

Drug Free Schools and Communities Act

Biennial Review – Rocky Vista University

January 6, 2018

- Both Employee and Student Policies on Drugs and Alcohol Use were reviewed. Each are respectively stated in handbooks.
- Annual distribution/notification sent out to all employees and students via email system stating standards of conduct, applicable legal sanctions, health risks, counseling and treatment resources, and disciplinary sanctions (Oct. 1, 2017). (Each campus – CO and UT – includes the state specific laws and regulations regarding drugs and alcohol).
- October Prevention Program: Included posters around campus on drugs and alcohol awareness and prevention reminders, and a display message on the student monitor (marquee) for two weeks.
- Feedback given by Student Government Association about effectiveness of prevention program. (Some felt the messages were a bit too strong and may instill fear among those more sensitive, and it was suggested that prevention messages be more positive in nature.)
- A Drug and Alcohol Prevention Brochure was created and is available in a kiosk holder by the security offices at both campuses.
- Flyers regarding the dangers of drug or alcohol use are randomly posted on boards around campuses.
- **In addition, the Drug and Alcohol Prevention Brochure is placed in Admissions Folders given to all new students.**

***** Following this biennial review are copies of:**

- 1. Drug and Alcohol Prevention Brochure**
- 2. Policy Statement and Annual Notification**
- 3. Picture of Poster hung around campus in October 2017 and also active on the student monitor (marquee).**



**Drug Free Schools and Communities Act
Annual Notification
2018**

INTRODUCTION

Rocky Vista University is committed to cultivating a drug and alcohol free work place and maintaining a standard of conduct for employees and students that discourages the unlawful or unauthorized use, possession, storage, manufacture, distribution, or sale of alcoholic beverages and any illicit drugs or drug paraphernalia in University buildings, public campus areas or at University affiliated events held on or off-campus.

For Rocky Vista University employees, compliance with this policy is a term and condition of employment. For Rocky Vista University students and student organizations, compliance with this policy is a term and condition of continued enrollment and organizational registration.

UNIVERSITY POLICIES RELATED TO DRUG AND ALCOHOL

Pursuant to the requirements of the Drug-Free School and Community Act Amendments of 1989 (PL 101-226), Rocky Vista University has adopted and implemented drug and alcohol policies and programs designed to prevent drug and alcohol problems within the University setting. The policies and programs are designed to identify problems at the earliest stage, motivate the affected individuals to seek help, and to direct the individual toward the best assistance available.

Alcohol- and Drug-Free Policy

RVU is an alcohol and drug free campus, with the exception of special events that are approved by the RVU President or Dean. As set forth in local, state, and Federal laws, and the rules and regulations of the University, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on campus-controlled property is strictly prohibited. All drug and alcohol laws are vigorously enforced.

Disciplinary Sanctions

Through disciplinary procedures, the University will impose sanctions upon students and employees, who unlawfully use, possess, sell or distribute drugs or unlawfully use or abuse alcohol on college property, or as part of any University employment or activity. Depending on the circumstances, these sanctions may range from a warning, to a maximum of expulsion or termination of employment. Students and employees who violate the University's regulations are also subject to referral by the Campus Safety and Security Department to the Parker Police for criminal prosecution.

Amnesty for Alcohol and/or Drugs in Sexual Misconduct Investigations

Sometimes, a student or employee may be hesitant to come forward and file a sexual misconduct investigation request out of concern that the student or employee was using or was under the influence of alcohol or illegal drugs at the time of the alleged incident. However, the University's primary interest in such situations is in addressing alleged sexual violence. Illegal alcohol or drug use never makes a Reporting Party at fault for sexual violence against him or her. Other rules violations will be addressed separately from a sexual violence allegation.

Drug Testing Policy

Rocky Vista University is a drug-free campus. All applicants and Osteopathic Graduate Medical Education employees must undergo a drug screen at the University's expense prior to employment. Any applicant who fails a drug screen will not be considered for employment.

The University reserves the right to require an employee to undergo one or more "fitness for duty" drug screens under these circumstances:

- a) following a workplace injury;
- b) following a conviction of a drug or alcohol related offense; and
- c) if the University has reasonable suspicions that substance abuse is adversely affecting job performance or poses a risk to the employee or others.

OGME employees must undergo a drug screening test prior to assignment to the Training Site/Hospital. The drug screen must be performed by a University approved lab or vendor. To the extent that the OGME employee has had a previous drug screen performed within one (1) year of the placement at a Training Site/Hospital, RVU or OGME employee may provide a copy of those test results to the Training Site/Hospital in lieu of requiring a new screening test.

If a new test is required, then the test may be ordered by RVU, OGME employee, or Training Site/Hospital and the cost of such test will be borne by either RVU or the OGME employee. The pre-placement screening test must at a minimum test for amphetamines, barbiturates, benzodiazepines, opiates, marijuana, codeine, and cocaine.

The OGME employee shall sign "Consent to Release Health Information" and a copy of the signed Consent form shall be provided to Training Site/Hospital along with a copy of the drug screen report. While participating in the training program, each OGME employee will be required to comply with the Training Site/Hospital's policy on Substance Use in the Workplace. A copy of the policy will be provided to the OGME employee at OGME employee's orientation to the Training Site/Hospital. Among other requirements of the policy, the policy requires:

- a) The OGME employee to notify his supervisor whenever he is taking a prescribed or over-the-counter drug that the OGME employee has been advised will, or based upon the drug profile is likely to, impair job performance (e.g. drowsiness or diminished ability to focus);
- b) The OGME employee to notify his supervisor whenever the OGME employee has reasonable concerns that another employee or the OGME employee has violated the policy;
- c) That by entering the Training Site/Hospital property, each OGME employee consents to a search or inspection of the OGME employee's person or property in the event that a supervisor has reasonable suspicion that the OGME employee has violated the policy;
- d) The OGME employee to undergo drug or alcohol testing upon reasonable suspicion that OGME employee has violated the policy, or after any "on-the-job" accident which involves injury requiring medical treatment or evaluation to the OGME employee or another person, or property damage.

Reasonable suspicion and reportable accident testing should include amphetamines, barbiturates, benzodiazepines, carisoprodol, opiates, fentanyl analogues, methadone, meperidine, marijuana, and cocaine. Upon suspicion of alcohol abuse, testing for the presence of alcohol will be conducted by analysis of breath, saliva, blood or other accepted testing methodology.

Upon suspicion of drug abuse, testing for the presence of the metabolites of drugs will be conducted by the analysis of urine, blood, saliva, or other accepted testing methodology. Should the initial drug screening test disclose adverse information as to any OGME employee, Training Site/Hospital shall have no obligation to accept the OGME employee at the Training Site/Hospital.

To the extent that any OGME employee violates the policy for drug or alcohol abuse after placement at the Training Site/Hospital, or refuses to cooperate with the requirement for a search or reasonable suspicion and reportable accident testing, then the Training Site/Hospital may immediately remove the OGME employee from participation in the training program at the Training Site/Hospital.

COLORADO DRUG AND ALCOHOL LAWS AND REGULATIONS

Colorado drug law classifies controlled substances under Federal drug “schedules”. Controlled substances are categorized by their risk of addiction. The drug substance you are accused of possessing affects the charges and possible sentences if you are found guilty of drug possession charges.

Schedule I drugs include those that are the most dangerous and have a high risk of addiction or dependency and “no legitimate medical use”. Drugs included under this heading include LSD, marijuana, heroin, mescaline, and peyote.

Schedule II substances still have a high risk of abuse but may have legitimate medical uses. These include things like opium, cocaine, methadone, methamphetamines, and amphetamines.

Schedule III drugs are slightly less dangerous than Schedule II substances, but still have a moderate risk of abuse. Schedule III substances include hydrocodone, codeine, anabolic steroids, testosterone, ketamine, and some depressants.

Schedule IV drugs have a slight risk of dependency and have very acceptable medical uses. Some Schedule IV drugs are clonazepam, some tranquilizers, and sedatives.

Schedule V substances have a very low risk of dependency and include things like over the counter medication with Codeine.

Colorado Drug Possession – Laws & Penalties

You may be charged with possession if you are **in control of a controlled substance**. This means the drugs do not have to be in your pocket but maybe in your glove box or in an easily accessible area. An illegal drug that is knowingly under your control is a possession charge under Colorado law.

If you are charged with possession, the sentence you face depends on the substance you are caught with. All drug possession charges and penalties are classified by Schedule, except for [Marijuana possession](#).

Substance / Drug	Charge	Potential Sentence for Possession
Schedule I or II, <i>1st offense</i>	Class 3 Felony	4-12 years in prison and fines of \$3,000- \$750,000
Schedule I or II, <i>2nd offense</i>	Class 2 felony	8-24 years in prison and \$5,000- \$1 million
Schedule III, <i>1st offense</i>	Class 4 felony	2-6 years in prison and fines of \$2,000- \$500,000
Schedule III, <i>2nd offense</i>	Class 3 felony	4-12 years in prison and fines of \$3,000- \$750,000
Schedule IV, <i>1st offense</i>	Class 5 felony	1-3 years in prison and fines of \$1,000- \$100,000
Schedule IV, <i>2nd offense</i>	Class 4 felony	2-6 years in prison and fines of \$2,000- \$500,000
Schedule V, <i>1st offense</i>	Class 1 misdemeanor	6-18 months in jail and fines of \$500-\$5,000
Schedule V, <i>2nd offense</i>	Class 5 felony	1-3 years in prison and fines of \$1,000- \$100,000

Ref: CRS 18-18-405

Federal Drug Trafficking Penalties

- Please see: <http://www.dea.gov/druginfo/ftp3.shtml>

Colorado Marijuana Laws

The new law did not change penalties associated with more than one ounce of marijuana. If you are in possession of more than one ounce, the charge you face depends on the quantity:

Marijuana Amount	Criminal Charge	Potential Sentence
More than 1 oz. and less than 8 oz.	Class 1 misdemeanor	6- 18 months in jail and fines of \$500-\$5,000
More than 8 oz.	Class 5 felony	1-3 years in prison and fines of \$1,000-\$100,000.

Ref: CRS 18-18-406

If you are caught using marijuana in public or having it out in the open, you can be sentenced to an additional 15 days in jail. If this is your **second offense** or greater you could be facing double the maximum sentence.

If you are charged with more than possession and perhaps were caught in possession with intent to distribute, you face much harsher sentences. For instance, **you could be facing 2 to 6 years in prison for being in possession with intent to distribute any amount of marijuana.**

RVU Marijuana Policy

The legal status of controlled substances, including marijuana, shall be determined by Federal rather than Colorado law. Colorado voters approved Amendments 20 and 64, allowing for medical and recreational use of marijuana. Neither measure requires the company to accommodate the medical use or possession of marijuana in any workplace. Likewise, the company will not tolerate or accommodate the off-duty use of marijuana or any other illegal drug by its employees.

Colorado State Alcohol Law/RVU Alcohol Policy

Colorado State Law allows a person who has reached his/her 21st birthday to possess and/or consume alcoholic beverages. All students may be required to present valid identification to verify the fact that they are 21 years of age and can legally consume alcohol. The University prohibits all students from unlawfully purchasing or consuming alcohol on University premises. Thus, alcohol may be consumed only by students of legal age at approved functions

on University premises. Furthermore, the distribution and consumption of alcohol at University events must comply with the guidelines set forth in the University’s Drug and Alcohol policy.

Penalties for Driving Under the Influence / Driving While Ability Impaired

Colorado law enforcement refers to drunken driving offenses as either:

- DUI (Driving Under the Influence), triggered by .08% or higher BAC, or
- DWAI (Driving While Ability Impaired), triggered by .05% BAC or higher (but less than .08% BAC).

Penalties for a DWAI/DUI in Colorado

	<u>1st Offense</u>	<u>2nd Offense</u>	<u>3rd Offense</u>
Jail	Up to 1 year (DUI), or up to 180 days (DWAI)	Up to 1 year (DUI & DWAI)	Up to 1 year (DUI & DWAI)
Fines and Penalties	Up to \$1,000 (DUI), or up to \$500 (DWAI)	Up to \$1,500 (DUI & DWAI)	Up to \$1,500 (DUI), or up to \$1,000 (DWAI)
License Suspension	9 months (DUI), none for DWAI	1 year (DUI & DWAI)	2 years (DUI & DWAI)
IID** Required	No	Yes	Yes

DWAI With Previous DUI: Jail – 60 Days to 1 Year, Fine – \$800 to \$1,200, Public Service – 52 to 104 Hours

DUI With Previous DWAI: Jail – 70 Days to 1 Year, Fine – \$900 to \$1,500, Public Service – 56 to 112 Hours

Lookback Period: There is no lookback period in Colorado. All prior DWAI/DUIs are relevant for sentencing and penalty purposes.

**[Interlock Ignition Device](#)

How much do you have to drink (BAC*) for a DWAI/DUI in Colorado?

Under 21	.02%
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21 or older

.08% DUI or .05% DWAI

*BAC = blood alcohol content

What if you refuse to take a chemical test in Colorado?

Colorado has an implied consent law. That means that if you refuse to submit to a chemical test you will be subject to a fine and automatic license suspension. To learn more, see [Colorado's implied consent law](#).

	1 st Offense	2d offense	3 rd Offense
Refusal to take test	1 year revocation of license	2 year revocation of license	3 year revocation of license

HEALTH RISKS ASSOCIATED WITH THE ABUSE OF ALCOHOL AND USE OF ILLICIT DRUGS

The U.S. Department of Justice provides information on the effects of alcohol and commonly used drugs. This information is provided below and can also be found on the U.S. Department of Justice website at <http://www.justice.gov>.

Alcohol: Alcohol consumption causes a number of marked changes in behavior. Even a low amount can 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 amounts of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high amounts of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high amounts cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower amounts of alcohol will produce the effects described here.

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 combined with poor nutrition, can also lead to permanent damage to vital organs, such as the brain and the liver.

Females 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 a greater risk of becoming alcoholics themselves.

Because alcohol affects many organs in the body, long-term heavy drinking puts people at risk for developing serious health problems, some of which are described below.

Alcohol-Related Liver Disease: More than 2 million Americans suffer from alcohol-related liver disease. Some drinkers develop alcoholic hepatitis, or inflammation of the liver, as a result of long-term heavy drinking. Its symptoms include fever, jaundice (abnormal yellowing of the skin, eyeballs, and urine), and abdominal pain. Alcoholic hepatitis can cause death if drinking continues. If drinking stops, this condition often is reversible. About 10 to 20 percent of heavy drinkers develop alcoholic cirrhosis, or scarring of the liver. Alcoholic cirrhosis can cause death if drinking continues.

Heart Disease: Moderate drinking can have beneficial effects on the heart, especially among those at greatest risk for heart attacks, such as men over the age of 45 and women after menopause. But long-term heavy drinking increases the risk for high blood pressure, heart disease, and some types of stroke.

Cancer: Long-term heavy drinking increases the risk of developing certain forms of cancer, especially cancer of the esophagus, mouth, throat, and voice box. Women are at slightly increased risk of developing breast cancer if they drink two or more drinks per day. Drinking may also increase the risk for developing cancer of the colon and rectum.

Pancreatitis: The pancreas helps to regulate the body's blood sugar levels by producing insulin. The pancreas also has a role in digesting ingested food. Long-term heavy drinking can lead to pancreatitis, or inflammation of the pancreas. This condition is associated with severe abdominal pain and weight loss and can be fatal.

Drugs

Methamphetamine: Methamphetamine releases high levels of the neurotransmitter dopamine which stimulates brain cells enhancing mood and body movement. It also appears to have a neurotoxic effect damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder. Users may become addicted quickly and use it with increasing frequency and in increasing doses. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

Cocaine: Cocaine is a strong central nervous system stimulant that interferes with the re-absorption process of dopamine, a chemical messenger associated with pleasure and movement. Dopamine is released as part of the brain's reward system and is involved in the high that characterizes cocaine consumption. The physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. The duration of cocaine's immediate euphoric effects, which include hyper-stimulation, reduced fatigue, and mental clarity, depends on the route of administration.

High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed, which may lead to further cocaine use to alleviate depression.

Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.

Heroin: Heroin abuse is associated with serious health conditions including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. Mental functioning becomes clouded due to depression of the central nervous system. Long-term effects of heroin appear after repeated use for some period of time. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.

Marijuana: Recent research findings indicate that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of other major drugs of abuse.

Someone who smokes marijuana regularly may have many of the same respiratory problems as tobacco smokers. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

MDMA (Ecstasy): MDMA causes injury to the brain, affecting neurons that use the chemical serotonin to communicate with other neurons. The serotonin system plays a direct role in regulating mood, aggression, sexual activity, sleep, and sensitivity to pain. Many of the risks users face with MDMA use are similar to those found with the use of cocaine and amphetamines, such as: psychological difficulties including confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia – during and sometimes weeks after taking MDMA; physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating; and increases in heart rate and blood pressure, a special risk for people with circulatory or heart disease. There is also evidence that people who develop a rash that looks like acne after using MDMA may be risking severe side effects, including liver damage, if they continue to use the drug.

Rohypnol, GHB, and Ketamine: Coma and seizures can occur following abuse of GHB and, when combined with methamphetamine, there appears to be an increased risk of seizure. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. In October, 1996, because of concern about Rohypnol, GHB, and other similarly abused sedative-hypnotics, Congress passed the "Drug-Induced Rape Prevention and Punishment Act of 1996." This legislation increased federal penalties for use of any controlled substance to aid in sexual assault.

LSD: The effects of LSD are unpredictable. They depend on the amount taken; the user's personality, mood, and expectations; and the surroundings in which the drug is used. Usually, the user feels the first effects of the drug 30 to 90 minutes after taking it. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.

LSD is not considered an addictive drug since it does not produce compulsive drug-seeking behavior as do cocaine, amphetamine, heroin, alcohol, and nicotine. However, like many of the addictive drugs, LSD produces tolerance, so some users who take the drug repeatedly must take progressively higher doses to achieve the state of intoxication they had previously achieved. This is an extremely dangerous practice, given the unpredictability of the drug. The National Institute on Drug Abuse (NIDA) is funding studies that focus on the neurochemical and behavioral properties of LSD. This research will provide a greater understanding of the effects of the drug.

ALCOHOL AND DRUG TREATMENT AND COUNSELING PROGRAMS

- Colorado Physician Health Program: 303-860-0122
899 Logan St., Suite 410
Denver, CO 80203
- 24 Hour National Alcohol and Substance Abuse Information Center: 1-800-784-6776
- Broader Horizons Counseling Services: 303-975-6696
5524 E Colfax Ave
Denver, CO 80220
- Community Alcohol/Drug Rehab: 303-295-2521
3315 Gilpin Street
Denver, CO 80205

UTAH DRUG AND ALCOHOL LAWS AND REGULATIONS

Utah State Alcohol Law

Utah State Law allows a person who has reached his/her 21st birthday to possess and/or consume alcoholic beverages. All students may be required to present valid identification to verify the fact that they are 21 years of age and can legally consume alcohol. The University prohibits all students from unlawfully purchasing or consuming alcohol on University premises. Thus, alcohol may be consumed only by students of legal age at approved functions on University premises. Furthermore, the distribution and consumption of alcohol at University events must comply with the guidelines set forth in the University's Drug and Alcohol policy and all State and Local Laws.

Penalties for a DUI in Utah

41-6a-503 Penalties for driving under the influence violations.

(1) A person who violates for the first or second time Section 41-6a-502 is guilty of a:

(a) class B misdemeanor; or

(b) class A misdemeanor if the person: (i) has also inflicted bodily injury upon another as a proximate result of having operated the vehicle in a negligent manner; (ii) had a passenger under 16 years of age in the vehicle at the time of the offense; or (iii) was 21 years of age or older and had a passenger under 18 years of age in the vehicle at the time of the offense.

(2) A person who violates Section 41-6a-502 is guilty of a third degree felony if:

(a) the person has also inflicted serious bodily injury upon another as a proximate result of having operated the vehicle in a negligent manner;

(b) the person has two or more prior convictions as defined in Subsection 41-6a-501(2), each of which is within 10 years of: (i) the current conviction under Section 41-6a-502; or (ii) the commission of the offense upon which the current conviction is based; or

(c) the conviction under Section 41-6a-502 is at any time after a conviction of: (i) automobile homicide under Section 76-5-207 that is committed after July 1, 2001; (ii) a felony violation of Section 41-6a-502 or a statute previously in effect in this state that would constitute a violation of Section 41-6a-502 that is committed after July 1, 2001; or (iii) any conviction described in Subsection (2)(c)(i) or (ii) which judgment of conviction is reduced under Section 76-3-402.

(3) A person is guilty of a separate offense for each victim suffering bodily injury or serious bodily injury as a result of the person's violation of Section 41-6a-502 or death as a result of the person's violation of Section 76-5-207 whether or not the injuries arise from the same episode of driving.

Amended by Chapter 214, 2009 General Session

How much do you have to drink (BAC*) for a DUI in Utah?

Under 21	Any detectable amount.
21 or older	.08% DUI (On December 30, 2018 Law changes to .05%)

*BAC = blood alcohol content

What if you refuse to take a chemical test in Utah?

Utah has an implied consent law. That means that if you refuse to submit to a chemical test you will be subject to a possible fine and automatic license suspension. To learn more, see [Utah's implied consent law](#).

<https://le.utah.gov/xcode/Title41/Chapter6a/41-6a-S520.html>

You may be charged with possession if you are **determined to be in control of an illegal drug**. This means the drugs do not have to be in your pocket but maybe in your glove box or in an easily accessible area. An illegal drug that is under your control is a possession charge under Utah law.

If you are charged with possession, the sentence you face depends on the substance you are caught with. All drug possession charges and penalties are classified by Schedule.

See Utah Law for penalties.

https://le.utah.gov/xcode/Title58/Chapter37/58-37-S8.html?v=C58-37-S8_2017050920170801

Federal Drug Trafficking Penalties

- Please see: <http://www.dea.gov/druginfo/ftp3.shtml>

RVU Drug Policy

The legal status of controlled substances, including marijuana, shall be determined by Federal Law Not State Law. RVU will not tolerate or accommodate the use of any illegal drugs by its employees or students.

HEALTH RISKS ASSOCIATED WITH THE ABUSE OF ALCOHOL OR DRUGS

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Alcohol Information

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repression and death. If combined with other depressants of the central nervous system, much lower amounts of alcohol will produce the effects described here.

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 combined with poor nutrition, can also lead to permanent damage to vital organs, such as the brain and the liver.

Females 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 a greater risk of becoming alcoholics themselves.

Because alcohol affects many organs in the body, long-term heavy drinking puts people at risk for developing serious health problems, some of which are described below.

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Heart Disease: Moderate drinking can have beneficial effects on the heart, especially among those at greatest risk for heart attacks, such as men over the age of 45 and women after menopause. But long-term heavy drinking increases the risk for high blood pressure, heart disease, and some types of stroke.

Cancer: Long-term heavy drinking increases the risk of developing certain forms of cancer, especially cancer of the esophagus, mouth, throat, and voice box. Women are at slightly increased risk of developing breast cancer if they drink two or more drinks per day. Drinking may also increase the risk for developing cancer of the colon and rectum.

Pancreatitis: The pancreas helps to regulate the body's blood sugar levels by producing insulin. The pancreas also has a role in digesting ingested food. Long-term heavy drinking can lead to pancreatitis, or inflammation of the pancreas. This condition is associated with severe abdominal pain and weight loss and can be fatal.

Drug Information

Methamphetamine: Methamphetamine releases high levels of the neurotransmitter dopamine which stimulates brain cells enhancing mood and body movement. It also appears to have a neurotoxic effect damaging brain cells that contain dopamine and serotonin, another neurotransmitter. Over time, methamphetamine appears to cause reduced levels of dopamine, which can result in symptoms like those of Parkinson's disease, a severe movement disorder. Users may become addicted quickly and use it with increasing frequency and in increasing doses. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death.

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Cocaine: Cocaine is a strong central nervous system stimulant that interferes with the re-absorption process of dopamine, a chemical messenger associated with pleasure and movement. Dopamine is released as part of the brain's reward system and is involved in the high that characterizes cocaine consumption. The physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased temperature, heart rate, and blood pressure. The duration of cocaine's immediate euphoric effects, which include hyper-stimulation, reduced fatigue, and mental clarity, depends on the route of administration.

High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed, which may lead to further cocaine use to alleviate depression. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest.

Heroin: Heroin abuse is associated with serious health conditions including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. Mental functioning becomes clouded due to depression of the central nervous system. Long-term effects of heroin appear after repeated use for some period of time. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration.

Marijuana: Recent research findings indicate that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of other major drugs of abuse.

Someone who smokes marijuana regularly may have many of the same respiratory problems as tobacco smokers. These individuals may have daily cough and phlegm, symptoms of chronic bronchitis, and more frequent chest colds. Continuing to smoke marijuana can lead to abnormal functioning of lung tissue injured or destroyed by marijuana smoke.

MDMA (Ecstasy): MDMA causes injury to the brain, affecting neurons that use the chemical serotonin to communicate with other neurons. The serotonin system plays a direct role in regulating mood, aggression, sexual activity, sleep, and sensitivity to pain. Many of the risks users face with MDMA use are similar to those found with the use of cocaine and amphetamines, such as: psychological difficulties including confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia – during and sometimes weeks after taking MDMA; physical symptoms such as muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and chills or sweating; and increases in heart rate and blood pressure, a special risk for people with circulatory or heart disease. There is also evidence that people who develop a rash that looks like acne after using MDMA may be risking severe side effects, including liver damage, if they continue to use the drug.

Rohypnol, GHB, and Ketamine: Coma and seizures can occur following abuse of GHB and, when combined with methamphetamine, there appears to be an increased risk of seizure. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. In October, 1996, because of concern about Rohypnol, GHB, and other similarly

abused sedative-hypnotics, Congress passed the “Drug-Induced Rape Prevention and Punishment Act of 1996.” This legislation increased federal penalties for use of any controlled substance to aid in sexual assault.

LSD: The effects of LSD are unpredictable. They depend on the amount taken; the user’s personality, mood, and expectations; and the surroundings in which the drug is used. Usually, the user feels the first effects of the drug 30 to 90 minutes after taking it. The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.

LSD is not considered an addictive drug since it does not produce compulsive drug-seeking behavior as do cocaine, amphetamine, heroin, alcohol, and nicotine. However, like many of the addictive drugs, LSD produces tolerance, so some users who take the drug repeatedly must take progressively higher doses to achieve the state of intoxication they had previously achieved. This is an extremely dangerous practice, given the unpredictability of the drug. The National Institute on Drug Abuse (NIDA) is funding studies that focus on the neurochemical and behavioral properties of LSD. This research will provide a greater understanding of the effects of the drug.

ALCOHOL AND DRUG TREATMENT AND COUNSELING PROGRAMS

- RVU Counseling Services
 - Student Affairs 435-222-1270
- Alcoholics Anonymous
 - <http://www.utahaa.org/>
- Narcotics Anonymous
 - <http://nasouthernutah.org/>
 - 435-467-4403

OCTOBER IS DRUGS AND ALCOHOL ABUSE PREVENTION MONTH

Preventing drug abuse and excessive alcohol use improves quality of life, academic performance, workplace productivity, and military preparedness.



*A regulation of the Federal DFSCA
(Drug-Free Schools and Communities Act).*



DRUG & ALCOHOL PREVENTION BROCHURE

REPORTING DRUG AND ALCOHOL MISUSE

Although physicians and medical students have a professional duty to report colleagues who may be practicing while impaired, studies suggest that few actually make a report when faced with this situation.

This type of professional "courtesy" supports addictive behaviors, increases the risk of self-harm, loss of license, and harm to patients. It also prevents addicted doctors from receiving the help they need.

An impaired colleague is a danger to both themselves and their patients and needs intervention. If you suspect that a colleague is impaired, you need to connect with someone who can investigate and assess the situation or refer you to resources to do so. This could be your employer (Office of Human Resources), the state board of physicians, or an RVU university dean.



ALCOHOL AND DRUGS TREATMENT AND COUNSELING PROGRAMS

If you are struggling with a drug or alcohol problem, please contact one of the following organizations below for confidential counseling and treatment:

Colorado Physician Health Program
899 Logan Street, Suite 410, Denver, CO 80203
(303) 860-0122

**24 Hour National Alcohol and Substance
Abuse Information Center**
(800) 784-6776

Broader Horizons Counseling Services
5524 E. Colfax Avenue, Denver, CO 80220
(303) 975-6696

Community Alcohol and Drug Rehab
3315 Gilpin Street, Denver, CO 80205
(303) 295-2521



ROCKY VISTA UNIVERSITY

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DRUG AND ALCOHOL PREVENTION

Information and Resources for
Medical Students and Physicians



ROCKY VISTA UNIVERSITY

Security: (720) 875-2892

Office of Compliance: (720) 874-2481

KNOW THE FACTS

Physicians and medical students may be more likely to develop substance abuse problems than members of the general population due to high work-related stress, increased access to controlled substances, and their knowledge of drug effects. Physicians and medical students, who are impaired by drug use pose a risk to both themselves and their patients.

- 10-15% of all health care professionals will inappropriately use drugs or alcohol at some point during their careers.
- In a 2009 survey of medical students, 15% scored positive for at-risk drinking. (Source: *Substance Abuse Journal*)
- 33.4% of medical students reported using one or more illicit drugs in the past year.
- 16.8% of medical students report lifetime use of "club drugs" e.g. MDMA, cocaine. (Source: *Journal of Addictive Diseases*)



PRESCRIPTION MEDICATION ABUSE



Medical Students

Some studies have shown that American medical students use prescription opiates at a higher rate than their peers. This may be caused, in part, by the educational demands of preparing for a medical career.

Research shows that students who take prescription drugs for non-medical reasons are at least five times more likely to develop a drug abuse problem than those who don't.

Physicians

Physicians struggle with drug and alcohol addictions at similar or higher rates as the general population. Being a physician often requires long workdays and rush trips to the hospital at all hours to deal with emergencies.

Chronic stress, brought on by long hours, heavy patient loads, and a lack of emotional support, as well as addictive drugs being more easily accessible to physicians, can increase a physician's risk of prescription drug addiction.

MARIJUANA USAGE

Although the use of marijuana is legal in the state of Colorado, it is listed as an illegal drug by the U.S. Federal Drug Enforcement Agency. Its use or abuse impairs the ability of a health care professional to provide optimal care to his or her patients.

According to the National Institute on Drug Abuse, marijuana use or abuse may have these consequences:

- Reaction time for motor skills, such as driving, is reduced by 41% after smoking 1 joint and is reduced 63% after smoking 2 joints.
- The daily use of 1 to 3 marijuana joints can produce the same lung damage and potential cancer risk as smoking five times as many cigarettes.
- Marijuana is the second most common drug, after alcohol, present in the blood stream of non-fatally and fatally injured persons.
- 75% of drug-related criminal charges are connected to marijuana.

The use of marijuana in any form that has not been prescribed by a physician for medical purposes is a violation of Rocky Vista University's policy.