

7.5 Drug and Alcohol Abuse Prevention Policy

Federal laws (the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendments of 1989), and VCCS and DHRM policy, require an Institution of Higher Education (IHE) such as Patrick & Henry Community College (“College”), to certify that it has implemented programs to prevent the abuse of alcohol and the use, and /or distribution of illicit drugs both by students and employees either on its premises and as a part of any of its activities. At a minimum, an IHE must annually distribute the following in writing to all students and employees:

- (1) Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities;
- (2) A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol;
- (3) A description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
- (4) A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students; and
- (5) A clear statement that the College will impose disciplinary sanctions on students and employees (consistent with local, State, and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct required by this policy.

The College must also complete a biennial review of its program to:

- (1) Determine its effectiveness and implement changes to the program if they are needed; and
- (2) Ensure that the disciplinary sanctions described in paragraph (a)(5) of this section are consistently enforced.

Standards of Conduct and Disciplinary Sanctions

Patrick & Henry Community College intends to maintain a workplace free from the adverse effects of alcohol and other drugs. Employees are forbidden to use these substances at the workplace or to come to the workplace while under the influence of these substances. In addition, employees are expected to notify their supervisors if they are convicted of violating any criminal drug law, either within our outside the work place, or if they are convicted of violating any alcohol beverage control law or law that governs driving while intoxicated, based on conduct occurring in the workplace. Violation of policies related to these matters can result in serious disciplinary action including termination.

Students or employees of Patrick Henry Community College shall not possess, sell, use, manufacture, give away or otherwise distribute illegal substances

including drugs or alcohol while on campus, attending a college sponsored off-campus event, or while serving as a representative of the college at off-campus functions. Students or employees who violate this policy shall have college charges processed against them in the normal manner of due process provided by college rules. Further, students or employees who violate this policy shall have committed a criminal offense, and the college shall notify the appropriate agency of the Commonwealth of Virginia, county or city government for investigation and, if warranted, prosecution.

With recent changes to the Commonwealth of Virginia's marijuana laws, students and employees should be aware of the impact of these laws both on and off college grounds. The college's alcohol and drug policy has not changed and continues to prohibit possession and use of marijuana on college grounds. Federal law classifies cannabis/marijuana as a Schedule 1 drug. As such, possession, use, and distribution of marijuana remains prohibited on all college property and at all college functions under the Drug-Free Schools and Communities Act and the Drug Free Workplace Act.

7.5.1 Controlled Substances Policy

Definitions

- a. The term "controlled substances," as used in this policy, is defined to include legal and illegal drugs. The use or possession of legal drugs (i.e., those drugs for which a valid prescription is required before the drug may be used or possessed) is not prohibited by this policy unless that use or possession is inconsistent with the prescription or where no such prescription has been provided.
- b. The term "illegal drugs" is defined to include all such drugs of which the use, sale, possession, distribution, manufacture, or transfer is prohibited by law and includes, but is not limited to, marijuana, narcotics, hallucinogens, stimulants, depressants, and so-called designer drugs.
- c. As used in this policy, "under the influence" means that the individual is affected by a controlled substance in a detectable manner.
- d. The term "workplace" as used here shall mean any College premises or work site or customer's place of business, attending a college sponsored off-campus event, or while serving as a representative of the college at off-campus functions, and College vehicles and public or private means of transportation while engaged in College business.

Policy Statement

The illegal use, sale, possession, distribution, manufacture, or transfer of controlled substances at the workplace or elsewhere during work hours is strictly prohibited. Also prohibited under this policy is use, sale, possession, distribution, manufacture, or transfer of controlled substances on nonworking time, and on or off College property to the extent such use impairs an employee's ability to perform his or her job, or when such activities negatively affect the reputation of the College to the general public or threaten the integrity of the College.

College personnel may not report to work or work while under the influence of illegal drugs, nor may such personnel report to work under the influence of legal drugs for which no prescription has been issued or where the use of the legal drugs is inconsistent with a prescription.

Whereas this policy does not prohibit the use or possession of over-the-counter or prescription drugs where such use or possession is consistent with the proper use of such substances, College personnel are encouraged to advise supervisors of such use where it may affect performance. Should performance be affected by the use of such substances, the individual may be relieved of his or her job duties under the Sick Leave Programs.

College personnel who plead guilty or no contest or are convicted of a violation of a controlled substance statute must inform their supervisor within five days of the conviction, or plea. Failure to comply with this requirement will subject College personnel to disciplinary action, which may include termination for a first offense.

Persons violating the College policy regarding substance abuse will be subject to disciplinary action, which may include termination for a first offense.

7.5.2 Alcohol Policy

The College expects that all personnel will maintain proper professional decorum at all times during the workday, on and off College property. Expressly prohibited under this policy are reporting to work or working while impaired from the use of alcohol and alcohol consumption while on the job or at other times during the workday on or off College property.

As used in this policy, impaired from the use of alcohol means that the individual's performance or behavior is marked by abnormal conduct or

erratic or aberrant behavior, including, but not limited to, sleeping on the job, slurred words, or a significant smell of alcohol about the person.

The legal use of alcohol is not prohibited when an employee is not working and is not at the workplace.

Personnel violating the policy regarding abuse of alcohol will be subject to disciplinary action, which may include termination for a first offense.

7.5.3 Enforcement

In order to enforce this policy and procedures, the College may investigate potential violations and require personnel to undergo drug and/or alcohol screening, including urinalysis, blood tests, or other appropriate tests and, where appropriate, searches of all areas of the College's physical premises, including, but not limited to, work areas, personal articles, employees' desks, workstations, and College vehicles, etc. Employees will be subject to discipline up to and including discharge for refusing to cooperate with searches or investigations or to submit to screening or for failing to execute consent forms when required by management.

7.5.4 Investigations and Searches

Where a manager or supervisor has reasonable suspicion that an employee has violated the substance abuse policy, the supervisor, or his or her designee, may inspect vehicles, lockers, work areas, desks, and other locations or belongings without prior notice, in order to ensure a work environment free of prohibited substances. An employee may be asked to be present and may remove a personal lock. The employee is hereby notified that locked areas or containers do not prevent a search, and thus employees should understand there is no expectation of privacy on College premises. Where the employee is not present or refuses to remove a personal lock, the College may do so. Any such searches will be coordinated with a representative of the HR department. The College may use unannounced drug detection methods.

7.5.5 Health Risks Associated with Drug and Alcohol Abuse

The negative physical and mental effects of the use of alcohol and other drugs are well documented. Use of these drugs may cause: blackouts, poisoning, overdose, and death; physical and psychological dependence; damage to vital organs such as the brain, heart, and liver; inability to learn and remember information; and psychological problems, including depression, psychosis, and severe anxiety. Risks associated with specific drugs are described later in this section.

Impaired judgment and coordination resulting from the use of alcohol and other drugs are associated with DUI/DWI arrests; falls, drowning, and other injuries; contracting sexually transmitted infections, including HIV; and unwanted or unplanned sexual experiences and pregnancy.

Substance abuse by family members and friends may also be of concern to individuals. Patterns of risk-taking behavior and dependency not only interfere in the lives of those with substance use disorders, but also can have a negative impact on the affected student's academic work, emotional well-being, and adjustment to college life.

Drugs and alcohol interfere with student learning and employee performance in the workplace. Use of drugs and alcohol can also have dangerous consequences for personal health and for the safety of others. A list of controlled substances and their effects is provided later in this chapter. Some of the more commonly abused drugs are highlighted below:

Health Risks Information: Alcohol

The following information on health risks is from the Centers for Disease Control and Prevention:

Drinking too much can harm your health. Excessive alcohol use led to approximately 95,000 deaths and 2.8 million years of potential life lost (YPLL) each year in the United States from 2011 – 2015, shortening the lives of those who died by an average of 29 years. Further, excessive drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years. The economic costs of excessive alcohol consumption in 2010 were estimated at \$249 billion, or \$2.05 a drink.

The Dietary Guidelines for Americans defines moderate drinking as up to 1 drink per day for women and up to 2 drinks per day for men. In addition, the Dietary Guidelines do not recommend that individuals who do not drink alcohol start drinking for any reason.

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. 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 challenges, 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.

The following information on health risks is from the Centers for Disease Control and Prevention:

Marijuana. Marijuana is the most commonly used illegal drug in the United States, and marijuana use may have a wide range of health effects on the body and brain. About 1 in 10 marijuana users may experience some form of addiction. For people who begin using before the age of 18, that number rises to 1 in 6. People who are addicted to marijuana may also be at a higher risk of other negative consequences of using the drug, such as problems with attention, memory, and learning. Some people who are addicted may need to smoke more and more marijuana to get the same high. It is also important to be aware that the amount of tetrahydrocannabinol (THC) in marijuana (i.e., marijuana potency or strength) has increased over the past few decades. The higher the THC content, the stronger the effects on the brain. In addition, some methods of using marijuana (e.g., dabbing, edibles) may deliver very high levels of THC to the user.

In many cases, marijuana is smoked in the form hand-rolled cigarettes (joints), in pipes or water pipes (bongs), in bowls, or in blunts—emptied cigars that have been partly or completely refilled with marijuana. Smoked marijuana, in any form, can harm lung tissues and cause scarring and damage to small blood vessels. Smoke from marijuana contains many of the same toxins, irritants, and carcinogens as tobacco smoke. Smoking marijuana can also lead to a greater risk of bronchitis, cough, and phlegm production. These symptoms generally improve when marijuana smokers quit.

Marijuana use, especially frequent (daily or near daily) use and use in high doses, can cause disorientation, and sometimes cause unpleasant thoughts or feelings of anxiety and paranoia. Marijuana use is associated with temporary psychosis (not knowing what is real, hallucinations and paranoia) and long-lasting mental health challenges, including schizophrenia (a type of mental illness where people might see or hear things that aren't really there). Marijuana use has also been linked to depression and anxiety, and suicide among teens. However, it is not known whether this is a causal relationship or simply an association.

Cocaine stimulates the central nervous system. Immediate physical effects include dilated pupils and increased blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use may destroy nasal tissues. Following the "high" of extreme happiness and a sense of unending energy is a cocaine "crash," which includes depression, dullness, intense anger, and paranoia. Injecting cocaine with contaminated equipment can lead to infection with HIV, hepatitis, and other diseases. Tolerance develops rapidly, and psychological and physical dependency can occur. The use of cocaine can

cause kidney damage, heart attacks, seizures, and strokes due to high blood pressure. Death can occur by cardiac arrest or respiratory failure.

Depressants: Barbiturates and benzodiazepines are two of the most used groups of these drugs. Barbiturates include Phenobarbital, Seconal, and Amytal; benzodiazepines include Ativan, Dalmane, Librium, Xanax, Valium, Halcyon, and Restoril. These drugs are frequently used for medical purposes to relieve anxiety and to induce sleep. Physical and psychological dependence can occur if the drugs are used for longer periods of time at higher doses. Benzodiazepine use can cause slurred speech, disorientation, and lack of coordination. If taken with alcohol, use can lead to a coma and possible death.

Hallucinogens: This category includes phencyclidine (PCP or "angel dust") and amphetamine variants, which have mind-altering effects. Perception and cognition are impaired, and muscular coordination decreases. Speech may be blocked and incoherent. Chronic users of PCP may have memory problems and speech difficulties lasting six months to a year after prolonged daily use. Depression, anxiety, and violent behavior also occur. Large doses produce convulsions, comas, and heart and lung failure.

Lysergic acid diethylamine: (LSD or "acid"), mescaline, and psilocybin (mushrooms) cause illusions, hallucinations, and altered perception of time and space. Physical effects include dilated pupils, elevated body temperature, increased heart rate and blood pressure, decreased appetite, insomnia, and tremors. Psychological reactions include panic, confusion, paranoia, anxiety, and loss of control. Flashbacks, or delayed effects, can occur even after use has ceased.

MDMA. People who use MDMA usually take it as a capsule or tablet, though some swallow it in liquid form or snort the powder. The popular nickname Molly (slang for "molecular") often refers to the supposedly "pure" crystalline powder form of MDMA, usually sold in capsules. However, people who purchase powder or capsules sold as Molly often actually get other drugs such as synthetic cathinones ("bath salts") instead. Some people take MDMA in combination with other drugs such as alcohol or marijuana.

MDMA increases the activity of three brain chemicals:

- Dopamine—produces increased energy/activity and acts in the reward system to reinforce behaviors
- Norepinephrine—increases heart rate and blood pressure, which are particularly risky for people with heart and blood vessel problems

- Serotonin—affects mood, appetite, sleep, and other functions. It also triggers hormones that affect sexual arousal and trust. The release of large amounts of serotonin likely causes the emotional closeness, elevated mood, and empathy felt by those who use MDMA.

Other health effects include:

- nausea
- muscle cramping
- involuntary teeth clenching
- blurred vision
- chills, and
- sweating.

MDMA's effects last about 3 to 6 hours, although many users take a second dose as the effects of the first dose begin to fade. Over the course of the week following moderate use of the drug, a person may experience irritability, impulsiveness and aggression, depression, sleep problems, anxiety, memory and attention problems, decreased appetite, and decreased interest in and pleasure from sex. It's possible that some of these effects may be due to the combined use of MDMA with other drugs, especially marijuana.

High doses of MDMA can affect the body's ability to regulate temperature. This can lead to a spike in body temperature that can occasionally result in liver, kidney, or heart failure or even death.

Opioids. Prescription opioids used for pain relief are generally safe when taken for a short time and as prescribed by a doctor, but they can be misused.

Opioids bind to and activate opioid receptors on cells located in many areas of the brain, spinal cord, and other organs in the body, especially those involved in feelings of pain and pleasure. When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts of dopamine throughout the body. This release can strongly reinforce the act of taking the drug, making the user want to repeat the experience.

In the short term, opioids can relieve pain and make people feel relaxed and happy. However, opioids can also have harmful effects, including drowsiness, confusion, nausea, constipation, euphoria, and slowed breathing. Opioid misuse can cause slowed breathing, which can cause hypoxia, a condition that results when too little oxygen reaches the brain. Hypoxia can have short- and long-term psychological and neurological effects, including coma, permanent brain damage, or death. Researchers are also investigating the long-term effects of opioid addiction on the brain, including whether damage can be reversed.

People addicted to an opioid medication who stop using the drug can have severe withdrawal symptoms that begin as early as a few hours after the drug was last taken. These symptoms include muscle and bone pain, sleep problems, diarrhea and vomiting, cold flashes with goose bumps, uncontrollable leg movements, and severe cravings.

An opioid overdose occurs when a person uses enough of the drug to produce life-threatening symptoms or death. When people overdose on an opioid medication, their breathing often slows or stops. This can decrease the amount of oxygen that reaches the brain, which can result in coma, permanent brain damage, or death.

If you suspect someone has overdosed, the most important step to take is to call 911 so he or she can receive immediate medical attention. Once medical personnel arrive, they will administer naloxone. Naloxone is a medicine that can treat an opioid overdose when given right away. It works by rapidly binding to opioid receptors and blocking the effects of opioid drugs. Naloxone is available as an injectable (needle) solution, a hand-held auto-injector (EVZIO®), and a nasal spray (NARCAN® Nasal Spray).

Health Risks Information: Drug Facilitated Sexual Assault Drugs

Rohypnol®, also known as flunitrazepam, is not approved in the United States, although it is available for use as a prescription sleep aid in other countries. It is most commonly found as a tablet which is consumed by dissolving it in a drink or swallowing it. The possible short term health effects include drowsiness, sedation, sleep, amnesia, blackout; decreased anxiety; muscle relaxation, impaired reaction time and motor coordination; impaired mental functioning and judgement; confusion; aggression; excitability; slurred speech; headache; slowed breathing and heart rate. When combined with alcohol the possible health effects include severe sedation, unconsciousness, and slowed heart rate and breathing, which can lead to death. At this point the long-term health effects of Rohypnol® are still unknown. Rohypnol® can take between 36-72 hours to leave the body.

GHB is a depressant approved for use in treatment of narcolepsy, and commonly goes by the other names of Goop, liquid ecstasy, and liquid X. It is most commonly found as a colorless liquid or white powder which is consumed through swallowing, often in combination with alcohol. The possible short term health effects include euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breath, lower body temperature, seizures, coma, and death. In combination with alcohol the possible health effects include nausea, problems with breathing, and greatly increased depressant effects. At this point in time

the long-time effects of GHB are unknown. GHB, unlike Rohypnol, leaves the body between 10-12 hours after consumption.

Ketamine is a dissociative drug used as a surgical anesthetic, an anesthetic in veterinary practice, and as a prescription for treatment resistant depression under strict medical supervision. It is most commonly found in liquid or white powder and is consumed through swallowing, smoking, snorting, or injections. The possible short term health effects include problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion loss of memory; raised blood pressure, unconsciousness; and dangerously slowed breathing. If ketamine is consumed with alcohol there is a risk of adverse effects. The possible health effects associated with long term use include ulcers and pain in the bladder; kidney problems; stomach pain; depression; and poor memory.

If an individual believes they or a friend have consumed Rohypnol®, GHB, or Ketamine they should visit a local healthcare facility that can care for survivors of sexual assault and provide a forensic exam. While receiving care the individual who has ingested the drug can request the hospital to take a urine sample for drug toxicology testing, if the individual cannot immediately go to a hospital they should save their urine in a clean, sealable container as soon as possible, and place it in the refrigerator or freezer for future toxicology testing.

7.5.6 Counseling Services and Treatment Programs

Numerous community and state agencies, medical facilities, and private outpatient counseling/treatment programs are available to help Patrick & Henry students and employees dealing with substance abuse programs. A few examples are listed below:

- Piedmont Community Services is a drug treatment and alcohol rehabilitation center. Services are provided in Henry County, Martinsville City, Patrick County, and Franklin County by calling 888-979-2721 or visiting piedmontcsb.org
- Spero Health provides addiction treatment through counseling and recovery support services in Martinsville. Services can be accessed by emailing info@sperohealth.com or visiting sperohealth.com as well as by calling 276-201-1647.
- Alcoholics Anonymous and Narcotics Anonymous are available in the community. 540-343-6857. A list of meetings can be found for Alcoholics Anonymous by visiting www.aa.org and Narcotics Anonymous by visiting www.na.org

- Carilion/Saint Albans offers comprehensive inpatient and outpatient psychiatric treatment and chemical dependency programs. 540 731-2000 or <https://www.carilionclinic.org/locations/carilion-clinic-saint-albans-hospital>
- Lewis-Gale RESPOND Assessment and Referral 800 541-9992 or www.lewisgale.com
- Blue Ridge Behavioral Healthcare 540 981-9351
- Galax Treatment Center Inc Life Center of Galax offers Substance Abuse Rehab Services in Galax, VA. 800-345-6998 or visit www.galaxrecovery.com
- Mount Regis Center treatment for addictions offers inpatient and intensive outpatient services: (877) 217-3447 or visit www.mtregis.com
- State Employee Assistance Services: Anthem Blue Cross and Blue Shield Member Services: 1-855-223-9277, www.anthemeap.com
- State Employee Assistance Services: Aetna 1-888-238-6232, www.mylifevalues.com
- Virginia 211 is available to link community members with area services. Residents can dial 211 or visit www.211virginia.org for a list of up to date services.

APPENDIX I--SUMMARY OF FEDERAL DRUG LAWS

Summary of Federal Marijuana Law³

Substance / Schedule	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 \$10 million if an individual, \$50 million if other than an individual.	Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if 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 \$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 \$20 million if an individual, \$75million if other than an individual.
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	Not more 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 kilograms marijuana (but does not include 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		
Hashish Oil (Schedule I)	1 kg or less		

Appendix 1: Summary of Federal Drug Law (Continued)

Substance/Quantity	Penalty
Any Amount Of Other Schedule I & II Substances	First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than Life. Fine \$1 million if an individual, \$5 million if not an individual.
Any Amount of Any Drug Product Containing Gamma Hydroxybutyric Acid 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.
Any Amount Of Other Schedule III Drugs	First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.
Any Amount Of All Other Schedule IV Drugs (other than Flunitrazepam)	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
Flunitrazepam (Schedule IV) (Other than 1 gram or more)	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
Any Amount Of All Schedule V Drugs	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.