



WEBB INSTITUTE

WEBB INSTITUTE ALCOHOL AND OTHER DRUGS (AOD) POLICY

INTRODUCTION.....	2
STATEMENT OF POLICY.....	2
POLICY GUIDELINES.....	3
IMPLEMENTING PROCEDURES.....	4
VIOLATIONS OF THE ALCOHOL AND DRUG POLICY.....	4
INTERNSHIP DRUG TESTING.....	5
TREATMENT OF SUBSTANCE ABUSE PROBLEMS.....	5
BEHAVIORAL PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS.....	5
RESPONSE TO VIOLATIONS: SANCTIONS AND INTERVENTIONS.....	6
WEBB INSTITUTE ALCOHOL AND DRUG POLICY COMMITTEE.....	7
MEDICAL AMNESTY.....	7
GUIDE TO RESOURCES REGARDING DRUGS AND ALCOHOL.....	8
LEGAL SANCTIONS FOR UNLAWFUL POSSESSION AND DISTRIBUTION OF ILLICIT DRUGS AND ALCOHOL.....	8
POLICY SUBJECT TO CHANGE.....	9
FEDERAL PENALTIES AND SANCTIONS.....	10
WEBB INSTITUTE STUDENT EVENT REQUEST FORM (SERF).....	17

September 2017

INTRODUCTION

The illegal use and the abuse of alcohol can have deleterious effects upon individuals and the community. The use, sale, transfer of illicit drugs is prohibited by the Webb community. Such actions are illegal (and often felonious) in themselves. They can also have consequences that create an atmosphere of fear and distrust at odds with the educational mission of Webb Institute. Drug use, especially drug abuse, frequently leads to a deterioration in academic performance, which can compromise the education of others as well as that of the user. Webb Institute has certain legal obligations to make reasonable efforts to prevent the use (which includes being under the influence) and transfer of illegal drugs and the illegal use or abuse of alcohol on campus or during Webb Institute activities.

Webb Institute encourages all members of the community to become familiar with the health and legal aspects of AOD use and to make informed decisions regarding their own behavior. The college emphasizes that all members of the community are responsible for their own actions. Members of the community are expected to comply with this policy and to be aware of the consequences of violations thereof. Webb Institute expects and cautions individuals to evaluate their own behavior, as well as that of their peers, to create and maintain a healthy and safe environment.

The AOD Policy (AODP) is intended to define the expectations of the college with respect to alcohol and other drugs, to clarify the consequences of failing to abide by these expectations, and to identify the resources available within the Webb community to assist in dealing with AOD related problems.

STATEMENT OF POLICY

- A. Webb Institute is committed to helping prevent substance abuse through the provision of appropriate assistance, including educational materials and counseling. When substance abuse occurs, we believe that the most effective response relies on early identification of the problem and the availability of effective, confidential assistance. Webb encourages individuals to voluntarily seek assistance for substance abuse problems. Additionally, Webb will respond directly to alcohol or other drug use that results in behavior that is dangerous to the health or safety of the user, or other members of the community, or adversely affects the institution.
- B. In keeping with local, state and federal laws, the illegal use, sale, transfer, dispensing, possession and manufacture of illegal drugs, or being under the influence of illegal drugs, or the illegal use, possession, or abusive use of alcohol on the Webb Institute campus or during Webb Institute activities is a violation of college policy and is prohibited. In particular,
 - a. Illegal drugs and drug paraphernalia are not permitted anywhere on the Webb campus.
 - b. The manufacture of illegal drugs, the growing of marijuana and other illegal psychoactive plants, and the distillation of alcohol are felonies under applicable federal law and are not allowed on Webb property, except that alcohol may be distilled for academic research purposes under the supervision of a faculty member.
 - c. It is illegal and a violation of this policy for those under the age of twenty-one (“minors”) to possess or consume alcoholic beverages, or for anyone to provide alcoholic beverages to minors.

POLICY GUIDELINES

- A. Webb Institute observes all laws and regulations that govern the sale, purchase, and serving of alcoholic beverages by all members of its community and expects that these laws regulations and procedures will be adhered to at all events associated with Webb. As per NYS (New York State) law (Public Law 101-226), only individuals 21 years of age or older may consume or may be served alcohol on the Webb Institute campus.
- B. The unlawful possession, use, distribution, or manufacture of illicit drugs by students and/or employees, on college property or as part of any school activity is strictly prohibited by the college, as well as by NYS law.
- C. Alcohol can only be consumed on the Webb Institute campus by people of legal age in the following designated areas unless prior approval is given by the Assistant Director of Admissions and Student Affairs (ADASA): the Webb Pub, the War Room, and the Movie Room.
- D. Students, employees, or guests that have been banned from drinking on the Webb Institute campus may not be served or may not consume alcohol at any on-campus Webb Institute event.
- E. There will be no distilled alcoholic beverages (aka spirits, liquor, liqueurs, hard alcohol) or any beverages over 20% alcohol served or consumed on the Webb Institute campus. Exceptions can be made for special events (i.e., weddings) specifically approved by the President outside of the academic year.
- F. Requests for approval to serve alcohol at Webb Student Organization (SO) Social Committee events will be made by the SO Social Committee Chairs to the ADASA. The Social Committee Chairperson(s) must also fill out the Webb Institute Student Event Request Form (SERF) and must obtain the appropriate signatures.
- G. Requests for approval to serve alcohol at Webb Institute sponsored functions, such as the Founder's Day Dinner or the Christmas Dinner, will be made by the SO Social Committee Chairperson(s) to the ADASA.
- H. Requests for approval of Webb Pub Club Patio Social Hours will be made by the SO Pub Club Chairperson to the ADASA.
- I. Kegs are not permitted on campus without prior approval from the ADASA and the President of Webb Institute. If a keg is approved, a bartender must be hired to serve from the keg.
- J. The President of Webb Institute, or his/her designee, will make the final determination regarding approval of requests.
- K. Students found to be drinking in excess or creating a disturbance resulting from intoxication during a Webb event may be asked to leave the event or denied further access to alcohol for the duration of the event. The student may also be subject to further disciplinary action.
- L. Students must be 21 years of age or older to serve alcohol in the Pub, the War Room or the Movie Room. At certain school functions (the Heritage Society Dinner, Trustee events at the President's House, etc.), the President may grant approval for students who are at least 18 years of age to act as servers as in accordance with NYS law.
- M. Webb Institute reserves the right to notify students' parents/guardians of any underage drinking offenses on the Webb campus. In this case, a letter will be mailed from the President.

IMPLEMENTING PROCEDURES

The following procedures have been developed with two goals in mind: 1) to promote increased understanding of the expectations embodied in this policy; and 2) to provide for its principled enforcement.

- A. Webb will distribute to all Webb community members, at the beginning of each academic year, the federally mandated information concerning federal, state, and local AOD laws, a copy of this policy, and a copy of the SERF [JW1]. These materials reference relevant New York State Laws regarding AOD and the New York State Liquor Authority (NYSLA) licensing requirements for events at which alcohol is sold or distributed and federal penalties and sanctions for illegal possession and trafficking of controlled substances.
- B. Webb Institute believes that students have certain rights to privacy in their residence hall rooms, as are specified in the housing contract. Students should be aware that the right to privacy does not imply immunity from the provisions of the law or this policy, especially in the event of any violation coming to the explicit attention of a college official or legal authority.
- C. All members of the Webb Institute community and their guests possessing alcoholic beverages must show legal proof of age on request from any member of the college community.
- D. When alcohol is being consumed by, or is in the possession of people on the Webb campus who do not provide proof of legal age, when it is being distributed to those under legal age, or in violation of this policy and the associated guidelines for events with alcohol, or when, regardless of age, a person in possession of alcohol is acting unacceptably as defined by community standards or with hazardous disregard for themselves or those around them, said alcohol is subject to confiscation and is a violation of the policy.
- E. Illegal drugs and drug paraphernalia, if discovered or if known to be in the possession of any person on the Webb Institute campus, are subject to confiscation and are a policy violation.
- F. Gatherings in any public facility or public area on campus may not be closed to any Webb staff member charged with determining that the provisions of this policy are being complied with.
- G. For all events where alcohol is distributed or reasonably expected to be present, event organizers must follow the SERF which outlines provisions to ensure that this policy must be followed.

VIOLATIONS OF THE ALCOHOL AND DRUG POLICY

Alleged student violations of the AODP should generally be taken to the Student Court. The administration maintains the right to deal with all violations.

Adjudicating bodies shall forward summary information of student violations regarding the incidence and disposition of alcohol and other drug related problems to the President, Director of Admissions and Student Affairs and the Assistant Director of Admissions and Student Affairs. All employee violations of the AODP will be handled as outlined in the Webb Institute Employee Handbook and the Webb Institute Alcohol and Drug Use in the Workplace Policy. These violations fall under the auspices of the Dean and President of Webb Institute.

INTERNSHIP DRUG TESTING

All students will be required to take a drug test for the issuance of their Merchant Mariner Document in their freshman year and to take a pre-employment drug test in their sophomore year before their sea term. During their four required internships, there is a possibility students will be subject to random drug testing in their place of employment. If a student should receive a positive drug test result during any of the above instances, this positive drug test result will warrant disciplinary action at the discretion of the President and/or the Dean. The disciplinary action may include suspension for a determined amount of time or expulsion from Webb Institute.

TREATMENT OF SUBSTANCE ABUSE PROBLEMS

- A. Individuals with substance abuse problems are encouraged to voluntarily seek assistance and appropriate treatment options. Webb Institute provides counseling for students as well as referrals to sources of help off campus. Webb Institute employs a psychologist, who is available to talk with any student on a confidential basis and to advise faculty and staff on students-related AOD problems. Students may also seek help through the Office of Admissions and Student Affairs. Faculty are encouraged to seek advice from the Dean or the Director of Human Resources. Staff are encouraged to talk with their supervisor or the Director of Human Resources. Faculty and staff are advised to review Webb Institute's Alcohol and Drug Use in the Workplace Policy on the Webb Institute website.
- B. Webb Institute may provide a medical or rehabilitation leave for a student requiring in-patient treatment. The medical leave policy for students is determined by the Dean and President on a case-by-case basis
- C. Webb Institute will strive to preserve confidentiality for individuals voluntarily seeking assistance for a substance abuse problem.
- D. Webb Institute encourages students, faculty, and staff to share concern for and to help those involved in substance abuse. Individuals who know of a substance abuse problem or who are trying to help someone with such a problem may themselves require considerable support. Webb will endeavor to provide confidential assistance to such individuals, through the resources described in the first paragraph of this section.

BEHAVIORAL PROBLEMS RELATED TO ALCOHOL OR OTHER DRUGS

- A. Although Webb hopes that individuals with substance abuse problems will voluntarily seek assistance, there are occasions when AOD use and/or abuse leads to harm or the danger of harm to the abuser or others or to an unacceptable detriment in academic or job-related performance. When suspected possession, or use of alcohol or other drug results in behavioral or performance problems that come to the attention of Webb Institute, the response may include an informal inquiry into the possibility of a substance abuse problem. Members of the community should direct suggestions for such an inquiry to the Dean, Director of Admissions and Student Services, or the Director of Human Resources, as appropriate.
- B. If it is determined by the informal inquiry that an abuse problem may be present but is being denied by the abuser, sanctions or intervention aimed at addressing the abuse problem may be imposed.

RESPONSE TO VIOLATIONS: SANCTIONS AND INTERVENTIONS

Violations of the AOD Policy and associated guidelines will normally be handled through the procedures explained below. Additionally, the presence of a substance abuse problem does not prevent disciplinary action for related breaches of the Code of Conduct stated in the Webb Institute *Guide to Residence Living* and expected of members of the Webb Institute community. These various infractions may result in sanctions or interventions including but not limited to warnings, fines, community service, required educational programs, required substance abuse assessment, enrollment in a treatment program, involuntary medical leave of absence, probation, suspension, expulsion, termination of employment, and referral for prosecution.

In all cases, Webb Institute will maintain the privacy and confidentiality of student records consistent with the law.

Response Levels

Webb Institute's Student Court is the body that generally handles student violations of the Webb Institute Alcohol and Drug Policy. "Actions that constitute violations of the Policy range widely in terms of seriousness and danger. Minor offenses are considered to warrant light sanctions or warnings with the intent of correcting wayward behavior and forming the young men and women of Webb Institute into upstanding and honorable citizens. More serious offenses warrant harsher sanctions with the intent of deterring such actions and making offenders reflect seriously on their choices."¹ The Student Court has a developed a graduated point system that has been created with milestones corresponding to the different tiers of sanctions available. "When a student violates the Drug and Alcohol Policy and is brought before the Student Court, that student will receive a number of points deemed appropriate by the Court. These points will permanently apply to the student's record within the Student Organization and will be carried forward into future Student Court cases."²

Certain AODP violations may warrant disciplinary action at the discretion of the President of Webb Institute. The disciplinary action may include suspension for a determined amount of time or expulsion from Webb Institute.

Documentation of AOD Violations

AOD violations observed or reported to the Webb Institute Student Court may be documented in one or more areas, based on the specific circumstances.

- A. *Student Court Reports*: The Student Court will submit reports on any AOD Policy violations that were adjudicated to the President of Webb Institute, the Director of Admissions and Student Affairs, and the Assistant Director of Admissions and Student Affairs.
- B. *Clery Act Reporting*: Webb Institute is required to report annually to the U. S. Department of Education (DOE) all violations of AOD policies that are law violations and referred for disciplinary action.

¹ Webb Institute Student Court Protocol for Violations of the Drug and Alcohol Policy, September 2017

² Webb Institute Student Court Protocol for Violations of the Drug and Alcohol Policy, September 2017

WEBB INSTITUTE ALCOHOL AND DRUG POLICY COMMITTEE

Webb Institute has a standing Drug and Alcohol Policy Committee. The Director of Admissions and Student Affairs chairs the committee. The chair will call meetings at least once each semester (more if necessary) to review this policy and to address any issues related to drugs and alcohol. This committee shall consist of:

- The Assistant Director of Admissions and Student Affairs
- The Director of Facilities
- Two faculty members at large
- The Honor Council Chairman*
- Class Presidents
- One representative of the upperclassmen**
- One representative of the underclassmen**
- Women of Webb (WOW) representative

*The Honor Council Chairman will provide a report to the drug and alcohol committee on any activity with respect to this policy

**These members of the committee are elected by the student organization

MEDICAL AMNESTY

A growing body of evidence suggests that among the factors that may contribute to a reduction of students' willingness to call for help in a medical emergency is the belief that doing so would result in disciplinary action for either the caller, the individual in need of help, and/or any groups associated with the incident. The inclusion of the medical amnesty clause is an effort to ensure that students' safety takes priority in the implementation of Webb's AODP.

When a student experiences a physical and/or psychological crisis while under the influence of AOD and help is solicited, **neither the student in crisis nor any student calling for help will be subject to disciplinary action by Webb Institute for personal possession or use of illicit substances, including consumption of alcohol by minors.** However, the Director of Admissions and Student Affairs will in most cases require the student in crisis be evaluated by the Webb Institute psychologist and/or a community provider specializing in AOD, to follow subsequent treatment recommendations, and to provide documentation thereof to the Director.

Misuse of the Medical Amnesty Policy

The Medical Amnesty Policy should not be abused. This policy does not protect students who are found to be in violation of other Webb policies from disciplinary action. Cases in which the individual in need of help is found to be guilty of sexual abuse/assault; physical assault; vandalism; theft; destruction of property; distribution, possession of distributable quantities; or intention to distribute scheduled substances will in most cases result in formal disciplinary action as described in applicable Webb Institute policies.

GUIDE TO RESOURCES REGARDING DRUGS AND ALCOHOL

Annually, as required by law, Webb Institute has an educational lecture on the use and abuse of alcohol and drugs presented to the entire Webb student body each fall semester. All students are required to attend.

Organizations that provide support and assistance to individuals with substance abuse problems and to their families include:

- Alcoholics Anonymous 212-870-3400
- Al-Anon and Alateen 212-941-0094 (Greater New York)
- Cocaine Anonymous 212-929-7300 or 212COCAINE (212-262-2463)
- Covenant House Nineline 800-999-9999
- Marijuana Anonymous 212-459-4423
- Nar-Anon 800-984-0066
- Narcotics Anonymous 212-929-6262 or 212-929-7117
- Nicotine Anonymous 415-750-0328 or 877-879-6422
- LIFENET Crisis Referral Hotline 800-543-3638
- LICADD 631-979-1700 (24/7 Hotline)

LEGAL SANCTIONS FOR UNLAWFUL POSSESSION AND DISTRIBUTION OF ILLICIT DRUGS AND ALCOHOL

It is not practical to exhaustively list all the applicable laws pertaining to controlled substances and alcohol. The following summary is provided as a guide. Webb Institute assumes no responsibility for changes to, or errors in, interpreting local, state, or federal laws.

Federal

Please see tables that are attached for federal penalties and sanctions. In addition, students convicted of possession or sale of a controlled substance face a period of one year or more of ineligibility for federal grants and student loans. Second and subsequent convictions result in ineligibility for five years.

State

New York State Law has a variety of sanctions for the criminal possession or sale of controlled substances, as well as for criminal possession of a hypodermic instrument, criminal injection of a narcotic drug, criminally using drug paraphernalia, criminal possession of precursors of controlled substances and criminal sale of a prescription for a controlled substance. These offenses range from a Class A misdemeanor to a Class A felony, with penalties ranging from a fine to life imprisonment.

New York State Law also deals with possession and sale of marijuana. Unlawful possession of marijuana (less than 25 grams) is a violation punishable by a fine (first or second offense) or a fine and/or 15 days imprisonment (third offense). Criminal possession or sale of marijuana offenses range from Class B misdemeanor to a Class C felony, with penalties ranging from a fine to 15 years imprisonment.

New York State regulates the use of alcohol. It is against the law for a person under 21 to possess alcohol with the intent to consume and is punishable by a fine and/or completion of an alcohol awareness program and/or community service. A person under 21 who uses a fraudulent proof of age may be fined and ordered to perform community service. If a driver's license is so used, the license may be suspended and reinstated with restricted use. Procuring for, or giving or selling alcoholic beverages to persons under 21 is an offense punishable by a fine and/or imprisonment. Operating a motor vehicle while impaired by alcohol or drugs is a crime punishable by fine and/or imprisonment.

New York's Zero Tolerance Law applies to a person under 21 who operates a motor vehicle with a blood alcohol concentration of .02 percent or more, but not more than .07 percent. Procedures include an administrative hearing punishable by a license suspension for six months and a civil penalty of \$125. If you have any prior alcohol-related traffic offenses on your record, your license will be revoked for one year or until you reach the age of 21, whichever is longer.

Local

It is the violation of local ordinance to possess or consume alcoholic beverages in public and is punishable by a fine and/or imprisonment. Also, Nassau County enacted a Social Host Law that makes it unlawful for any person over the age of 18 who owns, rents, or otherwise controls a private residence, to knowingly allow the consumption of alcoholic beverages by a minor on such premises.

POLICY SUBJECT TO CHANGE

Webb Institute reserves the right to modify or change any or all its policies and procedures, whether or not expressed in this policy, in whole or in part at any time, with or without prior notice, solely at its discretion. As changes occur, notice will be provided to the Webb Institute campus community.

FEDERAL PENALTIES AND SANCTIONS

Federal Trafficking Penalties for Schedules I, II, III, IV, and V (except Marijuana)				
Schedule	Substance/Quantity	Penalty	Substance/Quantity	Penalty
II	Cocaine 500-4999 grams mixture	First Offense: Not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	Cocaine 5 kilograms or more mixture	First Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 20 yrs, and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
II	Cocaine Base 28-279 grams mixture		Cocaine Base 280 grams or more mixture	
IV	Fentanyl 40-399 grams mixture		Fentanyl 400 grams or more mixture	
I	Fentanyl Analogue 10-99 grams mixture		Fentanyl Analogue 100 grams or more mixture	
I	Heroin 100-999 grams mixture		Heroin 1 kilogram or more mixture	
I	LSD 1-9 grams mixture		LSD 10 grams or more mixture	
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture	
II	PCP 10-99 grams pure or 100-999 grams mixture	PCP 100 grams or more pure or 1 kilogram or more mixture		
Substance/Quantity		Penalty		
Any Amount Of Other Schedule I & II Substances		First Offense: Not more that 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than Life. Fine \$1 million if an individual, \$5 million if not an individual.		
Any Drug Product Containing Gamma Hydroxybutyric Acid		Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.		
Flunitrazepam (Schedule IV) 1 Gram				

Any Amount Of Other Schedule III Drugs	<p>First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.</p> <p>Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.</p>
Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.</p>
Any Amount Of All Schedule V Drugs	<p>First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p>Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>

Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances	
Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants	<p>First Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.</p> <p>Second Offense: Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.</p>
Marijuana 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants	<p>First Offense: Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.</p> <p>Second Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50million if other than an individual.</p>
Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants	<p>First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.</p>
Hashish More than 10 kilograms	<p>Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment.</p>
Hashish Oil More than 1 kilogram	<p>Fine \$2 million if an individual, \$10 million if other than an individual.</p>

<p>Marijuana less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight)</p> <p>1 to 49 marijuana plants</p>	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.</p>
<p>Hashish</p> <p>10 kilograms or less</p>	
<p>Hashish Oil</p> <p>1 kilogram or less</p>	

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	Acute Effects/Health Risks
Tobacco			
Nicotine	Found in cigarettes, cigars, bidis, and smokeless tobacco (snuff, spit tobacco, chew)	Not scheduled/smoked, snorted, chewed	<i>Increased blood pressure and heart rate/chronic lung disease; cardiovascular disease; stroke; cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and acute myeloid leukemia; adverse pregnancy outcomes; addiction</i>
Alcohol			
Alcohol (ethyl alcohol)	Found in liquor, beer, and wine	Not scheduled/swallowed	<i>In low doses, euphoria, mild stimulation, relaxation, lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness/increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose</i>
Cannabinoids			
Marijuana	Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed	I/smoked, swallowed	<i>Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis/cough; frequent respiratory infections; possible mental health decline; addiction</i>
Hashish	Boom, gangster, hash, hash oil, hemp	I/smoked, swallowed	
Opioids			
Heroin	<i>Diacetylmorphine</i> : smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, China white; cheese (with OTC cold medicine and antihistamine)	I/injected, smoked, snorted	<i>Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing/constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose</i>
Opium	<i>Laudanum, paregoric</i> : big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
Stimulants			
Cocaine	<i>Cocaine hydrochloride</i> : blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/snorted, smoked, injected	<i>Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis/weight loss; insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction</i> Also, for cocaine —nasal damage from snorting Also, for methamphetamine —severe dental problems
Amphetamine	<i>Biphetamine, Dexedrine</i> : bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/swallowed, snorted, smoked, injected	
Methamphetamine	<i>Desoxyrin</i> : meth, ice, crank, chalk, crystal, fire, glass, go fast, speed	II/swallowed, snorted, smoked, injected	
Club Drugs			
MDMA (methylendioxyamphetamin)	Ecstasy, Adam, clarity, Eve, lover's speed, peace, uppers	I/swallowed, snorted, injected	<i>MDMA</i> —mild hallucinogenic effects; increased tactile sensitivity, empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping/sleep disturbances; depression; impaired memory; hyperthermia; addiction <i>Flunitrazepam</i> —sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination/addiction <i>GHB</i> —drowsiness; nausea; headache; disorientation; loss of coordination; memory loss/unconsciousness; seizures; coma
Flunitrazepam***	<i>Rohypnol</i> : forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	
GHB***	<i>Gamma-hydroxybutyrate</i> : G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X	I/swallowed	
Dissociative Drugs			
Ketamine	<i>Ketalar SV</i> : cat Valium, K, Special K, vitamin K	III/injected, snorted, smoked	<i>Feelings of being separate from one's body and environment; impaired motor function/anxiety; tremors; numbness; memory loss; nausea</i> Also, for ketamine —analgesia; impaired memory; delirium; respiratory depression and arrest; death
PCP and analogs	<i>Phencyclidine</i> : angel dust, boat, hog, love boat, peace pill	I, II/swallowed, smoked, injected	Also, for PCP and analogs —analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations
Salvia divinorum	Salvia, Shepherdess's Herb, Maria Pastora, magic mint, Sally-D	Not scheduled/chewed, swallowed, smoked	Also, for DXM —euphoria; slurred speech; confusion; dizziness; distorted visual perceptions
Dextromethorphan (DXM)	Found in some cough and cold medications: Robotripping, Robo, Triple C	Not scheduled/swallowed	
Hallucinogens			
LSD	<i>Lysergic acid diethylamide</i> : acid, blotter, cubes, microdot, yellow sunshine, blue heaven	I/swallowed, absorbed through mouth tissues	<i>Altered states of perception and feeling; hallucinations; nausea</i> Also, for LSD and mescaline —increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness; dizziness; weakness; tremors; impulsive behavior; rapid shifts in emotion
Mescaline	Buttons, cactus, mesc, peyote	I/swallowed, smoked	
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	I/swallowed	Also, for LSD —Flashbacks, Hallucinogen Persisting Perception Disorder Also, for psilocybin —nervousness; paranoia; panic
Other Compounds			
Anabolic steroids	<i>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise</i> : roids, juice, gym candy, pumpers	III/injected, swallowed, applied to skin	<i>Steroids</i> —no intoxication effects/hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; in adolescents—premature stoppage of growth; in males—prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females—menstrual irregularities, development of beard and other masculine characteristics <i>Inhalants (varies by chemical)</i> —stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing/cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death
Inhalants	<i>Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isoamyl, isobutyl, cyclohexyl)</i> : laughing gas, poppers, snappers, whippets	Not scheduled/inhaled through nose or mouth	

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	Acute Effects/Health Risks
Prescription Medications			
CNS Depressants	For more information on prescription medications, please visit http://www.nida.nih.gov/DrugPages/PrescripDrugsChart.html .		
Stimulants			
Opioid Pain Relievers			

* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

** Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

*** Associated with sexual assaults.

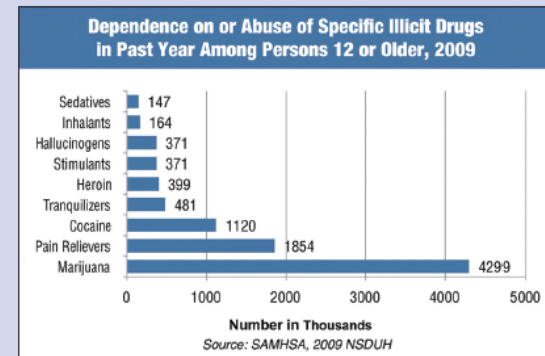
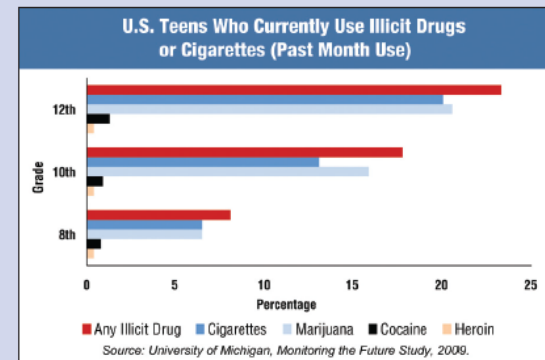
Principles of Drug Addiction Treatment

More than three decades of scientific research show that treatment can help drug-addicted individuals stop drug use, avoid relapse and successfully recover their lives. Based on this research, 13 fundamental principles that characterize effective drug abuse treatment have been developed. These principles are detailed in *NIDA's Principles of Drug Addiction Treatment: A Research-Based Guide*. The guide also describes different types of science-based treatments and provides answers to commonly asked questions.

- Addiction is a complex but treatable disease that affects brain function and behavior.** Drugs alter the brain's structure and how it functions, resulting in changes that persist long after drug use has ceased. This may help explain why abusers are at risk for relapse even after long periods of abstinence.
- No single treatment is appropriate for everyone.** Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success.
- Treatment needs to be readily available.** Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible.
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.** To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems.
- Remaining in treatment for an adequate period of time is critical.** The appropriate duration for an individual depends on the type and degree of his or her problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.
- Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.** Behavioral therapies vary in their focus and may involve addressing a patient's motivations to change, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** For example, methadone and buprenorphine are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Also, for persons addicted to nicotine, a nicotine replacement product (nicotine patches or gum) or an oral medication (bupropion or varenicline), can be an effective component of treatment when part of a comprehensive behavioral treatment program.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure it meets his or her changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may

require medication, medical services, family therapy, parenting instruction, vocational rehabilitation and/or social and legal services. For many patients, a continuing care approach provides the best results, with treatment intensity varying according to a person's changing needs.

- Many drug-addicted individuals also have other mental disorders.** Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.** Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification.
- Treatment does not need to be voluntary to be effective.** Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.** Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.
- Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.** Targeted counseling specifically focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Treatment providers should encourage and support HIV screening and inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations.



NATIONAL INSTITUTE ON DRUG ABUSE

RESEARCH DISSEMINATION CENTER

Order NIDA publications from DrugPubs:
 1-877-643-2644 or 1-240-645-0228 (TTY/TDD)

Revised March 2011
 Reprinted April 2012

This chart may be reprinted. Citation of the source is appreciated.

Commonly Abused Prescription Drugs

Visit NIDA at www.drugabuse.gov

National Institutes of Health
U.S. Department of Health and Human Services

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/How Administered	Intoxication Effects/Health Risks
Depressants			
Barbiturates	<i>Amytal, Nembutal, Seconal, Phenobarbital</i> : barbs, reds, red birds, phennies, tooles, yellows, yellow jackets	II, III, IV/injected, swallowed	<i>Sedation/drowsiness, reduced anxiety, feelings of well-being, lowered inhibitions, slurred speech, poor concentration, confusion, dizziness, impaired coordination and memory/slowed pulse, lowered blood pressure, slowed breathing, tolerance, withdrawal, addiction; increased risk of respiratory distress and death when combined with alcohol</i>
Benzodiazepines	<i>Ativan, Halcion, Librium, Valium, Xanax, Klonopin</i> : candy, downers, sleeping pills, tranks	IV/swallowed	
Sleep Medications	<i>Ambien (zolpidem), Sonata (zaleplon), Lunesta (eszopiclone)</i>	IV/swallowed	
Opioids and Morphine Derivatives**			
Codeine	<i>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, ol with Tylen Codeine</i> : Captain Cody, Cody, schoolboy; (with glutethimide: urs, loads, doors & fo pancakes and syrup)	II, III, IV/injected, swallowed	<i>Pain relief, euphoria, drowsiness, sedation, weakness, dizziness, nausea, impaired coordination, confusion, dry mouth, itching, sweating, clammy skin, constipation/ slowed or arrested breathing, lowered pulse and blood pressure, tolerance, addiction, unconsciousness, coma, death; risk of death increased when combined with alcohol or other CNS depressants</i> <i>for fentanyl</i> —80–100 times more potent analgesic than morphine <i>for oxycodone</i> —muscle relaxation/twice as potent analgesic as morphine; high abuse potential <i>for codeine</i> —less analgesia, sedation, and respiratory depression than morphine <i>for methadone</i> —used to treat opioid addiction and pain; significant overdose risk when used improperly
Morphine	<i>Roxanol, Duramorph</i> : M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
Methadone	<i>Methadose, Dolophine</i> : fizzies, amidone, (with MDMA: chocolate chip cookies)	II/swallowed, injected	
Fentanyl and analogs	<i>Actiq, Duragesic, Sublimaze</i> : Apache, China girl, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	IV/injected, smoked, snorted	
Other Opioid Pain Relievers: Oxycodone HCL Hydrocodone Bitartrate Hydromorphone Oxymorphone Meperidine Propoxyphene	<i>Tylox, Oxycontin, Percodan, Percocet</i> : Oxy, O.C., oxycotton, oxycet, hillbilly heroin, percs <i>Vicodin, Lortab, Lorcet</i> : vike, Watson-387 <i>Dilaudid</i> : juice, smack, D, footballs, dillies <i>Opana, Numorphan, Numorphone</i> : biscuits, blue heaven, blues, Mrs. O, octagons, stop signs, O Bomb <i>Demerol, meperidine hydrochloride</i> : demmies, pain killer <i>Darvon, Darvocet</i>	II, III, IV/chewed, swallowed, snorted, injected, suppositories	
Stimulants			
Amphetamines	<i>Biphetamine, Dexedrine, Adderall</i> : bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	IV/injected, swallowed, smoked, snorted	<i>Feelings of exhilaration, increased energy, mental alertness/increased heart rate, blood pressure, and metabolism, reduced appetite, weight loss, nervousness, insomnia, seizures, heart attack, stroke</i> <i>for amphetamines</i> —rapid breathing, tremor, loss of coordination, irritability, anxiousness, restlessness/delirium, panic, paranoia, hallucinations, impulsive behavior, aggressiveness, tolerance, addiction <i>for methylphenidate</i> —increase or decrease in blood pressure, digestive problems, loss of appetite, weight loss
Methylphenidate	<i>Concerta, Ritalin</i> : JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	IV/injected, swallowed, snorted	
Other Compounds			
Dextromethorphan (DXM)	<i>Found in some cough and cold medications</i> : Robotripping, Robo, Triple C	not scheduled/swallowed	<i>Euphoria, slurred speech/increased heart rate and blood pressure, dizziness, nausea, vomiting, confusion, paranoia, distorted visual perceptions, impaired motor function</i>

* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use. Schedule II drugs are available only by prescription and require a new prescription for each refill. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.

** Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms. Injection is a more common practice for opioids, but risks apply to any medication taken by injection.

Facts About Prescription Drug Abuse

Medications can be effective when they are used properly, but some can be addictive and dangerous when abused. This chart provides a brief look at some prescribed medications that—when used in ways or by people other than prescribed—have the potential for adverse medical consequences, including addiction.

In 2010, approximately 16 million Americans reported using a prescription drug for nonmedical reasons in the past year; 7 million in the past month.

What types of prescription drugs are abused?

Three types of drugs are abused most often:

- Opioids—prescribed for pain relief
- CNS depressants—barbiturates and benzodiazepines prescribed for anxiety or sleep problems (often referred to as sedatives or tranquilizers)
- Stimulants—prescribed for attention-deficit hyperactivity disorder (ADHD), the sleep disorder narcolepsy, or obesity.

How can you help prevent prescription drug abuse?

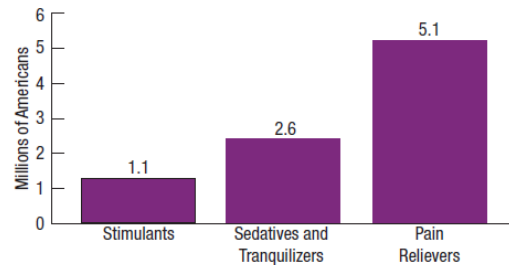
- Ask your doctor or pharmacist about your medication, especially if you are unsure about its effects.
- Keep your doctor informed about all medications you are taking, including over-the-counter medications.
- Read the information your pharmacist provides before starting to take medications.
- Take your medication(s) as prescribed.
- Keep all prescription medications secured at all times and properly dispose of any unused medications.



Order NIDA publications from DrugPubs:
1-877-643-2644 or 1-240-645-0228 (TTY/TDD)

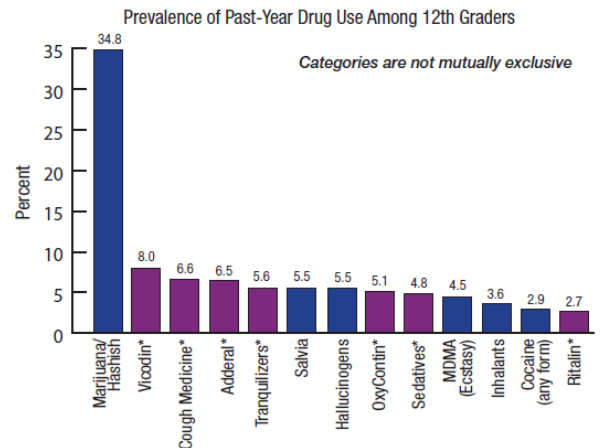
This chart may be reprinted. Citation of the source is appreciated.

~7.0 Million Americans Reported Past-Month Use of Rx Drugs for Nonmedical Purposes in 2010



Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2010

After Marijuana, Prescription and Over-the-Counter Medications* Account for Most of the Commonly Abused Drugs



*Nonmedical Use

Source: University of Michigan, 2010 Monitoring the Future Study

Revised October 2011

WEBB INSTITUTE STUDENT EVENT REQUEST FORM (SERF)

Webb Institute Student Event Request Form (SERF)

*Please complete this form for events that are A. held partially or fully outside of the Pub,
B. Include an outside Group/Organization, and/or C. Include the Webb's Facilities or Culinary Departments*

**The ADASA should also be made aware of on campus events that do not require this form*

Name of Event:	
Date of Event:	
Time of Event (start and end time):	
Location of Event:	
Event Coordinator / Contact Person:	
Objectives of Event: <i>Be clear about what you hope to achieve with this event.</i>	
Description of Event:	
Who is organizing the event? <i>(SOCO, the SO, WOW, individual classes, etc)</i>	
Will Alcohol be served at this event? <i>If so, in what form? (beer, wine, keg, bottles, etc)</i>	
Is the Facilities Department needed? <i>If so, what do you need the Facilities Department to do? (set up tables and chairs, empty Reception Room, etc.) *Please set up a meeting with Facilities & ADASA for large events</i>	
Is the Culinary Department needed? <i>If so, what do you need from the Culinary Department? *Please set up a meeting with Chef Rob & Gailmarie for events</i>	
What budget is funding for this event coming out of?	
Is additional security needed for this event?	
Will large numbers of non-Webbies be attending the event?	
Is an outside group / organization involved with this event? If so, what is the name and contact person of the group / organization?	
Additional Comments/Instructions: <i>Please use the back for additional Comments/Instructions</i>	

Signature of Social Committee Chair(s): _____

Signature of Assistant Director of Admissions and Student Affairs (ADASA): _____

Signature of President (for new events involving the serving of alcohol): _____

Signature of Director of Facilities (for events involving the Facilities Dept.): _____

Signature of the Chef/Gailmarie (for events involving Culinary): _____

Signature of the Director of Athletics (for events involving Athletics): _____

Comments *(To Be Completed by ADASA)*