

**DRUG FREE WORKPLACE & DRUG & ALCOHOL ABUSE PREVENTION**  
**(34 C.F.R. 84 & 86)<sup>1</sup>**

The College has a policy of maintaining a drug free environment. All College employees and students must comply with this policy. The term “environment” is defined for purposes of this policy to include College premises (including parking facilities), any College-sponsored activity, externship sites, or any location in which an employee is performing work or representation on behalf of the College or at which a student may be involved in an externship. The term “drug” as used in this policy includes alcoholic beverages and prescription drugs, as well as illegal inhalants and illegal drugs and/or controlled substances as defined in schedules I through V of the Controlled Substances Act, 21 U.S.C. Sec. 812, 21 C.F.R. Sec 1308, and the state and local law of the jurisdiction where the workplace is located, including, but not limited to, marijuana, opiates (e.g., heroin, morphine), cocaine, phencyclidine (PCP), and amphetamines. An employee or student who engages in an activity prohibited by this policy shall be subject to disciplinary action, up to and including immediate termination.

All employment applicants must pass a background check and may be required to complete a pre-employment drug screen. The College seeks to prevent and discourage use, possession, sale, manufacturing, dispensing or distribution of a drug at any time by any College employees, contract employees, or students. In accordance with this policy, periodic searches, random drug screening, and reasonable suspicion screening may be conducted. Such searches and testing will be performed by persons qualified to conduct such assessments. Refusal to submit to testing will result in disqualification of further employment consideration.

The unlawful manufacturing, distribution, dispensing, possession, or use of a drug is prohibited in the College environment. Employees and students consent to searches of their automobiles, backpacks, purses, briefcases, and the like when reasonable suspicion exists that this policy has been violated.

1. All employees and students are provided access to the “Drug and Alcohol Abuse Prevention Policy”.
2. If an employee or student is involved in an accident or otherwise injured in the College environment or exhibits behavior indicative of being under the influence of drugs or alcohol, he or she may be requested to have a drug test.
3. The dangers of drug and alcohol abuse in the College environment are covered in annual employee training and available on the College website at <https://www.chcp.edu/tuition-financial-aid/consumer-information>.
4. The College shall continually monitor this policy to ensure that it is current and compliant.

This policy does not proscribe the use and/or possession of validly prescribed medicines when taken as directed to in treating a disease or medical condition.

**POSSESSION USE, & SALE OF ALCOHOL and /or ILLEGAL DRUGS**

The College will report any violations of law involving drugs to the appropriate law enforcement authorities.

Subsequent to the occurrence of any violation of law or policy regarding the possession, use, or sale of a drug, the College may refer the employee/student to appropriate alcohol and/or drug abuse education programs. Any persons (students or staff) suspected or convicted of any violation of law or school policy concerning the possession, use, or sale of alcoholic beverages and/or illegal drugs will be referred to appropriate campus personnel for possible disciplinary action. The result of any such action (proceeding), upon validation of the offense, will result in a written warning, a student or employee being placed on probation, suspension, or termination from school/employment.

**DRUG AND ALCOHOL ABUSE PREVENTION POLICY**

The College is committed to a safe, healthy, and productive environment for all employees and students. The College recognizes that alcohol, drug, or other substance abuse by students or employees will impair their ability to perform properly and will have serious adverse effects on the safety, efficiency and productivity of other students and employees and the College as a whole. The misuse of any drug, prescribed or otherwise, or the use, possession, distribution or sale of illicit or non-prescribed

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<sup>1</sup> This is a summary of policies applicable to students and employees available in the College catalog or employee handbook. Please refer to those sources for a broader statement of the policies.

controlled drugs in the College environment, is strictly prohibited and will result in some form of disciplinary action taken for students and employees. Being unfit for work because of use of drugs or alcohol is strictly prohibited and will also result in disciplinary action. While this policy refers specifically to alcohol and drugs, it also applies to inhalants and all other forms of substance abuse. Disciplinary action results taken regarding both students and employees range from a written warning, to suspension or termination from school/employment.

Dependency on alcohol or drugs is a treatable condition. Employees and students who have reason to believe they have an alcohol or drug dependency are encouraged to seek advice and to follow appropriate treatment promptly before it results in job or scholastic performance problems.

Employees wishing information regarding the availability of treatment programs, if any, such as assistance provided by Employer Flexible's health care plan coverage for drug and alcohol abuse rehabilitation programs and any requirements for participation in drug and alcohol abuse education/training programs, may contact their Employer Flexible human resource specialist or Humana Health Care, which is CHCP's medical insurance provider.

Students wishing information regarding availability of treatment programs may contact the **Council on Alcohol and Drugs, Austin**, <http://www.dshs.state.tx.us/sa>.

## **TYPES AND DESCRIPTIONS OF AVAILABLE COUNSELING, TREATMENT, AND REHABILITATION**

The goal of an addicted person or a person who is not yet addicted but has problems stemming from use should be abstinence, or non-use of the substance.

Many different kinds of help are available for a drinking or drug problem. Help can come from formal institutions or organizations or it can come from an informal support network. Availability of the various sources/types of help is easily obtainable through quick and simple research in the local phone book, contacting a local health/mental health center, searching the web. Private organizations that specialize in substance abuse treatment or a local hospital (listing can be found in the local phone book) can also provide effective help. Availability, as well as the varying types of help offered by agencies will vary from area to area.

Many people who seek help for a substance abuse problem meet with success and go on to live happy and productive lives. With the right program and support any person can be successful in recovery.

Following are the most common types of assistance for most areas.

### **INDIVIDUAL COUNSELING**

A person seeking or in recovery from drug/alcohol abuse usually needs a period of time/sessions spent with a professional substance abuse counselor. The counselor supports the client's non-use through a variety of techniques. The counselor may have expertise in other mental health areas to help the client resolve problems in his or her life that might be contributing to the substance abuse.

### **MEDICATIONS FOR ALCOHOL/DRUG ABUSE**

Physicians can prescribe medications that help the person stay substance free. For example, Antabuse causes illness when alcohol is consumed. Naltrexone can help stop the craving or desire to drink or take drugs.

### **DETOX**

When someone decides to quit drinking or using drugs, it is important to see a qualified counselor or physician to be assessed for how best to stop using. Drug or alcohol withdrawal can put a person's life at risk. Medications are often prescribed to help ease the person off his or her drug(s) of choice. Detox can be accomplished in a variety of settings, depending on how complex or medically compromised a person's mental and physical health's are and the particular substance(s) of abuse. Detox settings include medical hospitals and alcohol and drug detox and treatment facilities.

### **INPATIENT TREATMENT**

Inpatient treatment provides a highly structured program that involves both individual and group therapy and treatment groups. The goal of an inpatient program is to help the person become drug free and then to prepare him or her for a sober life back in the community. Family members often attend special programs to help with the dynamics and educate themselves about the illness.

## **INTENSIVE OUTPATIENT TREATMENT**

Like inpatient treatment, intensive outpatient treatment provides both individual therapy and group work. The major difference between the two is that the patient does not reside at the facility. Intensive outpatient treatment programs may require the person to attend the center six hours a day, seven days a week, or attend several nights a week.

## **FAMILY HELP AND INTERVENTIONS**

The family of a substance abuser can be a very powerful resource for treatment or help. It is often easiest for a family member to confront someone about a problem and also provide support after the person has asked for help. This confrontation is often, and best, done through an intervention. The family talks to a substance abuse professional trained to help with interventions. Through this consultation, family members can get prepared to help the alcoholic or addict in a way that can motivate him or her to follow through with treatment.

Equally important to an alcohol or addict getting help is the family receiving help as well. The family members have experienced problems related to the addiction and may not be aware of the total impact this has had in their lives. Family members should be educated about alcoholism/addiction and should learn new ways to communicate with each other. The whole family will experience changes. It is important for them to learn how to help the addict and become healthy together.

## **SELF HELP RECOVERY GROUPS**

Self-help groups are available in almost every city and town across the country. Alcoholics Anonymous (AA) was the first of the 12-step, self-help recovery groups, starting in Akron, Ohio in 1935. Now there are 12-step groups for almost every problem. For alcoholics and drug addicts there is AA and Narcotics Anonymous (NA) and in larger areas Cocaine Anonymous (CA). In addition, other self-help groups for addictions have formed including Rational Recovery and Women for Sobriety. Family members and friends have Al-Anon, Alateen, and Nar-Anon groups available.

All of these self-help meetings are free of charge, self-governing and self-supporting. Members (recovering addicts) coordinate and facilitate the meetings. Days, times, and locations of meetings can be found by calling a central group telephone number in the Yellow Pages under "Alcoholism" and "Drug Abuse and Addiction" or by contacting the local Alcohol and Drug Council. Each group holds one or more meetings a week, usually at the same location and the same times. Except for extreme weather conditions such as a tornado, hurricane, or volcano, meetings are always held.

Twelve-step, self-help programs focus on members sharing their experiences, strengths, and hope in terms of recovery from alcoholism and drug addiction. Family members and friends benefit from learning to live and cope with an addict or alcoholic, irrespective of whether or not they recover. Newcomers are encouraged to contact someone before attending a first meeting in order to ask questions before and after you go. Many meetings have a newcomers' group as part of one of their regular weekly meetings. Newcomers are also encouraged to attend the meetings for a while to learn what they are about and to attend different groups as they are all unique.

There are many different types of 12-step meetings including: Closed Meetings - only alcoholics or addicts may attend; Open Meetings - anyone can attend; Discussion Meetings - any topic pertaining to alcoholism/addiction or recovery from alcoholism/addiction can be discussed; Speaker Meetings - one or several speakers tell their stories of alcoholism/addiction and recovery; and Study Group Meetings including Step Meetings where one or more of the 12 steps are studied and discussed, usually one step a week, and meetings where Alcoholics Anonymous and/or Narcotics Anonymous (and/or possibly other approved literature produced by the world service office of each self-help group) constitute the text studied.

Once someone has gone to a few meetings and has picked a group he or she is comfortable with, known as a "home group," then a "sponsor" should be chosen. The purpose of a sponsor is to have someone who can personally guide another in recovery through sharing their experience, strength, hope, and offering support. There are no rules or guidelines on how to choose a sponsor, but new members are encouraged to choose someone who they admire for their success in recovery, who has been able to stay sober for a few years, and who is the same gender.

## **Institutional Sanctions/No Exemption from School/Work**

Any employee or student suffering from alcohol or drug dependency who refuses rehabilitation or fails to respond to treatment and/or meet satisfactory standards of effective work or scholastic performance, will be terminated from employment/school. Also, any persons successfully participating in drug rehabilitation, whose prior disciplinary action did not result in termination, does not require or result in any special regulations, privileges, or exemptions from normal job or student performance requirements.

The College may conduct unannounced searches for drugs and alcohol in the College environment. Employees and students may be required to submit to medical evaluation or alcohol and drug testing in instances in which cause exists to suspect alcohol or drug use. Unannounced periodic or random testing will be conducted when an employee or student meets any one of the following conditions: has had a substance abuse problem, displays erratic behavior that leads a person of authority to suspect drugs or alcohol is involved. A positive test result or refusal to submit to a drug or alcohol test is grounds for disciplinary action, including dismissal from school for a student and termination from work for an employee.

In addition to the above policy, it is a requirement of the College that all applicants accepting offers of regular employment may be asked to take a drug test.

Contractor, common carrier, and vendor personnel are also covered by this policy. Those who violate the policy will be removed from company premises and may be denied future entry.

## **LEGAL SANCTIONS APPLICABLE TO DRUG AND ALCOHOL USE**

### **Federal Penalties and Sanctions**

21 United States Code 844(a):

1st drug conviction: Up to one-year imprisonment and fined at least \$1,000 but not more than \$100,000, or both.

After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years, and fined at least \$2,500 but not more than \$250,000, or both. After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years, and fined at least \$5,000 but not more than \$250,000, or both.

Special sentencing provisions for possession of crack cocaine: Mandatory at least 5 years in prison, not to exceed 20 years, and fined up to \$250,000, or both, if:

- (a) 1st conviction and the amount of crack possessed exceeds 5 grams.
- (b) 2nd crack conviction and the amount of crack possessed exceed 3 grams.
- (c) 3rd or subsequent crack conviction and the amount of crack possessed exceeds 1 gram.

Special sentencing provisions for possession of flunitrazepam: Imprisoned for not more than 3 years and/or fined.

21 United States Code 853(a) (2) and 881(a) (7):

Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than one-year imprisonment. (See special sentencing provisions re: crack.)

21 United States Code 881(a) (4):

Forfeiture of vehicles, boats, aircraft, or any other conveyance used to transport or conceal a controlled substance.

18 United States Code 922(g):

Ineligible to receive or purchase a firearm.

Miscellaneous:

Revocation of certain federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual federal agencies.

### **State Penalties and Sanctions**

Texas Penal Code Sec. 49.02:

Being intoxicated in public such that one is a danger to oneself or others is a Class C misdemeanor, punishable by a fine of up to \$500.

Texas Alcoholic Beverage Code Sec. 1.05, 101.31:

It is illegal to possess or distribute alcoholic beverages in a dry area. Violation of this law is a Class B misdemeanor and carries a penalty of up to \$2,000 and/or up to 180 days confinement.

Texas Alcoholic Beverage Code Sec. 106.02, 106.04-106.05, 106.071:

The purchase, possession, or consumption of alcoholic beverages by a person under 21 years of age subjects that person to a fine of up to \$500 for the first offense and at least \$250 up to \$2,000 for the second offense and/or 180 days confinement.

Texas Alcoholic Beverage Code Sec. 106.06:

Furnishing alcoholic beverages to a minor is a Class A misdemeanor and punishable by a fine of up to \$4,000 and/or up to one year in jail.

Texas Education Code Sec. 37:122:

The possession of an intoxicating beverage on the grounds of any public school is a Class C misdemeanor and carries a penalty of up to \$500.

Texas Penal Code Sec. 49.04:

Driving under the influence of alcohol is a Class C misdemeanor and punishable by a fine of up to \$500 and a minimum confinement of 72 hours and/or up to 180 days in jail for the first offense and up to a \$2,000 fine and a minimum of 30 days confinement and and/or up to 180 days in jail for subsequent offenses.

If found with an open container in the person's immediate possession, the minimum confinement period extends to six days.

Texas Alcoholic Beverage Code Sec. 106.07:

A person under 21 years of age who misrepresents his or her age for the purpose of purchasing alcohol beverages commits a Class C misdemeanor and may be punished by a fine of up to \$500.

Texas Health and Safety Code Sec. 481.102-106, 481.115-118:

The illegal distribution, possession, or use of controlled substances may be punished by 5 years to life in prison and up to a \$250,000 fine.

Texas Health and Safety Code Sec. 481.112-120:

The delivery or possession of controlled substances with the intent to manufacture controlled substances is punishable by a jail term of 10 years to life and up to a \$250,000 fine.

Texas Health and Safety Code Sec. 481.122:

The distribution of marijuana to a minor is punishable by 2 to 20 years in prison and/or up to a \$10,000 fine.

**Local Penalties and Sanctions**

**Texas Penal Code Section 49.031**

**Open container** means an alcoholic beverage container that is no longer sealed.

It shall be unlawful for any person to be in possession of an open container in the central business district.

It shall be unlawful for any person to engage in the public consumption of any alcoholic beverage in the central business district.

It is a defense to prosecution under this section that the alleged offense took place in a motor vehicle, in a building not owned or controlled by the city, in a residential structure or on a licensed premise that is situated in the central business district.

**Texas Penal Code Section 481.001**

Solicitation to purchase or acquire a controlled substance, controlled substance analogue, dangerous drug or volatile chemical.

(a) As used in this section, the following words and terms shall have the meanings ascribed to them in this subsection, unless the context of their usage clearly indicates another meaning:

*Controlled substance* means a substance, including a drug, an adulterant, and a dilatant, listed in Schedules I through V or Penalty Groups 1, 1-A, or 2 through 4. The term includes the aggregate weight of any mixture, solution, or other substance containing a controlled substance.

*Controlled substance analogue means:*

(A) a substance with a chemical structure substantially similar to the chemical structure of a controlled substance in Schedule I or II or Penalty Group 1, 1-A, or 2; or

(B) a substance specifically designed to produce an effect substantially similar to, or greater than, the effect of a controlled substance in Schedule I or II or Penalty Group 1, 1-A, or 2.

*Dangerous drug* shall have the meaning ascribed to it by Section 2(a) of Article 4476-14, Texas Revised Civil Statutes or any amendment thereto.

*Prohibited substance* shall mean a "controlled substance," "controlled substance analogue," "dangerous drug," "volatile chemical," or any combination thereof.

*Volatile chemical* shall mean any of the chemicals, or an isomer of any of the chemicals, listed in Section 2 of Article 4476-13a, Texas Revised Civil Statutes or any amendment thereto.

(b) A person commits an offense if, with intent to acquire a prohibited substance, he requests, commands or attempts to

induce another to sell, donate or otherwise transfer or deliver a prohibited substance to the person.

(c) A person may not be convicted under this section on the uncorroborated testimony of the person allegedly solicited and unless the solicitation is made under circumstances strongly corroborative of both the solicitation itself and the actor's intent that the other person act on the solicitation.

(d) It is no defense to prosecution under this section that:

- (1) No monetary or other consideration was tendered to the person solicited; or
- (2) That the person solicited was unable or unwilling to transfer or deliver a prohibited substance.

(e) It is an affirmative defense to any prosecution under this section that:

- (1) The solicitation is made in furtherance of a transaction which would not constitute a violation of any applicable law; or
- (2) The solicitation is made by a peace officer or federal law enforcement officer in the lawful discharge of his duties or by a law enforcement agent acting in the lawful discharge of an official duty.

(f) Violation of this section shall constitute a misdemeanor punishable, upon conviction, by a fine of not less than one hundred dollars (\$100.00) nor more than two thousand dollars (\$2,000.00). However, any conduct proscribed hereunder which also constitutes an offense under state law shall not be prosecuted under this section but shall be prosecuted pursuant to and punishable as provided by the applicable state law. An offense under this section is not a lesser included offense under Article 4476-15, Article 4476-14 or Article 4476-13a, Texas Revised Civil Statutes Annotated.

**(Code 1968, § 28-45; Ord. No. 78-1330, § 1, 6-28-78; Ord. No. 83-50, § 1, 1-12-83)**

**On products for sale.** It shall be unlawful for a person to knowingly sell or offer for sale any abusable glue, aerosol paint or aerosol shoeshine product or any substance or product containing one or more of the volatile chemicals listed in subsection (B) herein in less than five-gallon quantities, unless the label for such product clearly lists said volatile chemical or chemicals as a component therein.

**On manufactured products.** It shall be unlawful for a person to knowingly manufacture, mix, or otherwise prepare for sale or distribution for sale any abusable glue, aerosol paint or aerosol shoeshine product or a substance or product which contains one or more of the volatile chemicals listed in subsection (B) herein, unless the label for such substance or product clearly lists said volatile chemical or chemicals as a component therein. The provisions of this subsection (D) shall not apply to a substance or product manufactured, mixed, or otherwise prepared for sale or distribution for sale in interstate commerce.

**Sign at point of sale.** It shall be unlawful for a person to knowingly sell, offer for sale, or display for sale, any abusable glue, aerosol paint or aerosol shoeshine product unless such person prominently displays a sign at the point of sale of such product stating that it is unlawful to sell or otherwise transfer possession to anyone under the age of 18 any abusable glue, aerosol paint or aerosol shoeshine product. Such sign shall be a minimum of ten inches wide by 15 inches in length and must contain the statement required by this subsection in letters at least one-half inch high and an eighth of an inch wide and shall state the following:

"Unlawful to sell or make available to anyone under the age of eighteen (18) any abusable glue, aerosol paint or aerosol shoeshine product containing:

**Possession with intent to inhale.** It shall be unlawful for a person to have in his possession any abusable glue, aerosol paint or aerosol shoeshine products or any substance containing one or more of the volatile chemicals listed in subsection (B) herein with the intent to inhale such products or chemicals.

## **DRUG CATEGORIES**

### **A. Marijuana**

#### **1. Absorption**

Marijuana may be inhaled or ingested.

#### **2. Metabolism/Elimination**

THC (Delta-9-tetrahydrocannabinol) is highly fat-soluble and may take up to three months to be fully eliminated from the body by the liver and kidneys. One joint affects the body for a period of two to four hours.

#### **3. Brief Overview**

Marijuana is the most frequently used illicit drug in America and has been linked to harming a developing fetus. It has the same or similar effects as depressants, stimulants, and hallucinogens. Marijuana cigarettes yield almost four times

as much tar as tobacco, creating a higher risk of lung damage.

#### 4. Short-term Effects

- a. Increases in heart rate, body temperature, and appetite.
- b. Drowsiness.
- c. Dryness of the mouth and throat.
- d. Reddening of the eyes and reduction in ocular pressure.

#### 5. Long-term Effects

- a. Can cause the following medical conditions: respiratory problems, lung damage, and cancer.
- b. Memory and concentration impairments.
- c. Possible motivational syndrome.

#### 6. Special Hazards Involving the Driving Task

Marijuana has been linked to the impairment of the ability to drive a vehicle. Concentration is affected and there is difficulty in perceiving time and distance, which can lead to the following: bad judgment, impaired reaction time, poor speed control, an inability to accurately read signs, drowsiness, and distraction.

#### 7. Effects with Other Drugs

When marijuana is combined with alcohol it creates greater impairment in areas such as reaction time and coordination. When combined with sedatives and opiates, it can cause an increase in anxiety and even hallucinations, along with an increase in heart rate and blood pressure when used with amphetamines. On the other hand, effects are somewhat unpredictable when marijuana is combined with stimulants, such as nicotine, caffeine, amphetamines, and cocaine.

### B. Cocaine

#### 1. Absorption

Cocaine enters the body in one of three ways: injection, smoking, or snorting.

#### 2. Metabolism/Elimination

Cocaine is a strong stimulant to the central nervous system. Its effects can last anywhere from 20 minutes to several hours, depending on the content, purity, administration, and dosage of the drug.

#### 3. Brief Overview

- a. Cocaine users become dependent on the drug.
- b. Crack is a form of the drug that is highly addictive.
- c. Exposure to the drug can harm a developing fetus.
- d. It produces short-lived senses of euphoria; the length depends on how the drug was administered.

#### 4. Short-term Effects

- a. May cause extreme anxiety and restlessness.
- b. May experience the following medical conditions: twitches, tremors, spasms, coordination problems, chest pain, nausea, seizures, respiratory arrest, and cardiac arrest.

#### 5. Long-term Effects

- a. May cause extreme alertness, watchfulness, impaired judgment, impulsiveness, and compulsively repeated acts.
- b. May cause stuffiness, runny nose, tissue deterioration inside the nose, and perforation of the nasal septum.

#### 6. Special Hazards Involving the Driving Task

- a. Cocaine may successfully mask fatigue; however, high dosages impair judgment and interfere with the ability of the driver to concentrate.
- b. Coordination and vision are impaired.
- c. There is an increase in impulsive behaviors with tendencies to take more risks and create confusion within the user.

#### 7. Effects with Other Drugs

- a. Additive effects are noted when cocaine is combined with over-the-counter products, such as diet pills or antihistamines.
- b. Cocaine taken with psychotropic drugs, especially antidepressants, can be extremely detrimental.

- c. A person who has extremely high blood pressure and uses cocaine may suffer from a stroke or heart attack.
- d. Some users combine cocaine with alcohol and sedatives to cushion the "crash" or feeling of depression and agitation that sometimes occurs as the effects of cocaine wear off.
- e. A person using cocaine maintains the illusion of being alert and stimulated, although physical reactions are impaired.
- f. Further research indicates that additive and antagonistic effects can be produced when cocaine is mixed with alcohol.
- g. If cocaine is used in high doses, as in the case of overdose, alcohol will probably have an additive effect on the symptoms that eventually contribute to death.
- h. When cocaine is injected in combination with heroin, sometimes called "speed balling," there is an increased risk of toxicity, overdose, and death.

**C. Sedative Hypnotics - (Barbiturates, Benzodiazepines)**

1. Absorption  
Sedative Hypnotics are absorbed through ingestion.
2. Metabolism/Elimination  
Sedative Hypnotics are eliminated by the liver and excreted in urine. Their effect can last anywhere from two to ten hours.
3. Brief Overview
  - a. Anti-anxiety tranquilizers are among the most commonly prescribed drugs in the world.
  - b. Driving under the influence of tranquilizers is dangerous.
  - c. A person can become dependent on tranquilizers and depressant drugs, which make them, feel calmer, more relaxed, and drowsy.
4. Short-term Effects
  - a. Short-term effects can occur with low to moderate use.
  - b. May experience moderate relief of anxiety and a sense of well-being.
  - c. There may be temporary memory impairment, confusion, and impaired thinking.
  - d. A person could be in a stupor and have altered perception and slurred speech.
5. Long-term Effects
  - a. May include over-sedation, decreased motivation, apathy, and lack of interest in surroundings.
  - b. A person may experience headaches, dizziness, sleep disorders, anxiety, depression, and tremors.
  - c. There may be an increase in appetite and impairment of thinking, memory, and judgment.
6. Special Hazards Involving the Driving Task
  - a. The use of tranquilizers produces drowsiness, non-coordination, altered perceptions, memory impairment, poor control of speech, and slower reaction time.
  - b. Effects on driving include poor tracking, difficulty in maintaining lane position, and neglecting roadside instructions.
  - c. When combined with alcohol, the effects may be more hazardous.
7. Effects with Other Drugs
  - a. Some people in methadone treatment programs use benzodiazepines to enhance the effects of methadone.
  - b. When tranquilizers are combined with alcohol or other central nervous system depressants, synergistic effects may be produced, which may be fatal.
  - c. Alcohol increases the absorption of benzodiazepines, slows their break down in the liver and can cause cardiovascular and respiratory depression.
  - d. People who take stimulants sometimes take tranquilizers to offset agitation and sleepiness.

**D. Opiates - (Morphine, Heroin, Codeine, Opium)**

1. Absorption  
Opiates are normally absorbed through injection.
2. Metabolism/Elimination  
Opiates are metabolized by the liver and may have a lengthy metabolism due to excessive half-lives of the drugs.
3. Brief Overview
  - a. Opiates can cause sedation and euphoria.

- b. They are often used to relieve pain, suppress coughs, and control physical conditions such as diarrhea.
  - c. Respiratory depression and death can occur from overdoses of opiates.
  - d. Opiates may impair a person's ability to drive.
  - e. A person can become physically and psychologically addicted to opiates.
4. Short-term Effects
    - a. Include drowsiness, dizziness, mental confusion, constriction of pupils, and euphoria.
    - b. Some opiate drugs, such as Codeine, Demerol, and Darvon, also have stimulating effects.
    - c. Stimulating effects include central nervous system excitation, increased blood, elevated blood pressure, increased heart rate, tremors, and seizures.
  5. Long-term Effects
    - a. May include impaired vision, pulmonary complications, and menstrual irregularity.
    - b. A person may experience nightmares, hallucinations, and mood swings.
  6. Special Hazards Involving the Driving Task
    - a. Opiates can cause drowsiness, mental confusion, and visual impairment even at lower, moderate doses.
    - b. A driver may have difficulty keeping the vehicle in the correct lane and may make errors in judgment.
  7. Effects with Other Drugs
    - a. Alcohol greatly increases the present effects of opiates and can lead to respiratory arrest.
    - b. A person injecting heroin mixed with cocaine or methamphetamines, known as "speed balling," produces a stimulant effect.
    - c. The listed drug combinations increase the risk of toxicity, overdose, and death.

## **E. Amphetamines**

1. Absorption
 

Amphetamines are absorbed by the body in one of three ways: snorting, swallowing, or injection.
2. Metabolism/Elimination
 

Amphetamines are eliminated through the liver.
3. Brief Overview
  - a. Amphetamines have a strong central nervous system stimulant which can increase alertness and induce a sense of well-being.
  - b. If used while driving, amphetamines are dangerous.
  - c. The use of amphetamines reduces a person's resistance to disease.
4. Short-term Effects
  - a. A person may experience a loss of appetite, increased alertness, and a feeling of well-being.
  - b. A person's physical condition may be altered by an increase in breathing and heart rate, elevation in blood pressure, and dilation of pupils.
5. Long-term Effects
  - a. Anxiety and agitation.
  - b. Sleeplessness.
  - c. Higher blood pressure and irregular heartbeat.
  - d. Increased susceptibility to disease.
6. Special Hazards Involving the Driving Task
 

The use of amphetamines can interfere with concentration, impair vision, and increase the driver's tendencies to take risks
7. Effects with Other Drugs
  - a. Amphetamines should never be taken with a class of antidepressants known as MAO inhibitors, because of potential hypertensive crisis.
  - b. Amphetamine users sometimes use marijuana and depressant drugs in order to avoid the adverse side effects of the "crash," therefore creating multiple drug dependencies.

**F. Poly-drug Use** - (Poly-drug use is where the use of more than one substance normally causes one of three reactions: additive, synergistic, or antagonistic.

1. Additive Effects

Additive effects occur when drug combinations produce an effect that is like simple addition, such as the equation:  $1 + 1 = 2$ .

2. Synergistic Effects

Synergistic effects occur when drug combinations produce an effect that is greater than the sum of the effects of the two drugs, such as the equation:  $1 + 1 = 3$ .

3. Antagonistic Effects

Antagonistic effects occur when a drug combination produces an effect that is less than the sum of the effects of the drugs acting alone, such as the equation:  $1 + 1 = 1$  or  $1 + 1 = 0$ .

## HEALTH RISKS ASSOCIATED WITH ALCOHOL ABUSE

### A. Absorption

Alcohol is primarily absorbed through the stomach and the small intestines. It is considered a food because it has calories but does not need to be digested and proceeds directly into the body through the digestive system. After ingestion it is carried through the blood stream and crosses the blood-brain barrier, at which time impairment begins. A greater amount of ingestion causes greater impairment to the brain, which, in turn, causes a person to have a greater degree of difficulty in functioning.

### B. Metabolism/Elimination

The majority of alcohol in the body is eliminated by the liver. Ninety percent is eliminated through the body, while ten percent is eliminated (unchanged) through sweat and urine. Before the liver can process alcohol, a threshold amount is needed and can occur at the rate of one 12 oz. can of beer, one 5 oz. glass of wine, or 1 1/2 oz. shot of whiskey per hour.

### C. Brief Overview

1. Alcohol is a central nervous system depressant.
2. Alcohol is among the most abused drugs in our society.
3. Alcohol can be as potent as many other illegal drugs.
4. Alcohol can cause severe damage to a developing fetus.
5. People often do not realize that they are becoming dependent on alcohol.

### D. Short-term Effects

1. Reduces sensitivity to pain.
2. Affects vision in the following ways narrow the visual field, reduces resistance to glare, interferes with the ability to differentiate intensities of light, and lessens sensitivity to colors.

### E. Long-term Effects

1. Damage to vital organs; including liver, heart and pancreas.
2. Linked to several medical conditions; including gastrointestinal problems, malnutrition, high blood pressure, and lower resistance to disease. Also linked to several types of cancer; including esophagus, stomach, liver, pancreas and colon.

### F. Special Hazards Involving the Driving Task

1. Specific elements to the hazards of alcohol use and driving are listed in a separate section of the curriculum. However, alcohol impairs one's ability to drive or operate machinery safely.

### G. Effects with Other Drugs

1. Alcohol produces a synergistic effect when taken with other central nervous system depressants. These include sedative hypnotics, barbiturates, minor tranquilizers, narcotics, codeine, methadone, and some analgesics.
2. Alcohol can be additive in nature when taken with antipsychotic medications, antihistamines, solvents or motion sickness preparations. When used on a daily basis, in conjunction with aspirin, it may cause gastrointestinal bleeding.

Also, when used with acetaminophen, an increase in liver damage could occur.

Alcohol begins to affect individuals prior to reaching the legally intoxicated Blood Alcohol Concentration level of .08%. If a 150 lb. person consumes one drink equal to twelve ounces of beer (5 percent alcohol), five ounces of wine (12 percent alcohol) or one-and-a-half ounces of hard liquor (40 percent alcohol), all would contain about the same amount of alcohol and would raise the person's Blood Alcohol Concentration about .02%. It takes the liver approximately one hour to oxidize or metabolize one drink.

### **Health Risks Associated with Drug Abuse**

Narcotics such as opium, morphine, and heroin can cause euphoria, drowsiness, respiratory depression, constricted pupils, and nausea. The symptoms of an overdose of narcotics are slow and shallow breathing, clammy skin, convulsions, coma, and possible death. Persons experiencing withdrawal from addiction to narcotics can experience watery eyes, runny nose, yawning, and loss of appetite, irritability, tremors, panic, cramps, nausea, chills, and sweating.

Depressants such as barbiturates and Quaaludes can cause slurred speech, disorientation, and drunken behavior. An overdose of a depressant results in shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, and possible death. Withdrawal symptoms include anxiety, insomnia, tremors, delirium, convulsions, and possible death.

## **DRUG ABSORPTION/METABOLISM/ELIMINATION**

### **A. Method of Administration**

Drugs are administered to or enter the human body in a number of ways, including injection, inhalation, and ingestion. The method of administration impacts on how the drug affects the person. For example: injection takes the drug directly into the blood stream, providing more immediate effects; while ingestion requires the drug to pass through the digestive system, delaying the effects.

### **B. Factors Affecting Absorption/Metabolism**

Factors that affect absorption/metabolism include physical, emotional and drug-related factors.

#### **1. Physical Factors**

Physical factors that affect the absorption or metabolism of a drug include:

- a. Person's weight and age – The amount of physical mass a drug must travel through will have an outcome on the drug's total effect on the body. Also, the aging process affects the manner in which the drug exerts its effects on the body.
- b. Individual biomedical/chemical make-up – Each individual tolerates substances differently. For example: a person's physical condition as well as hypersensitivity (allergies) or hyposensitivity (need for larger doses to gain the desired effect) will influence the total effect of the drug on the individual.
- c. Rate of metabolism – Each drug metabolizes or processes within the body at a different rate. The drug remains active in the body until metabolism occurs. For example: certain medications require dosages to be taken every four, twelve or twenty-four hours, depending on the duration and rate at which the drug is metabolized.
- d. Food – Food in the body slows absorption of the drug into the body by not allowing it to pass directly through the digestive process without first being processed by the digestive system. A slower process occurs, since the body is digesting food in addition to the substance or drug utilized by the person.

#### **2. Emotional Factors**

The emotional factors that may influence drug absorption and metabolism within the body are:

- e. Emotional state – A person's specific emotional state or degree of psychological comfort or discomfort will influence how a drug may affect the individual. For example: if a person began using alcohol and was extremely angry or upset, the alcohol could intensify this anger or psychological discomfort. On the other hand, if alcohol was being used as part of a celebration, the psychological state of pleasure could be enhanced by the use of the drug.

f. Anticipation/Expectancy – The degree to which a person believes that a given drug will affect them, may have an effect on their emotional state. If a person truly believes that by using a substance, they will experience a given effect, then their expectations may cause a psychological change in the manner in which the drug affects them.

### 3. Drug-Related Factors

The drug-related factors that influence the way drugs are absorbed and metabolized within the body are:

g. Tolerance – Tolerance refers to the amount of a given substance necessary to receive its desired effect.

h. Presence or use of other drugs – The presence or use of other drugs such as prescription, over-the-counter, nicotine, and caffeine also influence the rate of absorption and metabolism of drugs in the body.

i. Method of administration – A drug injected directly into the blood stream will affect an individual at a greater rate, since it will be directly absorbed through the blood stream and presented to various organs. If a drug is snorted or inhaled, the effects may be enhanced, due to the fact that the sinus cavity is located in close proximity to the brain. On the other hand, if a drug is ingested, the effects may be slower due to the fact that they must pass through the digestive system.

j. Physical dependence (addiction) – If a person is physically addicted to a drug, then more of a given substance may be necessary and the effects on the body will differ from those seen in a non-dependent individual.

### C. Elimination

Drugs are eliminated from the body primarily through the liver. The liver and kidneys act as a body's filter to filter out and excrete drugs from the body. The liver metabolizes ninety percent of alcohol in the body, while ten percent is excreted through the lungs and sweat. Also, the liver metabolizes drugs in a fairly consistent manner. For example: alcohol is removed at the rate of one 12 oz. can of beer, one 5 oz. glass of wine, or 1 1/2 oz. shot of whiskey per hour.

## SPECIFIC EFFECTS OF DRUGS ON THE CENTRAL NERVOUS SYSTEM

Drugs affect the various areas of the brain and change normal brain activity. It is important to know what specific functions are located in each of the major brain areas, to better understand the effects of drugs and alcohol on behavior and functioning.

### A. Hypothalamus

The hypothalamus regulates homeostasis, the body's system for keeping itself balanced. This includes sleep and wake cycles, hunger, thirst, sexual behavior, blood pressure, and temperature. Also, the hypothalamus determines what parts of the body are affected by analgesics and regulates hormonal impulses and emotions.

### B. Medulla

The medulla is responsible for head balance, movement, and assisting the hypothalamus in regulating automatic body functions.

### C. Cerebral Cortex

The cerebral cortex contains half of the nervous system's cells, which regulates the speed and vomiting reflexes. It is also responsible for language, abstract thinking, personality, and interpretation of emotion and sensory information, including judgment.

### D. Cerebellum

The cerebellum is responsible for coordination of muscles, maintenance of balance, and specific memory and learning system functions that are not to one part of the brain.

## IMPACT OF DRUG USE ON DRIVING

### A. Necessary Driving Skills

1. Several skills necessary for driving include vision, reaction time, judgment, hearing, and simultaneous task

processing/accomplishment.

2. Driving skills can be divided into cognitive skills, such as information processing, and psycho motor skills.

### **B. Drug Impact on Driving Skills**

1. Impairment is related to alcohol, in terms of its concentration in the blood stream.
2. The brain's control of eye movements is highly vulnerable to alcohol. It only takes low to moderate blood alcohol concentrations (.03 to .05%) to interfere with voluntary eye movements and impair the eyes' ability to rapidly track a moving target.
3. Steering an automobile is adversely affected by alcohol, as alcohol affects eye-to-hand reaction times, which are superimposed upon the visual effects. Significant impairment and deterioration of steering ability begin at approximately .03 to .04% Blood Alcohol Concentrations and continue to deteriorate as Blood Alcohol Concentration rises.
4. Almost every aspect of the brain's information-processing ability is impaired by alcohol. Alcohol-impaired drivers require more time to read street signs or respond to traffic signals than unimpaired drivers. Research on the effects of alcohol on the performance of automobile and aircraft operators shows a narrowing of the attention field beginning at .04% blood alcohol concentration.

### **C. Dividing Attention Among Component Skills**

1. Most sensitive aspect of the driving performance.
2. Component skills involve maintaining the vehicle in the proper lane and direction (tracking task), while monitoring the environment for vital safety information, i.e. other vehicles, traffic signs, and pedestrians.
3. Alcohol-impaired drivers who are required to divide their attention between two tasks tend to favor just one task. Often times the favored task is concentrating on steering while becoming less vigilant with respect to other safety information.
4. Numerous studies indicate that divided attention deficits occur as low as .02% Blood Alcohol Concentration.
5. Four conclusions can be drawn from results of epidemiologic and experimental studies.
  - a. The degree of impairment depends on the complexity of the task involved as well as the Blood Alcohol Concentration.
  - b. The magnitude of alcohol-induced impairment rises as the Blood Alcohol level increases and dissipates as the alcohol is eliminated from the body.
  - c. At a given time and Blood Alcohol Concentration, some skills are more impaired than others.
  - d. There is no evidence of an absolute BAC threshold below which there is no impairment of any kind. Therefore, certain skills important to the driving task are impaired at .01 to .02% blood alcohol level the lowest levels that can be reliably measured by the commonly used devices.

## **HELPING SOMEONE WITH A DRINKING OR DRUG PROBLEM**

The most helpful thing you can do for someone with a substance abuse problem is be supportive. Overcoming addiction and changing behavior is much easier to do with the help of others. Here are some tips for helping someone you know who may have a drinking or drug problem.

Show and tell your genuine concern for the other person.

Maintain the offensive: do not let the other person put you on the defensive about your own drinking. Know the basic facts about alcohol or drugs, but do not try to come across as an expert.

Try to get the person to agree to some form of positive action, such as seeking counseling.

## **HEALTHY CHOICES FOR MANAGING STRESS**

We all need "time out" for ourselves. We all have times we need help with soothing a feeling or mood. Here are lists of possibilities that don't involve food, alcohol, or other drug use.

Take a scented bubble bath, with candles and great music in the background. Go to bed early and hope that tomorrow will be a better day. Let yourself cry, alone or with a friend. Try one or more of the following activities: Take a walk or do some vigorous exercise, or go to a beautiful, peaceful place. Talk to a sympathetic friend, write in a journal, dance, go to a movie, get a massage or read a good book.

Do whatever it is you like to do or need to do to take care of yourself. You can use this list or make your own and place it somewhere you can see it when you're in need. Include phone numbers of people you can call. Be specific!

"**Wellness**" is healthy living that keeps our minds, bodies, and souls in balance. Wellness includes staying fit, eating nutritiously, maintaining good relationships, and being involved in rewarding work. Here are some specific things that help us live well.

#### **HEALTHY CHOICES FOR PARTYING (IF YOU MUST PARTY)**

Part of hosting a good party is ensuring your guests' comfort. That includes supporting guests who don't want to drink alcohol and encouraging moderation in those who do. The following ideas for hosting parties come from "Responsible Drinking Party Ideas", created by the Council on Alcoholism and Drug Dependence in Durham, NC.