

Appalachian
STATE UNIVERSITY

**Drug and Alcohol
Prevention Program**

Annual Report 2023

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INTRODUCTION

Appalachian State University is committed to maintaining an environment that supports and encourages the pursuit and dissemination of knowledge. All members of the academic community - students, faculty, administrators and staff - share in the responsibility of protecting and promoting that environment and all are expected to exemplify high standards of professional and personal conduct. The illegal or abusive use of alcohol and other drugs by members of the academic community adversely affects this educational environment. North Carolina and federal laws restrict or prohibit the use of alcohol and other drugs in various contexts. The illegal or abusive use of alcohol and other drugs is not compatible with personal health and welfare and the pursuit of academic excellence, and will not be tolerated by the University on campus or as part of any institutional activities.

The use and abuse of alcohol or other drugs can have serious negative consequences. High-risk choices can lead to significant academic, legal, financial, job performance and relationship problems, as well as problems with physical, mental and emotional health. High-risk use of alcohol and other drugs is also a factor in injuries and deaths related to overdose, accidents and crimes.

As long as one person is involved in high-risk behavior, all are at risk because problems related to the use of alcohol and other drugs affect not only the user, but friends, family, classmates, coworkers and the entire Appalachian community. The goal is a safe and healthy University environment.

Drug and alcohol use by students is as much a part of our campus culture as it is part of our societal culture. As such, illegal, excessive and irresponsible drug and alcohol use introduces the same problems on our campus as it does in society. Appalachian's Drug and Alcohol Prevention Programs (DAAPP) seek to help students to develop mature and responsible attitudes toward legal drug and alcohol use while they are on campus so that they may continue to exercise such healthy behaviors after leaving college.

[The Drug-Free Schools and Communities Act \(DFSCA\)](#) and [Part 86 of the Department of Education's General Administrative Regulations](#) require institutions of higher education to certify that they have developed and implemented drug and alcohol abuse education and prevention programs. Such programs should be designed to prevent the unlawful possession, use and distribution of drugs and alcohol on campus and at recognized events and activities.

On an annual basis, universities must distribute their DAAPP report to all students and employees. The distribution plan must make provisions for providing materials to students who enroll at a date after the initial distribution and for employees who are hired at different times of the year.

In addition, Appalachian must conduct a biennial review in order to measure the effectiveness of its drug prevention program, and to ensure consistent treatment in enforcement of its disciplinary sanctions. The University must prepare a report of findings and maintain its biennial review report and supporting materials and make them available to the [Department of Education](#) and interested parties upon request.

Campus Drug and Alcohol Policy

The University's Drug and Alcohol Policy establishes rules on student and employee drug and alcohol use and possession, additional rules for recognized student groups and University consequences for violations of those rules.

- [Appalachian State University Drugs and Alcohol Policy 106](#)
- [Appalachian State University Employee Abuse of Alcohol and Other Drugs Policy 602.3](#)

These policies apply to all faculty, staff and students of Appalachian State University, respectfully. All students, faculty and staff are responsible for knowing about and complying with these policies. North Carolina and federal laws restrict and prohibit the use of alcohol and other drugs in various contexts. The illegal or abusive use of alcohol and other drugs is not compatible with personal health and welfare and the pursuit of academic excellence, and will not be tolerated by Appalachian State University on the campus or as part of any institutional activities.

Drug-Free Workplace Requirements

The policy put out by the United States Department of Labor states it is illegal for employees “to manufacture, distribute, dispense or have in possession prohibited controlled substances.” Under the law, any employer must develop and enforce a policy on drug use in the workplace. While some states have legalized marijuana, covered employers are still required to treat marijuana use as a disciplinable offense under the Drug-Free Workplace Act, as it is still considered a controlled substance under federal law. Federal legislation also requires, as a condition of employment, that any faculty, staff member or student assistant engaged in the performance of a federal grant or contract must abide by the University's drug policy and, if they are convicted of a violation of any criminal drug statute in the workplace, must give written notice of that conviction to their dean, director or department chair within five days thereafter.

- [Part 83 – Government-Wide Requirements for Drug-Free Workplace \(Grants\)](#)

WHAT YOU SHOULD KNOW ABOUT ALCOHOL

What is alcohol?

Alcohol is a psychoactive (mind-altering) drug that affects the way we think and behave. It is a depressant that slows down our heart rate, breathing, thoughts and actions.

There are many different types of alcoholic beverages made from fermented or distilled grains, fruits or vegetables. These beverages are available in our local liquor stores as beers, which usually contain 5% alcohol, wines with 12%, and spirits with 40%.

What kind of substance is alcohol?

Alcohol is classed as a depressant, meaning that it slows down vital functions, resulting in slurred speech, unsteady movement, disturbed perceptions and an inability to react quickly. Alcohol acts to depress the central nervous system at high doses. At lower doses, alcohol can act as a stimulant, inducing feelings of euphoria and talkativeness, but drinking too much alcohol at one session can lead to drowsiness, respiratory depression (where

breathing becomes slow, shallow or stops entirely), coma or even death. As well as its acute and potentially lethal sedative effect at high doses, alcohol has effects on every organ in the body and these effects depend on the blood alcohol concentration (BAC) over time.

It is particularly dangerous to mix alcohol with other depressants, such as GHB, Rohypnol, Ketamine, tranquilizers or sleeping pills. Combining depressants multiplies the effects of both drugs and can lead to memory loss, coma or death. Alcohol overdose causes even more severe depressant effects (inability to feel pain, toxicity where the body vomits the poison, and finally unconsciousness or, worse, coma or death from severe toxic overdose). These reactions depend on how much is consumed and how quickly.

There are different kinds of alcohol. Ethyl alcohol (ethanol), the only alcohol used in beverages, is produced by the fermentation of grains and fruits. Fermenting is a chemical process whereby yeast acts upon certain ingredients in the food, creating alcohol.

How does alcohol move through the body?

Once swallowed, a drink enters the stomach and small intestine, where small blood vessels carry it to the bloodstream. Approximately 20% of alcohol is absorbed through the stomach and most of the remaining 80% is absorbed through the small intestine.

Alcohol is metabolized by the liver, where enzymes break down the alcohol. Understanding the rate of metabolism is critical to understanding the effects of alcohol. In general, the liver can process one ounce of liquor (or one standard drink) in one hour. If you consume more than this, your system becomes saturated, and the additional alcohol will accumulate in the blood and body tissues until it can be metabolized. This is why having a lot of shots or playing drinking games can result in high blood alcohol concentrations that last for several hours.

What is a standard drink?

In the United States, a standard drink contains 0.6 ounces (14.0 grams or 1.2 tablespoons) of pure alcohol. Generally, this amount of pure alcohol is found in:

- 12-ounces of beer (5% alcohol content)
- 8-ounces of malt liquor (7% alcohol content)
- 5-ounces of wine (12% alcohol content)
- 1.5-ounces of 80-proof (40% alcohol content) distilled spirits or liquor

What is moderate drinking?

Adults of legal drinking age can choose not to drink, or to drink in moderation by limiting intake to 2 drinks or less in a day for men or 1 drink or less in a day for women, on days when alcohol is consumed. If adults of legal drinking age choose to drink alcoholic beverages, drinking less is better for health than drinking more.

There are some people who should not drink any alcohol, including those who are:

- Younger than age 21
- Pregnant or may be pregnant
- Driving, planning to drive, or participating in other activities requiring skill, coordination, and alertness

- Taking certain prescription or over-the-counter medications that can interact with alcohol
- Suffering from certain medical conditions
- Recovering from alcoholism or are unable to control the amount they drink

What is “one drink?”

Knowing how to count a standard drink is necessary for calculating blood alcohol concentrations. Too often, people underestimate how much they have had to drink because they aren’t using standard measurements.

Beer

One drink = one 12-ounce beer. This is normal-strength beer (5% alcohol).

Malt liquor

Ranges from 6-9% alcohol, so 12 ounces of malt liquor is approximately 1.5 drinks; 40 ounces of malt liquor is 4.5 drinks.

Liquor

One drink = 1.5 ounces of liquor (40% alcohol or 80 proof). This is how much whiskey, vodka, gin, tequila, brandy, cognac, etc. is in a measured mixed drink or in a standard-size shot glass. Remember that mixed drinks may not be measured and often contain far more than 1.5 ounces of alcohol.

Grain alcohol (Everclear)

95% alcohol or 190 proof and some rums like Bacardi 151 are 151 proof or 75% alcohol. These liquors are banned in many states because of their high alcohol content.

Wine

One drink = 5 ounces of **standard** wine (12% alcohol). This is most table wines: white, red, rosé, champagne.

One drink = 3-4 ounces of **fortified** wine (17% alcohol). This is wine with 13% or more alcohol content, such as sherry or port.

Beer 2–6% alcohol

Cider 4–8% alcohol

Wine 8–20% alcohol

Tequila 40% alcohol

Rum 40% or more alcohol

Brandy 40% or more alcohol

Gin 40–47% alcohol

Whiskey 40–50% alcohol

Vodka 40–50% alcohol

Liqueurs 15–60% alcohol

What’s a Hangover?

A hangover is a group of unpleasant signs and symptoms that can develop after drinking too much alcohol. As if feeling awful weren’t bad enough, frequent hangovers are also associated with poor performance and conflict at work. That cotton-mouthed, bleary-eyed morning-after feeling is no accident.

Alcohol makes you dehydrated and makes blood vessels in your body and brain expand. That gives you your headache. Your stomach wants to get rid of the toxins and acid that alcohol churns up, which gives you nausea and vomiting, and because your liver was so busy processing the alcohol, it didn’t release enough sugar into your

blood, bringing on weakness.

Alcohol and Health

Alcohol consumption has a number of short-term, as well as long-term effects. Short-term effects include dehydration and intoxication, while more long-term effects can include changes in the metabolism of the liver and brain. Alcohol consumption can also result in alcoholism, which is generally described as use of alcohol that results in problems with mental or physical health.

Many studies regarding the effects of alcohol on health have been performed. Although there are some studies that support the conventional wisdom that a glass of red wine a day can have potential health benefits, these claims have not been rigorously proven. While some people may experience certain health benefits as a result of consuming some alcohol daily, not all people will, and the benefits do not come without risk.

Although alcohol, in moderation, is not necessarily deleterious, and may even have some positive benefits, more recent studies recommend that alcohol should not be consumed for its potential health benefits. While light or moderate alcohol (~1 drink per day: 12 fl oz beer, 5 fl oz wine, 1.5 fl oz distilled spirits) drinkers can certainly remain healthy, and may experience some health benefits, it is not fully known whether these benefits are worth the potential risks, since the potential benefits are relatively small compared to the risks.

Some of the potential health benefits that light to moderate use of alcohol can provide include:

- Reducing risk of developing and dying from heart disease
- Reducing risk of ischemic stroke
- Reducing risk of diabetes

These are only potential benefits, and consuming any amount of alcohol may not necessarily result in these benefits. Also, even light to moderate drinking can increase the risk of certain cancers, and of course, driving while intoxicated can have many severe consequences.

Furthermore, drinking can lead to alcoholism, and heavy alcohol use has no health benefits. Heavy drinking, as defined by the Mayo Clinic, is having more than three drinks a day for women and men over 65, and more than four drinks per day, or more than 14 drinks a week for men younger than 65. Excessive drinking can result in serious health issues including:

- Increased risk of certain cancers
- Sudden death as a result of preexisting cardiovascular disease
- Heart muscle damage that leads to heart failure
- Stroke
- High blood pressure
- Liver disease
- Accidental serious injury or death
- Brain damage

Overall, a person should not begin drinking for potential health benefits. Those who already drink light to moderate amounts, who have not experienced negative health effects, can probably continue drinking moderately as long as they are not at risk for becoming heavy drinkers and continue to be healthy. Most importantly, a person should consult their doctor regarding their alcohol consumption to determine what is safe for their particular situation.

Knowing your Blood Alcohol Content (BAC)

Understanding BAC is key to understanding how alcohol affects your body and the danger zones of alcohol poisoning. BAC measures the ratio of alcohol in the blood. So, a BAC of .10 means one part alcohol for every 1000 parts of blood.

To calculate your BAC, select the appropriate chart--and then find the row with your approximate weight. Then select the number of drinks consumed. This BAC figure would result if the total number of drinks were consumed in one hour. The Time Factor table can be used to calculate BAC over more than one hour.

For Males

Body weight (lbs)	1 drink	2 drinks	3 drinks	4 drinks	5 drinks	6 drinks	7 drinks	8 drinks	9 drinks	10 drinks
100	.043	.087	.130	.174	.217	.261	.304	.348	.391	.435
125	.034	.069	.103	.139	.173	.209	.242	.278	.312	.346
150	.029	.058	.087	.116	.145	.174	.203	.232	.261	.290
175	.025	.050	.075	.100	.125	.150	.175	.200	.225	.250
200	.022	.043	.065	.087	.108	.130	.152	.174	.195	.217
225	.019	.039	.058	.078	.097	.117	.136	.156	.175	.198
250	.017	.035	.052	.070	.087	.105	.122	.139	.156	.173

For Females

Body weight (lbs)	1 drink	2 drinks	3 drinks	4 drinks	5 drinks	6 drinks	7 drinks	8 drinks	9 drinks	10 drinks
100	.050	.101	.152	.203	.253	.304	.355	.406	.456	.507
125	.040	.080	.120	.162	.202	.244	.282	.324	.364	.404
150	.034	.068	.101	.135	.169	.203	.237	.271	.304	.338
175	.029	.058	.087	.117	.146	.175	.204	.233	.262	.292
200	.026	.050	.076	.101	.126	.152	.177	.203	.227	.253
225	.022	.045	.068	.091	.113	.136	.159	.182	.204	.227
250	.020	.041	.061	.082	.101	.122	.142	.162	.182	.200

BAC (%)	Behavior	Impairment
0.001–0.029	Average individual appears normal	Subtle effects that can be detected with special tests
0.030–0.059	Mild euphoria Relaxation Joyousness Talkativeness Decreased inhibition	Concentration
0.060–0.099	Blunted feelings Reduced sensitivity to pain Euphoria Disinhibition Extraversion	Reasoning Depth perception Peripheral vision Glare recovery
0.100–0.199	Over-expression Boisterousness Possibility of nausea and vomiting	Reflexes Reaction time Gross motor control Staggering Slurred speech Temporary erectile dysfunction
0.200–0.299	Nausea Vomiting Emotional swings Anger or sadness Partial loss of understanding Impaired sensations Decreased libido Possibility of stupor	Severe motor impairment Loss of consciousness Memory blackout
0.300–0.399	Stupor Central nervous system depression Loss of understanding Lapses in and out of consciousness Low possibility of death	Bladder function Breathing Disequilibrium Heart rate
0.400–0.500	Severe central nervous system depression Coma Possibility of death	Breathing Heart rate Positional alcohol nystagmus
>0.50	High possibility of death	

Is Alcoholism a Disease?

YES! Alcoholism, like other drug addictions, is medically defined as a chronic, progressive, and potentially fatal disease. Those suffering from alcoholism experience an incessant craving for, increased tolerance of and physical dependence on alcohol. They continue to abuse alcohol despite the many negative consequences their destructive habits have on their lives and the lives of their loved ones.

What Causes Alcohol Addiction?

Alcoholism is caused by a combination of biological, genetic, psychological, environmental and social factors, including:

- Frequency of use
- Age at which alcohol was first consumed

- Demographics such as age, gender, and genetic background
- Family history of alcoholism (a person is much more likely to become an alcoholic if a parent was an alcoholic)
- Prenatal exposure to alcohol
- Overall health

What are the Effects of Alcohol Addiction?

Alcohol (also known as ethanol or ethyl alcohol) is a psychoactive drug that acts as a central nervous system depressant. Alcohol interferes with communication between nerve cells and all other cells and affects various centers in the brain. Even moderate consumption of alcohol causes immediate effects, such as lowered inhibitions, increased relaxation and dulled senses.

As alcohol consumption (and blood alcohol) increases, users may experience:

- heightened emotional responses (including anger and aggression)
- lack of coordination
- poor balance
- slurred speech
- dizziness
- disturbed sleep
- nausea and vomiting

Alcohol affects the body in stages, causing various states of being, including:

- relaxation
- euphoria
- excitement
- confusion
- stupor

Extreme alcohol consumption can cause memory loss (blackouts), complete loss of coordination and alcohol poisoning. In some cases, alcohol overdose can be fatal.

Other short-term effects of alcohol include harm to the body's tissues:

- **Stomach:** Alcohol irritates the stomach and intestine lining and increases stomach acid secretion. This causes vomiting.
- **Skin:** Alcohol increases blood flow to the skin, causing users to sweat and appear flushed.
- **Muscles:** Alcohol reduces blood flow to the muscles, causing muscle aches (most notably felt as the alcohol leaves the system). This effect is often called a hangover.

The severity of the effects of alcohol is dependent on a variety of factors including the weight, age and sex of the individual consuming the alcohol and how much was eaten before and during consumption. Alcohol is eventually metabolized and eliminated from the system at a rate of 13 to 18 mg per hour.

WHAT ARE THE RISKS OF DRINKING ALCOHOL?

Injuries

Alcohol use increases your chances of being injured or even killed. Alcohol is a factor, for example, in about 60 percent of fatal burn injuries, drownings, and homicides; 50 percent of severe trauma injuries and sexual assaults; and 40 percent of fatal motor vehicle crashes, suicides and fatal falls.

Health problems

Drinking can cause a number of health problems and is associated with over 200 diseases and injury-related conditions. Studies have shown that one drink a day increases the risk of breast cancer in women. Research has also shown that alcohol misuse increases the risk of liver disease, cardiovascular diseases, depression, and stomach bleeding, as well as cancers of the oral cavity, esophagus, larynx, pharynx, liver, colon, and rectum. They may also have problems managing conditions such as diabetes, high blood pressure, pain, and sleep disorders. And they are more likely to engage in unsafe sexual behavior, putting themselves and others at risk for sexually transmitted diseases and unintentional pregnancies.

Birth defects

Prenatal alcohol exposure can result in brain damage and other serious problems in the baby. The effects are known as fetal alcohol spectrum disorders, or FASD, and can result in lifelong physical, cognitive, and behavioral problems. Because it is not yet known whether any amount of alcohol is safe for a developing baby, women who are pregnant or may become pregnant should not drink.

Alcohol use disorder

Alcohol use disorder (AUD) is a medical condition that doctors can diagnose when a patient's drinking interferes with their daily life. Some signs include continuing to drink even though it is causing trouble with your family or at work, drinking more than you intended, having to drink more than before to get a desired effect, being unable to stop drinking after repeated attempts or continuing to drink even though it makes you feel depressed or anxious. Learn more about the [symptoms of AUD](#). Any of these symptoms may be a cause for concern. The more symptoms one has, the more urgent the need for change.

Beyond these physical and mental health risks, frequent heavy drinking also is linked with personal problems, including losing a driver's license and having relationship troubles. Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:

- Injuries, such as motor vehicle crashes, falls, drownings, and burns
- Violence, including homicide, suicide, sexual assault, and intimate partner violence
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels
- Risky sexual behaviors, including unprotected sex or sex with multiple partners: These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV.
- Miscarriage and stillbirth or [fetal alcohol spectrum disorders \(FASDs\)](#) among pregnant women

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:

- High blood pressure, heart disease, stroke, liver disease and digestive problems
- Cancer of the breast, mouth, throat, esophagus, liver and colon
- Learning and memory problems, including dementia and poor school

performance

- Mental health problems, including depression and anxiety
- Social problems, including lost productivity, family problems and unemployment
- Alcohol dependence or alcoholism

By not drinking too much, you can reduce the risk of these short- and long-term health risks.

Long-term effects of alcohol abuse

Excessive use can lead to abuse and dependence, both of which may ultimately require treatment. Individuals who abuse alcohol may develop physical symptoms upon abrupt discontinuation or drastic reduction of alcohol consumption. As with any drug addiction, physical dependence and withdrawal symptoms from alcohol will develop in anyone who has regularly been drinking heavily for an extended period of time if and when intake is suddenly curtailed.

According to the Centers for Disease Control (CDC), excessive drinking is harmful. The CDC defines excessive drinking as either binge drinking (4–5+ drinks during a single occasion) or heavy drinking (8–15+ drinks per week) and any drinking by pregnant women or people younger than age 21.

Alcohol is a carcinogen, increasing the risk of a variety of cancers, including the colon, liver, esophagus, throat and mouth. Many medical professionals insist that any alcohol consumption can be harmful. The Centers for Disease Control (CDC) says that for women specifically, having more than seven alcoholic drinks in a week puts them at higher risk for heart disease, stroke and liver disease. The recommended maximum level for men is twice that amount. Women who have even one drink a day have a 10 percent higher risk of developing breast cancer than women who do not drink, and the risk rises another 10 percent for every extra drink they have a day, according to 2009 research from the University of Oxford.

Brain Shrinkage

If you drink heavily for a long time, alcohol can affect how your brain looks and works. Its cells start to change and even get smaller. Too much alcohol can actually shrink your brain, and that will have effects on your ability to think, learn and remember things. It can also make it harder to keep a steady body temperature and control your movements.

Liver Disease

Your liver breaks down almost all the alcohol you drink. In the process it handles a lot of toxins. Over time, heavy drinking makes the organ fatty and lets thicker, fibrous tissue build up. That limits blood flow, so liver cells don't get what they need to survive. As they die off, the liver gets scars and stops working as well, a disease called cirrhosis.

Thinning Bones and Less Muscle Mass

Heavy drinking can throw off your calcium levels. Along with hormone changes, alcohol can also keep your body from building new bone. Bones may get thinner and more fragile, a condition called osteoporosis. Alcohol also limits blood flow to your muscles and gets in the way of the proteins that build them up. Over time, you'll have lower muscle mass and less strength.

Heart Damage

One night of binge drinking can jumble the electrical signals that keep your heart's rhythm steady. If you do it for years, you can make those changes permanent. Alcohol can literally wear your heart out because over time, it causes heart muscles to droop and stretch, like an old rubber band. It can't pump blood as well, and that impacts every part of your body.¹

HOW ALCOHOL CAN AFFECT YOUR IMMUNE SYSTEM & COVID-19

In general, the healthier a person's immune system is, the quicker it can clear out a virus and recover from a disease like COVID-19. Alcohol makes it harder for the immune system to gear up and defend the body against harmful germs, and has diverse adverse effects throughout the body, including on all cells of the immune system that lead to increased risk of serious infections. In the lungs, for example, alcohol damages the immune cells and fine hairs that have the important job of clearing pathogens out of our airway.

Though there's still limited data on the link between alcohol and COVID-19, past evidence shows alcohol consumption can worsen the outcomes from respiratory illnesses by damaging the lungs and gut, and impairing the cells responsible for immune function.

With COVID-19, alcohol is likely to interfere with an individual's ability to clear the virus and cause people to suffer worse outcomes.

¹Source: <https://www.webmd.com/mental-health/addiction/ss/slideshow-alcohol-body-effects>

WHAT YOU SHOULD KNOW ABOUT NARCOTICS AND OTHER DRUGS

What are drugs and what are their types?

Drugs in general are plants or chemical substances that affect the body and mind of anyone who consumes them. They make the body lethargic, paralyzes its energy, slow the brain and are addictive to the extent that if deprived from taking the drug, one becomes enraged and distressed, and may even resort to stealing and killing. Furthermore, drugs may lead to an absolute psychological disorder. Generally, drugs are divided into three types: Natural drugs, chemical drugs and the mixture of natural and chemical.

Natural drugs

These are plant products, taken and used in the same form without any variation, like opium, hashish, Qat and marijuana.

Chemical drugs

These are manufactured drugs that have the same effect as anesthetic substances, and they are more harmful than the mixed kind. Some examples are LSD, thinner, mescaline and others.

Mixture of natural & chemical drugs

These drugs are prepared by mixing some natural and chemical materials, like morphine, heroin and cocaine.

Why Are Illegal Drugs Dangerous?

Illegal drugs aren't good for anyone, but they are particularly bad for a young person whose body is still growing. Illegal drugs can damage the brain, heart and other important organs. Cocaine, for instance, can cause a heart attack — even in a child or teenager.

While using drugs, people are also less able to do well in school, sports and other activities. It's often harder to think clearly and make good decisions. People can do dumb or dangerous things that could hurt them — or other people — when they use drugs.

Can I Tell If Someone Is Using Drugs?

If someone is using drugs, you might notice changes in how the person looks or acts. Here are some of those signs, but it's important to remember that depression or another problem could be causing these changes. Somebody using drugs might:

- lose interest in school
- change friends (to hang out with kids who use drugs)
- become moody, negative, cranky, or worried all the time
- ask to be left alone a lot
- have trouble concentrating
- sleep a lot (maybe even in class)
- get in fights
- have red or puffy eyes
- lose or gain weight
- cough a lot
- have a runny nose all of the time

Depressants

A depressant is a drug that slows a person down. Doctors prescribe depressants to help people be less angry, anxious, or tense. Depressants relax muscles and make people feel sleepy, less stressed out, or like their head is stuffed. Some people may use these drugs illegally to slow themselves down and help bring on sleep — especially after using various kinds of stimulants (See below).

Hallucinogens

A hallucinogen is a drug, such as LSD, that changes a person’s mood and makes him or her see or hear things that aren’t really there or think strange thoughts.

Inhalants

An inhalant, such as glue or gasoline, is sniffed or “huffed” to give the user an immediate high. Inhalants produce a quick feeling of being drunk — followed by sleepiness, staggering, dizziness and confusion.

Narcotics

A narcotic dulls the body’s senses (leaving a person less aware and alert and feeling carefree) and relieves pain. Narcotics can cause someone to sleep, fall into a stupor, have convulsions and even slip into a coma. Certain narcotics — such as codeine — are legal if given by doctors to treat pain. Heroin is an illegal narcotic because it has dangerous side effects and is very addictive.

Stimulants

A stimulant speeds up the body and brain. Stimulants, such as methamphetamines and cocaine, have the opposite effect of depressants. Usually, stimulants make someone feel high and energized. When the effects of a stimulant wear off, the person will feel tired or sick.

WHAT IS DRUG ADDICTION?

Addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences. The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person’s self-control and interfere with their ability to resist intense urges to take drugs. These brain changes can be persistent, which is why drug addiction is considered a “relapsing” disease—people in recovery from drug use disorders are at increased risk for returning to drug use even after years of not taking the drug.

It’s common for a person to relapse, but relapse doesn’t mean that treatment doesn’t work. As with other chronic health conditions, treatment should be ongoing and should be adjusted based on how the patient responds. Treatment plans need to be reviewed often and modified to fit the patient’s changing needs.

WHAT HAPPENS TO THE BRAIN WHEN A PERSON TAKES DRUGS?

Most drugs affect the brain's "reward circuit," causing euphoria as well as flooding it with the chemical messenger dopamine. A properly functioning reward system motivates a person to repeat behaviors needed to thrive, such as eating and spending time with loved ones. Surges of dopamine in the reward circuit cause the reinforcement of pleasurable but unhealthy behaviors like taking drugs, leading people to repeat the behavior again and again.

As a person continues to use drugs, the brain adapts by reducing the ability of cells in the reward circuit to respond to it. This reduces the high that the person feels compared to the high they felt when first taking the drug—an effect known as tolerance. They might take more of the drug to try and achieve the same high. These brain adaptations often lead to the person becoming less and less able to derive pleasure from other things they once enjoyed, like food, sex or social activities.

Long-term use also causes changes in other brain chemical systems and circuits as well, affecting functions that include:

- learning
- judgment
- decision-making
- stress
- memory
- behavior

Despite being aware of these harmful outcomes, many people who use drugs continue to take them, which is the nature of addiction.

Points to Remember

- Drug addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences.
- Brain changes that occur over time with drug use challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs. This is why drug addiction is also a relapsing disease.
- Relapse is the return to drug use after an attempt to stop. Relapse indicates the need for more or different treatment.
- Most drugs affect the brain's reward circuit by flooding it with the chemical messenger dopamine. Surges of dopamine in the reward circuit cause the reinforcement of pleasurable but unhealthy activities, leading people to repeat the behavior again and again.
- Over time, the brain adjusts to the excess dopamine, which reduces the high that the person feels compared to the high they felt when first taking the drug—an effect known as tolerance. They might take more of the drug, trying to achieve the same dopamine high.
- No single factor can predict whether a person will become addicted to drugs. A combination of genetic, environmental, and developmental factors influences risk for addiction. The more risk factors a person has, the greater the chance that taking drugs can lead to addiction.
- Drug addiction is treatable and can be successfully managed.

HEALTH RISKS OF SUBSTANCE ABUSE

Substance abuse may result in a wide array of serious health and behavioral problems. Substance abuse has both long and short-term effects on the body and the mind. Alcohol and drugs are toxic to the human body. In addition to the problem of toxicity, contaminant poisonings often occur with illegal drug use. HIV infection with intravenous drug use is a prevalent hazard.

Acute health problems may include heart attack, stroke, and sudden death, which can occur for first time cocaine users. Long-lasting effects caused by drug and alcohol abuse can cause problems such as disruption of normal heart rhythm, high blood pressure, leaks of blood vessels in the brain, bleeding and destruction of brain cells, possible memory loss, infertility, impotency, immune system impairment, and kidney failure, cirrhosis of the liver and pulmonary damage. Drug use during pregnancy may result in fetal damage and birth defects causing hyperactivity, neurological abnormalities, and developmental difficulties.

Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit.

Drug use can also have indirect effects on both the people who are taking drugs and on those around them. This can include affecting a person's nutrition; sleep; decision-making and impulsivity; and risk for trauma, violence, injury and communicable diseases. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships and criminal justice involvement.

Known Facts

- Illicit drug users make over 527,000 costly emergency room visits each year for drug related problems.
- One dollar out of every 14 of the nation's health care bill is spent to treat those suffering from smoking-related illnesses.
- Drug offenders account for more than one-third of the growth in the state prison population and more than 80 percent of the increase in the number of federal prison inmates since 1985.
- More than 75 percent of domestic violence victims report that their assailant had been drinking or using illicit drugs at the time of the incident.
- Substance abuse and addiction are fully treatable.
- **45% of individuals with an untreated substance use disorder commit suicide.²**

Injuries

More deaths, illnesses and disabilities stem from substance abuse than from any other preventable health condition. Today, one in four deaths is attributable to illicit drug use. People who live with substance dependence have a higher risk of all bad outcomes including unintentional injuries, accidents, risk of domestic violence, medical problems and death.

²Source: <https://www.psychologytoday.com/us>

Health Problems

The impact of drug abuse and dependence can be far-reaching, affecting almost every organ in the human body. Drug use can:

- Weaken the immune system, increasing susceptibility to infections
- Cause cardiovascular conditions ranging from abnormal heart rate to heart attacks: Injected drugs can also lead to collapsed veins and infections of the blood vessels and heart valves.
- Cause nausea, vomiting and abdominal pain
- Cause the liver to have to work harder, possibly causing significant damage or liver failure
- Cause seizures, stroke and widespread brain damage that can impact all aspects of daily life by causing problems with memory, attention and decision-making, including sustained mental confusion and permanent brain damage
- Produce global body changes such as breast development in men, dramatic fluctuations in appetite and increases in body temperature, which may impact a variety of health conditions

Cost to Society

The estimated cost of drug abuse exceeds \$190 billion including:

- \$130 Billion in lost productivity
- \$20 Billion in healthcare costs
- \$40 Billion in legal costs including efforts to stem the flow of drugs³

Most Commonly Used and Abused Drugs

Without question, the most commonly used and abused drug, after alcohol, is marijuana. Each year more teens enter addiction treatment with a primary diagnosis of marijuana dependence than all other illegal drugs combined. Other common drugs of abuse include cocaine, heroin, inhalants, LSD (acid), MDMA (ecstasy), methamphetamine, phencyclidine (PCP), steroids (anabolic), Vicodin, OxyContin and other prescription drugs.

Effects on the Brain

Although initial drug use may be voluntary, drugs have been shown to alter brain chemistry, which interferes with an individual's ability to make decisions and can lead to compulsive craving, seeking and use. This then becomes a substance dependency.

All drugs of abuse - nicotine, cocaine, marijuana and others - affect the brain's "reward" circuit, which is part of the limbic system.

- Drugs hijack this "reward" system, causing unusually large amounts of dopamine to flood the system.
- This flood of dopamine is what causes the "high" or euphoria associated with drug abuse.
- Behavioral Problems
- Paranoia
- Aggressiveness
- Hallucinations
- Addiction
- Impaired Judgment
- Impulsiveness
- Loss of Self-Control

³Source: <https://nida.nih.gov/research-topics/trends-statistics#costs>

Birth Defects

Nearly four percent of pregnant women in the United States use illicit drugs such as marijuana, cocaine, ecstasy and other amphetamines, and heroin. These and other illicit drugs may pose various risks for pregnant women and their babies. Some of these drugs can cause a baby to be born too small or too soon, or to have withdrawal symptoms, birth defects or learning and behavioral problems. Additionally, illicit drugs may be prepared with impurities that may be harmful to a pregnancy. Finally, pregnant women who use illicit drugs may engage in other unhealthy behaviors that place their pregnancy at risk, such as having extremely poor nutrition or developing sexually transmitted infections.

Short-Term Health Risks

Drugs are chemicals and while each drug produces different physical effects, all abused substances share one thing in common. They hijack the normal function of the brain and change the way the brain responds to issues of self-control, judgment, emotion, motivation, memory and learning. This is why the person feels differently — the signals coming and going from the brain have been changed. Although this can cause temporary euphoria it can also cause hallucinations, anxiety, paranoia, and uncontrolled behavior. It can cause your respiratory (lungs) and cardiovascular (heart) systems to malfunction or fail.

And, there are social consequences to using drugs including losing the trust of friends and family; poor performance at school or work; quitting activities you enjoy; making bad decisions like placing yourself at risk to be a victim of violence, drugged driving; getting pregnant and surrounding yourself with other people who use drugs.

Long-Term Health Risks

Beyond the short-term risks and consequences are the potential long-term effects. It depends on the drug, but all drugs can cause negative health effects and can lead to addiction.

Whether you become addicted to marijuana, OxyContin, heroin, Xanax, cocaine, methamphetamine or Vicodin, the effect on the brain and your life is the same: An uncontrollable craving to keep using that is more important than anything else in your life, including your family, friends, co-workers, career, school and even your own health, security and happiness.

Nation's drug-related overdose and death epidemic continues to worsen

The nation's drug overdose epidemic continues to change and become worse. One prevailing theme is the fact that the epidemic now is driven by illicit fentanyl, fentanyl analogs, methamphetamine, and cocaine, often in combination or in adulterated forms. There is an urgent need for policymakers' action to increase access to evidence-based care for substance use disorders, pain and harm reduction measures. The news articles and reports below cite data from multiple and varied sources, including national, state and local public health agencies, law enforcement, emergency medical services, hospitals, treatment centers, research journals and others.

There has been a 48% increase in accidental drug overdose deaths during the first five months of the pandemic compared to the same time period in 2019, with the highest accidental drug overdose death rate per 100,000 population being associated with methamphetamine and fentanyl. With the comeback of parties and nightlife, previously limited by COVID-19 restrictions, overdoses caused by fentanyl-laced cocaine have increased.

Fentanyl

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic.

How Fentanyl is Abused

Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Fentanyl patches are abused by removing its gel contents and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity. Illicitly produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in counterfeit pills, mimicking pharmaceutical drugs such as oxycodone.

Fentanyl’s Effects on the Body

Fentanyl, similar to other commonly used opioid analgesics (e.g., morphine), produces effects such as relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction and respiratory depression.

Fentanyl’s Overdose Effects

Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils and respiratory depression are strongly suggestive of opioid poisoning. Illegally manufactured fentanyl is the main force behind the increase in fatal overdoses. Fentanyl tells our brain to stop breathing and then causes the heart to stop.

Health Risks Associated with the use of Illicit Drugs

Central Nervous System Depressants				
Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems. For more information, see the Misuse of Prescription Drugs Research Report .				
Street Names	Commercial Names (Common)	Common Forms	Common Ways Taken	DEA Schedule
Barbs, Phennies, Red Birds, Reds, Tooies, Yellow Jackets, Yellows	Barbiturates: pentobarbital (Nembutal®)	Pill, capsule, liquid	Swallowed, injected	II, III, IV
Candy, Downers, Sleeping Pills, Tranks	Benzodiazepines: alprazolam (Xanax®), chlorodiazepoxide (Librium®), diazepam (Valium®), lorazepam (Ativan®), triazolam (Halicon®)	Pill, capsule, liquid	Swallowed, snorted	IV
Forget-me Pill, Mexican Valium, R2, Roche, Roofies, Roofinol, Rope, Rophies	Sleep Medications: eszopiclone (Lunesta®), zaleplon (Sonata®), zolpidem (Ambien®)	Pill, capsule, liquid	Swallowed, snorted	IV
Possible Health Effects				
Short-term	Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.			
Long-term	Unknown.			
Other Health-related Issues	Sleep medications are sometimes used as date rape drugs. Risk of HIV, hepatitis, and other infectious diseases from shared needles.			
In Combination with Alcohol	Further slows heart rate and breathing, which can lead to death.			

Withdrawal Symptoms	Must be discussed with a health care provider; barbiturate withdrawal can cause a serious abstinence syndrome that may even include seizures.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to prescription sedatives; lowering the dose over time must be done with the help of a health care provider.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to prescription sedatives.

Cocaine

A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. For more information, see the [Cocaine Research Report](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, Toot	Cocaine hydrochloride topical solution (anesthetic rarely used in medical procedures)	White powder, whitish rock crystal	Snorted, smoked, injected	II

Possible Health Effects

Short-term	Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.
Long-term	Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss; lung damage from smoking.
Other Health-related Issues	Pregnancy: premature delivery, low birth weight, deficits in self-regulation and attention in school-aged children prenatally exposed. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Greater risk of cardiac toxicity than from either drug alone.
Withdrawal Symptoms	Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed movement, restlessness.

Treatment Options

Medications	There are no FDA-approved medications to treat cocaine addiction.
Behavioral Therapies	<ul style="list-style-type: none"> Cognitive-behavioral therapy (CBT) Contingency management, or motivational incentives, including vouchers The Matrix Model Community-based recovery groups, such as 12-Step programs Mobile medical application: reSET®

GHB

A depressant approved for use in the treatment of narcolepsy, a disorder that causes daytime "sleep attacks."

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule

G, Georgia Home Boy, Goop, Grievous Bodily Harm, Liquid Ecstasy, Liquid X, Soap, Scoop	Gamma-hydroxybutyrate or sodium oxybate (Xyrem®)	Colorless liquid, white powder	Swallowed (often combined with alcohol or other beverages)	I
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Possible Health Effects

Short-term	Euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breathing, lower body temperature, seizures, coma, death.
Long-term	Unknown.
Other Health-related Issues	Sometimes used as a date rape drug.
In Combination with Alcohol	Nausea, problems with breathing, greatly increased depressant effects.
Withdrawal Symptoms	Insomnia, anxiety, tremors, sweating, increased heart rate and blood pressure, psychotic thoughts.

Treatment Options

Medications	Benzodiazepines
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat GHB addiction.

Hallucinogens

Drugs that cause profound distortions in a person's perceptions of reality, such as ketamine, LSD, mescaline (peyote), PCP, psilocybin, salvia, DMT, and ayahuasca. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

Heroin

An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants. For more information, see the [Heroin Research Report](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse <i>With OTC cold medicine and antihistamine: Cheese</i>	No commercial uses	White or brownish powder, or black sticky substance known as "black tar heroin"	Injected, smoked, snorted	I

Possible Health Effects

Short-term	Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate.
Long-term	Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease.
Other Health-related Issues	Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Dangerous slowdown of heart rate and breathing, coma, death.
Withdrawal Symptoms	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey").

Treatment Options

Medications	<ul style="list-style-type: none">• Methadone• Buprenorphine• Naltrexone (short- and long-acting forms)
Behavioral Therapies	<ul style="list-style-type: none">• Contingency management, or motivational incentives• 12-Step facilitation therapy

DMT

A synthetic drug producing intense but relatively short-lived hallucinogenic experiences; also naturally occurring in some South American plants (See Ayahuasca). For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
DMT, Dimitri	No commercial uses	White or yellow crystalline powder	Smoked, injected	I
Possible Health Effects				
Short-term	Intense visual hallucinations, depersonalization, auditory distortions, and an altered perception of time and body image, usually peaking in about 30 minutes when drunk as tea. Physical effects include hypertension, increased heart rate, agitation, seizures, dilated pupils.			
Long-term	Unknown			
Other Health-related Issues	At high doses, cardiac and respiratory arrest have occurred.			
In Combination with Alcohol	Unknown.			
Withdrawal Symptoms	Unknown.			
Treatment Options				
Medications	It is not known whether DMT is addictive. There are no FDA-approved medications to treat addiction to DMT or other hallucinogens.			
Behavioral Therapies	More research is needed to find out if DMT is addictive and, if so, whether behavioral therapies are effective.			

Inhalants

Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids; also nitrites (e.g., amyl nitrite), which are prescription medications for chest pain. For more information, see the [Inhalants Research Report](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Poppers, snappers, whippets, laughing gas	Various	Paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter fluids, correction fluids, permanent markers, electronics cleaners and freeze sprays, glue, spray paint, hair or deodorant sprays, fabric protector sprays, aerosol computer cleaning products, vegetable oil sprays, butane lighters, propane tanks, whipped cream aerosol containers, refrigerant gases, ether, chloroform, halothane, nitrous oxide	Inhaled through the nose or mouth	Not scheduled
Possible Health Effects				

Short-term	Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking. Nitrites: enlarged blood vessels, enhanced sexual pleasure, increased heart rate, brief sensation of heat and excitement, dizziness, headache.
Long-term	Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing. Nitrites: increased risk of pneumonia.
Other Health-related Issues	Pregnancy: low birth weight, bone problems, delayed behavioral development due to brain problems, altered metabolism and body composition.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Nausea, tremors, irritability, problems sleeping, and mood changes.
Treatment Options	
Medications	There are no FDA-approved medications to treat inhalant addiction.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat inhalant addiction.

LSD

A hallucinogen manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. LSD is an abbreviation of the scientific name *lysergic acid diethylamide*. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Acid, Blotter, Blue Heaven, Cubes, Microdot, Yellow Sunshine	No commercial uses	Tablet; capsule; clear liquid; small, decorated squares of absorbent paper that liquid has been added to	Swallowed, absorbed through mouth tissues (paper squares)	I
Possible Health Effects				
Short-term	Rapid emotional swings; distortion of a person's ability to recognize reality, think rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness; loss of appetite; tremors; enlarged pupils.			
Long-term	Frightening flashbacks (called Hallucinogen Persisting Perception Disorder [HPPD]); ongoing visual disturbances, disorganized thinking, paranoia, and mood swings.			
Other Health-related Issues	Unknown.			
In Combination with Alcohol	Unknown.			
Withdrawal Symptoms	Unknown.			
Treatment Options				
Medications	There are no FDA-approved medications to treat addiction to LSD or other hallucinogens.			

Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.
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Methamphetamine

An extremely addictive stimulant amphetamine drug. For more information, see the [Methamphetamine Research Report](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Crank, Chalk, Crystal, Fire, Glass, Go Fast, Ice, Meth, Speed	Desoxyn®	White powder or pill; crystal meth looks like pieces of glass or shiny blue-white "rocks" of different sizes	Swallowed, snorted, smoked, injected	II

Possible Health Effects

Short-term	Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat.
Long-term	Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems ("meth mouth"), intense itching leading to skin sores from scratching.
Other Health-related Issues	Pregnancy: premature delivery; separation of the placenta from the uterus; low birth weight; lethargy; heart and brain problems. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Masks the depressant effect of alcohol, increasing risk of alcohol overdose; may increase blood pressure.
Withdrawal Symptoms	Depression, anxiety, tiredness.

Treatment Options

Medications	There are no FDA-approved medications to treat methamphetamine addiction.
Behavioral Therapies	<ul style="list-style-type: none"> • Cognitive-behavioral therapy (CBT) • Contingency management, or motivational incentives • The Matrix Model • 12-Step facilitation therapy • Mobile medical application: reSET®

PCP

A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, *phencyclidine*. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Angel Dust, Boat, Hog, Love Boat, Peace Pill	No commercial uses	White or colored powder, tablet, or capsule; clear liquid	Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)	I, II

Possible Health Effects

Short-term	Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.
Long-term	Memory loss, problems with speech and thinking, loss of appetite, anxiety.
Other Health-related Issues	PCP has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Headaches, increased appetite, sleepiness, depression

Treatment Options

Medications	There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.

Synthetic Cannabinoids

A wide variety of herbal mixtures containing man-made cannabinoid chemicals related to THC in marijuana but often much stronger and more dangerous. Sometimes misleadingly called "synthetic marijuana" and marketed as a "natural," "safe," legal alternative to marijuana. For more information, see the [Synthetic Cannabinoids DrugFacts](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
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K2, Spice, Black Mamba, Bliss, Bombay Blue, Fake Weed, Fire, Genie, Moon Rocks, Skunk, Smacked, Yucatan, Zohai	No commercial uses	Dried, shredded plant material that looks like potpourri and is sometimes sold as "incense"	Smoked, swallowed (brewed as tea)	I
Possible Health Effects				
Short-term	Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety, paranoia; increased blood pressure.			
Long-term	Unknown.			
Other Health-related Issues	Use of synthetic cannabinoids has led to an increase in emergency room visits in certain areas.			
In Combination with Alcohol	Unknown.			
Withdrawal Symptoms	Headaches, anxiety, depression, irritability.			
Treatment Options				
Medications	There are no FDA-approved medications to treat synthetic cannabinoid addiction.			
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat synthetic cannabinoid addiction.			

Psilocybin				
A hallucinogen in certain types of mushrooms that grow in parts of South America, Mexico, and the United States. For more information, see the Hallucinogens and Dissociative Drugs Research Report .				
Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
Little Smoke, Magic Mushrooms, Purple Passion, Shrooms	No commercial uses	Fresh or dried mushrooms with long, slender stems topped by caps with dark gills	Swallowed (eaten, brewed as tea, or added to other foods)	I
Possible Health Effects				
Short-term	Hallucinations, altered perception of time, inability to tell fantasy from reality, panic, muscle relaxation or weakness, problems with movement, enlarged pupils, nausea, vomiting, drowsiness.			
Long-term	Risk of flashbacks and memory problems.			
Other Health-related Issues	Risk of poisoning if a poisonous mushroom is accidentally used.			
In Combination with Alcohol	May decrease the perceived effects of alcohol.			
Withdrawal symptoms	Unknown.			
Treatment Options				
Medications	It is not known whether psilocybin is addictive. There are no FDA-approved medications to treat addiction to psilocybin or other hallucinogens.			

Behavioral Therapies	More research is needed to find out if psilocybin is addictive and whether behavioral therapies can be used to treat addiction to this or other hallucinogens.
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Synthetic Cannabinoids

A wide variety of herbal mixtures containing man-made cannabinoid chemicals related to THC in marijuana but often much stronger and more dangerous. Sometimes misleadingly called "synthetic marijuana" and marketed as a "natural," "safe," legal alternative to marijuana. For more information, see the [Synthetic Cannabinoids Drug Facts](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
K2, Spice, Black Mamba, Bliss, Bombay Blue, Fake Weed, Fire, Genie, Moon Rocks, Skunk, Smacked, Yucatan, Zohai	No commercial uses	Dried, shredded plant material that looks like potpourri and is sometimes sold as "incense"	Smoked, swallowed (brewed as tea)	I

Possible Health Effects

Short-term	Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety, paranoia; increased blood pressure.
Long-term	Unknown.
Other Health-related Issues	Use of synthetic cannabinoids has led to an increase in emergency room visits in certain areas.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Headaches, anxiety, depression, irritability.

Treatment Options

Medications	There are no FDA-approved medications to treat synthetic cannabinoid addiction.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat synthetic cannabinoid addiction.

Tobacco

Plant grown for its leaves, which are dried and fermented before use. For more information, see the [Tobacco/Nicotine Research Report](#).

Street Names	Commercial Names	Common Forms	Common Ways Taken	DEA Schedule
None	Multiple brand names	cigarettes, cigars, bidis, hookahs, smokeless tobacco (snuff, spit tobacco, chew)	Smoked, snorted, chewed, vaporized	Not Scheduled

Possible Health Effects

Short-term	Increased blood pressure, breathing, and heart rate.
Long-term	Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.

Other Health-related Issues	Pregnancy: miscarriage, low birth weight, stillbirth, learning and behavior problems.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Irritability, attention and sleep problems, depression, increased appetite.
Treatment Options	
Medications	<ul style="list-style-type: none"> • Bupropion (Zyban®) • Varenicline (Chantix®) • Nicotine replacement (gum, patch, lozenge)
Behavioral Therapies	<ul style="list-style-type: none"> • Cognitive-behavioral therapy (CBT) • Self-help materials • Mail, phone, and Internet quit resources

[NIH Commonly Abused Drugs \(PDF\)](#)

ALCOHOLISM, DRUG DEPENDENCE AND VETERANS

Appalachian State University has been designated a military-friendly school since 2010. Student Veteran Services at Appalachian provides targeted programs and resources for student veterans and their families to support their transition to higher education.

Members of the armed forces are not immune to the drug and alcohol problems that affect the rest of society. According to a Department of Defense Health Behavior Survey, while illegal drug use has declined, prescription drug abuse and heavy alcohol use have increased.

Service members with multiple deployments and combat exposure are at the greatest risk of developing drug and alcohol problems, use more prescribed medications, and often exhibit a co-occurring triad of Post-Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), and pain, which complicates the problems with drug and alcohol use. Additionally, difficulties in civilian life TVDI BT setbacks such as job loss, divorce and financial problems — all common for returning vets — may push as many as 13 percent of vets toward drinking and drugs.

Drug Use and Prescription Medication

While the use of illicit drugs such as marijuana, cocaine, heroin, and methamphetamine among service men and women has remained low, there has been a steep rise in the misuse of prescription drugs, particularly pain relievers. Many vets have serious injuries, with a legitimate and ongoing need for pain medications, yet the broad availability of these medications and large increases in prescriptions may contribute to their growing misuse by some service members. According to a Department of Defense study, while the overall civilian rate of prescription drug misuse was 4.4%, the rate for veterans was 11.7%, over two-and-a-half times higher than the civilian rate. The problem is particularly acute for women who serve.

Education and Counseling

Appalachian State University makes alcohol and drug abuse education and counseling services available to

all members of the academic community. These services include:

1. Educating the campus community about the health and safety hazards associated with alcohol and drug abuse and the incompatibility of alcohol and drug abuse with achievement of personal and educational goals.
2. Encouraging members of the campus community to make use of available campus and community counseling, and medical and rehabilitation resources in dealing with drug abuse problems. Appalachian State University assures persons who voluntarily avail themselves of these services that applicable professional standards of confidentiality will be observed.
3. Informing the campus community of the potential legal and educational consequences (including both criminal law and University discipline) of abuse or illegal use and/or distribution of alcohol and drugs.
4. Distributing annually to all members of the University community copies of [Appalachian State University's Drug Policy Statement](#) that addresses penalties, prevention, counseling and rehabilitation. Copies of the statement will also be distributed to all new employees upon employment.
5. [Wellness and Prevention Services](#) provides education and evaluation counseling to all students charged in violation of the campus drug policy. Individual confidential substance abuse evaluation offers students an objective perspective of their relationship to substances, information about personal risk factors, and intervention to those who may be experiencing a problem or dependence. Educational information and materials are included in the evaluation process. Students with need of additional services to recover from substance abuse problems are referred to twelve-step groups and to appropriate treatment clinical facilities. Students are also referred from Counseling Center therapists, University faculty, staff, paraprofessionals, and by self-referral.
6. Counseling and rehabilitation services in the local community are limited and do not offer a full range of options for substance abuse issues. Regional inpatient treatment services can be accessed through [Daymark Recovery Services](#) for those who meet eligibility requirements. Private inpatient and intensive outpatient treatment centers are available in the surrounding urban areas. The primary local providers of substance abuse services are Daymark Recovery Services and Against All Odds, Inc., offering group and individual outpatient services. The primary local opioid addiction treatment provider is Stepping Stone of Boone. Some private practitioners offer outpatient counseling for persons preferring a private setting. The recovering community of AA and NA is strongly represented in the local area with several meetings each day of the week. Faculty and staff can access services through [Counseling for Faculty and Staff](#).

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

The [Department of Social Work](#) provides training to students, field instructors and community members in the universal screening tool, SBIRT. In addition, Nursing, Athletic Training, and Public Health Departments in the [Beaver College of Health Sciences](#) also participate, affording the student the opportunity to be involved in interprofessional learning. Each student will receive substance use disorder content in the social work curriculum, which will include the first module of the three-module SBIRT program. Students may then choose to complete modules two and three and receive a certificate of completion from the Beaver College of Health Sciences. Module two consists of a daylong training, although this may be modified as needed, including the use of online delivery. Module three consists of practicing SBIRT at the field placement site, our interprofessional clinic or other approved site, receiving feedback from the supervisor or other SBIRT-trained employee and completing assignments on AsULearn.

Wellness & Prevention Services

It is the mission of [Wellness and Prevention Services](#) to serve all students through the promotion of healthy behaviors, risk behavior modification services, and advocacy for campus-wide health policies that facilitate student success and holistic well-being. We offer services promoting health awareness and active lifestyles while taking a holistic approach to wellness.

Miles Annas Student Services Building
614 Howard Street, Boone, NC 28608

Phone: (828) 262-3148

Fax: (828) 262-8452

Alcohol and Other Drug (AOD) Counseling

AOD Counseling is an opportunity to explore your overall health and well-being, in relation to personal use of alcohol/drugs, or in relation to someone else's use of alcohol/drugs. Counseling is a confidential, supportive place to discuss what is happening in your life. Students can call the Student Wellness Center to make an appointment at 828-262-3148.

AOD counseling can be a single session consultation, short term (2 to 6 sessions), or longer depending on the goals you want to accomplish. These sessions will help you address troubling experiences or feelings, or can be used to support changes you wish to make in your life. The demands of college life are stressful enough, and AOD counseling can give you a better chance to succeed academically and in your personal life.

Counseling for Faculty and Staff

[Counseling for Faculty and Staff](#) provides counseling, consultation, training and referrals for concerns that impact both personal and professional lives.

Institute for Health and Human Services

400 University Hall

Boone, NC 28608

Phone: (828) 262-4951

Fax: (828) 262-6766

Employee Assistance Program

Employees can call a dedicated number to obtain resources and counseling information. Please call (844) 449-6537.

Employees may also go online through [CompPsych Guidance Resources](#) and use the code “**appstate**” to access additional resources.

The Drug-Free Workplace Act of 1988 and related regulations (34 CFR 85.600 et seq.) require that any employee who is convicted of any criminal drug statute violation occurring within the University community must notify the appropriate supervisor or management person no later than five (5) calendar days after such conviction. (Any employee who fails to provide notification shall be subject to disciplinary action up to and including dismissal.) Disciplinary action against any employee convicted of a drug offense within the University community must commence within 30 days after receipt of notice of the conviction. The University may, at any

time initiate its own disciplinary proceedings against a student, faculty member, administrator or other employee when the alleged conduct (either on-campus or off-campus) is deemed to affect the interests of the University.

Referrals

If you are a manager, supervisor, program director, or department chair and you are interested in referring an employee to Counseling for Faculty and Staff, you may find information about the three different types of referrals to CFS listed below.

1. **Self-referral:** Faculty and staff or their immediate family members may contact us to schedule an appointment.
2. **Voluntary referral:** Supervisors may voluntarily refer an employee to CFS by asking the employee to contact CFS and schedule an appointment. If the supervisor wishes to know whether or not the employee attended sessions, the employee must sign a Release of Information form, which gives CFS permission to inform the supervisor of the employee's attendance. If the supervisor wishes to know additional information, they must agree with the employee on the exact kinds of information released. The employee will then sign a Release of Information form that will allow CFS to divulge the specified kinds of information to the supervisor.
3. **Mandatory referral:** A mandatory referral is issued when recommended by a Fitness for Duty Evaluation or by the Human Resources Services Director (or their designee) when a supervisor observes extreme or repeated behaviors indicating that an employee:
 - may be in danger of termination
 - has made threats of suicide or suicidal remarks
 - may be dangerous to self and/or others
 - is using alcohol or drugs at work; or
 - is functioning at work in an impaired manner.

Resources

Alcohol

- [Alcoholics Anonymous](#)
 - [Club 12 of Boone](#),
 - Find a meeting (888) 711-0965
 - Confidential hotline (866) 972-0134

Detox

- [Synergy Recovery](#) Wilkesboro (336) 667-7191 (24 hours a day, 7 days a week)

Chemical Dependency

- [Vaya Health](#), reach 24-hour access to care at (800) 849-6127
- [Addictions.com Search Free Resources for Substance Abuse Treatment and Recovery](#) (800) 807-0951
- [TeensHealth Resources](#) Find online tools to help you make the best choices for your health
- [Support Systems Homes](#) Call (800) 811-1800 for resources to help you take action against addiction

Resources for Veterans

- [Department of Veterans Affairs Make the Connection Resources](#)
- [Veterans Crisis Line](#) (800) 273-8255, option 1 or text 838255

Helpful Links

- [College AIM \(Alcohol Intervention Matrix\)](#)
- [National Institute on Alcohol Abuse and Alcoholism](#)
- [Help.org Drug Abuse Hotline](#)

EDUCATION AND AWARENESS PROGRAMS

Orientation

[Appalachian's Orientation Program](#) is presented to incoming students and their parents and is designed to increase awareness of crime on campus. The program addresses student behavior issues and how they affect the individual while attending Appalachian. This program is presented several times each year.

Resident Assistant and Resident Director Training

[Residence Directors and Resident Assistants](#) receive basic training on drug use and substance abuse awareness, along with sexual assault protocols. Through sessions with the Counseling Center, Wellness and Prevention Services, App State Police Department and full-time Residence Life staff, student staff members have a better understanding of alcohol and drug use and abuse. This helps them lead and/or facilitate educational programs in their residence halls as well as refer students to resources on campus. This training also assists the University Housing staff in more effectively identifying signs and symptoms of substance use and abuse by their residents and gain a better knowledge of physical and psychological effects of drug usage.

Safety Walk

Another safety feature at App State is the [annual campus safety walk](#). This walk is led by the App State Police Department and includes student representatives as well as other key university administrators. The goal of the walk is to survey the adequacy and maintenance of campus lighting and blue light phones. Also, checks are done to see that landscaping near buildings and along walkways does not obscure vision or present other safety hazards.

Personal Safety Seminars

Designed to improve safety habits within the university population, topics include resident hall security, personal safety habits, reporting illegal or suspicious activity, crime on campus, and police services. [Community education and training allows students the opportunity to address safety related concerns](#) and to receive an appropriate response.

Alcohol Awareness

This program is for the entire campus community and provides information on alcohol abuse. The program covers such topics as underage drinking, binge drinking, and effects on the body and legal ramifications of alcohol use both on and off campus. A question and answer session concludes the presentation.

Drug Awareness

[This program is for the entire campus community and provides information on drug abuse.](#) The program covers such topics as drug dogs (shows the student how the dogs work), drug ID kit, effects on the body and legal ramifications of drug abuse both on and off campus.

- [Student Wellness and Prevention Services](#)
- [Alcohol and Other Drug \(AOD\) Counseling](#) is an opportunity to explore your overall health and well-being, in relation to personal use of alcohol/drugs, or in relation to someone else's use of alcohol/drugs. Counseling is a confidential, supportive place to discuss what is happening in your life, with a

professional who will:

- o Be caring
- o Listen
- o Help you be objective
- o Provide helpful information
- o Explore alternatives

AOD counseling can be a single session consultation, short term (2 to 6 sessions), or longer depending on the goals you want to accomplish. These sessions will help you address troubling experiences or feelings, or can be used to support changes you wish to make in your life. In addition, a counselor is available to assist with families and/or individuals in making referrals for outpatient treatment services, including inpatient treatment and rehabilitation. The demands of college life are stressful enough, and AOD counseling can give students a better chance to succeed academically and in their personal lives.

Substance Education and Resources

[App State's Wellness and Prevention Services](#) has numerous links to learn about the resources, services and programs available to App State students to prevent and reduce the consequences associated with the use and abuse of alcohol, tobacco and other drugs.

Contact Student Wellness and Prevention Services at (828) 262-3148 for confidential appointments for drug or alcohol concerns. For additional assistance and support with health and wellness, contact:

- [Student Health Service](#): (828) 262-3100 for confidential walk-in services or appointments
- [Office of Student Conduct](#): (828) 262-2704 for help with reporting alcohol and other drug violations both on and off campus. View the [Code of Student Conduct](#) for more information about the policies and sanctions for alcohol and other drug use and abuse.
- [Counseling Center](#): (828) 262-3182 for confidential appointments concerning anxiety, stress, depression, self-help, prevention and other support services.

General Alcohol, Tobacco and Other Drugs Links

- o [DanceSafe](#)
 - DanceSafe is a harm-reduction website centered on drugs found in nightclubs and raves. The site offers drug information, risk assessment, ecstasy testing kits and news.
- o [National Clearing House for Drug and Alcohol Information](#)
 - NCADI provides alcohol and drug facts, research briefs and related resources.
- o [National Institutes of Health, Club Drugs Website](#)
 - Provides trends and statistics, research reports and health information on club drugs.
- o [MEDLINEplus](#)
 - This site will give you links to drug facts, prevention and screening, research, treatment and statistics. Information is available in Spanish.
- o [National Institute of Drug Abuse](#)
 - NIDA provides research reports, answers commonly-asked questions and gives related links.

Parent Information Campaign

Information on a number of concerns and risk for freshmen is presented to parents during their summer orientation program. App State's [Parent and Family Orientation](#) offers detailed information about campus resources. In addition, the publication "Parenting with Families" is sent to parental contacts for students when the Office of Student Conduct initiates their parental notification due to an alcohol violation. Information is also made available to parents of current and prospective students at the [Annual Family Weekend](#) and [Spring Open House](#) events.

STANDARDS OF CONDUCT

Prohibited Conduct

As citizens, students and employees are responsible for knowing about and complying with provisions of applicable federal, state and foreign laws that make it a crime to possess, sell, deliver or manufacture those drugs designated collectively as “controlled substances,” as well as those laws that related the sale, possession and use of alcoholic beverages. Any member of the university community who violates pertinent state, federal or foreign laws or university policy regarding these subjects may be disciplined.

[The Drug-Free Workplace Act of 1988](#) and related regulations (34 C.F.R. 84.100 et seq.) require that any employee who is convicted of any criminal drug statute violation occurring within the university community must notify the appropriate supervisor or management person no later than five (5) calendar days after such conviction. Any employee who fails to provide notification shall be subject to disciplinary action up to and including dismissal. Within 30 days after receipt of notice of the conviction, the university must either take appropriate personnel action against the employee or require the employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program. The university may, at any time, initiate its own disciplinary proceedings against a student, faculty member, administrator or other employee when the alleged conduct (either on-campus or off-campus) is deemed to impact the interests of the university.

Penalties will be imposed for violation of the policies of App State only in accordance with procedural safeguards applicable to disciplinary actions against students, faculty members, administrators and other employees, respectively. The penalties that may be imposed range from written warnings with probationary status to expulsion from enrollment and discharge from employment.

Faculty members who violate the university’s policy on the illegal or abusive use of alcohol and other drugs will be subject to disciplinary action in accordance with personnel policies outlined in the university’s [Faculty Handbook](#).

EHRA administrative personnel (EHRA Non-Faculty) who violate the university’s policy on the illegal or abusive use of alcohol and other drugs will be subject to disciplinary action described in university’s policy [602.3 Employee Abuse of Alcohol and Other Drugs](#) and in accordance with applicable personnel policies outlined in The UNC Policy Manual, Chapter 100.1 – The Code Section 611 and UNC Policy Manual 301.1.1 or 300.2.1.

Staff employees (SHRA) who violate the university’s policy on the illegal or abusive use of alcohol and other drugs will be subject to disciplinary action described in policy [602.3 Employee Abuse of Alcohol and Other Drugs](#).

In accordance with the Drug-Free Workplace Act of 1988, the Chancellor will notify federal granting or contract agencies within 10 days after receiving notice that an employee directly engaged in the grant or contracting work has been convicted of a drug offense in the university community.

Students who violate the university’s policy on the illegal or abusive use of alcohol and other drugs will be subject to disciplinary action in accordance with the provisions stated in the university’s [Code of Student Conduct](#).

UNIVERSITY SANCTIONS

Alcohol

The possession and use of alcohol on the campus of the University must comply with the laws of the State of North Carolina and with campus regulations and procedures. The acquisition, possession, transportation and consumption of alcohol by anyone under 21 years of age is prohibited. Alcohol may be possessed or consumed on University property only by persons 21 years of age or older in their rooms or in appropriately licensed and/or approved campus facilities. Persons are expected to assume responsibility for their own behavior while drinking and must understand that being under the influence of alcohol in no way lessens their accountability to the University community. Offenders will be dealt with through established University policies and procedures.

Please see the university's [Drugs and Alcohol Policy](#) for more information.

Student Code of Conduct

4.01 Alcohol (Standard Sanctions Available in Appendix A)

- a. **Underage Possession/Use** – Possessing or using alcohol by any student under the age of twenty-one (21).
Minimum Sanction: Disciplinary Warning
- b. **Improper Possession/Use** – Possessing or using alcohol where it is not legally permissible to do so, regardless of age. Additional information regarding the possession or use of alcohol on university premises can be found in Policy 106- Drugs and Alcohol.
Minimum Sanction: Disciplinary Warning
- c. **Driving Under the Influence** – Driving while impaired attributable in part or in whole to the use of alcohol or driving after consuming while under the age of twenty-one (21).
Minimum Sanction: Disciplinary Probation
- d. **Providing to Minors** – Providing alcohol to any individual under the age of twenty-one (21).
Minimum Sanction: Disciplinary Warning
- e. **Public Intoxication** – Public intoxication attributable in part or in whole to the use of alcohol.
Minimum Sanction: Disciplinary Warning
- f. **Energy Drinks** – Possessing or using energy drinks containing alcohol on university premises.
Minimum Sanction: Disciplinary Warning
- g. **Paraphernalia** – Possessing alcohol paraphernalia on University premises, including but not limited to, beer bongs and funnels, alcohol without liquid devices, kegs, beer balls, party balls, and similar alcohol containers.
Minimum Sanction: Letter of Concern

Student Conduct Guide for Alcohol Sanctions

Substance	Prohibited Conduct	Educational Sanctions
	<i>First Offense with Low Risk Behavior</i> (e.g., BAC of 0.09 or less) <ul style="list-style-type: none"> ■ 4.01a. – Underage Possession/Use ■ 4.01b. – Improper Possession/Use ■ 4.01e. – Public Intoxication ■ 4.01f. – Energy Drinks 	<ul style="list-style-type: none"> ■ Disciplinary Warning ■ Educational Program(s) ■ Program Service Fee (\$25.00)

Alcohol	<i>Second Offense or First Offense High Risk Behavior (e.g., BAC greater than 0.09, 4.01 c. – Driving Under the Influence)</i> <ul style="list-style-type: none"> ■ 4.01a. – Underage Possession/Use ■ 4.01b. – Improper Possession/Use ■ 4.01e. – Public Intoxication ■ 4.01f. – Energy Drinks 	<ul style="list-style-type: none"> ■ Disciplinary Probation (one calendar year) ■ Educational Program(s) ■ Program Service Fee (\$100.00) ■ Notification of Parents/Guardians if under the Age of 21 [Considered a Record, not a Sanction]
	<i>Subsequent Offense</i> <ul style="list-style-type: none"> ■ 4.01a. – Underage Possession/Use ■ 4.01b. – Improper Possession/Use ■ 4.01c. – Driving Under the Influence ■ 4.01e. – Public Intoxication ■ 4.01f. – Energy Drinks 	<ul style="list-style-type: none"> ■ Suspension ■ Notification of Parents/Guardians if under the Age of 21 [Considered a Record, not a Sanction]

4.06 Drugs

- a. **Manufacturing/Selling/Delivering** – Manufacturing, selling, delivering, or possessing with the intent to manufacture, sell, or deliver any substance identified as a controlled substance by North Carolina General Statutes, Chapter 90, Article 5 (North Carolina Controlled Substances Act). Minimum Sanction: See Appendix B *Minimum Sanction: Expulsion*
- b. **Possession/Use** – Possessing or using any unauthorized substance identified as a controlled substance by North Carolina General Statutes, Chapter 90, Article 5 (North Carolina Controlled Substances Act). *Minimum Sanction: Suspension*
- c. **Prescription Medication** – Misusing medically prescribed drugs. *Minimum Sanction: Disciplinary Probation*
- d. **Over-the-Counter Drugs** – Misusing over-the-counter drugs. Minimum Sanction: See Appendix B
- e. **Huffing/Sniffing** – Huffing or sniffing any substance not intended for such use. *Minimum Sanction: Disciplinary Probation*
- f. **Paraphernalia** – Possessing drug paraphernalia, including, but not limited to, pipes, scales, bongs, blow tubes, and roach holders. *Minimum Sanction: Disciplinary Warning*
- g. **Driving Under the Influence** – Driving while impaired attributable in part or in whole to the use of drugs. *Minimum Sanction: Disciplinary Probation*
- h. **Public Intoxication** – Being intoxicated in public attributable in part or in whole to the use of drugs. *Minimum Sanction: Disciplinary Probation*

Student Conduct Guide for Drug Sanctions

Substance	Prohibited Conduct	Educational Sanctions
Drugs	<i>First Offense</i>	<ul style="list-style-type: none"> ■ Disciplinary Probation (one calendar year) ■ Educational Program(s) ■ Program Service Fee (\$100.00) ■ Notification of Parents/Guardians if under the Age of 21 [Considered a Record, Not a Sanction]
	<i>Second or First Offense High Risk Behavior (e.g. two or more illegal substances in one incident, possession of more than a personal use amount)</i>	<ul style="list-style-type: none"> ■ Progressively More Severe Sanctions, including Suspension or Expulsion ■ Notification of Parents/Guardians if under the Age of 21 [Considered a Record, Not a Sanction]

	<i>Manufacturing/Selling/Delivering</i>	<i>First Offense</i> <ul style="list-style-type: none"> ■ Suspension ■ Notification of Parents/Guardians if under the Age of 21 [Considered a Record, Not a Sanction] <i>Second Offense</i> <ul style="list-style-type: none"> ■ Expulsion ■ Notification of Parents/Guardians if under the Age of 21 [Considered a Record, Not a Sanction]
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Trafficking Illegal Drugs

The following minimum penalties shall be imposed for the particular offenses described:

For the illegal manufacture, sale or delivery, or possession with intent to manufacture, sell or deliver, of any controlled substance identified in Schedule I, North Carolina General Statutes, section 90-89, Schedule II, North Carolina General Statutes, section 90-90 (including, but not limited to, heroin, mescaline, lysergic acid diethylamide, opium, cocaine, amphetamine, methaqualone) or similar relevant provisions of federal or foreign law, any student shall be expelled and any faculty member, administrator or other employee shall be discharged. For a first offense involving the illegal manufacture, sale or delivery, or possession with intent to manufacture, sell or deliver, of any controlled substance identified in Schedules III through VI, North Carolina General Statutes, sections 90-91 through 90-94 (including, but not limited to, marijuana, pentobarbital, and codeine) or similar relevant provisions of federal or foreign law, the minimum penalty shall be suspension from enrollment or employment for a period of at least one semester or its equivalent. SHRA employees will be dismissed in accordance with provisions stated in [App State’s Policy 602.3 Section 4.8](#).

For a second offense, any student shall be expelled and any faculty member or EHRA administrative employee shall be discharged.

Alcohol Medical Amnesty Policy

The Amnesty Policy provides an opportunity for Appalachian State University to reduce harm and promote responsible decision-making when students are faced with medical emergencies as a result of underage drinking or drug use. It strives to remove barriers and encourage students to seek the help of others.

The Amnesty Policy applies to the following:

- students who seek assistance from a University official or emergency personnel on their own behalf;
- students who seek assistance from a University official or emergency personnel on the behalf of another student and who remain on the scene to provide support (the policy would also apply to the student who received assistance); or
- organizations hosting an event in which a club representative seeks assistance from a University official or emergency personnel and remains on the scene to provide support.

This policy will provide an opportunity for an intervention that will not result in a disciplinary record from the Office of Student Conduct. Information related to receiving amnesty will be maintained for a minimum of eight years from the date amnesty is received. This information is considered internal to the University and will not be disclosed as part of a student’s disciplinary history.

To receive amnesty, a student or organization must agree to the recommended action plan, which may include participation in educational programming. Failure to complete the action plan may result in revocation of amnesty.

The Amnesty Policy does not apply to the following:

- prohibited conduct other than underage drinking or drug use (including, but not limited to, driving under the influence, acts of harm, harassment, sexual misconduct, and vandalism);
- students who do not seek assistance from a University official or emergency personnel; or
- circumstances where medical attention is requested by Appalachian State faculty or staff while performing their job duties

Amnesty granted does not prevent independent action from law enforcement agencies, including the App State Police Department. It does not prevent an individual who has enforcement obligations under federal, state, or local law to report an alleged violation, file a charge, or take other action related to the possible criminal prosecution of any student.

ILLEGAL POSSESSION OF DRUGS

For a first offense involving the illegal possession of any controlled substance identified in Schedule I, North Carolina General Statutes, section 90-89 or Schedule II, North Carolina General Statutes, section 90-90, or similar relevant provisions of federal or foreign law, the minimum penalty shall be suspension from enrollment or from employment for a period of at least one semester or its equivalent. SHRA employees will be dismissed in accordance with provisions stated in [App State's Policy 602.3 Section 4.8](#).

For a first offense involving the illegal possession of any controlled substance identified in Schedules III through VI, North Carolina General Statutes, sections 90-91 through 90-94, or similar relevant provisions of federal or foreign law, the minimum penalty shall be probation, for a period to be determined on a case-by-case basis. A person on probation must agree to participate in a drug education and counseling program, consent to regular drug testing, and accept such other conditions and restrictions, including a program of community service, as the Chancellor or the Chancellor's designee deems appropriate. Refusal or failure to abide by the terms of probation shall result in suspension from enrollment or from employment for any unexpired balance of the prescribed period of probation.

For second or other subsequent offenses involving the illegal possession of controlled substances, progressively more severe penalties shall be imposed, including expulsion of students and discharge of faculty members, administrators or other employees.

LEGAL SANCTIONS

Local, state, federal and foreign laws provide a variety of legal sanctions and penalties for the unlawful possession, use or distribution of illicit drugs and alcohol. These sanctions include, but are not limited to, incarceration and monetary fines. The illegal or abusive use of drugs and alcohol by members of the academic community may subject them to criminal prosecution by governmental agencies in addition to disciplinary action by the University.

Status as a student or employee of App State in no way insulates a law breaker from criminal prosecution and punishment. The constitutional concept of "double jeopardy" does not prevent state and/or federal prosecution and University punishment for conduct that violates state, federal or foreign law and University policy. A summary of North Carolina alcohol and drug laws is available below. The information provided below is illustrative, not exhaustive or a definitive statement of all applicable laws, but rather it indicates the types of conduct that are against the law and the range of legal sanctions that can be imposed for such conduct. More detailed and current information is available from App State Police and the North Carolina General Statutes.

Appalachian State University Police Department and local municipalities adhere to and enforce state and federal laws accordingly.

TOWN OF BOONE, NC CODE OF ORDINANCES

ALCOHOLIC BEVERAGES REGULATIONS

§ 89.35 DEFINITIONS.

For the purpose of this subchapter, the following definitions shall apply unless the context clearly indicates or requires a different meaning.

MALT BEVERAGE. Beer, lager, malt liquor, ale, porter and any other brewed or fermented beverage containing at least 0.5%, and not more than 15% alcohol by volume. Any MALT BEVERAGE containing more than 6% alcohol by volume shall bear a label clearly indicating the alcohol content of the MALT BEVERAGE. See also G.S. § 18B-101(9).

OPEN CONTAINER. A container whose seal has been broken or a container other than the manufacturer's unopened original container.

UNFORTIFIED WINE. Any wine of 16% or less alcohol by volume made by fermentation from grapes, fruits, berries, rice or honey; or by the addition of pure cane, beet or dextrose sugar; or by the addition of pure brandy from the same type of grape, fruit, berry, rice or honey that is contained in the base wine and produced in accordance with the regulations of the United States. See also G.S. § 18B-101(15).

(Ord. passed 12-16-2019)

Statutory reference:

Local ordinance, authority, see G.S. § 18B-300(c)

§ 89.36 DISPLAY OF ALCOHOLIC BEVERAGES PROHIBITED.

No person shall display any alcoholic beverages on any public property within the town unless the alcoholic beverage is contained in its original factory-sealed container.

(Ord. passed 12-16-2019)

§ 89.37 PUBLIC CONSUMPTION PROHIBITED.

It shall be unlawful for any person who is not an occupant of a motor vehicle to consume malt beverages and/or unfortified wine on public property within the town.

(Ord. passed 12-16-2019)

§ 89.38 POSSESSION OF OPEN CONTAINERS PROHIBITED.

It shall be unlawful for any person who is not an occupant of a motor vehicle to possess any open container of malt beverage and/or unfortified wine on public property within the town.

(Ord. passed 12-16-2019)

§ 89.39 EXCEPTIONS.

(A) Possession and consumption of malt beverages and/or unfortified wine shall be permitted at the Jones House Community Center, Daniel Boone Gardens, Daniel Boone Park and at Town Council-approved special events; provided, however:

(1) Appropriate permits must be obtained as required by law for the possession and consumption of alcoholic beverages;

(2) The sponsor of the event or gathering where possession and consumption of malt beverages and/or unfortified wine is to occur must obtain appropriate liability insurance to protect against personal injury and property damage; and

(3) Approval must be obtained in advance from the Town Manager, and such approval may be conditioned upon appropriate safety measures.

(B) Nothing herein shall be interpreted to require the town to apply for required permits or insurance coverage unless the town itself is the sponsor of the event.

(Ord. passed 12-16-2019)

§ 89.99 PENALTY.

(A) Except as otherwise provided below, a violation of any provision of this chapter shall subject the offender to a civil penalty in the amount of \$50 and shall constitute an infraction and be subject to a fine of not more than \$50 or imprisonment for not more than 30 days, or both.

(B) Discharge of a firearm in violation of § 89.20(A) of this chapter shall constitute a Class 3 misdemeanor and be subject to a fine of not more than \$500 or imprisonment for not more than 30 days, or both.

(C) The town may seek to enforce a violation of this chapter through any appropriate equitable action.

(D) Each day that a violation continues after the offender has been notified of the violation shall constitute a separate offense.

(E) A second or subsequent violation of the same provision of this chapter in the same 12-month period shall result in assessment of a civil penalty in the amount of \$100 for the second violation and \$250 for the third and any subsequent violation.

https://codelibrary.amlegal.com/codes/boone/latest/boone_nc/0-0-0-10476

NC DRUG LAWS

Levels of Penalty

In North Carolina, drug offenses can lead to either a misdemeanor or a felony charge. The type of crime you are charged with depends on the schedule of drug involved, and the type of drug in question.

Misdemeanors are a lesser punishment. These typically include a short amount of time in jail or a modest fine. That said, a misdemeanor will remain on your record and show up on background checks.

A felony is considered a harsher punishment. Felony drug charges often include large fines ranging from a few thousand dollars to several hundred thousand dollars. They can also include prison time ranging from a few months to several years.

Types of Drugs	Possession	Possession with Intent to Sell or Deliver; To Manufacture; or to Sell and/or Deliver	North Carolina Statute
Schedule I: Heroin, LSD, Peyote, Mescaline, Psilocybin (Mushrooms), other Hallucinogens, Methaqualone (Quaaludes), Phencyclidine (PCP), and MDA	Maximum Penalty: Five (5) years in prison and/or fine (felony)	Maximum Penalty: Ten (10) years in prison and/or fine (felony)	§ 90-89
Schedule II: Morphine, Demerol, Codeine, Percodan, Percocet, Fentanyl, Dilaudid, Secondal, Nembutal, Cocaine, Amphetamines and other opium and opium extracts and narcotics	Maximum Penalty: Two (2) years in prison and/or \$2,000 fine (misdemeanor) – UNLESS 1. Exceeds 4 tablets, capsules, other dosage units or equivalent quantity of Hydromorphone. 2. Exceeds 100 tablets, capsules, other dosage units or equivalent quantity.	Maximum Penalty: Ten (10) years in prison and/or fine (felony)	§ 90-90
Schedule III: Certain barbiturates such as amobarbital and codeine containing medicine such as Fiorinal #3, Doriden, Tylenol #3, Empirin #3, and codeine-based cough suppressants such as Tussionex and Hycomine, and all anabolic steroids.	Maximum Penalty: Possession of less than 100 tablets, capsules, other dosage units or equivalent quantity: Two (2) years in prison and/or fine (misdemeanor) To possess more than 100 tablets, capsules, other dosage units or equivalent quantity: Five (5) years in prison and/or fine (felony)	Maximum Penalty: Five (5) years in prison and/or fine (felony)	§ 90-91

<p>Schedule IV: Barbiturates, narcotics, and stimulants including Valium, Talwin, Librium, Equanil, Darvon, Davocet, Placidyl, Tranzene, Serax, Ionamin (yellow jackets)</p>	<p>Maximum Penalty: Same as Schedule III</p>	<p>Maximum Penalty: Five (5) years in prison and/or fine (felony)</p>	<p>§ 90-92</p>
<p>Schedule V: Compounds that contain very limited amounts of codeine, dihydrocodeine, ethylmorphine, opium, and atropine, such as Terpine Hydrate with codeine, Robitussin AC</p>	<p>Maximum Penalty: Six (6) months in prison and/or fine (misdemeanor)</p>	<p>Maximum Penalty: Five (5) years in prison and/or fine (felony)</p>	<p>§ 90-93</p>
<p>Schedule VI: Marijuana, THC, Hashish, Has Oil, Tetrahydrocannabinol</p>	<p>Maximum Penalty: Possession of less than ½ ounce of Marijuana or 1/20 ounce Hashish: 20 days in prison and/or \$200 fine (misdemeanor). If Marijuana, the sentence must be suspended.</p> <p>Possession of more than ½ ounce of Marijuana or 1/20 ounce Hashish: 120 days in prison and/or fine up to \$500 (misdemeanor)</p> <p>Possession of more than 1 ½ ounce of Marijuana or 3/20 ounce of Hashish or consists of any quantity of synthetic Tetrahydrocannabinols or Tetrahydrocannabinols isolated from the resin of marijuana: Twelve (12) months in prisons and/or fine (felony)</p>	<p>Maximum Penalty: Delivery of less than 5 grams of marijuana for no compensation is not considered sale or delivery, but may still be prosecuted as possession.</p> <p>Less than 10 pounds: a Class H felony punishable by up to 8 months in prison and a discretionary fine for the first offense.</p> <p>In excess of 10 pounds, but less than 50 pounds: a Class H felony and shall be sentenced up to a maximum of 39 months in prison, and fined \$5,000.</p> <p>50 pounds but less than 2,000 pounds: a Class G felony and shall be sentenced up to a maximum term of 51 months in prison, and fined \$25,000</p> <p>2,000 pounds but less than 10,000 pounds: a Class F felony and shall be sentenced up to a maximum term of 93 months in prison, and fined \$50,000.</p> <p>10,000 pounds or more: a Class D felon and shall be sentenced up to a maximum term of 222 months in prison, and fined not less than \$200,000.</p>	<p>§ 90-94</p>
<p>Drug Paraphernalia</p>	<p>Maximum Penalty: One hundred twenty (120) days in prison and/or fine (misdemeanor).</p>	<p>Maximum Penalty: One hundred twenty (12) days in prison and/or fine (misdemeanor). However, delivery of drug paraphernalia by a person over 18 years of age to someone under 18 years of age who is at least three years younger: One (1) year in prison and/or fine (felony).</p> <p>It is unlawful for any person to purchase or otherwise procure an advertisement in any newspaper, magazine, handbill, or other publication, or purchase or otherwise procure an advertisement on a billboard, sign, or other outdoor display, when he knows that the purpose of the advertisement, in whole or in part, is to promote the sale of objects designed or intended for use as drug paraphernalia Sixty (60) days in prison and/or fine (misdemeanor).</p>	<p>§ 90-113.22 - § 90-113.24</p>

NC ALCOHOL LAWS

State Law	Penalty	North Carolina Statute
To possess, attempt to purchase or purchase, sell or give beer, wine, liquor, or mixed beverages to anyone under the age of 21.	Maximum Penalty: Imprisonment for a term up to 120 days and/or community service and fines up to \$1,000 (Class 1 misdemeanor)	§ 18B-302 - 18B-302.1
A person under 21 years of age who aids and abets to purchase or attempt to purchase, purchase or to possess; sell or give, alcohol to a person who is under 21 years of age	Maximum Penalty: Imprisonment for a term up to 60 days and/or community service and fines (Class 2 misdemeanor)	§ 18B-302 – 18B-302.1
A person over 21 years of age who aids and abets to purchase or to attempt to purchase, purchase or to possess; sell or give, alcohol to a person who is under 21 years of age	Maximum Penalty: Imprisonment for a term up to 120 days and/or community service and fined up to \$1,000 (Class 1 misdemeanor)	§ 18B-302 – 18B-302.1
Operating a motor vehicle upon any highway, any street, or any public vehicular area within this State: while under the influence of an impairing substance; after having consumed sufficient alcohol that he has, at any relevant time after the driving, an alcohol concentration of 0.08 or more; or with any amount of a Schedule I controlled substance.	1st Offense: Jail – 24 hours; Fine - \$200; License Suspension – 60 days to 1 year; 2nd Offense: Jail – 4 days; Fine – varies; License Suspension – 1 to 4 years; 3rd Offense: Jail – 14 days to 2 years; Fine – varies; License Suspension – 1 year to permanent	§ 20-138.1
Operating a motor vehicle on a highway or public vehicular area by a person less than 21 years old while consuming alcohol or at any time while he has remaining in his body any alcohol or controlled substance previously consumed.	Maximum of 20 days in jail and \$200. If driving while impaired offense is also charged then: 1st Offense: Jail – 24 hours; Fine - \$200; License Suspension – 60 days to 1 year; 2nd Offense: Jail – 4 days; Fine – varies; License Suspension – 1 to 4 years; 3rd Offense: Jail – 14 days to 2 years; Fine – varies; License Suspension – 1 year to permanent	§ 20-138.1 & 20-138.3
Possessing an alcoholic beverage other than in the unopened manufacturer’s original container, or consume an alcoholic beverage, in the passenger area of a motor vehicle while the motor vehicle is on a highway or the right-of-way of a highway.	Maximum Penalty: Imprisonment for a term up to 60 days and/or community service and fines up to \$1,000 (Class 2 or 3 misdemeanor based on number of offenses)	§ 18B-301; §18B-401; §20-138.7

Federal Law

Federal law imposes restrictions and penalties on the possession, distribution, and illegal sale of any controlled substance as well as the sale or distribution of drug paraphernalia. Substances are grouped into five categories in order to easily impose restrictions on several substances at once instead of having to draft laws for each individual substance. The basic categories are as follows:

- *Schedule 1:* Ecstasy, LSD, heroin, marijuana
- *Schedule 2:* Cocaine, methamphetamine, hydrocodone, oxycodone, Adderall, Vicodin, Ritalin

- *Schedule 3*: Anabolic steroids, ketamine, and testosterone.
- *Schedule 4*: Ambien, Xanax, and Valium.
- *Schedule 5*: Lyrica and cough suppressants

The law prohibiting unauthorized possession of any controlled substance is found in 21 USC § 844. Simple possession of any controlled substance (meaning having a small amount for personal consumption without intending to distribute or sell) is a misdemeanor under federal law carrying a fine of at least \$1,000 and no more than one year in prison (except for possession of Flunitrazepam, more commonly known as “roofies,” which is always a felony and carries a greater penalty). Repeat possession offenders may be charged with a felony, which carries a longer prison sentence and greater fine. Possession with intent to distribute carries penalties which are potentially even more severe. In addition to prison time and fines, civil penalties may also be imposed on anyone violating federal possession laws. Persons convicted of possession may also be fined for the reasonable costs of the investigation and prosecution of the offense.

However, it is important to note that most federal drug convictions are for drug trafficking, not possession. The penalties for drug trafficking are found in 21 USC § 841. Penalties are structured to impose prison sentences and fines which vary according to the quantity of the controlled substance involved in the transaction. Persons who violate drug trafficking laws within 1,000 feet of a university may face penalties or prison terms and fines up to twice as high as the regular penalties.

Federal Trafficking Penalties

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	<p>First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 yrs or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual.</p> <p>Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.</p>	5 kgs or more mixture	<p>First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 yrs or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual.</p> <p>Second Offense: Not less than 15 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p> <p>2 or More Prior Offenses: Not less than 25 years Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p>
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture	

PENALTIES

Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine \$1 million if an individual, \$5 million if not an individual.
Flunitrazepam (Schedule IV)	1 gram	Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.
Other Schedule III drugs	Any amount	First Offense: Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.
All other Schedule IV drugs	Any amount	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.
Flunitrazepam (Schedule IV)	Other than 1 gram or more	Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
All Schedule V drugs	Any amount	First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.

Federal Trafficking Penalties—Marijuana

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	Not less than 15 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50 million if other than an individual.
Marijuana (Schedule I)	More than 10 kg hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not less than 20 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	Not less than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kg marijuana (except 50 or more marijuana plants regardless of weight); 1 to 49 marijuana plants	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual
Hashish (Schedule I)	10 kg or less	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual
Hashish Oil (Schedule I)	1 kg or less	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a not less than 25 years imprisonment and a fine up to \$20 million if an individual and \$75 million if other than an individual.

<https://www.dea.gov/drug-information>

APPALACHIAN STATE UNIVERSITY
Department of Athletics
Alcohol, Tobacco and Supplements Policies

Alcohol, Tobacco and Supplements Policies Alcohol Appalachian State University's Department of Athletics prohibits student-athletes from drinking alcoholic beverages when:

- (a) traveling with or representing their teams,
- (b) while attending any athletics department event, or
- (c) while participating in any athletics department activity.

In addition, North Carolina state law sets a minimum age limit of 21 to purchase and consume alcoholic beverages. Student-athletes are expected to always be at their best. Excessive consumption of alcohol is strongly discouraged regardless of age, as it may affect your intellectual and athletic abilities. Remember, as a student-athlete you are in the public eye and your consumption of alcohol may affect the public perception of you, your team, the department of athletics, and university. If at any time you have concerns that you or a teammate may have a problem with alcohol, please talk to your coach, trainer, or other campus or athletics department personnel. The consumption of alcoholic beverages on campus is governed by [Policy 106.1 in the Appalachian State University Policy Manual](#). Coaches may implement more specific alcohol policies for student-athletes on their own teams. NCAA and Department of Athletics Tobacco Policy The use of tobacco products by a student-athlete is prohibited during practice and competition. A student athlete who uses tobacco products during a practice or competition shall be disqualified for the remainder of that practice or that competition (NCAA Bylaw 17.1.10).

Drug Education, Screening, and Counseling Program

Program Purposes

The purposes of the drug education, screening, and counseling program are (1) to educate student-athletes and athletics staff with accurate information about the problems associated with substance use in sport, promoting health and safety in sport; (2) to provide a deterrent effect against prohibited substances through the administration of drug testing; (3) to identify student-athletes in need of treatment and rehabilitation and to facilitate professional referral for such; and (4) to identify and possibly eliminate chronic users in order to maintain the integrity of the Intercollegiate Athletics Program.

Drug Education

The most important aspect of this program is education of student-athletes and staff personnel about the problems related to drug use and its association with athletics. As directed by this program, various activities and resources are made available to the student-athlete and athletic staff personnel throughout the school year. Participation in these activities is highly recommended and occasionally required. Publications and educational materials are also made available for the student-athlete in Final Drug Testing Policy 2021 an effort to better meet individual concerns. Perhaps most importantly, administrators and coaching staff are always available to listen to, assist, and refer student-athletes with problems. The first priority is to inform the student-athlete of the dangers of drug use and its potentially lethal mixture with athletics. This comprehensive drug education program is intended to deter drug use by our student-athletes. Every effort will be made to protect confidentiality to the extent permitted by law and NCAA regulations. Student-athletes wishing to ensure a confidential conversation should consult with a counselor at the university's Counseling & Psychological Services (828-262-2150).

Screening Program

By subscribing to this education, screening and counseling program, a participating student-athlete agrees to submit to tests designed to reveal the use of any of the drugs listed in Attachment E of the Student-Athlete Handbook. No such testing procedure will be administered unless the selected student-athlete first has received

and signed a notice, as illustrated in Attachment A and Attachment B to this Program, which expressly identifies the specific procedure that he or she has been asked to undergo at a specified time on a specific date. The basic test to be used for drug screening is urinalysis. However, other types of tests may be utilized from time to time to determine the presences of drugs listed in Attachment E of the Student-Athlete Handbook. Signing the notice constitutes the student-athlete's individual consent to submit to the required test, and failure to sign the notice and to submit to the required test shall have the consequences.

Failure to Participate in or Cooperate with Testing

a) A student-athlete's failure or refusal to sign the required Individual Consent form will be considered a third positive test and, among other consequences, eligibility to participate in intercollegiate athletics will be canceled.

b) A student-athlete's failure to appear at the designated time and place for testing will result in suspension of eligibility to participate in intercollegiate athletics. The student-athlete will be eligible for reinstatement following completion of urine collection. Failure to appear at the designated time and place will consist a consequence of occasion of impermissible drug use.

c) A student-athlete's failure within a reasonable period of time, as determined by the Senior Associate Athletics Director of Student-Athlete Health and Well-Being and/or the Drug Testing Program Site Coordinator, to produce the required urine sample will result in suspension of eligibility to participate in intercollegiate athletics until the student-athlete produces the required specimen.

d) If a student-athlete refuses to sign the memorandum regarding notification of selection, eligibility to participate in intercollegiate athletics will be suspended. The student-athlete will be eligible Final Drug Testing Policy 2021 for reinstatement after he/she signs the notification form, provides a urine sample, and upon evaluation by the Director of Athletics regarding the student-athlete's non-compliance. Such refusal shall be deemed as an "occasion" of impermissible drug use.

Occasions of Impermissible Drug Use

A confirmed positive test of improper drug use, or failure by a student-athlete to fully comply with testing procedures, is deemed to constitute an occasion of impermissible drug use. The provisions applicable to such conduct are as follows:

First Occasion

a) The student-athlete will be required to meet privately with the Director of Athletics, Senior Associate Athletics Director of Student-Athlete Health and Well-Being, and Head Coach to ascertain the facts of the nature, extent, and history of the problem. In eliciting information from the student-athlete, responses are to be oral, not provided under oath, and may be revealed only to University officials and the parents or guardians of the student-athlete. The information provided will not be shared with other persons or agencies, except in response to a valid subpoena or court order.

b) The nature and extent of counseling and medical intervention that may be required as a condition to continued athletic eligibility will depend on the nature of the individual's drug involvement. As a minimum, within seven business days of notification or within such other time frame determined by the Director of Athletics, the student-athlete will schedule a meeting with the Head Team Physician to evaluate health risks associated with participation and will have a personal counseling session with the Alcohol and Other Drug Services Coordinator for Appalachian State University. Failure to complete these requirements may lead to suspension.

c) A student-athlete whose urinalysis screen produces a positive result will be subjected to follow-up screening (regular and random) after completion of mandatory counseling sessions as determined by the Senior Associate Athletics Director of Student-Athlete Health and Well-Being in consultation with the staff counselor.

d) The Intercollegiate Athletics Department reserves the right to require that the student-athlete contact their parents, explaining the positive test, what must be done to correct the situation and the possible consequences if they continue to be involved with substance abuse.

e) Student-Athletes who test positive will be encouraged to meet with a member of the Athletic Department Staff to discuss various educational opportunities available to them and develop a plan for continued support throughout their time at Appalachian State University. More severe consequences than those listed in this policy may be imposed if the Head Coach has distributed a written policy describing those consequences to each team member when he or she becomes a member of the team and at the beginning of each academic year. Such a team policy must be annually approved in advance according to Appalachian State University Athletics Compliance Policies and Procedures. If the Coordinator of Alcohol and Other Drug Service for Appalachian State University determines that a need exists for evaluation or counseling off-campus, or additional medical attention, the student-athlete will be referred, potentially at their own expense, to an outside agency. The student-athlete may be subject to unannounced follow-up testing at any time thereafter. Failure to successfully complete any of the sanctions for a first occasion of this policy will constitute a second occasion of this policy and the Final Drug Testing Policy 2021 student-athlete will be subject to the penalties listed below.

Second Occasion

a) The student-athlete will be required to meet privately with the Director of Athletics, Senior Associate Athletics Director of Student-Athlete Health and Well-Being, and Head Coach to ascertain the facts of the nature, extent, and history of the problem. In eliciting information from the student-athlete, responses are to be oral, not provided under oath, and may be revealed only to University officials and the parents or guardians of the student-athlete. The information provided will not be shared with other persons or agencies, except in response to a valid subpoena or court order.

b) The nature and extent of counseling and medical intervention that may be required as a condition to continued athletic eligibility will depend on the nature of the individual's drug involvement. As a minimum, within seven business days of notification or within such other time frame determined by the Director of Athletics, the student-athlete will schedule a meeting with the Head Team Physician to evaluate health risks associated with participation and will have a personal counseling session with the Coordinator of Alcohol and Other Drug Service for Appalachian State University. Failure to complete these requirements may lead to suspension.

c) The student-athlete will be suspended from 10 percent of the allowable dates of competition for the traditional season as determined by the NCAA Division I Manual. When 10 percent of a season equals a partial number of games, that number will be rounded up to the next, whole number of games. For example, if 10 percent of the season equals 2.1 games, the student-athlete will miss three games.

d) The suspension will begin with the next regular schedule contest immediately following the student-athlete being notified of a positive test result.

e) If the positive test result occurs in the non-traditional season, the suspension will carry over into the next traditional season. Note: scrimmages and out of season competitions will not count towards the 10 percent and eligibility to participate in those events will be determined by the head coach.

f) If the student-athlete is injured and unable to participate, their suspension will begin after the student-athlete is cleared to participate with no restrictions.

- g) The student-athlete will be required to attend all athletically related activities at the Head Coach's discretion during this suspension, unless the student-athlete is in a scheduled counseling session.
- h) The student-athlete may participate in all practice sessions during the duration of the second offense, provided that a medical evaluation supports a determination that the drug use in question does not place the student-athlete at undue risk.
- i) A student-athlete whose urinalysis screen produces a positive result will be subjected to follow-up screening (regular and random) after completion of mandatory counseling sessions as determined by the Senior Associate Athletics Director of Student-Athlete Health and Well-Being in consultation with the staff counselor.
- j) The Intercollegiate Athletics Department reserves the right to require that the student-athlete contact their parents, explaining the positive test, what must be done to correct the situation and the possible consequences if they continue to be involved with substance abuse.
- k) Student-Athletes who test positive will be mandated to meet with a member of the Athletic Department Staff to discuss various educational opportunities available to them and develop a plan for continued support throughout their time at Appalachian State University. More severe consequences than those listed in this policy may be imposed if the Head Coach has distributed a written policy describing those consequences to each team member when he or she becomes a member of the team and at the beginning of each academic year. Such a team policy must be annually approved in advance according to Appalachian State University Athletics Compliance Policies and Procedures. If the Coordinator of Alcohol and Other Drug Service for Appalachian State University determines that a need exists for evaluation or counseling off-campus, or additional medical attention, the student-athlete will be referred, potentially at their own expense, to an outside agency. The student-athlete may be subject to unannounced follow-up testing at any time thereafter. Failure to successfully complete any of the sanctions for a second occasion of this policy will constitute a third occasion of this policy and the student-athlete will be subject to the penalties listed below.

Third Occasion

- a) The student-athlete will be declared ineligible, and their athletics grant-in-aid will be cancelled. Regarding the cancellation of the athletics grant-in-aid, in order to be in compliance with institutional, conference, and NCAA rules and regulations, the institution shall provide a hearing opportunity per NCAA Bylaw 15.3.2.3.
- b) Counseling, arranged by the Coordinator of Alcohol and Other Drug Service for Appalachian State University, will be encouraged. The student-athlete will be required to follow any recommendations of the Coordinator of Alcohol and Other Drug Service for Appalachian State University, including possible outside referral potentially at the student-athlete's expense.
- c) The Intercollegiate Athletics Department reserves the right to require that the student-athlete contact their parents, explaining the positive test, what must be done to correct the situation and the possible consequences if they continue to be involved with substance abuse.
- d) The athletics administration will share with the Office of Student Conduct when a student-athlete has had his/her third violation of the Athletics Drug-Testing policy. The Office of Student Conduct will contact the student-athlete and proceed accordingly.

Procedures for Imposing Serious Sanctions

Before imposing a sanction of suspension of 10 percent of competition season, dismissal from an athletic team, cancellation of eligibility to participate in intercollegiate athletic activities, or non-renewal and/or cancellation of an athletic scholarship, a student-athlete may appeal sanctions by utilizing the Student-Athlete Disciplinary Appeals Process listed under the Student-Athlete Appeals section of the Appalachian State University Student Athlete Handbook.

OVERSIGHT RESPONSIBILITY

Clery Act Compliance Coordinator shall serve as the main contact that will have oversight responsibility of the DAAPP including, but not limited to: updates, coordination of information required in the DAAPP, coordination of the annual notification to employees and students, and the biennial review. They will work in conjunction with the Health and Safety Committee during the biennial reviews and will work with other university officials to ensure that policy information is current and disseminated to all campus constituents.

Appalachian State University Main Campus Drug and Alcohol Statistics

VIOLATIONS	YEAR	ON-CAMPUS PROPERTY	NON-CAMPUS BUILDING PROPERTY	PUBLIC PROPERTY	TOTAL	ON-CAMPUS RESIDENCE HALLS
LIQUOR LAWS						
ARREST	2022	43	6	33	82	27
	2021	60	2	9	71	44
	2020	54	1	3	58	41
JUDICIAL REFERRALS	2022	348	0	31	379	314
	2021	270	5	7	282	252
	2020	167	2	9	178	163
DRUG ABUSE						
ARREST	2022	37	4	27	68	10
	2021	37	3	9	49	16
	2020	20	7	4	31	7
JUDICIAL REFERRALS	2022	166	1	7	242	78
	2021	115	11	7	131	59
	2020	98	1	2	101	41

Total numbers are based on statistics at time of report. Residence Halls statistics are a subset of on-campus statistics and are not included in total count.

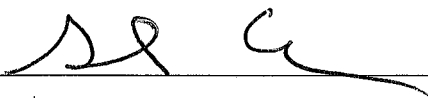
References

- [Appalachian State University Code of Student Conduct](#)
- [Appalachian State University Student-Athlete Handbook](#)
- [Appalachian State University Office of Human Resources](#)
- [UNC System Policies and Procedures for Employees](#)
- [Drug Free Schools and Communities Act, Amendments of 1989](#)
- [The University of North Carolina System Policy Manual and Code, Section 502D\(3\) and Section 603](#)
- [North Carolina General Statutes, 18B-102](#)
- [The Federal Controlled Substances Act \(21-U.S.C\)](#)
- [The Town of Boone, N.C General Ordinances](#)
- [The Department of Justice, Drug Enforcement Administration](#)
- [National Council on Alcohol and Drug Dependence](#)

2023 DRUG AND ALCOHOL PREVENTION PROGRAM REPORT

Upon recommendations by the Office of the Dean of Students and the Office of General Counsel, I hereby approve the 2023 Drug and Alcohol Prevention Program Annual Report.

APPROVED:



Sheri Everts

Date: 9.27.2023