

# *Carl Albert State College*



## **AOD Prevention Plan**

\*Revised Fall 2022

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## Overview

Institutions of Higher Education (IHE) receiving federal funds or financial assistance must develop and implement a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. The program must include annual notification of the following: standards of conduct; a description of sanctions for violating federal, state, and local law and campus policy; a description of health risks associated with Alcohol and Other Drug (AOD) use; a description of treatment options; and a biennial review of the program's effectiveness and the consistency of the enforcement of sanctions.

**Certification:** For certain forms of federal funding or assistance, IHEs must certify that they have an AOD prevention program; the certification is included commonly in the "Representations and Certifications" section of an application or proposal.

**Requirement to Comply:** IHEs must provide a copy of their biennial report to the U.S. Department of Education or its representative on request. The Secretary or their designee may review the report and supporting documentation as necessary and, where an IHE is noncompliant, may take action ranging from providing technical assistance to helping the campus come into compliance, up to terminating all forms of federal financial assistance.

**Other Legal Obligations:** IHEs also may be subject to related requirements under state and federal law and judicial rulings. IHEs should seek advice on this point from the institution's general counsel or other relevant national resources. To comply with Part 86 regulations, IHEs must notify all students and employees annually of certain information. The notification must include the following: (1) standards of conduct; (2) possible legal sanctions and penalties; (3) statements of the health risks associated with AOD abuse; (4) the IHE's AOD programs available to students, staff, and faculty; and (5) disciplinary sanctions for violations of the

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standards of conduct. IHEs must make the notification in writing and in a manner that ensures all students, employees and faculty receive it.

**Content of Review:** To comply with the regulations, every two years an IHE must conduct a review of its AOD program to determine the effectiveness and the consistency of sanction enforcement, in order to identify and implement any necessary changes. The Department of Education recommends that IHEs conduct the biennial review in even-numbered years and focus their report on the two preceding academic years.

## **Standards of Conduct**

### **Purpose**

The Drug-Free Schools and Communities Amendments of 1989 requires an IHE to certify to the U.S. Department of Education by 10-1-90, that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students, employees and faculty in order to remain eligible for federal financial assistance of any kind. This policy is adopted by Carl Albert State College (CASC) to comply with this statutory directive.

### **Policy**

As set forth in local, state, and federal laws, and the rules and regulations of the College, CASC prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by students, employees and faculty in buildings, facilities, grounds, premises or other property owned and/or controlled by the College or as part of any College activities.

## **Sanctions**

### **Internal**

Any student, employee or faculty member of the College who has violated this prohibition shall be subject to disciplinary action including, but not limited to; suspension, expulsion, termination of employment, referral for prosecution, and/or completion, at the individual's expense, of an appropriate rehabilitation program. Any disciplinary action shall be taken in accordance with the applicable policies issued by the College.

## External

Local, state, and federal laws provide for a variety of legal sanctions for the unlawful possession and distribution of illicit drugs and alcohol. These sanctions include but are not limited to, incarceration and monetary fines.

Starting July 1, 2000, conviction under Federal or State law involving the possession or sale of a controlled substance shall make a student ineligible to receive any Federal or State grant, loan, or work assistance beginning with the date of conviction and ending as follows: (1) conviction for possession of a controlled substance: first offense - 1 year; second offense - 2 years; third offense - indefinite; (2) sale of a controlled substance: first offense - 2 years; second offense - indefinite. Students may regain eligibility earlier than specified by satisfactorily completing a rehabilitation program or other requirements as specified in Federal or State regulations.

Federal law provides severe penalties for distributing or dispensing, or possessing with the intent to distribute or dispense, a controlled substance, and penalties of a less severe nature for simple possession of a controlled substance. The type and quantity of the drug, whether the convicted person has any prior convictions, and whether death or injury result from the use of the drug in question all affect the sentence. However, this is not a factor in a case of simple possession.

As an example, if less than 50 kilograms of marijuana are involved and it is a first offense (no prior convictions), a person is subject to imprisonment of not more than 5 years and/or a fine of \$250,000. However, if a quantity of 50-100 kilograms of marijuana are involved instead of less than 50, and all other factors are the same as in the preceding example, a person is subject to imprisonment of not more than 20 years. This example changes once more if death or serious

injury results from the marijuana use, then a person is subject to not less than 20 years or up to life imprisonment and/or a fine of \$1,000,000. While the penalties for simple possession are less severe, the first conviction still carries a sentence of up to one year imprisonment and/or a fine of at least \$1,000 but not more than \$100,000. With regards to simple possession, the number of convictions makes both the minimum period of imprisonment and fines greater. Under special provisions for possession of crack (cocaine), a person may be sentenced to a mandatory term of at least 5 years in prison and not more than 20 years and/or a fine of \$250,000.

State Law provides similar penalties with regards to the simple possession, distribution, or possession with the intent to distribute a controlled dangerous substance. Simple possession of marijuana is a misdemeanor and carries punishment of up to 1 year in the county jail. A second or subsequent conviction for simple possession of marijuana carries 2-10 years in the state penitentiary. Possession of marijuana with the intent to distribute is a felony and carries a punishment of 2 years to life in the penitentiary and/or a fine of up to \$20,000 for the first conviction. A second or subsequent conviction carries a punishment of 4 years to life in prison and/or a fine of up to \$40,000. Depending upon the quantity involved, a convicted individual could be sentenced under the Oklahoma Trafficking in Illegal Drugs Act which provides for much harsher penalties.

In addition, the State law Prevention of Youth Access to Alcohol, became effective July 1, 2006. For minors consuming/in possession of alcohol or 3.2 percent alcoholic beer, the following penalties apply:

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1st violation: Fines up to \$300 and/or community service not to exceed 30 hours, and mandatory revocation of driver's license for 6 months;

2nd violation: Fines up to \$600 and/or community service not to exceed 60 hours, and mandatory revocation of driver's license for 1 year;

3rd violation: Fines up to \$900 and/or community service not to exceed 90 hours, and mandatory revocation of driver's license for 2 years; All minors who violate this law are subject to drug and alcohol assessment.

Minors who have not yet received a driver's license will not be allowed to obtain a license for the same amount of time as the license would have been revoked.

In addition, there are also local laws with punishments similar to those Federal and State laws described above. If drugs are involved, the city where the offense took place may defer to the State or Federal authorities. If alcohol is involved, a person may be convicted of violating both local and State laws and punished according to both laws.

Both Federal and State Courts do not excuse individuals convicted of these offenses from a prison sentence to attend college and/or job work. A conviction for such an offense is a serious blemish on an individual's record which could prevent them from entering many careers or obtaining certain jobs. Further information regarding these local, State and Federal laws, informational material may be found in the CASC Campus Police Department and the CASC Human Resources Office where copies are available to students, employees and faculty. Students, employees and faculty are encouraged to review this information. The above-referenced examples of penalties and sanctions are based on the relevant laws at the time of



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adoption of this policy statement. All laws described herein are subject to revision or amendment by way of the legislative process.

## **AOD Prevention Plan Initiative**

The collection of data is crucial to the development and implementation of successful AOD prevention planning. The CASC Campus Police, Human Resource Department, and Student Conduct Officer play a key role in data collection and ensuring disciplinary outcomes match the severity of infractions, as per the College's campus policy and including relevant Federal, State, and local laws.

### **Data Sources**

- Clery Report - Campus Crime Statistics
- Evaluations of comments obtained from suggestion boxes
- Student AOD use Surveys (*Beginning January 2023*)
- Opinion Survey (Student, Staff, and Faculty) (*Beginning January 2023*)

### **Vector Solutions Training**

Vector Solutions is a library of training and risk management modules. CASC implements numerous available libraries to provide students, employees, and faculty with training and information in an interactive setting to illustrate key concepts provided through AOD prevention literature distributed annually through the College owned email. Vector Solutions allows the College to track participation in the training and narrowly tailor efforts to ensure compliance and effectiveness of the training.

### **Vector Employee/Faculty Training**

- *Drug-Free Workplace*
- *Student Drug & Alcohol Abuse*

*Other available AOD modules as needed.*

### **Vector Student Training**

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- *Drug and Alcohol Awareness*

*Other available AOD modules as needed.*

### **Post-Initial Distribution Date**

New employees or students enrolled in at least 12 credit hours who join CASC after the initial distribution date are identified by Human Resources (employee) and Academic Affairs (student).

These individuals are provided the appropriate AOD prevention literature no later than the last week of the individual's initial semester. It is the responsibility of these specific departments to ensure compliance of the individual.

### Health Risks Associated with AOD Use\*

Alcohol and Other Drug use represent serious threats to health and quality of life, as well as increase the risk of accidents, birth defects, HIV/AIDS, and other diseases. Combining drugs may lead to unpredictable effects and many prescription and nonprescription drugs are potentially addictive and dangerous. Major categories of drugs and probable effects are listed below:

**Alcohol** is a depressant drug that impairs judgment and coordination, and in many persons causes a greater likelihood of aggressive and/or violent behavior. Even short term use may cause respiratory depression and, when consumed by pregnant women, may cause irreversible physical and mental abnormalities in newborns (fetal alcohol syndrome) or even death. Long-term use may lead to irreversible physical and mental impairment, including liver disease, heart disease, cancer, ulcers, gastritis, delirium tremens, and pancreatitis. Alcohol interacts negatively with more than 150 medications. Driving while under the influence of alcohol is illegal, and is particularly dangerous and a major cause of traffic-related deaths.

**Cocaine/Crack** is a powerful central nervous system stimulant that constricts blood vessels, dilates pupils, increases blood pressure, and elevates the heart rate. Cocaine use may induce restlessness, irritability, anxiety, paranoia, seizures, cardiac arrest, respiratory failure, and/or death. Cocaine is extremely addictive, both psychologically and physically. Great risk exists whether cocaine is ingested by inhalation (snorting), injection or by smoking. Compulsive cocaine use may develop rapidly if the substance is smoked, and smoking crack cocaine can produce particularly aggressive paranoid behavior in substance users.

**Date Rape Drugs** (Rohypnol, rophies, roofies, GHB, Ketamine, etc.) may incapacitate a person, particularly when combined with alcohol. Rohypnol and GHB (gamma-hydroxybutyrate) are

characterized as “date rape” drugs because they incapacitate victims, thereby increasing vulnerability to sexual assault and other crimes. Sedation, relaxation, and amnesia are associated with Rohypnol use. Rohypnol may be psychologically and physically addictive and can cause death if mixed with alcohol and/or other depressants. GHB usage may result in coma and seizures and, when combined with methamphetamine, can cause an increased risk of seizure. Combined use with other drugs such as alcohol can result in nausea and difficulty in breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. Ketamine may induce feelings of near-death experiences.

**Ecstasy** (X, Adam, MDMA, XTC, etc.) has amphetamine-like and hallucinogenic properties. Its chemical structure is similar to other synthetic drugs known to cause brain damage. Ecstasy use may cause psychological difficulties, including confusion, depression, sleep problems, drug craving, severe anxiety, paranoia and even psychotic episodes. Similar difficulties may occur weeks after taking MDMA. Physical symptoms such as increases in heart rate and blood pressure may result from use of such substances. Other physical symptoms include muscle tension, blurred vision, nausea, rapid eye movement and involuntary teeth clenching.

**Hallucinogens** (acid, PCP, LSD, psilocybin [mushrooms]) are the most potent mood-changing chemicals and may produce unpredictable effects that may impair coordination, perception, and cognition. Some LSD users experience flashbacks, often without warning, without the user having taken the drug recently or again after the first time. Violence, paranoia, delusions, hallucinations, convulsions, coma, cardiac arrest, and respiratory failure may result from hallucinogen use.

**Marijuana** (pot, grass, hash, cannabis sativa, etc.) impairs memory, attention, coordination, and learning. Long-term effects of smoking marijuana include problems with memory, learning,

distorted perception, difficulty in thinking and problem solving, loss of coordination, increased heart rate, anxiety, and panic attacks. Persons who smoke marijuana regularly may have many of the same respiratory problems as tobacco smokers, including daily cough and phlegm, chronic bronchitis, and more frequent chest colds. Because users of marijuana deeply inhale and hold marijuana smoke in their lungs, they incur a higher risk of contracting lung cancer.

**Narcotics** (heroin, opium, morphine, codeine, pain medication [Demerol, Percodan, Lortab, etc.]) may produce temporary euphoria followed by depression, drowsiness, cognitive impairment and vomiting. Narcotic use may cause convulsions, coma, and/or death. Tolerance and dependence tend to develop rapidly. Using contaminated syringes to inject drugs may result in contracting HIV and other infectious diseases such as hepatitis.

**Nicotine** (tobacco, cigarettes, cigars, chewing tobacco, nicotine chewing gum and patches) is highly addictive and, according to the Surgeon General, a major cause of stroke and is the third leading cause of death in the United States. Over time, higher levels of nicotine must be consumed in order to achieve the same desired effect. Nicotine consumption results in central nervous system sedation and, after initial activation, may cause drowsiness and depression. If women smoke cigarettes and also take oral contraceptives, they are more prone to cardiovascular and cerebrovascular diseases than other smokers. Pregnant women who smoke cigarettes run an increased risk of having stillborn or premature infants or infants with low birth weight.

**Sedative-hypnotics** (depressants, Quaaludes, Valium, Xanax, etc.) depress the central nervous system, cardiovascular system, and respiratory functions. Sedative-hypnotic use may lower blood pressure, slow reactions, and distort reality. Convulsions, coma, and/or death are outcomes associated with sedative-hypnotic use. Consuming sedative-hypnotics with alcohol or 3.2 percent beer is especially dangerous.

**Steroids** (anabolic-androgenic) may permanently damage liver, cardiovascular, and reproductive systems. Possible side effects include liver tumors, cancer, jaundice, fluid retention, and hypertension. In men, steroids may cause shrinking of testicles, reduced sperm count, cause infertility, baldness, breast development, and increased risk for prostate cancer. In women, steroid use may cause growth of facial hair, male-pattern baldness, menstrual changes, enlarged clitoris, and deepened voice.

**Stimulants** (amphetamine, methamphetamine, speed, crystal, crank, Ritalin, caffeine, various over-the-counter stimulants and diet aids) are powerful central nervous system stimulants that may increase agitation, physical activity, and anxiety. Stimulants may decrease appetite, dilate pupils, and cause sleeplessness. Dizziness, higher blood pressure, paranoia, mood disturbance, hallucination, dependence, convulsions, and/or death due to stroke or heart failure may also result from use.

\*Reference: National Institute on Drug Abuse, National Institutes of Health

## AOD Treatment Options and Resources

CASC Student Health & Counseling Services, and the Employee Assistance Program offer referral counseling sources for CASC students, employees and faculty.

\*Stigler Health & Wellness: Alcohol & Drug Counselors

Poteau: 918-647-215

Sallisaw:918-790-2653

Additional treatment and informational resources appear below:

\*Center for Substance Abuse Treatment Information & Referral Line

- 1-800-662-HELP (4357)

\*National Council on Alcoholism and Drug Dependence HOPE LINE

- 1-800-622-2255, 24 hours a day

\*National Institute on Drug Abuse and National Institutes of Health

- 1-800-729-6686, 1-800-437-4889 (TDY)

\*Reach-Out Hotline Alcohol, drug, domestic violence, sexual assault, rape crisis intervention, and mental health referral.

- 1-800-522-9054

\*National Sexual Assault Telephone Hotline

- 1-800-656-4673, online chat @[online.rainn.org](https://online.rainn.org)

\*National Mental Health Hotline

- 1-866-903-3787

\*National Suicide Prevention Lifeline

- 988, call and text available