



## **Alcohol and Other Drugs Program**

Biennial Review  
January 2014-December 2015

Approved by:

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Dr. Betty Sue McGarvey, President

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Date

## **Introduction**

There has been a growing recognition nationally that alcohol and drug abuse is a prevalent problem on college campuses. In compliance with the 1989 Drug Free Schools and Communities Act, this document delineates the efforts on the Baptist Memorial College of Health Sciences (College) campus to address student alcohol and other drug use during the calendar years of 2014 and 2015. More specifically, this document will detail the College policy regarding alcohol and drug use, disciplinary sanctions the College will impose for violations of this policy, statistics on violations of policies, and efforts to educate students and employees about alcohol and drug related issues.

It is the intent of the Baptist College to establish and clearly communicate the drug and alcohol policy, with the end result that all students and employees be free of any chemical impairment.

The College is committed to ongoing review and improvement of its alcohol and drug prevention program. This document contains a description of these efforts and the outcomes achieved. The signed copy of the Biennial Review for January 2014 – December 2015 is located in the office of the Director of Business Services.

## **Mission Statement**

The mission of the AODP is to provide education and information to the campus community regarding alcohol and drug use and their effects in order to encourage healthful, informed choices among students, support a productive educational environment, and positively impact the community in which we serve through appropriate educational programs, resources and services.

## **Baptist College Drug and Alcohol Policy**

### **Policy**

1. **Objective:** It is the intent of Baptist College of Health Sciences (“College”) to establish a drug and alcohol policy and accompanying procedure to ensure that all students are free of any chemical impairment.
2. **Purpose:** The overall purpose of this policy is to create an environment that maximizes learning potential and fosters safe and effective care to patients by better ensuring that students are drug and alcohol free.
3. **Policy:** Students are prohibited from being under the influence of, or in possession of, illegal drugs, un-prescribed controlled drugs, alcohol or inhalants, or participating in the sale, manufacture, or distribution of these while in the classroom, the clinical setting, on campus, and/or off-campus housing or while participating in College sanctioned or sponsored activities.
4. **Testing.** It is the policy of the College to test students in an unbiased and impartial manner for any of the following reasons:

- 4.1. Randomly throughout enrollment;
  - 4.2. Prior to entering the clinical portion of the academic program;
  - 4.3. Reasonable suspicion; or
  - 4.4. Post-incident/unusual occurrence
5. Random Testing
- 5.1. Both the College and the health agencies with which it contracts have a substantial interest in the continued sobriety of their students due to the physically, emotionally and intellectually demanding duties they perform. Therefore, all students will be subject to random, unannounced drug screens throughout the course of each trimester.
  - 5.2. The College will bear the cost of the random drug screens. The time required of the student to be away from class or clinical rotation in order to undergo random substance screening will not penalize a student, or result in a reduction of logged classroom and/or clinical hours.
6. Pre-Clinical Testing. Pre-clinical drug screens are required prior to the student's first clinical course in the professional curriculum. Costs are included in the student's course fees.
7. Reasonable Suspicion Testing
- 7.1. Students may be requested to undergo screening for drugs and/or alcohol at any stage of their enrollment for reasonable suspicion or if cause exists to indicate that the student is using or is under the influence of drugs and/or alcohol, may have misused prescription drugs and/or alcohol, or may have been under the influence of illegal drugs.
  - 7.2. Reasonable suspicion may be based on direct observation of drug and/or alcohol use and/or any physical symptoms or manifestations of being under the influence of a drug and/or alcohol in the classroom, clinical setting or on campus; abnormal conduct or erratic behavior such as absenteeism, tardiness, or significant deterioration of performance; a report of drug and/or alcohol use; evidence that an individual has tampered with a drug and/or alcohol test while enrolled in the College; information that a student has contributed or caused harm, without limitation, to themselves or others.
  - 7.3. When a faculty or staff member believes that reasonable suspicion exists, the faculty or staff member should contact the Dean of Student Services or the Dean's designee. Where reasonable suspicion is corroborated, the student will be confronted with the observations and asked to undergo screening.
  - 7.4. If the student is believed to pose a risk to self or others, the faculty or staff member will immediately remove the student from the setting. The reporting faculty or staff member will also be asked to produce a description documenting the basis for reasonable suspicion, and the subsequent steps taken as soon after the incident as possible. The College will bear the cost of reasonable suspicion testing.
8. Refusal to Submit/Failure to Report. If a student refuses to submit to testing during random or reasonable suspicion drug screening, including failing to report to the collection site at the

designated time, the student will be considered to be in violation of College policy and will be subject to disciplinary action, up to and including administrative dismissal from the College.

## 9. College Response to Violations

9.1. Violating the College's Drug and Alcohol Policy or the Drug and Alcohol Procedure will render a student subject to disciplinary action up to and including dismissal from the residence hall and/or from the College.

9.2. Students who have a positive result on a drug screen, whether pre-clinical, random, or for reasonable suspicion, will be given an opportunity to explain the positive drug screen result. If, in the College's sole discretion, the explanation is unreasonable and/or cannot be satisfactorily documented by the student's health care provider, the student will be required to be evaluated by a certified/licensed professional acceptable to the College (which may be, but does not necessarily have to be, the College's licensed counselor) with recommendations and/or an individualized treatment and follow-up plan required when appropriate. Failure to comply with recommendations, and/or the treatment and follow-up as indicated by the evaluating certified/licensed professional, will render a student subject to disciplinary action up to and including dismissal from the residence hall and/or from the College.

9.3. Students who are enrolled in clinical courses who present a reasonable suspicion, or have a positive drug screen without reasonable explanation, will be removed from the clinical setting for screening, and will not be permitted to return until the student has been evaluated by a certified/licensed professional acceptable to the College, (which may be, but does not have to be, the College's licensed counselor) with recommendations and/or an individualized treatment and follow-up plan required when appropriate. Return to the student's current clinical slot is not guaranteed. Failure to comply with recommendations, and/or to comply with treatment and follow-up as indicated by the evaluating professional, will render a student subject to disciplinary action up to and including dismissal from the college.

9.4. If a student is allowed to continue to be enrolled at the College following a professional evaluation, students will be required to submit to ongoing random drug screening as mandated by the College. Students shall remain subject to such ongoing random drug screening for the entirety of the time the student remains enrolled at the College. Students will be given an opportunity to explain a confirmed additional positive drug screen result if such occurs during ongoing random drug screening. If, in the College's sole discretion, the explanation is unreasonable and/or cannot be satisfactorily documented by the student's health care provider, the student will be deemed to be in violation of College policy, and subject to disciplinary action up to and including administrative dismissal from the College.

## 10. Definitions.

10.1. Random Testing: A mechanism for selecting students for drug and/or alcohol tests which results in an equal probability that any student from a group of students subject to the selection mechanism will be selected.

10.2. Pre-clinical Testing: A urine drug screen that occurs within 30 days prior to the start of the first clinical course.

- 10.3. Reasonable Suspicion Testing: Drug and/or alcohol testing based on a belief that a student is using or has used drugs or alcohol in violation of the College's Drug and Alcohol Policy. The suspicion may be based on any one or more of the following:
- 10.3.1. Direct observation of drug and/or alcohol use;
  - 10.3.2. Any reasonable report of drug and/or alcohol use;
  - 10.3.3. Physical symptoms or manifestations of being under the influence of a drug and/or alcohol;
  - 10.3.4. Abnormal conduct or erratic behavior such as absenteeism, tardiness, or significant deterioration of performance;
  - 10.3.5. Evidence that an individual has tampered with a drug and/or alcohol test; or
- 10.4. Post-Incident/Unusual Occurrence: Drug and/or alcohol testing conducted under certain circumstances following an incident of unusual occurrence (i.e. student has contributed or caused harm to themselves or others while enrolled)

## **Drug and Alcohol Free Workplace Policy**

### Objective:

- To reinforce Baptist Memorial College of Health Sciences (BCHS) commitment to a drug and alcohol free workforce.
- To define management's responsibilities to comply with and strictly enforce BCHS Drug and Alcohol Free Workplace Policy.
- To define responsibilities of employees relative to Baptist's Drug and Alcohol Free Workplace through education and training so that all staff members are familiar with the provisions of this policy and the Organization's commitment to providing a safe and drug/alcohol free work environment.
- To provide assistance toward recovery in limited circumstances to eligible employees with addictive drug and/or alcohol disorders.
- To affirm the organization's commitment to fair and consistent terms and conditions of employment, without regard to an individual's age, sex, race, color, religion, national origin, handicap or disability.

### Policy:

#### **I. Expectations and Definitions**

Baptist is committed to its employees, volunteers, patients, students, and the public at large to ensuring safety in the workplace as well as safety and quality in the services provided by Baptist. Baptist's employees are very important to Baptist and their health and safety are a significant concern. Abuse of alcohol or other drugs may adversely affect the health and

safety of employees, compromise the quality of services provided to patients and students. All employees have the right to work in a drug/alcohol free environment. Baptist is committed to providing a drug/alcohol free workplace. Accordingly, employees are expected to report to work and perform job duties safely and appropriately without any adverse effects due to the use of drugs or alcohol.

As used in this Policy, the following definitions apply:

"Substance abuse," is defined as the use of any substance in a manner that deviates from accepted medical, social and legal patterns and includes: (a) reporting to work, working, or otherwise pursuing Baptist business while under the influence of, or impaired by, alcohol or any other drug; (b) chemical dependency on, or abuse of, alcohol or any other drug where the job performance or safety of employees, patients, or students is adversely affected; or (c) the use of any illegal drug.

"Illegal drug" means any drug or substance whose possession and/or use are prohibited under state or federal law.

"Improper use of substance" includes all prescription drugs or over the counter drugs not legally obtained or not being used for the purpose or in the manner for which they were prescribed and/or manufactured.

"Drug" means any substance other than alcohol capable of altering the user's judgment, perception, or mood, or of impairing the user's physical or mental reactions.

"Alcohol" or "alcoholic beverage" means any consumable substance that has a measurable alcoholic content.

## **II. Prohibitions**

In addition to the specific activities listed below, employees are reminded that drug violations off premises may also render an employee unfit for duty and result in disciplinary action pursuant to this policy.

NOTE: Employees who violate any provision of this policy during their initial 90 day introductory period are normally discharged for unsatisfactory probationary period performance in accordance with Baptist's policy.

Baptist prohibits the following specific activities:

- a. Reporting to work or being under the influence of alcohol, an illegal drug, an unauthorized controlled substance or prescription drug not medically authorized or used in a non-prescribed manner on Baptist's premises or while performing Baptist business.
- b. Using, purchasing, manufacturing, selling, transferring, distributing, or possessing illegal drugs or drug paraphernalia on Baptist premises or while performing Baptist business.
- c. Unauthorized use, possession, manufacture, distribution or sale of a controlled substance or alcohol on Baptist's premises or while performing Baptist business.
- d. Storage on Baptist's property of illegal drugs, drug paraphernalia, unauthorized controlled substances, or alcohol.

- e. Use of alcohol or use, possession, manufacture, distribution, or sale of illegal drugs or controlled substances off hospital premises that adversely affects the employee's work performance, his or her own safety or the safety of others at work, or Baptist's regard or reputation in the community.
- f. Theft and/or diversion of drugs or controlled substances.
- g. Substance abuse of any kind.
- h. Testing positive for any illegal drugs, unauthorized controlled substance, or alcohol.
- i. Refusing to complete necessary forms for substance abuse testing or refusing immediately to submit to substance abuse testing when requested by Baptist in accordance with Section VII set forth below.
- j. Switching, adulterating/contaminating, or attempting to switch or adulterate/contaminate any specimen submitted for substance abuse testing.
- k. Failure to notify Baptist of a conviction of a criminal drug statute within five days of the conviction as required by Section III set forth below.
- l. Conviction under any criminal drug statute.
- m. Failure to report to Baptist use of prescription and non-prescription drugs that may affect the employee's ability to perform the employee's job safely as required by Section V of this policy set forth below.
- n. Failure to submit to a search as provided in Section IV set forth below.

### **III. Reporting Convictions**

An employee convicted of violating a criminal drug statute (including pleas of guilty or no contest) must inform the Human Resources Department of such conviction within five days of the conviction. Failure to provide such notification will constitute a violation of this policy and will result in disciplinary action.

### **IV. Searches and Investigations**

Baptist reserves the right to search an employee or any locker, desk, office, or other property owned or controlled by the organization for alcohol or illegal or unauthorized drugs. Searches may also be made of an employee's personal property or automobile located on property owned or controlled by the organization. Management is accountable for consulting with the Corporate Human Resources representative prior to authorizing and/or conducting a search.

Baptist further requires all employees to cooperate in any investigation into alcohol and/or drug use in the workplace. Refusing to submit immediately to a search or cooperate in an investigation when requested by management or security personnel will normally result in disciplinary action, which may include termination of employment.

### **V. Prescription and Non-Prescription Drugs**

An employee's use of prescription or non-prescription medication prior to the start of the employee's shift or while at work may, under certain circumstances, pose a risk to the safety of the employee or others. An employee who believes, has reason to believe or has been informed that the use of prescription or non-prescription medication may present a safety hazard should consult confidentially with his/her manager or an employee health representative before beginning work. In such cases, the employee must provide a note from the prescribing/treating physician(s) stating that the use of the medication at the prescribed dosage level is consistent with safe performance of the employee's duties. If the employee does not present a note, he/she will not be allowed to work until the appropriate medical documentation is obtained and provided to the appropriate Employee Health representative.

An employee who takes prescription or non-prescription medication without realizing the potential risks to the safety of the employee or others and then determines he/she is not fit for duty has an obligation to immediately communicate this information to his/her supervisor and/or employee health representative.

Employees must keep all prescription and non-prescription medications in their original containers. The container for prescription medications must identify the employee's name, the medication, the date prescribed, and the prescribing physician. An employee in possession of prescription medication who does not identify the drug, date of prescription, and prescribing doctor may be subject to drug testing at Baptist's discretion unless the employee provides a satisfactory explanation that is acceptable to Baptist for his/her possession of any such non-identified prescription medication.

## **VI. Management Responsibilities**

### **a. Early Identification and Intervention**

Management is responsible for being alert to changes in employees' routines which may signal existing or potential substance abuse problems. Early indications may include interrupted attendance patterns, poor job performance, or other similar observations. In these circumstances, management is expected to contact Human Resources to determine if employee assistance is warranted. Such referrals do not preclude disciplinary measures where appropriate.

### **b. Responding to Reasonable Suspicion Incidents**

Management should be alert at all times during employees' work shifts to indicators of drug or alcohol impairment. If a manager has reason to suspect that an employee is under the influence of or impaired by alcohol, illegal drugs or a controlled substance, Human Resources should be contacted. Reasonable suspicion is defined as a belief based on objective facts and rational inferences which may be drawn from such facts, or based on direct or reported observations from a verifiable source that the employee is using or is impaired by drugs or alcohol. Circumstances which may constitute reasonable suspicion may include, but are not limited to, the following:

- Observed alcohol or drug use during working hours
- Impairment of motor functions
- Slurred or incoherent speech
- Disorientation
- Unusually aggressive behavior
- Incoherent or irrational mental state
- Sleepiness
- Smell of alcohol or marijuana
- Frequent or extreme mood changes
- Lack of physical coordination in walking or performing tasks
- Unexplained absences from work area
- Declining job performance
- Unexplained changes in grooming or personal behavior

Based on the assessment by the manager and in consultation with Human Resources, appropriate actions will be taken.

If the situation appears to require emergency medical treatment, management will immediately seek such emergency assistance for the employee and notify Employee Health and Human Resources.

In non-emergency situations, management will generally require the employee to submit to a drug and/or alcohol test. An employee's refusal of such tests normally results in discharge.

A cab voucher or appropriate transportation will be offered to the impaired individual. An impaired employee should not be allowed to drive.

### **VII. Substance Abuse Testing**

- a. Employee alcohol and drug testing may be performed when:
  - An employee's actions contribute to an accident that results in property damage, injury, or death;
  - There is reasonable suspicion that an employee is impaired by alcohol or drug use;
  - There is reasonable suspicion of theft and/or diverting drugs;
  - An employee is in possession of prescription medication that does not identify the drug, date of prescription, and prescribing doctor, unless the employee provides a satisfactory explanation for his/her possession of any such non-identified prescription medication that is acceptable to Baptist;
  - An employee is subject to drug or alcohol testing as a follow-up to treatment; and
  - An employee is convicted of violating a criminal drug statute (including pleas of guilty or no contest).
- b. If an employee refuses immediately to submit to testing, disciplinary action may be taken up to and including termination of employment.
- c. If the results of the substance abuse test are positive (confirmed positive by a second test on the same sample), the employee generally will be terminated unless he/she qualifies for Baptist Assistance Toward Recovery as set forth in VIII below and agrees to comply with all applicable conditions.

### **VIII. Policy: Consequences for Violation of this Policy**

- a. Discharge

The violations listed below and/or similar violations of this policy normally result in discharge. This means in these situations Baptist will not provide assistance toward recovery:

- Possession with apparent intent to sell or distribute drugs, selling or distributing drugs, stealing/ misappropriation of drugs or diversion of drugs (from patient(s)). These offenses may occur at work, on Baptist premises, off premises, or may be related to a conviction, or plea to a lesser offense away from work, or other incriminating circumstances not specified.
- Diversion of drugs.
- Felony conviction under any criminal drug statute.
- Failure to notify Baptist of a conviction of a criminal drug statute within five days of the conviction.

- Failing to cooperate immediately with a search and/or investigation related to drug and/or alcohol use in the workplace.
- Refusal to submit immediately to a substance abuse test when requested by Baptist pursuant to Section VII above or altering or adulterating/contaminating a specimen submitted for substance abuse testing.
- Possession of illegal drugs or drug paraphernalia on Baptist's premises, including the employee's possessions and automobiles that are located on Baptist's property.
- Positive confirmed test result for illegal drugs.
- Positive confirmed test result for alcohol or an unauthorized controlled substance unless there is a finding of an addictive disorder and Baptist decides in its sole discretion to provide assistance towards recovery.

b. Baptist Assistance Toward Recovery

Baptist recognizes that some employees may have addictive disorders with resulting loss of control, and that proper intervention, in appropriate circumstances, may facilitate recovery and sustain the employment relationship. As set forth in detail below, under limited circumstances, based upon Baptist's sole discretion, Baptist will assist an employee toward recovery. In such circumstances, treatment for substance abuse alone will not jeopardize an employee's continued employment. However, enrollment in a substance abuse program will not prevent disciplinary action for violating the provisions of this policy. In addition, specific conditions for receiving Baptist's assistance are provided below.

Based upon the testing results/findings, if there is probable cause to believe the employee may have an addictive disorder relating to alcohol or a drug(s), a referral for further medical assessment will be made. However, Baptist will make no referrals and will provide no assistance towards recovery for employees who test positive for an illegal drug. This means Baptist will only refer employees whose positive test result relates to alcohol or a controlled substance and whose medical assessment reveals probable cause to believe an addictive disorder exists.

Such referrals are coordinated by the Human Resources Director and/or Employee Health designee with a provider who specializes in addictive disorders and is acceptable to Baptist. If the medical assessment confirms that an employee has an addictive disorder relating to alcohol or a controlled substance and that the offense was due to the employee's loss of control, the employee will generally receive Baptist's assistance toward recovery.

Employees confirmed to have addictive disorders are eligible for sick leave benefits, as stated in the Handbook, and health plan coverage under provisions of the plan. If medical assessment does not confirm an addictive disorder with loss of control, no assistance toward recovery is available, and these offenses normally result in discharge.

c. Conditions of Baptist Assistance Toward Recovery

When treatment is required in response to a drug or alcohol related offense, a sustained employment relationship is contingent upon successful completion of a formalized drug/alcohol treatment program as administered by a designated in-patient and/or out-patient facility. Employees who undergo treatment for substance abuse and continue to

work or return to work during treatment or return to work upon completion of treatment must meet all established, standards of conduct, and job performance, must enter into a return to work agreement (described in more detail below) and must comply with all conditions of the substance abuse treatment program.

Along with an approved formalized medical treatment plan, the employee is required to sign a return-to-work agreement which remains in effect for two years after treatment which includes random testing at the employee's expense. Before assistance is provided, the employee is required to sign a standard consent form authorizing the designated provider to release pertinent treatment, progress, discharge planning and related information to an authorized Baptist representative(s). A component of the treatment process is to involve any appropriate peer assistance programs.

Employee Health maintains the return-to-work agreement and works closely with the designated provider for purposes of confidentially facilitating and monitoring an employee's entry and progression through the treatment program. The Employee Health representative, and provider's representative also work together monitoring progress following an employee's return to work. An employee must comply with all provisions of the return to work agreement. Failure to do so will normally result in termination of employment.

#### **IX. Reporting to an Outside Peer Review / Regulatory Organizations**

Based upon the circumstances surrounding any substance abuse issues, Baptist will comply with any applicable reporting requirements based upon designated licensure and/or regulation. Any reporting to a peer review organization or external agency must be coordinated with Human Resources, the Chief Nursing Officer if nursing related, Pharmacy Director if applicable and/or the entity CEO.

#### **X. Confidentiality**

All reasonable steps will be taken to keep information related to employee substance abuse and the results of any substance abuse tests confidential. Only persons with a well-defined need to know will be informed.

#### **XI. Policy: Purpose of this Policy, Rights Reserved and Request for Exception**

The purpose of this policy is to provide basic information and general guidance regarding Baptist's Drug and Alcohol Free Workplace Policy for Baptist employees. Baptist reserves the right to interpret, modify, change, suspend, depart from or cancel at any time with or without written notice any or all of this policy as circumstances may require. Employees are free to resign or separate from employment with Baptist at any time for any or no reason without notice. Likewise, Baptist retains the right to end the employment relationship of any employee at any time for any or no reason with or without notice.

Exceptions to this policy must be submitted in writing, reviewed by the appropriate Human Resources Director and approved by the designated Administrator/Vice President at the time the request is made.

## **Statistics on Student Violations of the Drug and Alcohol Policy**

From January 2014 through December 2015, there were zero alcohol violations and zero drug violations addressed through the judicial processes in the Office of Student Services.

Zero fatalities occurred on campus related to the abovementioned violations.

During this same time period, 115 students were selected for testing based on random selection, reasonable suspicion or post-incident/unusual occurrence. In addition, 643 students were tested as a part of the college's pre-clinical requirement.

## **Statistics on Violations of the Drug and Alcohol Free Workplace Policy**

No policy violations occurred, and no testing was performed on employees.

## **Education**

The overall purposes of the policies and offerings of the College related to drug and alcohol prevention and education are to create an environment which promotes the health and wellness of students and employees and to provide safe and effective care to clients by students and employees who are drug and alcohol free.

The educational offerings at the College include Policy information shared during new student orientation as well as several information sessions on general safety and awareness. Throughout the year, various seminars, an awareness film, and guest speakers are scheduled for ongoing awareness.

Additionally, all faculty and staff must complete annual training on the topic of safety and security. Drug and alcohol awareness and the related health and legal risks are a component of this training. The Annual Security Report is distributed electronically annually to all faculty, staff and students and can be found on the Baptist College website at [www.bchs.edu](http://www.bchs.edu).

## **Counseling**

Baptist College of Health Sciences offers its students on-campus counseling services and referrals to UT Health Services for Psychiatric consultations at no cost. A licensed counselor is on campus to assist students with personal and academic concerns. Appointments with the College counselor can be scheduled outside of the regular office hours to accommodate student schedules. The counselor also maintains a list of updated off campus referrals should a student request them.

## **Safety and Security**

The Office of Student Services is responsible for the enforcement of the College's alcohol and drug policy as it relates to violations of the law (e.g. underage drinking). The following statistics relate to the incidence of alcohol and drug crime on the College campus for the period January 2014 through December 2015:

Liquor Law Violations (arrests)	0
Drug Law Violations (arrests)	0

## **Student Health Services**

Students and employees of the College are given annually the health risks associated with alcohol and illicit drugs in the Annual Security Report. Additionally, student health services are provided to all students by University of Tennessee University Health Services through a formal agreement with this agency.

## **Administrative Services**

Administrative Services is responsible for addressing alcohol and drug abuse issues with College employees. The Drug and Alcohol Free Workplace policy is published in the Faculty/Staff Handbook and, as such, is disseminated annually to all College employees. Employees who have an alcohol or substance abuse problem are eligible for assessment and assistance toward recovery within certain parameters.

## **Conclusions and Recommendations**

Baptist College of Health Sciences meets the requirements and standards established by the Drug Free Schools and Communities Act. The evidence suggests that the College's Drug and Alcohol Policy is working and student's decisions concerning drug and alcohol use appear to be wise choices. Baptist College will continue to look for areas for improvement in awareness education.

The College's Drug and Alcohol Policy is distributed annually to all students and employees of the College. Baptist College of Health Sciences has in place clear goals and objectives to support the ongoing effort of drug and alcohol awareness. General recommendations for improvement to the College's Alcohol and Other Drug Program (AODP) include: a) enhanced campus communication regarding the AODP, b) continued evaluation of the current program and its effectiveness, and c) involvement with The Coalition of Healthy and Safe Campus Communities.

In line with the above mentioned general recommendations, the following action steps were taken during the 2014-2015 and 2015-2016 academic years:

1. Review Baptist College's policy
2. Continue to partner with the Coalition for Healthy and Safe Campus Communities
3. Prepare for the administration of the Core Institute Drug and Alcohol Survey
4. Provide drug and alcohol educational opportunities for students and staff

**2014-2015 Goals will include:**

- To promote practices and protocols that are consistent with institutional policy and local, state, and federal laws, including the College's drug and alcohol policy.
- To promote healthy choices concerning the use of alcohol and other drugs, particularly in regard to illegal use, and the elimination of high-risk and harmful use.
- To promote a climate in which abstaining from alcohol and drug use is acceptable.
- To provide education in regard to the use of alcohol emphasizing ways to reduce the risks of negative consequences to self and others.
- To define prevention, education, intervention, and treatment policies and practices.
- To protect relevant legal rights of students.

**APPENDIX A**

**Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance**

**Federal Trafficking Penalties** (As of January 1, 1996)

<b>Controlled Substances Act Schedule</b>	<b>1st Offense</b>	<b>2nd Offense</b>	<b>Quantity</b>	<b>Drug</b>	<b>Quantity</b>	<b>1st Offense</b>	<b>2nd Offense</b>
<b>I and II</b>	<p>*Not less than 5 years. Not more than 40 years</p> <p>*If death or serious injury, not less than 20 years or more than life</p> <p>*Fine of not more than \$2 million individual, \$5 million other than individual</p>	<p>*Not less than 10 years. Not more than life</p> <p>*If death or serious injury, not less than life</p> <p>*Fine of not more than \$4 million individual \$10 million other than individual</p>	10-99 gm pure or 100-999 gm mixture	<b>Methamphetamine</b>	100 gm or more pure of 1 kg or more mixture	<p>*Not less than 10 years. Not more than life.</p> <p>*If death or serious injury, not less than 20 years or more than life.</p> <p>*Fine of not more than \$4 million individual, \$10 million other than individual</p>	<p>*Not less than 20 years. Not more than life</p> <p>*If death or serious injury, not less than life</p> <p>*Fine of not more than \$8 million individual, \$20 million other than individual.</p>
			100-999 gm mixture	<b>Heroin</b>	1 kg or more mixture		
			500-4,999 gm mixture	<b>Cocaine</b>	5 kg or more mixture		
			5-49 gm mixture	<b>Cocaine Base</b>	50 gm or more mixture		
			10-99 gm pure or 100-999 gm mixture	<b>PCP</b>	100 gm or more pure or 1 kg or more mixture		
			1-9 gm mixture	<b>LSD</b>	10 gm or more mixture		
			40-399 gm mixture	<b>Fetanyl</b>	400 gm or more mixture		
			10-99 gm mixture	<b>Fentanyl Analogue</b>	100 gm or more mixture		

**\*The Controlled Substances Act (1970) places all substances regulated under federal law into one of five schedules based on**

**the substance's medical use, potential for abuse, and safety or dependence liability.**

**Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance**

**Federal Trafficking Penalties** (As of January 1, 1996)

<b>Controlled Substances Act Schedule</b>	<b>Drug</b>	<b>Quantity</b>	<b>1st Offense</b>	<b>2nd Offense</b>
<b>I and II</b>	Others (law does not include marijuana, hashish, or hash oil)	Any	*Not more than 20 years *If death or serious injury, not less than 20 years, not more than life *Fine \$1 million individual, \$5 million not individual	*Not more than 30 years *If death or serious injury, life *Fine \$2 million individual, \$10 million not individual
<b>III</b>	All (included in Schedule III are anabolic steroids, codeine and hydrocodone with aspirin or Tylenol®, and some barbiturates)	Any	*Not more than 5 years *Fine not more than \$250,000 individual, \$1 million not individual	*Not more than 10 years *Fine not more than \$500,000 individual, \$2 million not individual
<b>IV</b>	All (included in Schedule IV are Darvon®, Talwin®, Equanil®, Valium®, and Xanax®)	Any	*Not more than 3 years *Fine not more than \$250,000 individual, \$1 million not individual	*Not more than 6 years *Fine not more than \$500,000 individual, \$2 million not individual
<b>V</b>	All (over-the-counter cough medicines with codeine are classified in Schedule V)	Any	*Not more than 1 year *Fine not more than \$100,000 individual, \$250,000 not individual	*Not more than 2 years *Fine not more than \$200,000 individual, \$500,000 not individual

**APPENDIX A (cont.)**

**Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance**

Federal Trafficking Penalties - Marijuana (includes hashish and hashish oil) (as of January 1, 1996)

Description	Quantity	1st Offense	2nd Offense
<b>Marijuana</b>	1,000 kg or more mixture; or 1,000 or more plants	*Not less than 10 years, not more than life *If death or serious injury, not less than 20 years, not more than life *Fine not more than \$4 million individual, \$10 million other than individual	*Not less than 20 years, not more than life *If death or serious injury, not more than life *Fine not more than \$8 million individual, \$20 million other than individual
<b>Marijuana</b>	100 kg to 999 kg mixture; or 100-999 plants	*Not less than 5 years, not more than 40 years *If death or serious injury, not less than 20 years, not more than life *Fine not more than	*Not less than 10 years, not more than life *If death or serious injury, not more than life *Fine not more than \$4 million individual,

		\$2 million individual, \$5 million other than individual	\$10 million other than individual
<b>Marijuana</b>	50 to 99 kg mixture ----- 50 to 99 plants	*Not more than 20 years *If death or serious injury, not less than 20 years, not more than life *Fine \$1 million individual, \$5 million other than individual	*Not more than 30 years If death or serious injury, not more than life Fine \$2 million individual, \$10 million other than individual
<b>Marijuana</b>	Less than 50 kg mixture	*Not more than 5 years *Fine not more than \$250,000, \$1 million other than individual	*Not more than 10 years *Fine \$500,000 individual, \$2 million other than individual
<b>Hashish</b>	10 kg or more		
<b>Hashish Oil</b>	1 kg or more		

**Federal Penalties and Sanctions for Illegal Trafficking and Possession of a Controlled Substance**

**Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance**

**21 U.S.C. 844(a)**

1st conviction: Up to 1 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 provision 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 exceeds 3 grams.
- (c) 3rd or subsequent crack conviction and the amount of crack possessed exceeds 1 gram.

**21 U.S.C. 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 1 year imprisonment. (See special sentencing provisions re: crack)

**21 U.S.C. 881(a)(4)**

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

**21 U.S.C. 844a**

Civil fine of up to \$10,000 (pending adoption of final regulations).

**21 U.S.C. 853a**

Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to 1 year for first offense, up to 5 years for second and subsequent offenses.

**18 U.S.C. 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. *Note: These are only Federal penalties and sanctions. Additional State penalties and sanctions may apply.*

**APPENDIX B**

**Health Risks Associated with the Use of Illicit Drugs and Alcohol**

Drugs	Physical Dependence	Psychological Dependence	Possible Effects	Effects of Overdose	Withdrawal Syndrome
Narcotics					
Heroin	High	High			<ul style="list-style-type: none"> <li>• Yawning</li> </ul>

<b>Morphine</b>	High	High			<ul style="list-style-type: none"> <li>• Loss of appetite</li> </ul>
<b>Codeine</b>	Moderate	Moderate	<ul style="list-style-type: none"> <li>• Euphoria</li> </ul>	<ul style="list-style-type: none"> <li>• Slow and shallow breathing</li> </ul>	<ul style="list-style-type: none"> <li>• Irritability</li> </ul>
<b>Hydrocodone</b>	High	High	<ul style="list-style-type: none"> <li>• Drowsiness</li> </ul>	<ul style="list-style-type: none"> <li>• Clammy skin</li> </ul>	<ul style="list-style-type: none"> <li>• Tremors</li> </ul>
<b>Hydromorphone</b>	High	High	<ul style="list-style-type: none"> <li>• Respiratory depression</li> </ul>	<ul style="list-style-type: none"> <li>• Convulsions</li> </ul>	<ul style="list-style-type: none"> <li>• Panic</li> <li>• Cramps</li> </ul>
<b>Oxycodone</b>	High	High	<ul style="list-style-type: none"> <li>• Constricted pupils</li> </ul>	<ul style="list-style-type: none"> <li>• Coma</li> </ul>	<ul style="list-style-type: none"> <li>• Nausea</li> </ul>
<b>Methadone and LAAM</b>	High	High	<ul style="list-style-type: none"> <li>• Nausea</li> </ul>	<ul style="list-style-type: none"> <li>• Possible death</li> </ul>	<ul style="list-style-type: none"> <li>• Runny nose</li> </ul>
<b>Fentanyl and Analogs</b>	High	High			<ul style="list-style-type: none"> <li>• Chills and sweating</li> </ul>
<b>Other Narcotics</b>	High-Low	High-Low			<ul style="list-style-type: none"> <li>• Watery eyes</li> </ul>
<b>Depressants</b>					
<b>Chloral Hydrate</b>	Moderate	Moderate	<ul style="list-style-type: none"> <li>• Slurred speech</li> </ul>	<ul style="list-style-type: none"> <li>• Shallow respiration</li> </ul>	<ul style="list-style-type: none"> <li>• Anxiety</li> </ul>
<b>Barbiturates</b>	High-Moderate	High-Moderate	<ul style="list-style-type: none"> <li>• Disorientation</li> </ul>	<ul style="list-style-type: none"> <li>• Clammy skin</li> </ul>	<ul style="list-style-type: none"> <li>• Insomnia</li> </ul>

<b>Benzodiazepines</b>	Low	Low	<ul style="list-style-type: none"> <li>• Drunken behavior without odor of alcohol</li> </ul>	<ul style="list-style-type: none"> <li>• Dilated pupils</li> <li>• Weak and rapid pulse</li> </ul>	<ul style="list-style-type: none"> <li>• Tremors</li> <li>• Delirium</li> </ul>
<b>Glutethimide</b>	High	Moderate		<ul style="list-style-type: none"> <li>• Coma</li> </ul>	<ul style="list-style-type: none"> <li>• Convulsions</li> </ul>
<b>Other Depressants</b>	Moderate	Moderate		<ul style="list-style-type: none"> <li>• Possible death</li> </ul>	<ul style="list-style-type: none"> <li>• Possible death</li> </ul>

<b>Drugs</b>	<b>Physical Dependence</b>	<b>Psychological Dependence</b>	<b>Possible Effects</b>	<b>Effects of Overdose</b>	<b>Withdrawal Syndrome</b>
<b>Stimulants</b>					
<b>Cocaine</b>	Possible	High	<ul style="list-style-type: none"> <li>• Increased alertness</li> </ul>	<ul style="list-style-type: none"> <li>• Agitation</li> </ul>	<ul style="list-style-type: none"> <li>• Apathy</li> </ul>
<b>Amphetamine/ Methamphetamine</b>	Possible	High	<ul style="list-style-type: none"> <li>• Euphoria</li> <li>• Increased pulse rate and blood pressure</li> <li>• Excitation</li> </ul>	<ul style="list-style-type: none"> <li>• Increased body temperature</li> <li>• Hallucinations</li> <li>• Convulsions</li> </ul>	<ul style="list-style-type: none"> <li>• Long periods of sleep</li> <li>• Irritability</li> <li>• Depression</li> </ul>
<b>Methylphenidate</b>	Possible	High	<ul style="list-style-type: none"> <li>• Insomnia</li> </ul>	<ul style="list-style-type: none"> <li>• Possible death</li> </ul>	<ul style="list-style-type: none"> <li>• Disorientation</li> </ul>
<b>Other Stimulants</b>	Possible	High	<ul style="list-style-type: none"> <li>• Loss of appetite</li> </ul>		
<b>Cannabis</b>					
<b>Marijuana</b>	Unknown	Moderate	<ul style="list-style-type: none"> <li>• Euphoria</li> <li>• Relaxed inhibitions</li> </ul>	<ul style="list-style-type: none"> <li>• Fatigue</li> <li>• Paranoia</li> </ul>	<ul style="list-style-type: none"> <li>• Occasional reports of insomnia</li> </ul>

<b>Tetrahydrocannabinol</b>	Unknown	Moderate	<ul style="list-style-type: none"> <li>• Increased appetite</li> </ul>	<ul style="list-style-type: none"> <li>• Possible Psychosis</li> </ul>	<ul style="list-style-type: none"> <li>• Hyperactivity</li> </ul>
<b>Hashish and Hashish Oil</b>	Unknown	Moderate	<ul style="list-style-type: none"> <li>• Disorientation</li> </ul>		<ul style="list-style-type: none"> <li>• Decreased appetite</li> </ul>
<b>Hallucinogens</b>					
<b>Mescaline and Peyote</b>	None	Unknown	<ul style="list-style-type: none"> <li>• Altered perception of time and distance</li> </ul>	<ul style="list-style-type: none"> <li>• More intense "trip" episodes</li> </ul>	
<b>Amphetamine Variants</b>	Unknown	Unknown		<ul style="list-style-type: none"> <li>• Psychosis</li> </ul>	
<b>Phencyclidine and Analogs</b>	Unknown	High		<ul style="list-style-type: none"> <li>• Possible death</li> </ul>	
<b>Other Hallucinogens</b>	None	Unknown			

<b>Drugs</b>	<b>Physical Dependence</b>	<b>Psychological Dependence</b>	<b>Possible Effects</b>	<b>Effects of Overdose</b>	<b>Withdrawal Syndrome</b>
<b>Anabolic Steroids</b>					
<b>Testosterone</b> (Cypionate, Enanthate)	Unknown	Unknown	<ul style="list-style-type: none"> <li>• Virilization</li> <li>• Acne</li> </ul>	<ul style="list-style-type: none"> <li>• Unknown</li> </ul>	<ul style="list-style-type: none"> <li>• Possible depression</li> </ul>
<b>Nandrolone</b> (Decanoate, Phenpropionate)	Unknown	Unknown	<ul style="list-style-type: none"> <li>• Testicular atrophy</li> <li>• Gynecomastia</li> <li>• Aggressive behavior</li> </ul>		
<b>Oxymetholone</b>	Unknown	Unknown	<ul style="list-style-type: none"> <li>• Edema</li> </ul>		

## **Alcohol Effects**

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.