if not an individual.	100 grams or more pure or 1 kilogram or more mixture	than \$20 million if an individual, \$75 million if not an individual.

SUBSTANCE/QUANTITY	PENALTY
Any amount of Other Schedule I & II Substances	First Offense: 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 not an individual.
Any Drug Product Containing Gamma Hydroxybutyric Acid	Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.
Flunitrazepam (Schedule IV) 1 gram	
Any Amount of Other Schedule III Drugs	First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious bodily injury, not more than 30 yrs. Fine \$1 million if an individual, \$5 million if not an individual.
Any Amount of all Other Schedule IV Drugs (other than 1 gram or more of Flunitrazepam)	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if not an individual.
Any Amount of All Schedule V Drugs	First Offense: Not more than 1 yrs. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.
Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants	First Offense: Not more than 10 yrs. or more than life. If death or serious bodily injury, not more than 20 yrs. or more than life. Fine not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not more 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 not an individual.
Marijuana 100-999 kilograms marijuana mixture or 100-000 marijuana plants	First Offense: Not more than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not more than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not more than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50 million if not an individual.
Marijuana 50-99 kilograms marijuana mixture, or 50-99 marijuana plants	First Offense: Not more than 20 yrs. If death or serious bodily injury, not more than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if not an individual.
Hashish More than 10 kilograms	Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine not more than \$2 million if an individual, \$10 million if not an individual.
Hashish Oil More than 1 kilogram	
Marijuana Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants	First Offense: Not more than 5 yrs. Fine \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if not an individual.
Hashish 10 kilograms or less	
Hashish Oil 1 kilogram or less	

APPENDIX E NEW STUDENT ORIENTATION: ADDITIONAL SUBSTANCE ABUSE PREVENTION TRAINING RESOURCES

ALCOHOL: MYTHS & FACTS

MYTHS

I can drink and still be in control.

Drinking isn't all that dangerous.

I can sober up quickly if I have to.

It's okay for me to drink to keep up with my boyfriend.

Beer doesn't have as much alcohol as hard liquor.

I'd be better off if I learn to "hold my liquor".

I can manage to drive well enough after a few drinks.

FACTS

Drinking impairs your judgment, which increases the likelihood that you will do something you'll later regret such as having unprotected sex, being involved in date rape, damaging property, or being victimized by others.

Among college students, alcohol contributes to deaths from alcohol-related unintentional injuries, as well as assaults, sexual assaults or date rapes, and poor academic performance.

It takes about 2 hours for the adult body to eliminate the alcohol content of a single drink, depending on your weight. Nothing can speed up this process – not even coffee or cold showers.

Women process alcohol differently. No matter how much he drinks, if you drink the same amount as your boyfriend, you will be more intoxicated and more impaired.

A 12-ounce bottle of beer has the same amount of alcohol as a standard shot of 80-proof liquor (either straight or in a mixed drink) or 5 ounces of wine.

If you have to drink increasingly larger amounts of alcohol to get a "buzz" or get "high", you are developing tolerance. Tolerance is actually a warning sign that you're developing more serious problems with alcohol.

The effects of alcohol start sooner than people realize, with mild impairment (up to 0.05 BAC) starting to affect speech, memory, attention, coordination, and balance. And if you are under 21, driving after drinking *any* amount of alcohol is illegal and you could lose your license. The risks of a fatal crash for drivers with positive blood alcohol content (BAC) compared with other drivers (i.e., the relative risk) increase with increasing BAC, and the risks increase more steeply for drivers younger than age 21 than for older drivers.

Rethinking Drinking: Alcohol & Your Health

This alcohol addiction prevention training program is provided by the National Institutes of Health.

The following topics are discussed:

- Alcohol and Your Health
- How Much is Too Much?
- What's the Harm?
- What are Symptoms of an Alcohol Use Disorder?
- Thinking About a Change?
- Strategies for Cutting Down
- Social and Professional Support
- Resources

[Rethinking Drinking: Alcohol & Your Health](#) can be accessed on the New Student Orientation site.