

DRUG AND ALCOHOL ABUSE PREVENTION

**WALLACE COMMUNITY COLLEGE
DOTHAN
EUFAULA**

2011-2012

**Wallace Community College
Dothan
Eufaula
334-983-3521**

Wallace Community College affords equal opportunity to all employees and applicants for admission or employment regardless of race, gender, religion, national origin, age, or disability. WCC will make reasonable accommodations for persons with disabilities.

DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM

WALLACE COMMUNITY COLLEGE

I. INTRODUCTION

It is the policy of WALLACE COMMUNITY COLLEGE that during the month of September of each academic year, the information contained in this document shall be made available to each student and employee of WALLACE COMMUNITY COLLEGE.

It is further the policy of WALLACE COMMUNITY COLLEGE that during May of 1991 and every other May thereafter, a committee assigned by the president of WALLACE COMMUNITY COLLEGE shall review its Drug and Alcohol Abuse Prevention Program and shall

1. determine the effectiveness of its program and report to the president any revisions needed by the program to make it more effective; and
2. ensure that the standards of conduct described in part II hereof are fairly and consistently enforced; and
3. submit a written report to the president stating the findings and recommendations of the committee.

The president shall implement, effective and ensuing September, such of the committee's recommended revisions as he/she shall deem appropriate and reasonable.

II. STANDARDS OF CONDUCT AND ENFORCEMENT THEREOF

The College is a public educational institution of the State of Alabama and, as such, shall not allow on its premises, or at any activity it sponsors, the possession, use, or distribution of any alcoholic beverage or any illicit drug by any student, employee, or visitor. In the event of confirmation of such prohibited possession, use, or distribution by a student or employee, the College shall, within the scope of applicable federal and state due process requirements, take such administrative or disciplinary action as is appropriate. For a student, the disciplinary action may include, but is not limited to, suspension, expulsion, and/or arrest or referral to the appropriate law enforcement agency. For an employee,

such administrative or disciplinary action may include, but is not limited to, reprimand, suspension, or termination of employment or requirement that the employee participate in and/or successfully complete an appropriate rehabilitation program and/or arrest or referral to the appropriate law enforcement agency. Any visitor engaging in any act prohibited by this policy shall be called on to immediately cease such behavior and shall be subject to other sanctions including referral to law enforcement officials for arrest and prosecution.

If any employee, student, or visitor shall engage in any behavior prohibited by this policy which is also a violation of federal, state, or local law or ordinance, that employee, student, or visitor shall be subject to referral to law enforcement officials for arrest and prosecution.

For detailed information concerning drug and alcohol abuse programs, contact the student affairs office at any college location.

III. LEGAL SANCTIONS REGARDING UNLAWFUL USE, POSSESSION, OR DISTRIBUTION OF ALCOHOLIC BEVERAGES AND ILLICIT DRUGS*

A. State Offenses

Activities which violate Alabama laws concerning illicit possession, use, and distribution of alcoholic beverages or drugs include, but are not limited to the following. (Those provisions which refer to drug “schedules” are making reference to the authorization by the state legislature for the State Board of Health to classify drugs in terms of their potential for abuse and their current usage in medical treatment. Schedule I consists primarily of “street drugs” such as heroin, morphine, marijuana, LSD, mescaline, etc. Schedule II includes opium, cocaine, and methadone, among other illicit drugs. Schedule III drugs include those which have less potential for abuse than Schedule I or II, and those substances with the least potential for abuse are included in Schedules IV and V. The schedules may be found at Code of Alabama [1975], sec. 20-2-23, et seq.) Fines and/or sentences may change.

1. Public intoxication is punishable by up to 30 days in jail. (Code of Alabama [1975], sec. 13A-11-10.)
2. Possession, consumption, or transportation of an alcoholic beverage by a person of less than 21 years of age is punishable by a fine of \$25-\$100 or a 30-day jail term. (Code, sec. 28-1-5.)

3. Possession or distribution of an alcoholic beverage in a dry county is punishable by a fine of \$50-\$100 and, in the discretion of the judge, a jail sentence of up to six (6) months. (Code, sec. 28-4-20, et seq.)
4. Possession of an alcoholic beverage illegally manufactured or illegally brought into the state of Alabama is punishable by a fine of \$100-\$1,000 plus, in the discretion of the judge, a jail sentence of up to six (6) months. (Code, sec. 28-1-1.)
5. Driving or being in actual physical control of a vehicle while under the influence of alcohol or other drugs is punishable, upon the first conviction, by a fine of \$250-\$1,000 and/or one year in jail plus suspension of driver license for ninety days. (Code, 32-5A-191.)
6. Possession of marijuana for personal use is punishable by a fine of up to \$2,000 and/or a jail sentence of up to one (1) year. (Code, sec. 13A-12-214.)
7. Possession of marijuana for other than personal use is punishable by a fine of up to \$5,000 and a prison sentence of not more than ten (10) years. (Code, sec. 13A-12-213.)
8. The selling, furnishing, or giving away, manufacturing, delivery or distribution of a controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$10,000 and/or a prison term of not more than twenty (20) years. (Code, sec. 13A-12-211.)
9. The selling, furnishing, or giving by a person 18 years or older to a person under the age of 18 years any controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$20,000 and/or a prison term of up to life. (Code, sec. 13A-12-215.)
10. Possession of a controlled substance enumerated in Schedules I-V is punishable by a fine of not more than \$5,000 and/or a prison term of not more than ten (10) years. (Code, sec. 13A-12-212.)
11. Conviction for an unlawful sale of a controlled substance or, within a three-mile radius of an educational institution, brings with it an additional penalty of five (5) years of imprisonment with no provision for parole. (Code, sec. 13A-12-250.)

12. The use, or possession with intent to use, of drug paraphernalia is punishable by up to three (3) months in jail and/or a fine of up to \$500. (Code, sec. 13A-12-260.)
13. The sale or delivery of or possession with the intent to sell or deliver, drug paraphernalia is punishable by not more than ten (10) years in prison and/or a fine of up to \$5,000. If the delivery or sale is to a person under 18 years of age, it is punishable by up to twenty (20) years in prison and/or a fine of up to \$10,000. (Code, sec. 13A-12-260.)

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

B. Federal Offenses

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

21 U. S. C. 841 makes it a crime (a) to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance; or (b) to create, distribute, or dispense, or possess with intent to distribute or dispense, a counterfeit substance.

(The U. S. Code establishes and authorizes the U. S. Attorney General to revise as needed, classifications of controlled substances. The drugs are each classified in one or more of five “schedules,” Schedule I being comprised essentially of “street drugs” and Schedule V being comprised of drugs with a “low potential for abuse” when compared with drugs in schedules I-IV. Examples of Schedule I drugs are heroin and marijuana. PCP, for example, is a Schedule II drug. Amphetamine is a Schedule III drug, while Barbitol is a Schedule IV drug. An example of a Schedule V drug would be a prescription medication with not more than 200 mg. of codeine per 100 grams.)

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

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

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

*Penalties, laws, and statutes may change without notice.

C. Local Ordinances

Refer to state and federal offenses.

IV. HEALTH RISKS OF DRUG AND ALCOHOL USE AND ABUSE

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

A. Cannabis

1. Cannabis includes marijuana, hashish, hashish oil, and tetrahydrocannabinol (THC).
2. Regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car.

Research also shows that students do not retain knowledge when they are “high.” Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of the users’ lives.

B. Cocaine

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

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, onset of insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by disrupting the brain's control of the heart and respiration.

C. Other Stimulants

1. Other stimulants include amphetamines and methamphetamines ("speed"); phenmetrazine (Preludin); methylphenidate (Ritalin); and "anorectic" (appetite suppressant) drugs such as Didrex, Pre-Sate, etc.
2. Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feelings of restlessness, anxiousness, and moodiness. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

D. Depressants

1. Depressants include such drugs as barbiturates, methqualone (Quaaludes), and tranquilizers such as Valium, Librium, Equanil, Miltown, etc.
2. The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

E. Narcotics

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

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

F. Hallucinogens

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

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year, following prolonged daily use. Mood disorders – depression, anxiety, and violent behavior – also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, heart and lung failure, or ruptured blood vessels in the brain.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, or psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

G. Inhalants

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

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

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

H. Designer Drugs

1. Designer drugs include analogs of fentanyl and analogs of meperidine (synthetic heroin), analogs of amphetamines and methamphetamines (such as “Ecstasy”), and analogs of phenyleclidine.
2. Illegal drugs are defined in terms of their chemical formulas. Underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

The narcotic analogs can cause symptoms such as those seen in Parkinson’s disease – uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogs of phenyleclidine cause illusions, hallucinations, and impaired perception.

I. Alcohol

1. Ethyl alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits.
2. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, unconsciousness, or death, depending on how much is consumed and how fast it is consumed.

Alcohol is a “psychoactive,” or mind-altering, drug. Like narcotics and tranquilizers, it can alter moods, cause changes in the body, and become habit-forming. Alcohol depresses the central nervous system, and too much can cause slowed reactions, slurred speech, and unconsciousness.

Chronic use of alcohol has been associated with such diseases as alcoholism and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse can also lead to damage to the brain, pancreas, and kidneys; high blood pressure, heart attacks, and strokes; hepatitis and cirrhosis of the liver; stomach and

duodenal ulcers; colitis; impotence and infertility; and premature aging. Abuse of alcohol has also been linked to birth defects and fetal alcohol syndrome.

V. WHERE TO GET ASSISTANCE

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

A. On Campus Assistance

College counseling services are available at Wallace Community College to all students and employees of the college. Information on substance abuse is available, as well as information on and assistance in obtaining counseling or other treatment. The following are contacts at the various locations:

- Wallace Campus – Counseling Office
- Sparks Campus – Earl Bynum

B. National Toll-free Hotlines

1-800-662-HELP, (M-F, 8:30 a.m. – 4:30 p.m.)
National Institute on Drug Abuse International and Referral Line

1-800-622-2255
National Council on Alcoholism

Online help - www.drughelp.org

C. Local Information and Reference Numbers

SpectraCare: (334) 794-0731
Wiregrass Mental Health System
104 Prevatt Road
Dothan, Alabama 36302

The Haven (334) 702-1814
905 John D. Odom Road
Dothan, Alabama 36303

Barbour County Clinic (334) 687-2323

133 N. Orange Street
P. O. Box 415
Eufaula, Alabama 36027

Dale County Clinic (334) 774-9112
100 Katherine Avenue
Ozark, Alabama 36360

Geneva County Clinic (334) 684-9615
306 South Academy
Geneva, Alabama 36340

Henry County Clinic (334) 585-5331
219 Dothan Road (334) 585-5965
P. O. Box 206
Abbeville, Alabama 36310

D. Treatment Facilities

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

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

Bradford Health Services (706) 649-3075
869 Brookstone Center Parkway
Suite A
Columbus, Ga 31904

Bradford Health Services (334) 671-1677

Dothan Outreach
1609 West Main Street
Dothan, AL 36301

Chemical Addictions Recovery Effort (850) 526-3133
Jackson County Outpatient Office
4150 Hollis Drive
Marianna, FL 32446

Fellowship House Inc (205) 933-2430
1625 12th Avenue South
Birmingham, AL 35205

Hill Crest Behavioral Health Services (205) 833-9000
Chemical Dependency Track
6869 5th Avenue South
Birmingham, AL 35212

Oakmont Center (205) 787-7100
2008 21st Street Ensley
Birmingham, AL 35218

Saint Annes Home Inc (205) 933-2402
2772 Hanover Circle
Birmingham, AL 35205

Lighthouse of Tallapoosa County Inc (256) 234-4894
Substance Abuse Rehab Program
36 Franklin Street
Alexander City, AL 35010

Anniston Fellowship House Inc (256) 236-7229
106 East 22nd Street
Anniston, AL 36201

Calhoun/Cleburne Mental Health Center (256) 236-8003
New Directions
407 South Noble Street
Anniston, AL 36201

Northwest Alabama Treatment Center (205) 425-1200
709 Memorial Drive
Bessemer, AL 35020

Alcohol and Drug Abuse Treatment Centers Inc 2701 Jefferson Avenue SW Birmingham, AL 35211	(205) 923-6552
Aletheia House 201 Finley Avenue West Birmingham, AL 35204	(205) 324-6502
Birmingham Healthcare Birmingham, AL 35203	(205) 324-6502
Birmingham Metro Treatment Center Limited Partnership 139 Citation Court Birmingham, AL 35209	(205) 941-1739
Bradford Health Services Birmingham Regional Office Jefferson 631 Beacon Parkway West Birmingham, AL 35209	(800) 293-7191
Bradford Health Services Mobile Regional Facility 1000 Hillcrest Road Mobile, AL 36695	(800) 333-0906
ECD Program 2950 Springhill Avenue Mobile, AL 36607	(251) 341-9504
Mobile Metro Treatment Center 3367 Dauphin Island Parkway Mobile, AL 36605	(251) 476-5733