



**Vocational Education and Extension Board**  
PRACTICAL NURSING PROGRAM  
County of Nassau

**30 E. Cherry Street, Hicksville, New York 11801**

**DRUG AND ALCOHOL  
GUIDELINES**

## **Information on Biennial Review**

The Drug Free Schools and Campuses Regulations (34 CFR, Part 86) of the Drug-Free Schools and Communities Act (DFSCA) require an institution of higher education to certify it has adopted and implemented programs to prevent the abuse of alcohol and use or distribution of illicit drugs both by students and employees both on the premises and as part of any activities. At a minimum, each institution of higher education must annually distribute the following in writing to all students and employees:

- Standards of conduct that clearly prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees
- A description of the legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol
- A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students.
- A clear statement that the institution will impose sanctions on students and employees 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.

The law further requires that the institution conduct a biennial review of its program with the following objectives:

- Determine the effectiveness of the policy and implement changes to the program, if needed.
- Ensure that the sanctions developed are enforced consistently.

The biennial review must also include a determination as to:

- The number of drug- and alcohol-related violations and fatalities occurring on the campus or as part of their activities that are reported to campus officials; and
- The number and type of sanctions the school imposes on employees as a result of such violations or fatalities.

The school acknowledges a legal obligation to conduct a biennial review of compliance with the Drug-Free Schools and Communities Act and authorized an administrative review to be conducted to determine if the school fulfills the requirements of the Federal regulations.

The following will be on the Biennial Review Committee: the Nursing Supervisor, the Counselor and the Classroom faculty.

### Materials Reviewed:

- The Higher Education Amendments of 1998 (P.L. 105-244) and the Drug-Free Schools and Communities Act Amendments of 1989 (P.L.101=-226)
- Previous Biennial Review reports
- Alcohol and other Drug Policy documents distributed to all faculty, students and staff.
- State laws regarding drug and alcohol abuse.
- Summary of alcohol and other drug-free programming/events sponsored by the school.

### **POLICY:**

School policies on alcohol and drugs will be distributed to all students during the first 2 weeks of school. It is posted on the website and in the Counselor's office.

### **Federally Mandated Policy:**

#### Distribution:

**The Federally Mandated Policy about alcohol and other drugs is distributed annually to each staff member and student.**

For Year 2019-2020

- The Alcohol and Drug Free Campus Policy was distributed to all faculty, staff, and current students.
- The Policy was also placed on the School Website and may be viewed by all.

### Alcohol-land Drug-Free Campus Workplace Policy Summary:

The school is committed to provide students, faculty, staff and visitors with a safe and healthful campus and workplace. The school recognizes the health risks associated with controlled substance use and alcohol misuse and is committed to supporting students and employees who seek treatment for these conditions. The School recognizes that controlled substance use and alcohol misuse diminish workplace and campus safety and undermine the school's ability to fulfill its mission. Therefore an Alcohol-and Drug-Free Campus/workplace Policy has been developed. Compliance with this policy is considered a condition of employment and attendance at the Vocational Education and Extension Board Practical Nursing Program. All employees and students are notified of this policy by hard copy.

### Student Use of Alcoholic Beverages:

All students are responsible for complying with State law regarding the use of alcohol

- The age in New York State is 21 to be in possession of alcoholic beverages
- Persons 21 or over may not make alcoholic beverages available to minors
- Misrepresentation of age for the purpose of purchasing alcoholic beverages is a violation of state law.

### **Education:**

The Nursing department is involved in educating students about alcohol and other drugs. In particular, drug and alcohol abuse are discussed and information disseminated during the first semester in Human Development I.

### **Enforcement:**

The Office of the Nursing Supervisor enforces policies and laws regarding alcohol and other drug use. Students and staff are referred to various agencies to receive help with drug or alcohol problems, Summary:

The school is in compliance with the Drug Free Schools regulations, has an effective policy, consistently enforces standards of behavior and distributed the policy in writing to our students.

The school has developed a comprehensive approach to address alcohol and other drug issues on campus. We will continue to develop, evaluate, assess and pursue the best practices for the school to create a safe and healthy environment for our students.

## **DRUG FREE CAMPUS GUIDELINES**

In compliance with the Drug-Free Schools and Communities Act (DFSCA), the school has set forth in this guide the legal penalties under Federal law for the illegal possession or distribution of drugs and alcohol, as well as the range of school sanctions that can be imposed for violation of the school's policies regarding substance abuse. Both students and employees should read this carefully.

### **Policy:**

The United States Department of Education has issued regulations for the implementation of the provisions of the "Drug-Free Schools and Communities Act Amendments of 1989" (Public law 101-226). The school will distribute annually to each student and employee information regarding the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on school property.

### **Standards of Conduct:**

The school is committed to a campus free of illegal drug use, misuse and abuse of prescription drugs, underage drinking and alcohol abuse. The school has no tolerance for illegal activity or any other harmful conduct influenced by drugs or alcohol. Unlawful possession as well as the distribution of illegal drugs or alcohol is prohibited on school property or as part of its activities. The school will cooperate fully with law enforcement agencies and will apply appropriate internal disciplinary processes should a student or an employee violate criminal statutes with regard to illegal drugs or possession or sale of alcohol.

APPENDIX A

Federal Trafficking Penalties

CSA	PENALTY		Quantity <sup>1</sup>	DRUG	Quantity	PENALTY	
	2nd Offense	1st Offense				1st Offense	2nd Offense
I And II	Not less than 10 years. Not more than life. If death or serious injury, not less than life. Fine of not more than \$4 million individual, \$10 million other than individual.	Not less than 5 years. Not more than 40 years. If death or serious injury, not less than 20 years. Not more than life. Fine of not more than \$2 million individual, \$5 million other than individual.	10-99 gm or 100-999 gm mixture	METHAMPHETAMINE	100 gm or more or 1 kg or more mixture	Not less than 10 years. Not more than life. If death or serious injury, not less than 20 years. Not more than life. Fine of not more than \$4 million individual. \$10 million other than individual.	Not less than 20 years. Not more than life. If death or serious injury, not less than life. Fine of not more than \$8 million individual. \$20 million other than individual.
			100-999 gm mixture	HEROIN	1 kg or more mixture		
			500-4,999 gm mixture	COCAINE	5 kg or more mixture		
			5-49 gm mixture	COCAINE BASE	50 gm or more mixture		
			0-99 gm or 100-999 gm mixture	PCP	100 gm or more or 1 kg or more mixture		
			1-10 gm mixture	LSD	10 gm or more mixture		
			40-399 gm mixture	FENTANYL	400 gm or more mixture		
			10-99 gm mixture	FENTANYL ANALOGUE	100 gm or more mixture		
	Drug	Quantity	First Offense		Second Offense		
	Others <sup>2</sup>	Any	Not more than 20 years. If death or serious injury, not less than 20 years, not more than life. Fine \$1 million individual. \$5 million not individual.		Not more than 30 years. If death or serious injury, life. Fine \$2 million individual. \$10 million not individual.		
III	All	Any	Not more than 5 years. Fine not more than \$250,000 individual. \$1 million not individual.		Not more than 10 years. Fine not more than \$500,000 individual. \$2 million not individual.		
IV	All	Any	Not more than 3 years. Fine not more than \$250,000 individual. \$1 million not individual.		Not more than 6 years. Fine not more than \$500,000 individual. \$2 million not individual.		
V	All	Any	Not more than 1 year. Fine not more than \$100,000 individual. \$250,000 not individual.		Not more than 2 years. Fine not more than \$200,000 individual. \$500,000 not individual.		

<sup>1</sup>Law as originally enacted states 100 gm. Congress requested to make technical correction to 1 kg. (See separate chart.)

<sup>2</sup>Does not include marijuana, hashish, or hash oil. (See separate chart.)

Federal Trafficking Penalties - Marijuana

As of November 18, 1988

Quantity	Description	First Offense	Second Offense
1,000 kg or more; or 1,000 or more plants	Marijuana Mixture containing detectable quantity*	Not less than 10 years, not more than life. If death or serious injury, not less than 20 years, not more than life. Fine not more than \$4 million individual, \$10 million other than individual.	Not less than 20 years, not more than life. If death or serious injury, not less than life. Fine not more than \$8 million individual, \$20 million other than individual.
100 kg to 1,000 kg; or 100-999 plants	Marijuana Mixture containing detectable quantity*	Not less than 5 years, not more than 40 years. If death or serious injury, not less than 20 years, not more than life. Fine not more than \$2 million individual, \$5 million other than individual.	Not less than 10 years, not more than life. If death or serious injury, not less than life. Fine not more than \$4 million individual, \$10 million other than individual.
50 to 100 kg	Marijuana	Not more than 20 years. If death or serious injury, not less than 20 years, not more than life. Fine \$1 million individual, \$5 million other than individual.	Not more than 30 years. If death or serious injury, life. Fine \$2 million individual, \$10 million other than individual.
10 to 100 kg	Hashish		
1 to 100 kg	Hashish Oil		
50-99 plants	Marijuana		
Less than 50 kg	Marijuana	Not more than 5 years. Fine not more than \$250,000, \$1 million other than individual.	Not more than 10 years. Fine \$500,000 individual, \$2 million other than individual.
Less than 10 kg	Hashish		
Less than 1 kg	Hashish Oil		

\*Includes Hashish and Hashish Oil

(Marijuana is a Schedule I Controlled Substance)

## Controlled Substances – Uses and Effects

DRUGS CSA SCHEDULES	TRADE OR OTHER NAMES	MEDICAL USES	DEPENDENCE Physical Psychological	TOLER- ANCE	DURATIO N (Hours)	USUAL METHODS OF ADMINIS- TRATION	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME	
<b>NARCOTICS</b>										
Opium II III V	Dover's Powder, Paregoric, Parepectolin	Analgesic, Antidiarrheal	High	High	Yes	3-6	Oral, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills, and sweating
Morphine II III	Morphine, MS-Contin, Roxanol, Roxanol-SR	Analgesic, Antitussive	High	High	Yes	3-6	Oral, smoked, injected			
Codeine	Tylenol w/Codeine, Empirin w/Codeine, Robitussin A-C, Florinal w/Codeine	Analgesic, Antitussive	Moderate	Moderate	Yes	3-6	Oral, injected			
Heroin I	Diacetylmorphine, Horse, Smack	None	High	High	Yes	3-6	Injected, sniffed, smoked			
Hydromorphone II	Dilaudid	Analgesic	High	High	Yes	3-6	Oral, injected			
Meperidine (Pethidine) II	Demerol, Mepergan	Analgesic	High	High	Yes	3-6	Oral, injected			
Methadone II	Dolophine, Methadone, Methadose	Analgesic	High	High-Low	Yes	12-24	Oral, injected			
Other Narcotics II III IV V	Numorphan, Percodan, Percocet, Tylox, Tiusionex, Fentanyl, Darvon, Lomofil, Talwin	Analgesic, antidiarrheal, antitussive	High-Low	High-Low	Yes	Variable	Oral, injected			
<b>DEPRESSANTS</b>										
Chloral Hydrate IV	Noctel	Hypnotic	Moderate	Moderate	Yes	5-8	Oral	Slurred speech, disorienta- tion, drunken behavior without odor of alcohol	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Barbiturates II III IV	Amytal, Butisol, Fiorinal, Lotosal, Nembutal, Seconal, Tuinal, Phenobarbital	Anesthetic, anticonvulsant, sedative, hypnotic, veterinary euthanasic agent	High- Mod.	High-Mod.	Yes	1-16	Oral			
Benzodiazepines IV	Alivan, Dalmane, Diazepam, Librium, Xanax, Serax, Valium, Tranxex, Versiran, Versed, Halcion, Paxipam, Restoril	Antianxiety, anticonvulsant, sedative, hypnotic	Low	Low	Yes	4-8	Oral			
Methaqualone I	Quaalude	Sedative, hypnotic	High	High	Yes	4-8	Oral			
Glutethimide III	Doniden	Sedative, hypnotic	High	Moderate	Yes	4-8	Oral			
Other Depressants III IV	Equanil, Miltown, Noludar, Placidyl, Valmid	Antianxiety, sedative, hypnotic	Moderate	Moderate	Yes	4-8	Oral			



## Controlled Substances - Uses and Effects

DRUGS CSA SCHEDULES	TRADE OR OTHER NAMES	MEDICAL USES	DEPENDENCE Physical Psychological	TOLER- ANCE	DURAT ION (Hours)	USUAL METHODS OF ADMINIS- TRATION	POSSIBLE EFFECTS	EFFECTS OF OVERDOSE	WITHDRAWAL SYNDROME	
<b>STIMULANTS</b>										
Cocaine II	Coke, Flake, Snow, Crack	Local anesthetic	Possible	High	Yes	1-2	Sniffed, smoked, injected	Increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia, loss of appetite	Agitation, increase in body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
Amphetamines II	Biphetamine, Delcobase, Desoxy, Dexedrine, Obetrol	Attention deficit disorders, narcolepsy, weight control	Possible	High	Yes	2-4	Oral, injected			
Phenmetrazine II	Preludin	Weight control	Possible	High	Yes	2-4	Oral, injected			
Methylphenidate II	Ritalin	Attention deficit disorders, narcolepsy	Possible	Moderate	Yes	2-4	Oral, injected			
Other Stimulants III IV	Adipex, Cylert, Didrex, Ionamin, Mellat, Plagine, Sanorex, Tenuate, Taperul, Prelu-2	Weight control	Possible	High	Yes	2-4	Oral, injected			
<b>HALLUCINOGENS</b>										
LSD I	Acid, Microdot	None	None	Unknown	Yes	8-12	Oral	Illusions and hallucina- tions, poor perception of time and distance	Longer, more intense "trip" episodes, psychosis, possible death	Withdrawal syndrome not reported
Mescaline and Peyote I	Mexc. Buttons, Cactus	None	None	Unknown	Yes	8-12	Oral			
Amphetamine Variants I	2,5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB	None	Unknown	Unknown	Yes	Variable	Oral, injected			
Phencyclidine II	PCP, Angel Dust, Hog	None	Unknown	High	Yes	Days	Smoked, oral, injected			
Phencyclidine Analogues I	PCE, PCPY, TCP	None	Unknown	High	Yes	Days	Smoked, oral, injected			
Other Hallucinogens I	Bulotrine, Ibogaine, DMT, DET, Psilocybin, Psilocyn	None	None	Unknown	Possible	Variable	Smoked, oral, injected, snifed			
<b>CANNABIS</b>										
Marijuana I	Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Slicks	None	Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disoriented behavior	Fatigue, paranoia, and decreased psychosis	Insomnia, hyperactivity, and decreased appetite occasionally reported
Tetrahydrocannabinol II	THC, Marinol	Cancer chemotherapy, antinauseant	Unknown	Moderate	Yes	2-4	Smoked, oral			
Hashish I	Hash	None	Unknown	Moderate	Yes	2-4	Smoked, oral			
Hashish Oil I	Hash Oil	None	Unknown	Moderate	Yes	2-4	Smoked, oral			

<sup>1</sup> Designated a narcotic under the GSA.

<sup>2</sup> Not designated a narcotic under the GSA.

## **Health Risks**

The following briefly summarizes health risks and symptoms associated with the use of alcohol and other drugs. It is important to note that individuals experience alcohol and drugs in different ways based on physical tolerance, body size and gender, and on a variety of other physical and psychological factors.

### **Alcohol:**

Alcohol consumption causes a number of changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasingly 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. 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. Long-term consumption of large quantities of alcohol can also lead to permanent damage to vital organs such as the brain and the liver. Mothers who drink 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 alcohol related problems.

### **Cigarettes and other Nicotine Products:**

In 1989, the U.S. Surgeon General issued a report that concluded that cigarettes and other forms of tobacco, such as cigars, pipe tobacco and chewing tobacco, are addictive and that nicotine is the drug in tobacco that causes addiction. In addition, the report determined that smoking was a major cause of stroke and the third leading cause of death in the United States. Nicotine is both a stimulant and a sedative to the central nervous system. Nicotine is absorbed readily from tobacco smoke in the lungs, and it does not matter whether the tobacco smoke is from cigarettes, cigars, or pipes, Nicotine also is absorbed readily when tobacco is chewed.

In addition to nicotine, cigarette smoke is primarily composed of a dozen gases (mainly carbon monoxide) and tar. The tar in a cigarette, which varies from about 15 mg for a regular cigarette to 7 mg in a low-tar cigarette, exposes the user to a high expectancy rate of lung cancer, emphysema, and bronchial disorders. The carbon monoxide in the smoke increases the chance of cardiovascular diseases. The Environmental Protection Agency has concluded that secondhand smoke causes lung cancer in adults and greatly increases the risk of respiratory illnesses in children and sudden infant death.

### **Prescription Medications:**

Prescription drugs that are abused or used for non-medical reasons can alter brain activity and lead to dependence. Commonly abused classes of prescription drugs include opioids (often prescribed in the treatment of pain), central nervous system depressants (often prescribed to treat anxiety and sleep disorders), and stimulants (prescribed to treat narcolepsy, ADHD, and obesity). Long-term use of opioids or central nervous system depressants can lead to physical dependence and addiction. Taken in high doses, stimulants can lead to compulsive use, paranoia, dangerously high body temperatures and irregular heartbeat.

**Marijuana:**

Marijuana use can lead to a number of long term and short term physical and psychological effects. Marijuana use leads to a substantial increase in the heart rate, impairs short-term memory and comprehension and motivation can be altered.

**Cocaine and Crack:**

Health risks may include changes in body temperature and blood pressure as well as heart and breathing rates. Even small amounts may cause the body to exceed its own limits, sometimes resulting in death. Snorting cocaine may severely damage nasal tissue and the septum. Smoking cocaine may damage the lungs. Someone using cocaine may experience muscle twitching, panic reactions, anxiety, numbness in hands and feet, loss of weight, a period of hyperactivity followed by a crash, a runny or bleeding nose, and depression. Other symptoms of cocaine use may include nausea, vomiting, insomnia, tremors, and convulsions. Chronic users may become paranoid and/or experience hallucinations.

**Barbiturates:**

In small doses, barbiturates produce calmness, relaxed muscles, and lowered anxiety. Larger doses cause slurred speech, staggering gait, and altered perception. Very large doses or doses taken in combination with other central nervous system depressants (e.g., alcohol) may cause respirator depression, coma and even death. A person who uses barbiturates may have poor muscle control, appear drowsy or drunk, become confused, irritable, or inattentive, or have slowed reactions.

**Amphetamines:**

Amphetamines, methamphetamines, or other stimulants can cause increased heart rate and respiratory rates, elevated blood pressure, and dilated pupils. Larger doses cause rapid or irregular heartbeat, tremors, and physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, high fever, heart failure and death. An individual using amphetamine might begin to lose weight, have the sweats, and appear restless, anxious, moody, and unable to focus. Extended use may produce psychosis, including hallucinations, delusions and paranoia.

**Hallucinogens:**

PCP, or angel dust, interrupts the part of the brain that controls the intellect and keeps instincts in check. PCP blocks pain receptors. Violent episodes, including self-inflicted injuries, are not uncommon. Chronic users report memory loss and speech difficulty. Very large doses produce convulsions, coma, heart and lung failure, or ruptured blood vessels in the brain. LSD, mescaline, peyote, etc. cause dilated pupils, elevated body temperature, increased heart rate and blood pressure and tremors. Someone under the influence of PCP might appear moody, aggressive, or violent. Sleeplessness, confusion, anxiety, and panic, and may report perceptual distortions. Flashbacks may occur.

**Steroids (anabolic):**

Anabolic steroids are human-made substances related to male sex hormones. Some athletes abuse anabolic steroids to enhance performance. Abuse of anabolic steroids can lead to serious health problems, some of which are irreversible. Short-term side effects include depression, hallucinations, paranoia, severe mood swings and aggressive behavior. Major side effects also can include liver tumors and cancer, jaundice, high blood pressure, kidney tumors, severe acne and trembling. In males, side effects may include shrinking of the testicles and breast development. In females, side effects may include growth of facial hair, menstrual changes and deepened voice. In teenagers, growth may be halted prematurely and permanently.

**Narcotics:**

Because narcotics are generally injected, the use of contaminated needles may result in the contraction of many different diseases, including AIDS and hepatitis. Symptoms of overdose include shallow breathing, clammy skin, convulsions, and coma and may result in death. Some signs of narcotic use are euphoria, drowsiness, constricted pupils, and nausea. Other symptoms include itchy skin, needle or "track" marks on the arms and legs, nodding, lack of sex drive and appetite, sweating, cramps and nausea when withdrawing from the drug.

**Treatment:**

Medication and behavioral therapy, alone or in combination, are aspects of an overall therapeutic process that often begins with detoxification, followed by treatment and relapse prevention. Easing withdrawal symptoms can be important in the initiation of treatment; preventing relapse is necessary for maintaining its effects. And sometimes, as with other chronic conditions, episodes of relapse may require a return to prior treatment components. A continuum of care that includes a customized treatment regimen, addressing all aspects of an individual's life including medical and mental health services, and follow-up options (e.g. community or family based recovery support systems) can be crucial to a person's success in achieving and maintaining a drug-free lifestyle.

**Hotline Numbers:**

National Drug and Alcohol Treatment referral Services: 800-662-4357

Alcoholism Council of Greater New York: 800-56-SOBER

New York Center for Addiction: 212-966-9537

**School Disciplinary Sanctions:**

It is the school policy to discourage all violations of Federal, State or local laws by any member of the school community. In addition to possible prosecution and punishment by civil authorities, a student or employee violating any law may be subject to sanctions imposed by the school.

**Students:**

Sanctions against students include, but are not limited to, disciplinary expulsion, suspension, and/or probation. When appropriate, school sanctions may be entered into permanent records. Parents of dependent students will be notified of pending charges or subsequent decisions.

**Faculty:**

Faculty who violate the school's standards of conduct are subject to disciplinary action including reprimand, suspension, or dismissal.

**Other Employees:**

The school may impose sanctions against any employee who violates Federal, State or local laws, or the standards of school conduct. Depending on the nature and severity of the violation, these sanctions can range from warnings and/or mandatory referral for drug or alcohol rehabilitation to outright termination of employment.