

Drug and Alcohol Abuse Prevention Policy

The U.S. Department of Education requires that every institution adopt and implement a drug prevention program policy that is then distributed to College/University employees and students. The philosophy and the specific guidelines of Manchester University's drug prevention program policy are shared in the text that follows. You are encouraged to read these guidelines thoroughly.

Philosophy:

Since the primary objective of the University is to contribute to the growth of the students and to provide positive faculty and staff role models, Manchester works to maintain an environment free from conditions that may prove harmful. The behavior resulting from the abuse of drugs and alcohol can endanger both the individual user and others, and often limits one's full participation in and contribution to the total program of the University. As a result, the abuse of drugs and alcohol is incompatible with the educational process and inconsistent with the basic purpose of any academic community.

The main focus of this program is to provide both curricular and extracurricular education and prevention activities. The hope is that providing these activities will foster a campus environment in which drug and alcohol abuse are perceived as negative and undesirable.

I. Standards of Conduct

The abuse of alcohol and other drugs is detrimental to the educational environment and objectives of the University, and is therefore prohibited.

The possession of, distribution, cultivation or use by any student or employee of any controlled substances (drugs e.g. marijuana, cocaine, opiates, LSD, barbiturates, ecstasy, synthetic substances, etc.) in either the refined or crude form, except under the direction of a licensed physician, is prohibited on University owned or controlled properties and at functions sponsored by Manchester University off-campus.

II. Legal Sanctions Under Local, State, and Federal Law for the Unlawful Possession or Distribution of Illicit Drugs and Alcohol

A. Local Sanctions for Possession and Distribution—Local sanctions are consistent with Indiana law as listed as follows in II.B.

B. State Sanctions for Possession and Distribution— The following information concerns the criminal penalties that can be imposed by State statute for violations related to alcohol or drug possession, use or distribution. For more information, consult appropriate sections of the Indiana Criminal Code. Indiana Codes 7.1-5-1, 7.1-5-7, 9-30-5, 9-30-6 and 35-48-4 regarding minor possession/consumption and public intoxication can be found in the *The Source*. All students are reminded that conviction under state laws that prohibit alcohol-related and drug-related conduct can result in fines, confiscation of property and imprisonment. In addition, licenses to practice certain professions may be revoked and many employment opportunities may be barred. All persons should be aware that, in Indiana, any person under 21 who possesses alcohol, such person is at risk of arrest. Any person who is intoxicated in public risks arrest. A person convicted of driving while intoxicated may be punished by fine, be jailed and lose the license to drive an automobile. Any selling of alcoholic beverages without a license is illegal. Possession or use, distribution, or manufacture of controlled substances (drugs) illegally can result in arrest and conviction of a drug violation and fines up to \$10,000 (Indiana), imprisonment up to 50 years (Indiana) and confiscation of property.

Note: Indiana has an OPEN CONTAINER LAW, which states that it is illegal to have open containers of alcoholic beverages in your vehicle while it is moving.

C. Federal Sanctions for Possession and Distribution—Federal law forbids the illegal possession of and trafficking in controlled substances. A person convicted for the first time of possessing a controlled substance, other than crack cocaine, may be sentenced to up to one year in prison and fined between \$1,000 and \$25,000. A second conviction carries a prison term of up to two years and a fine of up to \$250,000. Subsequent convictions carry prison terms of up to three years and fines of up to \$250,000. Imprisonment for five to twenty years and fines of up to \$250,000 apply to persons possessing more than five grams of crack cocaine on the first conviction, three grams on the second and one gram on subsequent convictions. In addition to the above sanctions, a person convicted of possessing a controlled substance may be punished by forfeiture of property used to possess or facilitate possession, if the offense is punishable by more than one year in prison; forfeiture of any conveyance used to transport or conceal a controlled substance; denial of federal benefits, such as student loans, for up to five years; ineligibility to receive or purchase a firearm; and a civil penalty of up to \$10,000.

III. Description of Health Risks Associated with the Use of Illicit Drugs and the Abuse of Alcohol

Note: All of the following will cause an altered mental state.

Alcohol (* see "Special Note on Alcohol")

Health Effects: Causes depression, aggression, slurred speech, muscular incoordination, reduced audiovisual acuity, drowsiness, emotional lability. Frequent use can lead to cirrhosis of liver, pancreatitis, brain disorders, vitamin deficiencies, malnutrition, and addiction. Large doses can cause unconsciousness, respiratory depression, alcohol poisoning and death.

Symptoms: Puffiness of face, redness of eyes, depression, disorientation, shallow respiration, nausea, dehydration.

Duration: 1-12 hours.

Marijuana (pot, dope, grass, reefer, etc...)

Health Effects: Can impair memory, perception and judgment. Lowers blood pressure, increases heart rate, and increases risk for a heart attack by four times greater within the first hour after smoking marijuana, compared to their general risk of heart attack when not smoking. Sometimes marijuana use can also produce anxiety, fear, distrust, or panic. THC impairs the body's immune system from fighting disease, which can cause a wide variety of health problems. Marijuana may inhibit the disease-preventing actions of key immune cells. Regular marijuana smokers can experience the same respiratory problems as tobacco smokers do; marijuana smoke contains carcinogens. THC increases the risk of developing bacterial infections and tumors.

Symptoms: Euphoria, relaxed inhibitions, disoriented behavior, staring off into space, hilarity without cause, time distortion, altered perceptions, bloodshot eyes, dry mouth and throat, psychomotor impairment, anxiety, dysphoria, drowsiness.

Duration: 1-8 hours.

Anabolic-Androgenic Steroids

Barbiturates; Methaqualone (Barbiturates are Nembutal® and Amytal®. Street names for barbiturates include "reds", "red devils", "yellow jackets", blue heavens", "Christmas trees" and "rainbows".)

Health Effects: Can cause slurred speech, staggering gait, poor judgment, slow uncertain reflexes, aggression, confusion, depression, anxiety. Large doses can cause unconsciousness, fatal respiratory

depression and death. Men can experience testicular atrophy, oligospermia or azospermia, and impotence with chronic use. Women may experience amenorrhea, decreased fertility, increased facial hair, and voice deepening with chronic use.

Symptoms: Aggression, mild euphoria, mood changes, hypertension, headache, fluid retention, inability to sleep, alopecia, depression.

Duration: Variable.

Cocaine (snow, stardust, blow, etc...)

Health Effects: Causes dilated pupils, increased blood pressure, heart rate, breathing rate and body temperature. Can cause seizures, heart arrhythmias, heart attacks and death.

Symptoms: Apathy, anxiety, sleeplessness, paranoia, hallucinations, craving for more cocaine, tachycardia, mydriasis, sweating, palpitations, tremors. Weight loss. Constant sniffing.

Duration: ½ - 1.5 hours.

Crack Cocaine (rock, blotter, yam, bopper, etc...)

Health Effects: More and stronger cocaine is getting to the brain quicker, increasing risks of cocaine use.

Symptoms: same as cocaine.

Duration: 15 - 20 minutes.

Gamma hydroxybutyrate (GBH, liquid X, liquid ecstasy, fantasy G)

Health Effects: Decreased cardiac output, cardiac arrest, respiratory depression/failure, seizures, coma, and even death at high doses.

Symptoms: sedation, drowsiness, confusion, agitation, delirium, euphoria, headache, tunnel vision.

Duration: 20 minutes up to 6 hours.

Amphetamines (truck drivers, jelly bean, wake ups, lightning, etc...)

Health Effects: increases heart rate, breathing rate, and blood pressure. High doses can cause tremors, loss of coordination and death from stroke or heart failure. Frequent use of large amounts can produce brain damage, ulcers and malnutrition.

Symptoms: Decreased appetite, dilated pupils, sleeplessness, agitation, sweating, palpitations, tachycardia, confusion, anxiety and unusual increase in activity.

Duration: ½ - 2 hours.

PCP or Phencyclidine (angel dust, embalming fluid, killer weed, rocket fuel, super grass, etc...)

Health Effects: Increased heart rate and blood pressure, large doses can cause convulsions, comas, heart and lung failure and ruptured brain vessels. Users may show long-term effects on memory, judgment, concentration and perception.

Symptoms: Sweating, dizziness, numbness, hallucination, confusion, agitation, violence and aggression or silence and withdrawn state, incoordination, confusion, euphoria, bizarre and dangerous behavior.

Duration: 4-8 hours but may take a few days for effects to wear off completely.

Heroin (Smack, dragon, black tar, brown sugar, etc...)

Health Effects: Repeated use can lead to infections of heart lining and valves, skin abscesses and congested lungs. Can lead to convulsions, respiratory depression, coma and death.

Symptoms: watery eyes, runny nose, yawning, and loss of appetite, tremors, irritability, panic, chills, sweating, cramps, nausea, drowsiness, mental confusion, and hallucinations.

Duration: 12-24 hours.

Gas & Glue, Other Inhalants (huff, highball, air blast, chroming, etc...)

Health Effects: Decreased concentration, insomnia, nightmares, peripheral neuropathy, persistent tremors, and dementia. Brain damage occurs when used over a long period of time. All these chemicals carry considerable risk, particularly of cardiac arrhythmia.

Symptoms: Very alert, keen senses, hallucinations, dizziness, scrambled words, disconnected sentences, slurred speech, facial erythema, runny nose, and watery or bloodshot eyes. Smells like whatever the substance is being used (i.e. gasoline).

Duration: A few minutes up to 45 minutes. High lipophilicity allows for rapid access to the brain but CNS effects are not long-lasting due to rapid pulmonary excretion.

Hallucinogens (PCP, LSD, acid, trips, magic mushrooms, shrooms, angle dust, peace pill, special K, etc...)

Health Effects: Dilated pupils, nausea, increased blood pressure, hallucinations, stomach cramps, blackouts. Flashbacks, a recurrence of the drug effects, may be a problem for some.

Symptoms: Beady eyes, nervous, erratic behavior, "fight or flight" response, dysphoria, panic, crying, personality changes, "sees" smells, "hear" colors. Marked depersonalization.

Duration: 3-12 hours.

Mushrooms containing psilocybin and psilocin

Health Effects: Dilated pupils, blurred vision, increase in blood pressure, hyperreflexia. Large doses can result in acute psychosis that resolves within a few days, but there have been reports of daily panic attacks lasting up to 2 weeks after ingestion.

Symptoms: relaxation, euphoria, distortion of passage of time, perceptual distortion, flushing, tachycardia, dry mouth

Duration: varies, up to 12 hours

MDMA (Methylenedioxymethamphetamine)/Ecstasy (happy pill, hug drug, love drug, party pack, Scooby snacks, smartees, skittles, etc...)

Health Effects: Increased heart rate and blood pressure, blurred vision, chills, sweating, drastic increases in body temperature. Believed to cause permanent brain damage.

Symptoms: confusion, depression, sleep problems, anxiety, paranoia, muscle tension, involuntary teeth clenching, nausea, tranquil euphoria, emotional empathy.

Duration: Usually 4-6 hours, but can be variable and last up to days.

K2/Spice (Bilss, Black Manba, Bombay Blue, Fake Weed, Genie, Spice, Zohai, etc...)

Health Effects: Spice abusers who have been taken to Poison Control Centers report symptoms that include rapid heart rate, vomiting, agitation, confusion, and hallucinations. Spice can also raise blood pressure and cause reduced blood supply to the heart (myocardial ischemia), and in a few cases it has been associated with heart attacks. Regular users may experience withdrawal and addiction symptoms.

We still do not know all the ways Spice may affect human health or how toxic it may be, but one public health concern is that there may be harmful heavy metal residues in Spice mixtures. Without further analyses, it is difficult to determine whether this concern is justified.

Symptoms: Spice users report experiences similar to those produced by marijuana—elevated mood, relaxation, and altered perception—and in some cases the effects are even stronger than those of marijuana. Some users report psychotic effects like extreme anxiety, paranoia, and hallucinations.

251-NBOME (2C-!- N-Bomb, and Smiles)

Health Effects: seizures, kidney failure, tachycardia, intense confusion, attempted suicide. Overdose can result in coma or death. Long-term effects are still being studied.

Symptoms: agitation, hallucinations, euphoria, confusion, sweating, high body temperature, panic, paranoia.

Duration: 4-10 hours

More information may be found on any of the substances listed above by visiting the U.S. Department of Justice Drug Enforcement Administration site at the following link

<http://www.justice.gov/dea/druginfo/factsheets.shtml>

A special note on alcohol:

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

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol

withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

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

IV. Description of Drug or Alcohol Counseling and/or Treatment Availability

Through the University counseling services, health services, and appropriate local agencies, Manchester University will assist individuals needing drug or alcohol counseling and/or treatment. A high quality effort will be made to enhance the institution's capability for offering employees and students meaningful and helpful referral to treatment services when it becomes clear that neither campus prevention nor early intervention activities have met an individual's needs. Health Services and Counseling Services can provide other campus and community resources.

Health Services

North Manchester Campus

Calvin Ulrey, 1st floor

Call or email to schedule or for information:

(260) 982-5306

healthservices@manchester.edu

Counseling Services

North Manchester Campus:

Success Center, Jo Young Switzer Center, upper level

Fort Wayne Campus:

Office of Student Life, Suite 127

Call or email to schedule or for information:

(260) 982-5888

counselingservices@manchester.edu (North Manchester)

fwcounselingservices@manchester.edu (Fort Wayne)

Off-Campus Resources

Indiana Pharmacists Recovery Network (PRN) - <http://www.prnindiana.com/>

[Parkview Behavioral Health Access Center – \(260\) 373-7500; \(800\) 284-8439](#)

Employee Assistance Program for Substance Abuse

Voluntary Referral

The University recognizes alcohol and drug dependency as major health and behavior problems and is prepared to offer assistance if requested. Any employee who suspects he or she has developed an addiction to, dependence upon, or a problem with alcohol or drugs (legal or illegal) is encouraged to seek assistance through their immediate supervisor, the Office of Human Resources or the Employee Assistance Plan. In-patient and out-patient programs are available, with insurance benefits in many instances. Requests for assistance will be treated confidentially.

Mandatory Referrals

Any member of the leadership team who recognizes or suspects that an employee may need professional help for substance abuse may confidentially refer the employee to the Office of Human Resources or the Employee Assistance Plan.

Terms of Assistance

Mandatory referrals to substance abuse treatment will not jeopardize an employee's position as long as the University's expectations are met. Any employee who is abusing drugs or alcohol may request out-patient treatment or, upon request, be granted a personal leave of absence to undertake inpatient rehabilitation treatment. The employee will be permitted to return to work from in-patient treatment only after completion of the rehabilitation program is certified. The University reserves the right to require random drug and/or alcohol testing for an appropriate length of time following return to work. It is the employee's responsibility to comply and cooperate with the prescribed treatment. Refusal to accept diagnosis or treatment, or leaving a rehabilitation program before being released will be handled as any other situation that adversely affects job performance. Employees returning to work from mandatory referral will return only under the terms of a Last Chance Agreement satisfactory to the University.

V. Disciplinary Sanctions

A. Employee Sanctions related to Alcohol and Drugs (Refer to the Substance Abuse Policy on page 53 of the Employee Handbook)

The University has a duty to provide a safe working environment for its employees. Each employee has a corresponding duty to his/her co-workers and to Manchester University students to deliver services in a safe and conscientious manner. To help ensure that these responsibilities are fulfilled, employees must work free from the effects of performance-impairing substances (including illicit drugs, hallucinogens, herein called "Controlled Substances" and their metabolites, and alcohol). Any employee of Manchester University who uses Controlled Substances or improperly consumes alcohol while working or while conducting business on behalf of the University, or who attempts to work while under the influence of same, potentially endangers himself or herself as well as co-workers. For purposes of this policy, 54 Rev. 9/11 "under the influence" means the employee tested positive for Controlled Substances and/or has a blood-alcohol level at/or above 0.05. Possession, manufacture, distribution, dispensation or sale, use, consumption or being under the influence of Controlled Substances while on the University campus (including parking lots) or while on University business is strictly prohibited. Working while under the influence of alcohol is likewise prohibited. All employees are required to notify the director of human resources of any drug- or alcohol-related conviction(s) no later than five days after such a conviction. Prescription drugs also may affect performance and behavior. Accordingly, they must be used only in the manner, combinations and quantities in which they are prescribed, and only by the individual for whom they are prescribed. Any employee using prescription drugs that may affect his/her job performance or behavior must discuss his/her job requirements with the prescribing physician, and, if advised by the physician, discuss the matter with his/her supervisor. Violation of this policy will result in corrective action, up to and including discharge, and may result in legal prosecution.

Reasonable Suspicion

The University reserves the right to require an employee to undergo an immediate alcohol and/or drug test when/where reasonable suspicion exists that the employee is under the influence of alcohol or Controlled Substances when reporting to work or when acting within the scope and course of employment. Reasonable Suspicion includes, but is not limited to, the following:

- observation by a supervisor, manager or other leader of an on-duty employee behaving in a manner that suggests the employee might be under the influence of alcohol or Controlled Substances;
- violations of safety rules or procedures that could potentially jeopardize the well-being of employees, students, or the public, or result in an accident;
- information from other observers regarding use or possession; or
- any work-related accident that requires first aid from a professional provider or results in property damage.

Random Testing

The University also reserves the right to require random testing for a reasonable length of time as part of a last-chance agreement. Any employee who refuses a University request to submit, or fails to submit, to such testing will be subject to corrective action up to and including discharge. Testing will be conducted and test results will be maintained with concern for the personal privacy of the employee.

Searches

When there is Reasonable Suspicion that an employee is in violation of the Substance Abuse Policy, the University, at its discretion, may request the employee to empty his or her pockets, and may conduct a search of the employee's on-site property. Such property includes, but is not limited to, University-owned vehicles, desks, containers, files or lockers. Also subject to search are any vehicles, packages, purses, briefcases, lunch boxes or other containers brought onto the campus (including parking lots) by employees. Discovery of controlled substances violative of this policy, or a refusal to allow a search, will subject the employee to corrective action up to and including discharge.

B. Student Sanctions Related to Alcohol and Drugs

In order to assure that the University drug and alcohol policy is implemented and at the same time protects the rights of the individual, the following procedures will be employed. When reports reach the University Restorative Justice System at the North Manchester or Fort Wayne Campus indicating possible alcohol/drug use by students, the individuals will be:

- A. Informed of the charges pending against them with violating policies set forth in the *The Source*
- B. Reminded of the drug and alcohol policy of the University
- C. All cases will then be reviewed by a hearing body, as outlined in *The Source*.
- D. Cases will be resolved according to the policies and procedures outlined in *The Source*.

C. Sanctions Related to Controlled Substances (Drugs)

Any student found responsible of possession of any narcotic, hallucinogen or other drug, except permitted by law, possession of any drug paraphernalia (e.g. bongos, hookahs,...), possession with intent

to deal a controlled substance or drug paraphernalia or a student found responsible of known presence of a controlled substance or drug paraphernalia will be subject to sanctions outlined in *The Source*, which may or may not include suspension or expulsion, dismissal from campus employment, monetary fines and community restitution. Students found in possession of controlled substances, even on University grounds, are still subject to all state and federal laws concerning the substance.

VI. Drug Program Evaluation

The Vice President for Student Life and Conduct Coordinator along with the Counseling Services staff and University Safety, will conduct an annual review of the drug and alcohol program to determine its effectiveness, to implement appropriate changes, and to ensure that its disciplinary sanctions are consistently enforced.

VII. References

AICUO Member Institutions Memorandum (Re: Drug-Free School and Communities Act Amendments of 1989), September 5, 1990, Larry H. Christman.

Drugs of Abuse, 1989 Edition. U.S. Department of Justice Drug Enforcement Administration; U.S. Government Printing Office; Washington, D.C. 20402

Wills S. *Drugs of Abuse*. 2nd ed. Grayslake, IL: Pharmaceutical Press; 2005.

Federal Register, Part II, Department of Education; Drug-Free Schools and Campuses; Final Regulations; Vol. 55, No. 159, Thursday, August 16, 1990.

VIII. Resources

Partnership for Drug Free America

National Institute of Drug Abuse (NIDA)

National Council on Alcoholism & Drug Dependence

Alcohol and Drug Foundation

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