DAMPP

Drug & Alcohol Misuse Prevention Program

Providing substance abuse awareness and resources for students and employees.

Learn more at **atsu.edu/dampp**

ATSU | A.T. Still University

FIRST IN WHOLE PERSON HEALTHCARE

ATSU Drug and Alcohol Misuse Prevention Program (DAMPP)

University Compliance with the Drug-Free Schools & Communities Act (DFSCA) and Part 86 of the D.O.E. General Administrative Regulations

Date Revised: February 10, 2023

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Drug and Alcohol Misuse Prevention Program (DAMPP) Overview
revised February 10, 2022

A.T. Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and focus on whole person healthcare, scholarship, community health, inter-professional education, diversity, and underserved populations. The University encourages a wellness model for the entire institution, and recognizes its responsibility to support and promote activity that prevents disease and minimizes health risks.

In order to meet this standard, ATSU established the Drug and Alcohol Misuse Prevention Program, which consists of ATSU Policy No. 90-324: Drug-Free and Alcohol-Free Workplace (employees), the Drug and Alcohol Abuse Prevention (DAAP) policy section of the ATSU Student Handbook (students), and programming designed to educate students and employees of the health risks of alcohol and drug abuse and available resources for addiction. This program complies with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act of 1989. The University's DAMPP follows the guidelines provided by the Education Department General Administrative Regulations (EDGAR) Part 86. EDGAR Part 86 establishes three primary areas of compliance: annual notification, method of distribution, and biennial review.

ATSU must certify that it has adopted and implemented a program "to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees" both on the institution's premises and as part of any of its activities. The following is a description of ATSU's compliance with each area of EDGAR Part 86. Supporting documents are provided.

Written Notification

ATSU has developed a written notification for students and employees:
1. Employees – ATSU Policy No. 90-324: Drug-Free and Alcohol-Free Workplace

2. Students – Drug and Alcohol Abuse Prevention (DAAP) policy section of ATSU Student Handbook

These written notifications include:

1. Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

2. A list of applicable legal sanctions under federal, state, or local laws for the unlawful possession or distribution of illicit drugs and alcohol.

3. A description of the health risks associated with the abuse of alcohol or use of illicit drugs.

4. A list of drug and alcohol programs (counseling, treatment, rehabilitation, and re-entry) that are available to employees or students.

5. A clear statement that ATSU will impose disciplinary sanctions on students and employees for violations of the standards of conduct and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution.

Annual Distribution

ATSU has developed verifiable distribution methods to ensure all constituencies receive a written copy of the University's policy on drug and alcohol abuse.

Employees and applicants

1. All job applicants receive notification through the UltiPro consent policy or posted notice at the Human Resources office of the existence of ATSU Policy No. 90-324: Drug-Free and Alcohol-Free Workplace. The notice offers a copy of the policy upon request.
2. Newly hired employees receive an electronic version of the policy and are required to return a signed statement within 30 calendar days of the employee's start date indicating they have received, read, and understood the policy.
3. All employees receive annual notification of the policy and its specific online location via email.
4. All employees participate in annual training and review of the policy. Training completion is verified via the UltiPro Learning platform.
5. All employees have unhindered access to the policy on the University's website, including access to printed versions upon request.

Students and prospective students

1. All applicants to ATSU receive notification on the electronic application of the existence of DAAP policy section of the ATSU Student Handbook. This notification offers a copy of the policy upon request.
2. All current ATSU students receive biannual notification (March and October) via email that includes a PDF attachment, the website link to the DAAP policy section of the ATSU Student Handbook, and a paper copy upon request.
3. Newly admitted students, transfer students, and students returning after a withdrawal are provided information on how to access the DAAP policy section of the ATSU Student Handbook as part of the admission acceptance agreement, which is signed by the student.

Biennial Review

The University has established the ATSU Drug and Alcohol Misuse Prevention Program Review Committee, which is led by the ATSU vice president and general counsel and includes representatives from the student affairs and human resources departments. Beginning in January 2015, this committee conducts biennial reviews of the DAMPP to assess the program's effectiveness and recommend improvements.

The committee will assess the following areas:

1. Is ATSU Policy No. 90-324: Drug-Free and Alcohol Free Workplace and the DAAP policy section of the ATSU Student Handbook compliant with federal regulations?

2. Is the information contained in ATSU Policy No. 90-324: Drug-Free and Alcohol Free Workplace and the DAAP policy section of the ATSU Student Handbook accurate and up-to-date?

3. Are ATSU Policy No. 90-324: Drug-Free and Alcohol Free Workplace and the DAAP policy section of the ATSU Student Handbook appropriately distributed to all affected constituencies at the University?

4. Are efforts to restrict and prevent drug and alcohol abuse at ATSU effective?

5. Since the time of the last biennial review, were there violations of ATSU Policy No. 90-324: Drug-Free and Alcohol Free Workplace or the DAAP policy section of the ATSU Student Handbook? If so, were policy sanctions enforced consistently in all cases?

Leaders from student affairs and human resources will review violations among their respective constituencies and ensure consistent enforcement of University sanctions. These leaders will report their findings to the DAMPP Review Committee to be included in the DAMPP review report.

In addition, ATSU will establish data values from the following sources to provide baseline data for future evaluations of DAMPP effectiveness:

1. Annual survey to measure students' knowledge of and attitudes towards drug and alcohol use.

2. Annual survey to measure students' knowledge of and attitudes towards inclusion of drug and alcohol abuse within the ATSU Student Standard of Conduct.

3. Expand annual required employee training to survey employees' knowledge of and attitudes towards drug and alcohol abuse.

4. Annual survey of University counselors for reported incidences of drug and alcohol abuse using de-identified data.

5. Annual survey of campus security for incidences of drug and alcohol related problems.

These surveys will be developed and implemented, and the findings analyzed, with the assistance of the ATSU research, grants, and information systems department.
A final report of the ATSU DAAPP Review Committee's findings and recommendations will be presented to and approved by the ATSU president.

General Order 90-324:
Drug-Free and Alcohol Free Workplace

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ATSU POLICY NO. 90-324: DRUG-FREE AND ALCOHOL-FREE WORKPLACE

DATE APPROVED: NOVEMBER 26, 2019 **SIGNATURE:** ***Signature on file in HR***

Purpose

A.T. Still University of Health Sciences' Drug and Alcohol Abuse Prevention Program (DAAPP) consists of two policies, one impacting employees and one impacting students. This general order is the controlling policy for employees. The Drug and Alcohol Abuse Prevention (DAAP) policy section of the (ATSU) Student Handbook is the controlling policy for students. .Additionally, this general order outlines policy promoting a drug-free and alcohol-free workplace to maintain a safe and healthy work environment for all employees.

Alcoholism and drug abuse affect not only the individual, but also disrupts the lives of family, friends, co-workers, neighbors, and anyone else with whom the person associates. Even before there are symptoms of physical deterioration, other detrimental indicators including marital problems, impaired relationships with children, loss of friends, loss of job, and legal problems may surface. Depression, learning and memory problems, and/or impaired thinking and judgment may be present. The goal of this policy is to help chemically impaired employees recognize and receive treatment for their impairment, delineate a confidential process for reporting and assessing suspected chemical impairment, provide an effective intervention process, and facilitate rehabilitation and re-entry into the workplace.

The Drug-Free Workplace Act of 1988 requires all federal contractors and grantees to certify they have a drug-free workplace. This act requires the University to inform employees paid with federal grant funds of policies, effects, and implications of illicit drug use, and to establish programs to accomplish this task. The Drug-Free Schools and Communities Act of 1989 requires all institutions receiving federal funds to educate and inform employees of the policies, effects, and implications of illicit drug and alcohol use.

Policy

A. ATSU encourages a wellness model for the entire institution. ATSU recognizes its responsibility to support and promote activity that prevents disease and minimizes health risks. ATSU also seeks to ensure the safety of all who are at the University.
B. The following policy statements are provided to clearly inform employees of the implications of illicit drug and alcohol use in the workplace.
    1. ATSU establishes a standard of conduct regarding unlawful possession, use, or distribution of illicit drugs and alcohol by employees on University property or as part of any University activities. The University prohibits all employees from possessing, reporting to work, or working under the influence of substances which impair their ability to carry out job tasks (non-prescribed drugs, narcotics, alcohol, etc.), or illegal possession, manufacture, or use of drugs or alcohol in the workplace.
    2. A description of applicable legal sanctions, which will be applied by federal, state, and local officials for unlawful possession or distribution of illicit drugs and alcohol is attached. (Attachment 1)
    3. A description of the health risks associated with use of alcohol, tobacco, and specific illicit drugs is attached. (Attachment 2)
    4. A description of drug and alcohol counseling, treatment, or rehabilitation or re-entry programs available to University employees is attached. (Attachment 3)
    5. Sanctions will be imposed on employees for violations of the standard of conduct regarding illicit drug and alcohol use. Employee discipline, which may include immediate termination, is described in the employee handbook. The faculty/staff impairment intervention protocol has been developed to help chemically impaired faculty/staff members recognize and receive treatment for their impairment. These documents set forth action to be taken when employees are in violation of B.1 above. (Attachment 4)

Procedure

A. Establish Reasonable Cause

1. Reasonable cause is established by a supervisor through observations leading a reasonable person to believe an employee may be under the influence of drugs or alcohol. Job-related impaired behavior in an employee observed by a colleague should be reported to the observer's immediate supervisor.
2. Reasonable cause should be determined on a case-by-case basis and based on such things as:
   a. Direct observations of drug or alcohol use, drug or alcohol possession, or possession of drug paraphernalia; or
   b. An employee who exhibits physical signs or symptoms of being under the influence of drugs or alcohol; or
   c. An employee whose actions, appearance, and/or conduct show a pattern of suspected impairment or abnormal or erratic behavior.
3. Attachment 2 of this policy includes a list of behaviors that may indicate drug or alcohol abuse. This list is not intended to be exhaustive. Observation of one exhibited behavior or sign may or may not be sufficient to achieve reasonable cause. For example, observing an employee with a strong odor of alcohol may give rise to reasonable cause, whereas, observing an employee asleep at his/her desk may not alone give rise to reasonable cause.

B. Attempt to Secure a Witness
1. The supervisor should summon another member of management or Human Resources to witness the behaviors or signs that say be attributable to substance abuse.
2. If no suitable witness (management or HR personnel) is available, the supervisor will proceed in accordance with this procedure.

C. Document Observed Behavior
1. Reported impaired job behavior confirmed by the supervisor will be documented prior to meeting with the employee
2. Documentation will be kept by the supervisor and a copy submitted to Human Resources.

D. Meet With Employee
1. Supervisor will meet with the employee in a private location. A member of management or Human Resources will also be present. A representative for the employee may also be present if requested and available immediately.
2. Employee will be given an opportunity to respond to the observations reported and the reasons stated.
3. Employee will be encouraged to cooperate and be advised of ATSU's desire to work with her/him if a substance abuse problem exists.
4. Employee's responses will be documented.

E. Meeting Outcome – Four Possibilities
1. Employee explanation: employee provides an explanation for the observed behavior.
   a. If the supervisor and Human Resources find the employee's explanation for the behavior credible, the employee will be:
      1. permitted to return to work, if there are no ongoing risks.
      2. assisted home, if there are ongoing risks even though the explanation is credible.
      3. assisted in seeking appropriate medical care.
   b. If the supervisor and Human Resources do not find the explanation for the behavior credible:
      1. If the meeting constitutes a second possible violation of this policy, meaning the employee has been counseled in the past regarding observed behavior, move to item E.4 - "Repeat Offense/Validation."
      2. Supervisor will encourage necessary changes/adjustments to ensure the behavior is not repeated and, if necessary, refer the employee to the Employee Assistance Program (Attachment 3).
      3. Supervisor will inform the employee future instances of suspected substance abuse or impairment will be dealt with through the same process, regardless of the explanation for observed behavior.
      4. A written plan to prevent further accusations of job-related impairment will be formulated, signed, and enacted by the supervisor and employee. A part of this plan will be that any subsequent reports of job-related impairment will result in mandatory assessment for chemical dependence.
   c. Regardless of whether or not the employee's explanation for the observed behavior is deemed credible, a copy of the documentation of the meeting and the signed plan will be sent to the assistant vice president of human resources.
2. Self-Disclosure: employee admits to being under the influence of drugs or alcohol and cooperates fully.
   a. If the meeting constitutes a second possible violation of this policy, move to item #4 - "Repeat Offense/Validation."
   b. Employee is placed on suspension with or without pay and for a time period determined at the discretion of the supervisor with the advice of the assistant vice president of human resources.

c. With the employee's consent, the supervisor will contact a spouse, family member, or other individual to transport the employee to her/his home.
d. In the event no such individual is available, the supervisor or Human Resources will:
    1. Transport employee home; or
    2. Contact a taxi service to transport employee home at the University's expense.
e. Supervisor will encourage necessary changes/adjustments to ensure the behavior is not repeated.
f. Supervisor will refer the employee to the Employee Assistance Program (Attachment 3).
g. Supervisor will inform the employee future instances of suspected substance abuse or impairment will be dealt with in the same manner.
h. A written plan to prevent further accusations of job-related impairment will be formulated, signed, and enacted by the supervisor and employee. A part of this plan will be that any subsequent reports of job-related impairment will result in mandatory assessment for chemical dependence.
i. A copy of the documentation of the meeting and the signed plan will be sent to the assistant vice president of human resources.

3. Refusal/Failure to Cooperate: employee fails to cooperate with any steps outlined in this procedure.
    a. Employee will be advised refusal to submit to the procedure outlined in this document will be treated as a repeat offense and may result in corrective action up to and including termination of employment.
    b. If the employee still fails to cooperate, the supervisor will follow the process outlined in item #4 - "Repeat Offense/Validation."
    c. A determination of corrective action and continued employment will be made by the supervisor in cooperation with the assistant vice president of human resources.
4. Repeat Offense/Validation: Employees observed behavior constitutes a second possible violation of this policy or validation of a suspected violation is necessary.
    a. If observed behavior indicating the employee is impaired occurs a second time, regardless of the outcome of the first meeting, or if validation of a suspected violation is necessary, the employee will be required to report for a 1) urine/drug screen procedure and/or 2) an assessment by an ATSU-approved physician.
        1. If a urine/drug screen procedure is necessary, Human Resources will arrange transport and/or accompany the employee to the designated testing facility. Under no circumstances may an employee transport himself/herself.
        2. If the employee refuses to submit to screening or assessment, refusal will be treated as a positive screening result under item# E4d "Post-Test."
        3. After the urine/drug screen procedure, and with the employee's consent, the supervisor will contact a spouse, family member, or other individual to transport the employee to her/his home. In the event no such individual is available, or the employee does not consent to contacting a spouse, family member, or other individual, the supervisor or Human Resources will:
            a. Transport employee home;
            b. Contact a taxi service to transport employee home at the University's expense
        4. Criteria for an assessment by an ATSU-approved physician shall include one of the following:
            a. Physician certified in addiction medicine;
            b. Physician who has demonstrated proficiency in the treatment of chemical dependence;
            c. The Missouri Association of Osteopathic Physicians and Surgeons (MAOPS) Impaired Physician Program Assessment or equivalent program in other disciplines (Attachment 3).
    b. A written report of the assessment will be provided by the evaluating physician to the assistant vice president of human resources.
    c. Failure of the employee to comply with the assessment timeline or follow physician's recommendations will result in disciplinary sanctions.
    d. Post-Test
        1. If a urine/drug screen procedure result is negative:
            a. Employee will be allowed to return to work immediately.
            b. Employee will be paid for the time off.
            c. Supervisor will inform the employee future instances of suspected substance abuse or impairment will be dealt with in the same manner.
        2. If a urine/drug screen procedure result is positive, the employee remains on suspension pending corrective action.

3. If chemical dependence is diagnosed by the evaluating physician, the assistant vice president of human resources and physician will formulate a treatment plan based on a goal of rehabilitating the impaired employee for continued employment at ATSU. This plan will be presented to the involved employee by the assistant vice president of human resources. Employee will be responsible for any costs associated with the treatment plan and responsible for making arrangements for leave from work, if necessary. Failure to comply with the treatment plan within seven days of notification will result in referral to the appropriate University vice president for disciplinary sanctions.

F. Completion of Treatment
G. When the employee completes the treatment plan to the satisfaction of the assistant vice president of human resources, a contract specifying sobriety will be drawn up between the supervisor and employee. If at any time in the recovery process the employee fails to comply with the treatment plan, the employee will be referred to the assistant vice president of human resources.

Responsibility

A. Employees
   1. Employees have responsibility to abide by the terms of this policy. Employees serving on a federal grant-funded project staff are required to report to the assistant vice president of human resources any convictions under a criminal drug statute for conduct in the workplace no later than five days after a conviction.
   2. Employees are responsible to report any observed behaviors or odors that may be as a result of the use of illicit drugs or alcohol to their respective supervisor or Human Resources.
B. Human Resources - The University must notify any federal granting agency within ten days after receiving notice from an employee serving on a federal grant-funded staff or otherwise receiving actual notice of a federal grant-funded staff employee's criminal drug statute conviction for conduct in the workplace.
C. The assistant vice president of human resources is responsible for distribution of this general order as follows:
   1. All job applicants receive notification via email or posted notice at the application kiosk of the existence of ATSU Policy No. 90-324: Drug-Free and Alcohol-Free Workplace. The notice offers a copy of the document upon request;
   2. Newly hired employees receive an electronic version of ATSU Policy No. 90-324: Drug-Free and Alcohol-Free Workplace and are required to return a signed statement within thirty (30) calendar days of the employee's start date indicating they received, read, and understood the policy;
   3. All employees receive annual notification of ATSU Policy No. 90-324: Drug-Free and Alcohol-Free Workplace and its specific online location via email;
   4. All employees participate in annual training and review of ATSU Policy No. 90-324: Drug-Free and Alcohol-Free Workplace. Training completion is recorded and verified by Human Resources; and
   5. All employees have unhindered access to ATSU Policy No. 90-324: Drug-Free and Alcohol-Free Workplace on the University's intranet web portal, including access to printed versions upon request.
D. ATSU's Drug-free and Alcohol-free Workplace Policy Committee - Led by the assistant vice president of human resources, ATSU's Drug-free and Alcohol-free Workplace Policy Committee will include representatives from Student Affairs, Behavioral Health & Wellness Counseling, basic science and clinical faculty, Human Resources, and the Office of the Vice President & General Counsel. This committee will conduct annual reviews of this policy to ensure accuracy of the information contained within.
E. ATSU's Drug and Alcohol Abuse Prevention Program (DAAPP) Committee – In January of odd numbered years, DAAPP Committee, led by the ATSU vice president & general counsel and including representatives from Student Affairs and Human Resources, will conduct biennial reviews of this policy to assess effectiveness, review violations, ensure consistent enforcement, and make recommendations for changes and improvements to the DAAPP.
F. Vice president & general counsel - The ATSU vice president & general counsel will review the DAAPP Committee biennial review report, approve recommendations, and ensure application and enforcement of changes to the DAAPP.
G. President - A final report of all DAAPP Committee review proceedings will be presented to and approved by the president.

Attachment 1

DESCRIPTION OF LOCAL, STATE, AND FEDERAL LEGAL SANCTIONS

In addition to being subject to University disciplinary and administrative sanctions for violations of this policy, as outlined in the "Procedure" section, ATSU employees may be subject to the following local, state, and federal legal sanctions. Anyone who violates federal, state, or local law regarding alcohol and other drugs, including the illegal possession of drug paraphernalia, is subject to prosecution and punishment by criminal and civil authorities. Punishment may include imprisonment, fines, and community service. Specific information regarding applicable sanctions is available through Human Resources.

Mesa, Arizona campus

Title 13, Chapter 34 of the Arizona Revised Statutes establishes regulations and prohibitions regarding drugs in the State of Arizona.

Title 4 of the Arizona Revised Statutes establishes regulations and prohibitions regarding alcohol in the State of Arizona.

Violations of Title 13, Chapter 34 and/or Title 4 of the Arizona Revised Statutes may incur legal sanctions including fines of up to $150,000, restitution, and imprisonment of up to 15 years.

See Title 13 of the Arizona Revised Statutes: http://www.azleg.gov/arizonarevisedstatutes.asp?Title=13

See Title 4 of the Arizona Revised Statutes: http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=4

Kirksville, Missouri campus

Chapter 195 of the Missouri Revised Statutes establishes regulations and prohibitions regarding drugs in the State of Missouri.

Chapter 311 of the Missouri Revised Statutes establishes regulations and prohibitions regarding alcohol in the State of Missouri.

Local, state and federal laws also prohibit the unlawful possession, use, distribution and sale of alcohol and illicit drugs. Criminal penalties for violation of such laws range from fines up to $20,000 to imprisonment for terms up to and including life.

See Chapter 195 of the Missouri Revised Statutes for information on enforcement and penalties: https://revisor.mo.gov/main/OneChapter.aspx?chapter=195

See Chapter 311 of the Missouri Revised Statutes for information on enforcement and penalties: https://revisor.mo.gov/main/OneChapter.aspx?chapter=311

International/Online

Employees outside the corporate campus area of Kirksville, Mo., and Mesa, Ariz. should familiarize themselves with the legal sanctions prescribed by local/state governments where they work/reside. Legal sanctions for drug- and alcohol-related violations of local/state law may include fines, restitution, and imprisonment.

Federal Statutes

In addition to local and state law governing the possession, use, and distribution of alcohol and drugs, the federal government has established regulations and guidelines. While marijuana has been legalized in some states, marijuana possession and use is still a federal crime under the Controlled Substances Act (CSA). Additionally, ATSU students may

be drug tested as a part of the professional standards of their program of study. See the following charts for federal guidelines regarding possession and trafficking of illegal substances:

<table>
<tr><th>DRUG/SCHEDULE</th><th>QUANTITY</th><th>PENALTIES</th><th>QUANTITY</th><th>PENALTIES</th></tr>
<tr><td>Cocaine (Schedule II)</td><td>500 - 4999 gms mixture</td><td rowspan="8">First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 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 injury, life imprisonment. Fine of not more than $8 million if an individual, $50 million if not an individual</td><td>5 kgs or more mixture</td><td rowspan="8">First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 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 injury, life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual.

2 or More Prior Offenses: Fube if bit more than $20 million if an individual, $75 million if not an individual. Life imprisonment</td></tr>
<tr><td>Cocaine Base (Schedule II)</td><td>5-49 gms mixture</td><td>50 gms or more mixture</td></tr>
<tr><td>Fentanyl (Schedule II)</td><td>40 - 399 gms mixture</td><td>400 gms or more mixture</td></tr>
<tr><td>Fentanyl Analogue (Schedule I)</td><td>10 - 99 gms mixture</td><td>100 gms or more mixture</td></tr>
<tr><td>Heroin (Schedule I)</td><td>100 - 999 gms mixture</td><td>1 kg or more mixture</td></tr>
<tr><td>LSD (Schedule I)</td><td>1 – 9 gms mixture</td><td>10 gms or more mixture</td></tr>
<tr><td>Methamphetamine (Schedule II)</td><td>5 - 49 gms pure or 50 - 499 gms mixture</td><td>50 gms or more pure or 500 gms or more mixture</td></tr>
<tr><td>PCP (Schedule II)</td><td>10 - 99 gms pure or 100 - 999 gms mixture</td><td>100 gm or more pure or 1 kg or more mixture</td></tr>
<tr><th colspan="5">PENALTIES</th></tr>
<tr><td>Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)</td><td>Any amount</td><td colspan="3">First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than Life. Fine $1 million if an individual, $5 million if not an individual.</td></tr>
</table>

Flunitrazepam (Schedule IV)	1 gm or more	Second Offense: Not more than 30 yrs. If death or serious injury, not less than life imprisonment. Fine $2 million if an individual, $10 million if not an individual	
Other Schedule III drugs	Any amount	First Offense: Not more than 10 years. If death or serious injury, not more than 15 years. Fine not more than $500,000 if an individual, $2.5 million if not an individual. Second Offense: Not more 20 yrs. If death or serious injury, 30 years. Fine not more than $1 million if an individual, $5 million if not an individual	
Flunitrazepam (Schedule IV)	30 to 999 mgs		
All other Schedule IV drugs	Any amount	First Offense: Not more than 5 years. Fine not more than $250,000 if an individual, $1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if not an individual.	
Flunitrazepam (Schedule IV)	Less than 30 mgs		
All Schedule V drugs	Any amount	First Offense: Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.	
DRUG	**QUANTITY**	**1st OFFENSE**	**2nd OFFENSE**
Marijuana	1,000 kg or more mixture; or 1,000 or more plants	● 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 $10 million if an individual, $50million if other than an individual	● Not less than 20 years, not more than life ● If death or serious injury, mandatory life ● Fine not more than $20 million if an individual, $75 million if other than an individual
Marijuana	100 kg to 999 kg mixture; or 100 to 999 plants	● 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 $5 million if an individual, $25 million if other than an individual	● Not less than 10 years, not more than life ● If death or serious injury, mandatory life ● Fine not more than $20 million if an individual, $75 million if other than an individual

Marijuana	more than 10 kgs hashish; 50 to 99 kg mixture more than 1 kg of hashish oil; 50 to 99 plants	● Not more than 20 years ● If death or serious injury, not less than 20 years, not more than life ● Fine $1 million if an individual, $5 million if other than an individual	● Not more than 30 years ● If death or serious injury, mandatory life ● Fine $2 million if an individual, $10 million if other than individual
Marijuana	1 to 49 plants; less than 50 kg mixture	● Not more than 5 years ● Fine not more than $250,000, $1 million other than individual	● Not more than 10 years ● Fine $500,000 if an individual, $2 million if other than individual
Hashish	10 kg or less		
Hashish Oil	1 kg or less		

The United States Drug Enforcement Administration provides these federal trafficking penalties and other information at http://www.dea.gov/index.shtml

Attachment 2

USE OF ILLICIT DRUGS OR ALCOHOL IN THE WORKPLACE

The University is a drug-free and alcohol-free workplace. A standard of conduct regarding the unlawful possession, use, or distribution of illicit drugs and alcohol has been established. This standard of conduct prohibits all employees from possessing, reporting to work, or working under the influence of intoxicants (non-prescribed psychoactive drugs, narcotics, alcohol, etc.) or the illegal possession, manufacture, or use of drugs or alcohol in the workplace.

ATSU is a tobacco product-free campus, which includes electronic nicotine delivery systems (e-cigarettes).

Many healthcare professions have an increased risk for substance abuse and addiction.

DESCRIPTION OF HEALTH RISKS
(Updated March 2015)

Alcohol

1. Very addictive. Alcohol is consumed by a large segment of American society, which increases the risk for abuse. Overuse and addiction are a major health problem, especially binge drinking in college age populations.
2. Behavioral effects of alcohol are complex and dose-dependent. Ethanol decreases behavioral inhibition in low doses, often construed as stimulatory effects. At progressively higher doses, alcohol is more of a depressant and causes loss of muscle coordination, reaction time, and judgment. At very high blood levels, alcohol causes stupor, memory lapse, coma, respiratory depression, and even death.
3. Even low doses impair judgment and reaction time.
4. High blood alcohol levels may require emergency medical intervention
5. About half of all motor vehicle accident fatalities involve alcohol
6. All states define driving with blood alcohol levels of 0.08% or higher as a crime
7. Alcohol use is associated with violence including sexual assault and suicide
8. Long-term heavy alcohol abuse can cause liver disease and Wernicke-Korsakoff syndrome (cognitive and memory deficits); there are deleterious effects on almost every system of the body
9. Combining alcohol with other central nervous system (CNS) depressants, such as benzodiazepines or opiates, can cause fatal respiratory depression
10. Withdrawal from very heavy alcohol can be serious and usually is done in a treatment center
11. Moderate alcohol consumption, one or two drinks depending on body mass, is associated with decreased risk for heart disease; many healthcare professionals feel the risk of problems with alcohol outweigh the potential benefits

Effects at specific B.A.C. levels
from Be Responsible About Drinking, Inc. (B.R.A.D.)
The effects of alcohol intoxication are greatly influenced by individual variations among users. Some users may become intoxicated at a much lower Blood Alcohol Concentration (BAC) level than is shown.

0.02-0.03 BAC: No loss of coordination, slight euphoria and loss of shyness. Depressant effects are not apparent. Mildly relaxed and maybe a little lightheaded.

0.04-0.06 BAC: Feeling of well-being, relaxation, lower inhibitions, sensation of warmth. Euphoria. Some minor impairment of reasoning and memory, lowering of caution. Your behavior may become exaggerated and emotions intensified (Good emotions are better, bad emotions are worse)

0.07-0.09 BAC: Slight impairment of balance, speech, vision, reaction time, and hearing. Euphoria. Judgment and self-control are reduced, and caution, reason and memory are impaired, .08 is legally impaired and it is illegal to drive at this level. You will probably believe that you are functioning better than you really are.

0.10-0.125 BAC: Significant impairment of motor coordination and loss of good judgment. Speech may be slurred; balance, vision, reaction time and hearing will be impaired. Euphoria.

0.13-0.15 BAC: Gross motor impairment and lack of physical control. Blurred vision and major loss of balance. Euphoria is reduced and dysphoria (anxiety, restlessness) is beginning to appear. Judgment and perception are severely impaired.

0.16-0.19 BAC: Dysphoria predominates, nausea may appear. The drinker has the appearance of a "sloppy drunk."

0.20 BAC: Felling dazed, confused or otherwise disoriented. May need help to stand or walk. If you injure yourself you may not feel the pain. Some people experience nausea and vomiting at this level. The gag reflex is impaired and you can choke if you do vomit. Blackouts are likely at this level so you may not remember what has happened.

0.25 BAC: All mental, physical and sensory functions are severely impaired. Increased risk of asphyxiation from choking on vomit and of seriously injuring yourself by falls or other accidents.

0.30 BAC: STUPOR. You have little comprehension of where you are. You may pass out suddenly and be difficult to awaken.

0.35 BAC: Coma is possible. This is the level of surgical anesthesia.

0.40 BAC and up: Onset of coma, and possible death due to respiratory arrest.

Tobacco Products

1. Using tobacco products causes cancer and increases the risk of heart disease
2. Nicotine is a highly addictive stimulant
3. ATSU is a tobacco product-free campus including e-cigarettes
4. E-cigarettes should be considered a tobacco replacement product and should not be used by people that have never used tobacco products
5. Use of OTC tobacco cessation products, such as nicotine patches, lozenges, or gum are allowed on campus. Using e-cigarettes is not allowed on campus.

Marijuana

1. There remain legal risks to the individual for marijuana use. Marijuana is an illegal schedule 1 drug under federal law; medical marijuana is legal under state law in many states, and recreational marijuana is legal in just a few states. Because ATSU has operations and rotations in many states, marijuana use by ATSU employees and students is not advisable for legal reasons. For example, the marijuana use may be legal by state law where it is used, but a drug test might be required shortly thereafter at a rotation site in another state. It is not advisable, for legal reasons, to use marijuana even if it is legal by state law
2. Potency, as measured by THC content, has increased dramatically in recent decades, due to more sophisticated plant breeding and cultivation. This increases psychotropic and adverse effects.
3. Increases heart rate, reddening of the eyes, and dryness of the mouth and throat
4. Temporarily impairs short-term memory, alters sense of time, and reduces the ability to perform tasks requiring concentration, swift reactions, and coordination
5. Affects motivation and cognition making the acquisition of new information difficult
6. Large doses of THC, the active ingredient in marijuana, may produce confusion, amnesia, delusions, hallucinations, anxiety, and agitation. Most episodes remit rapidly.
7. There is an association between long term marijuana use and schizophrenia
8. Can produce paranoia and psychosis
9. Damages lungs and pulmonary system
10. Can result in low sperm count
11. Causes psychological dependence
12. Spice, K2, and other drugs are similar to marijuana have now been added to the controlled substances list and are illegal. The effects and risks are likely similar to marijuana.
13. There are other synthetic cannabinoids being imported and sold; all of these are likely similar to marijuana. However, these drugs could be more dangerous than marijuana. Less is known about the effects of these drugs and the purity of the drugs will vary considerably. Some of these drugs were made Schedule 1 by the Food and Drug Administration Safety Act signed by President Obama in 2012. Most “designer drugs” eventually end up as Schedule

Inhalants - (paint, model airplane glue, hairspray, aerosol cans, and gasoline)

1. Dizziness, loss of muscle coordination, inability to think and behave normally, and sometimes abusive and violent behavior
2. Decreased cardiac and respiratory rates
3. Impaired judgment
4. Amyl and butyl nitrate cause rapid pulse, headaches, and involuntary passing of urine and feces
5. Disorientation, violent behavior, unconsciousness, or death
6. Weight loss, fatigue, electrolyte imbalance, and muscle fatigue
7. Permanent damage to the nervous system

Cocaine & Crack Cocaine

1. Very addictive
2. Dilated pupils and elevated blood pressure
3. Increased heart rate, respiratory rate, and body temperature
4. Ulceration of the mucous membrane of the nose (nasal administration)
5. Psychological and physical dependency
6. Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds
7. Loss of appetite, tactile hallucinations, paranoia, and seizures
8. Death by cardiac arrest or respiratory failure
9. Mixtures of cocaine and heroin (Speedball) have resulted in overdose deaths

Amphetamines, Methamphetamine, and Other Stimulants - (Amphetamines, MDMA, Ritalin)

1. Stimulants are very addictive
2. Diversion, an illegal transfer to another person, is a problem on college campuses
3. Abuse usually involves higher doses
4. Amphetamines, especially methamphetamine, are highly addictive
5. Restlessness, anxiety, mood swings, panic and paranoid thoughts, and hallucinations
6. Circulatory and cardiac disturbances, convulsions, and coma
7. Heavy, frequent doses can produce brain damage, resulting in speech disturbance and difficulty in turning thoughts into words
8. Feelings of restlessness, anxiousness, and moodiness
9. An amphetamine injection creates a sudden increase in blood pressure, which may result in stroke, very high fever, or heart failure
10. Methamphetamine is a more potent amphetamine with a long half-life. “Meth” is associated with extreme behavioral problems, which disrupt social functioning and cause dental and dermatological problems
11. Amphetamine abuse, especially methamphetamine, causes psychosis
12. Methamphetamine addiction cases severe oral cavity problems, “meth-mouth”

Ecstasy (MDMA) and other designer drugs or rave drugs

1. MDMA has both stimulant and psychedelic properties, mood elevation, sensory perception alterations, and other psychological responses, stimulates the heart, raises body temperature, jaw clenching, teeth grinding, even seizures, adverse psychological effects (paranoia, confusion, anxiety, visual hallucinations). Potentially neurotoxic to serotonergic neurons, i.e., potentially irreversible brain damage
2. Mephedrone (bath salts or plant food) produces effects similar to MDMA or other stimulants. The long-term risks associated with this drug are not well understood yet. The DEA has banned the drug
3. Use of Khat, a stimulant drug is increasing in the U.S. Leaves of the plant are chewed traditionally in some countries in the Middle East. Users experience euphoria and mood excitation, but it may be accompanied by anxiety and other emotional problems. Treatment of overdose in emergency rooms has been rare.
4. Amphetamines and Ritalin are prescribed for legitimate medical treatment of Attention Deficit Hyperactivity Disorder (ADHD). However, diversion and/or illegal transfer to another person is a problem on college campuses.
5. Recently, Florida has seen a large increase in the abuse of Flakka, a synthetic cathinone drug called alpha-pyrrolidinopentiophenone (alpha-PVP). Adverse effects apparently include delusional behavior.

CNS Depressants (anesthetic drugs, etc.)

1. Small amounts can produce calmness and relaxed muscles
2. Larger doses can cause slurred speech, staggering gait, and altered perception
3. Very large doses can cause respiratory depression, coma, and death
4. The use of depressants can cause both physical and psychological dependence

Hallucinogens – (LSD, Peyote, Mescaline, Mushrooms)

1. Changes in time and space perception, delusions (false beliefs), and hallucinations (experiencing unreal or distorted sensations)
2. Dilated pupils, increased temperature and heartbeat, increased blood pressure, violent tremors
3. Heavy hallucinogen use may cause flashbacks and other psychological disturbances including anxiety, depression, or breaks from reality that can last days or months
4. Heavy users sometimes develop signs of organic brain damage, such as impaired memory, attention span, mental confusion and difficulty with abstract thinking

Salvia (Information from National Institutes of Drug Abuse)

1. Salvia (*Salvia divinorum*) is an herb common to southern Mexico and Central and South America. The main active ingredient in Salvia, salvinorin A, is a potent activator of kappa opioid receptors in the brain. These receptors differ from those activated by the more commonly known opioids, such as heroin and morphine. Although Salvia currently is not a drug regulated by the Controlled Substances Act, several States and countries have passed legislation to regulate its use.
2. The Drug Enforcement Agency has listed Salvia as a drug of concern and is considering classifying it as a Schedule I drug, like LSD or marijuana.
3. People who abuse salvia generally experience hallucinations or “psychotomimetic” episodes (a transient experience mimicking a psychosis). Subjective effects have been described as intense but short-lived, appearing in less than 1 minute and lasting less than 30 minutes. They include psychedelic-like changes in visual perception, mood and body sensations, emotional swings, feelings of detachment, and importantly, a highly modified perception of external reality and the self, leading to a decreased ability to interact with one's surroundings. This last effect has prompted concern about the dangers of driving under the influence of salvinorin.
4. The long-term effects of Salvia abuse have not been investigated systematically.

Opiates (Oxycontin, codeine, morphine, heroin, etc.)

1. Very addictive
2. Feelings of euphoria followed by drowsiness, nausea, and vomiting
3. Constricted pupils, watery eyes, and itching
4. Slow and shallow breathing, clammy skin, convulsions, coma, and possible death
5. Tolerance and dependence develops rapidly
6. Use of contaminated syringes can result in AIDS, endocarditis, hepatitis
7. Use during pregnancy can result in premature, stillborn, or addicted infants who experience severe withdrawal symptoms
8. Heroin overdose causes death by respiratory failure
9. Mixtures of cocaine and heroin (Speedball) have resulted in overdose deaths
10. The use of heroin has increased dramatically in the United States in recent years. This opiate abuse is impacting people in a wider range of socioeconomic groups compared to previous decades. This opiate abuse is correlated with increased use and abuse of prescription opiates, such as oxycontin, and the availability of heroin at lower prices from Mexican drug cartels in many U.S. cities. As future healthcare providers, ATSU graduates will hopefully be involved in decreasing this problem.
11. Naloxone is a mu opiate receptor antagonist that is used to treat opiate drug overdose. Naloxone (NARCAN®) is available over the counter for opiate drug users and associates of opiate drug users in many states. Narcan is typically administered in a nasal spray and is available without a prescription in Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin and Washington DC.

Sedative/Hypnotics (Benzodiazepines, such as Valium, Xanax, or Ambien, Sonata, Lunesta/Barbiturates, such as Seconal)

1. Barbiturates are dangerous and are reserved mostly for anesthesia in proper medical use. Abuse of barbiturates, although less common now, is dangerous with a relatively high risk of overdose and death. Benzodiazepines are safer and are used for short term relief of anxiety and insomnia under proper medical use. Benzodiazepines are schedule IV drugs. Although benzodiazepines are safer than barbiturates, they are still habit forming.
2. Barbiturate abuse can cause loss of consciousness, coma, respiratory depression and death
3. Barbiturates are especially lethal when combined with alcohol or other CNS depressants. Benzodiazepines, at higher doses, can cause loss of consciousness, possible coma, respiratory depression and death especially when used in combination with alcohol or other CNS depressants
4. Benzodiazepines and barbiturates are controlled substances and have addictive potential
5. Benzodiazepines should not be used during pregnancy, especially during the first trimester
6. Benzodiazepines and benzodiazepine-like drugs are schedule IV drugs divided into two classes. The non-selective Benzodiazepines have both anxiolytic (decrease anxiety) effects and hypnotic (sleep-inducing) effects (valium, Xanax, etc.). The selective Benzodiazepine-like drugs have hypnotic (sleep-inducing) effects (Ambien, Sonata, Lunesta). Although safer and less habit forming, they still are addictive. Sleep walking occurs, rarely, with the selective benzodiazepine-like used for insomnia.

Other club drugs and drugs used in Drug Facilitated Sexual Assaults (DFSAs)

1. Benzodiazepines (Rohypnol, Valium, Xanax, etc.) are used by criminals in Drug Facilitated Sexual Assaults (DFSAs). Rohypnol is a potent non-selective benzodiazepine with greater potential for amnesia. Although banned in the United States, it is added to alcohol to produce sedation and anterograde amnesia. Rohypnol has gained notoriety in the U.S. as a drug used in DFSAs and robberies (generally male victims of prostitutes). More selective benzodiazepines (Ambien, etc.) used for sleep disorders are also used, usually with alcohol, by criminals for DFSAs.
2. Gamma-Hydroxybutyric acid (GHB) is a drug of abuse throughout the U.S and used in DFSAs. The drug, GHB, is abused for (1) intoxicant or euphoriant effects, (2) anabolic effects (boby builders), or (3) CNS effects. Adverse effects include dose-dependent drowsiness, dizziness, nausea, amnesia, visual hallucinations, hypotension, bradycardia, severe respiratory depression, and coma. The use of alcohol in combination with GHB greatly enhances its depressant effects. Overdose may require emergency room care, and fatalities have been reported. Gamma butyrolactrone (GBL) and 1,4-butanediol are GHB analogues used as substitutes for GHB.
3. Ketamine is used as an anesthetic under normal medical use. It is abused in clubs and has also been used in DFSAs.
4. Ecstasy (MDMA) was covered under stimulant drugs.
5. Alcohol

Athletic performance enhancing drugs (PEDS)

1. Anabolic steroids (testosterone, Testosterone Cypionate, and Testosterone Enanthate) are prohibited substances on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf)
    a. Testosterone and other androgenic drugs, sometimes referred to as anabolic steroids
    b. Athletes abuse androgens to increase muscle mass and strength, especially when combined with strength training
    c. In males, adverse effects include testicular atrophy, sterility, breast enlargement; some are toxic to the liver
    d. In females, adverse effects include virilization, menstrual irregularities; some are toxic to the liver
    e. Use is banned by most sports organizations due to deleterious side effects and what is usually considered an unfair advantage
2. Erythropoietin (Epoetin, Epogen, Epo) is a prohibited substance on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf).
    a. Stimulates red blood cell production
    b. Adverse effects include hypertension and cardiovascular events
3. Human Growth Hormone (Somatotropin, HGH) is a prohibited substance on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf).
    a. Stimulates growth
    b. Causes hyperglycemia
    c. Can cause Carpal Tunnel Syndrome

4. Insulin-like Growth Factor-1 (IGF-1) is a prohibited substance on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf)

a. IGF-1 is a polypeptide growth factor produced in response to physiological or pharmaceutical growth hormone (GH) and is responsible for many of anabolic effects of GH. It has potential to enhance orenhances sport performance, thus violates the spirit of sport and has potential health risk.

b. Harmful Effects; Similar to GH abuse, acromegaly, a long-term condition in which the body tissues get larger over time, as well as non-reversible side effects to the heart, joints, and liver may occur.

5. Drugs to mask use of PEDs in detections assays, such as the use of diuretics to mask PEDs are alsoprohibited substances on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf)

6. Drugs to decrease adverse effects of PEDS, such as aromatase inhibitors are also prohibited substances onthe World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf)

Attachment 3

DESCRIPTION OF SERVICES

Information on Drug and Alcohol Counseling, Treatment, Rehabilitation or Re-entry Programs

These services are confidential and do not involve University administration. Provider listings are a sample of services available and in no way reflect ATSU endorsement.

ATSU Employee Assistance Program (EAP) – available to all employees regardless of whether they are on ATSU's health insurance plan. Provides a limited number of sessions at no charge for assessment, stabilization, short-term treatment, and/or referral.

Behavioral Health Services provided by Cigna

(877) 622-4327

www.cignabehavioral.com

National Resources

Online Directories and Service Locators

- Substance Abuse and Mental Health Services Administration (SAMHSA) – Treatment Finder (uses ZIP code) www.samhsa.gov/find-help (800) 662-HELP or (800) 662-4357

Support and Self-Help Groups

- **Alcoholics Anonymous and (national)** – www.aa.org (212)870-3400
- **Narcotics Anonymous** – www.na.org
- **Adult Children of Alcoholics** – www.adultchildren.org (562) 595-7831
- **Al-Anon/Alateen** – www.al-anon.org/ (800)-4AL-ANON or (800) 425-2666
- **Moderation Management** - a behavioral change program and national support group network for people concerned about their drinking and who desire to make positive lifestyle changes. https://www.moderation.org/ mm@moderation.org
- **Smart Recovery (non-12 step)** – abstinence-based, not-for-profit organization with a sensible self-help program for people having problems with drinking and using. https://www.smartrecovery.org/ 440-951-5357 or 866-951-5357

Alcohol and Substance Use Information and Psychoeducation

- **American Dental Association (ADA) Dentist Health & Wellness** – siweka@ada.org (312) 440-2622 https://success.ada.org/en/wellness
- **Center for Substance Abuse Treatment (CSAT)** – www.samhsa.gov/about-us/who-we-are/offices-centers/csat (240) 276-1660

- **Drug Free Workplace Helpline** – www.samhsa.gov/workplace/resources/drug-free-helpline 1-800-967- 5752 dwp@samhsa.hhs.gov

- **National Association of State Alcohol/Drug Abuse Directors (NASADAD)** – www.nasadad.org (202) 293-0090

- **National Clearinghouse for Alcohol and Drug Information (NCADI)** – www.ncadi.samhsa.gov (800) 729-6686

- **National Council on Alcoholism and Drug Dependence** – www.ncadd.org (800) NCA-CALL

Arizona Crisis Lines, Referral Lines, and Directories

- **EMPACT Suicide Prevention Line** (480) 784-1500 http://lafrontera-empact.org/

- **Central Arizona Crisis Response Network** – (602) 222-9444 http://www.crisisnetwork.org/

- **Central Arizona Warm Line** – (602) 347-1100 http://www.crisisnetwork.org/

- **Arizona Substance Abuse Partnership** - http://substanceabuse.az.gov/substance-abuse/arizona-substance-abuse-partnership

- **Arizona Alcoholics Anonymous**, Phoenix, Scottsdale & Surrounding Communities 602-264-1341 http://www.aaphoenix.org/

- **Arizona Region of Narcotics Anonymous** - Phoenix and East Valley Area Helpline: (480) 897-4636 http://arizona-na.org/

- **Mental Health Arizona Referral** (480) 994-4407 http://mentalhealthaz.org/

- **Tobacco Free Arizona** https://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/

Arizona Treatment Services

Check with your health insurance plan to access your mental/behavioral health benefits. You may have the same or a different company providing your mental/behavioral health benefits. If you are a student on a parent's insurance plan through the parent's work, you may have access to an Employee Assistance Plan through your parent's employer. That will provide you with a small number of sessions for assessment and referral at no charge to you.

- **Mercy Maricopa Integrated Care -** Arizona Health Care Cost Containment System (AHCCCS/Medicaid) members, contact **-** 602-586-1841 or go to https://www.mercymaricopa.org/

- **Community Bridges, Inc. Professionals Medical Monitoring Program,** 1855 West Baseline Road, Suite 101, Mesa, AZ 85202. msucher@cbridges.com kcole2@cbridges.com (480) 990-3111

- **Canyon Vista Recovery** – Residential treatment facility for drug and alcohol dependency and addiction. Located in Mesa (888) 409-6984

- **The RiverSource –** Residential, intensive outpatient, and outpatient treatment services accepting multiple insurance plans. Locations: Arizona City, Gilbert, Phoenix, and Tucson. (866) 906-0071

- **NAMI Valley of the Sun** – support groups and information https://namivalleyofthesun.org/ (602) 244-8166

- **Buena Vista Health & Recovery Systems**: Arizona Rehab for Professionals Addiction Treatment Program, 8171E. Indian Bend Road, Scottsdale, AZ 85250 (866)213-6746

- **Gateway Recovery Institute Physicians Health Program**: 4838 E. Baseline Road Suite 105, Mesa, AZ 85206 php@gatewayrecoveryinstitute.com (480) 981-2405

Missouri Providers

A complete list of Service Providers is available on the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse web site https://dmh.mo.gov/media/pdf/directory-adult-substance-use-treatment-programs

Missouri Department of Mental Health, The Division of Behavioral Health (DBH) has programs to help people with substance use disorders. (573) 751-4942 or (800) 575-7480
https://dmh.mo.gov/behavioral-health/resourcesstate

Northeast Missouri Substance Abuse Resources:
Preferred Family Healthcare: 1101 South Jamison Street, Kirksville, MO 63501 (660)665-1962

Regional Offices for Substance Use Services:

https://dmh.mo.gov/media/pdf/regional-offices-substance-use-services-map

Missouri Department of Mental Health

The Division of Behavioral Health (DBH) has programs around the state to help people with substance use disorders. (573) 751-4942 or (800) 575-7480 email: dbhmail@dhm.mo.gov.

For more information on how to find quality treatment for a substance use disorder and steps to accessing treatment:
SAMHSA - Finding Quality Treatment for Substance Use Disorders

Missouri Department of Mental Health Crisis Support Contact by County - https://dmh.mo.gov/media/pdf/aci-hotline-numbers

MAOPS Physician Health Program (PHP) (573) 636-8255 www.maops.org

Missouri Physicians Health Program (800)-958-7124 themphp.org

Missouri Dental Well Being at MAOPS (573) 636-8255 https:// //www.maops.org/page/PhysicianHealth

Attachment 4

UNIVERSITY DISCIPLINARY SANCTIONS

Source: Employee Handbook – Employee Discipline

In any organization, standards for performance, rules of conduct, and other policies, which describe appropriate behavior for employees, must be defined and enforced. When an employee's behavior or performance does not follow these established guidelines, the University has the responsibility to take appropriate action to correct the situation.

Discipline is intended to encourage an employee who has demonstrated unacceptable performance or misconduct to improve his or her performance or conduct to an acceptable level. The disciplinary action taken will be determined by the severity, nature and circumstances of the offense.

Offenses that may result in disciplinary action, up to and including immediate dismissal include, but are not limited to, the following: Possessing, reporting to work or working under the influence of intoxicants (non-prescribed drugs, narcotics, alcohol, etc.) or the illegal possession, manufacture, or use of drugs in the workplace.

Goal: To help chemically impaired faculty or staff members to recognize and receive treatment for their impairment.

Objectives:

To delineate a confidential process for the reporting and assessing a faculty/staff member suspected of chemical impairment.

1. To provide an effective intervention process for a faculty/staff member suspected of or diagnosed with chemical impairment.
2. To facilitate rehabilitation and re-entry into the workplace when applicable.

Student Drug and Alcohol Abuse Prevention Policy (DAAP)

Table of Contents

The Drug-Free Schools and Communities Act of 1989

The Drug-Free Schools and Communities Act of 1989 requires all institutions that receive federal funds to educate and inform all students of the policies, effects, and implications of illicit drug and alcohol use.

Section 86 of the D.O.E. General Administrative Regulations

§86.3(a) An institution of higher education ("IHE") shall adopt and implement a drug prevention program as described in §86.100 to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by all students and employees on school premises or as part of any of its activities. **(b)** An IHE shall provide a written certification to the DOE Secretary that it has adopted and implemented the drug prevention program described in §86.100.

The IHE's drug prevention program must, at a minimum, include the following:
§86.100

(a) The annual distribution in writing to each employee, and to each student who is taking one or more classes for any type of academic credit except for continuing education units, regardless of the length of the student's program of study, of:
(1) Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities;
(2) A description of the applicable legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol;
(3) A description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
(4) A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to employees or students; and
(5) A clear statement that the IHE will impose disciplinary sanctions on students and employees (consistent with local, state, and federal law), 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 required by paragraph (a)(1) of this section. For the purpose of this section, a disciplinary sanction may include the completion of an appropriate rehabilitation program.

(b) A biennial review by the IHE of its program to:
(1) Determine its effectiveness and implement changes to the program if they are needed; and
(2) Ensure that the disciplinary sanctions described in paragraph (a)(5) of this section are consistently enforced.

Introduction and Philosophy

This Drug and Alcohol Abuse Prevention (DAAP) policy supports A.T. Still University's Drug and Alcohol Abuse Prevention Program (DAAPP). The DAAPP is comprised of this DAAP Policy, as well as Policy 90-324, Drug-Free and Alcohol-Free Workplace. ATSU serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and focus on whole person healthcare, scholarship, community health, inter-professional education, diversity, and underserved populations.

A.T. Still University Policy on Illicit use of Drugs and Alcohol

The misuse and illegal use of alcohol, illegal drugs, prescription drugs, and pharmaceuticals are prohibited by ATSU. The goal of this policy is to help chemically impaired students recognize and receive treatment for their impairment, to delineate a confidential process for reporting and assessing members suspected of chemical impairment, to provide an effective intervention process, and to facilitate rehabilitation and re-entry into the academic environment.

The Drug-Free & Alcohol-Free Workplace committee developed the DAAP to educate students on the dangers of drug and alcohol abuse, to implement appropriate sanctions for policy violations, and to provide resources and support for students.

ATSU Alcohol Policy

The University alcoholic beverage policy is consistent with the laws of the states of Arizona and Missouri which, in general, prohibit the consumption and serving of alcoholic beverages by and to persons less than 21 years of age. Students are responsible for their behavior, whether or not they are under the influence of alcohol or illicit drugs. The following website can help students assess their level of alcohol use: http://www.alcoholscreening.org.

It is the immediate obligation of those in the presence of a severely intoxicated person to contact appropriate University or local medical or safety personnel (such as campus safety and security, student affairs, deans, university counselors, or local law enforcement). Students of legal drinking age are expected to drink responsibly and always have a designated driver. ATSU's policy for campus alcohol use is based on the following premises:

1. Chemical dependence and abuse is a significant health concern in our country. As a health-care degree-granting institution, our students must have knowledge and understanding of addiction. Additionally, students should utilize that knowledge in the prevention of addictions for themselves and their patients.
2. ATSU encourages a wellness model for the university community. ATSU recognizes its responsibility to support and promote activities that prevent disease and minimize health risks. ATSU also seeks to ensure the safety of all who are at the institution.
3. ATSU recognizes its legal and moral responsibility to uphold the laws of the country. While the overwhelming majority of those at ATSU are of legal age, ATSU has the responsibility to set a policy that is consistent with federal, state, and local laws. In addition, ATSU sets an expectation that students are responsible for their actions.

ATSU Drug Policy

The University controlled drug policy is consistent with federal law. Students who use controlled substances, even in states or countries where use is legal, are in violation of federal law and subject to disciplinary action by the University. Students charged or arrested with the manufacturing, distribution, sale, possession, or use of marijuana, a controlled substance, or a dangerous drug must, within ten (10) days of the initial arrest/charge, report the incident to the vice president of students affairs (Missouri) or the associate vice president of student affairs (Arizona). A felony conviction of the above noted actions will result in the loss of federal financial aid, grants, or scholarships.

Student Standard of Conduct

This standard of conduct prohibits all ATSU students who are under the influence of intoxicants (non-prescribed drugs, narcotics, alcohol, etc.) from attending school-related activities (including lectures/labs, clinical rotations, etc.). Participation in academic or clinical endeavors at ATSU or its affiliated institutions while under the influence of illicit drugs or alcohol is prohibited and considered a violation of the Code of Behavioral Conduct. The unlawful possession, use, or distribution of illicit drugs is prohibited on ATSU's property. Alcoholic beverages may only be used in compliance with Policy No. 95-101: Alcoholic Beverage Consumption in ATSU Facilities.

Student Code of Behavioral Conduct

Students enrolled at ATSU are expected to adhere to a standard of behavior consistent with the standards of the institution. Compliance with institutional rules and regulations and city, state, and federal laws is expected. Students are subject to the same civil laws as other citizens. University policies and regulations are designed to encourage intellectual and personal development of students. Students who violate the law may incur penalties prescribed by civil authorities. Students who violate University regulations in off-campus activities are subject to penalties in the same manner as if the violation occurred on campus.

In general, violations of the Code of Behavioral Conduct shall initially be investigated and handled by the dean(s) of the College/School or their designee. The dean is encouraged to consult with the Department of Student Affairs to help ensure that the students' best interests are protected and may designate the vice president of student affairs as the investigator for the alleged Code of Behavioral Conduct violations.

Reporting Violations

Any member of the campus community may file charges against a student for violations of the Code of Behavioral Conduct. A charge shall be prepared in writing as soon as possible after the event has taken place and directed to the appropriate proctor, faculty member, or administrator. Violation reports received by proctors or faculty members shall be referred to the dean of the appropriate College/School.

Status of the Accused

Except in cases where the dean of the College/School believes it to be in the best interest of the institution to temporarily suspend the student, the student accused of a code violation shall be permitted to continue activities as a student without prejudice until a decision has been made and any appeal process completed.

Sanctioning Process

1. Violations are handled by the dean of the College/School or other designated administrators.
2. The dean of the College/School or other designated administrators may conduct an investigation to determine if the charges have merit and/or if they can be disposed of administratively by mutual consent of the parties involved on a basis acceptable to the dean of the College/School. Such disposition shall be final and there shall be no subsequent proceedings. If the student admits violating institutional rules, but sanctions are not agreed to, or if a student denies violating institutional rules, but sanctions are agreed to, subsequent process, including a hearing if necessary, shall be limited to the issues not agreed upon by the dean and the student.
3. Sanctions may include: reprimand, probation, suspension, dismissal, and disciplinary consultation, as well as other sanctions deemed appropriate by the University.
4. If a code violation is referred for a hearing, the process for a Standards and Ethics Board Hearing will be employed (see p. 39 of the Student Handbook).

Dissemination of Information

1. All applicants to ATSU receive notification through the electronic admissions application of the existence of the DAAP policy section of the ATSU Student Handbook. The notification offers a paper copy of the policy upon request;
2. All current ATSU students receive biannual notification (March and October) via email that includes a PDF attachment, the website link to the DAAP policy section of the ATSU Student Handbook, and a paper copy upon request; and
3. Newly admitted students, transfer students, and students returning after a withdrawal are provided information on how to access the DAAP policy section of the ATSU Student Handbook as part of the admissions acceptance agreement, which is signed by the student.

Student Organizations/Clubs

Officially recognized ATSU student organizations and clubs are under the same legal requirements concerning local, state, and federal laws. Any violation of these laws on the part of a student organization could result in a disciplinary action against the individual(s) involved and suspension or loss of student organization recognition. ATSU has established the following policies to reduce the risks associated with the legal use of alcohol at student organization activities.

1. All advertising of social functions on campus must be approved by the Office of Student Life (Student Affairs).
2. Advertising cannot mention or infer the use of alcohol. Student organizations are not permitted to encourage or sponsor any activity that encourages the rapid or excessive consumption of alcohol.
3. No student organization may host a fundraising event at a social event where alcohol is available. Alcohol is not allowed at student fundraising events.
4. Events that include the sale of alcohol MUST hire a licensed/bonded bartending service.
5. Events that include alcohol MUST include food and have a designated driver program and/or a taxi service available.

Appendix A - Current Status of U.S. Drug and Alcohol Abuse

Resource: Drug Facts: Nationwide Trends (2014, January). National Institute of Health: National Institute on Drug Abuse. Retrieved online at: http://www.drugabuse.gov/publications/drugfacts/nationwide-trends. Reprinted below in its entirety but without the graphics or tables.

A major source of information on substance use, abuse, and dependence among Americans aged 12 and older is the annual National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration. Following are facts and statistics on substance use in America from 2012, the most recent year for which NSDUH survey data have been analyzed.

Illicit Drug Use

Illicit drug use in America has been increasing. In 2012, an estimated 23.9 million Americans aged 12 or older—or 9.2 percent of the population—had used an illicit drug or abused a psychotherapeutic medication (such as a pain reliever, stimulant, or tranquilizer) in the past month. This is up from 8.3 percent in 2002. The increase mostly reflects a recent rise in the use of marijuana, the most commonly used illicit drug.

Marijuana use has increased since 2007. In 2012, there were 18.9 million current (past-month) users—about 7.3 percent of people aged 12 or older—up from 14.4 million (5.8 percent) in 2007.

Use of most drugs other than marijuana has not changed appreciably over the past decade or has declined. In 2012, 6.8 million Americans aged 12 or older (or 2.6 percent) had used psychotherapeutic prescription drugs non-medically (without a prescription or in a manner or for a purpose not prescribed) in the past month. And 1.1 million Americans (0.4 percent) had used hallucinogens (a category that includes Ecstasy and LSD) in the past month.

Cocaine use has gone down in the last few years; from 2007 to 2012, the number of current users aged 12 or older dropped from 2.1 million to 1.7 million. Methamphetamine use has remained steady, from 530,000 current users in 2007 to 440,000 in 2012.

Most people use drugs for the first time when they are teenagers. There were just over 2.8 million new users (initiates) of illicit drugs in 2012, or about 7,898 new users per day. Half (52 percent) were under the age of 18.

More than half of new illicit drug users begin with marijuana. Next most common are prescription pain relievers, followed by inhalants (which is most common among younger teens).

Drug use is highest among people in their late teens and twenties. In 2012, 23.9 percent of 18- to 20-year-olds reported using an illicit drug in the past month.

Drug use is increasing among people in their fifties. This is, at least in part, due to the aging of the baby boomers, whose rates of illicit drug use have historically been higher than those of previous cohorts.

Alcohol
Drinking by underage persons (ages 12–20) has declined. Current alcohol use by this age group declined from 28.8 to 24.3 percent between 2002 and 2012, while binge drinking declined from 19.3 to 15.3 percent and the rate of heavy drinking went from 6.2 to 4.3 percent.

Binge and heavy drinking are more prevalent among men than among women. In 2012, 30.4 percent of men 12 and older and 16.0 percent of women reported binge drinking (five or more drinks on the same occasion) in the past month; and 9.9 percent of men and 3.4 percent of women reported heavy alcohol use (binge drinking on at least five separate days in the past month).

Driving under the influence of alcohol has also declined slightly. In 2012, an estimated 29.1 million people, or 11.2 percent of persons aged 12 or older, had driven under the influence of alcohol at least once in the past year, down from 14.2 percent in 2002. Although this decline is encouraging, any driving under the influence remains a cause for concern.

Tobacco
Fewer Americans are smoking. In 2012, an estimated 57.5 million Americans aged 12 or older, or 22 percent of the population, were current (past month) cigarette smokers. This reflects a continual but slow downward trend from 2002, when the rate was 26 percent.

Teen smoking is declining more rapidly. The rate of past-month cigarette use among 12- to 17-year-olds went from 13 percent in 2002 to 6.6 percent in 2012.

Substance Dependence/Abuse and Treatment
Rates of alcohol dependence/abuse declined from 2002 to 2012. In 2012, 17.7 million Americans (6.8 percent of the population) were dependent on alcohol or had problems related to their use of alcohol (abuse). This is a decline from 18.1 million (or 7.7 percent) in 2002.

After alcohol, marijuana has the highest rate of dependence or abuse among all drugs. In 2012, 4.3 million Americans met clinical criteria for dependence or abuse of marijuana in the past year—more than twice the number for dependence/abuse of prescription pain relievers (2.1 million) and four times the number for dependence/abuse of cocaine (1.1 million).

There continues to be a large "treatment gap" in this country. In 2012, an estimated 23.1 million Americans (8.9 percent) needed treatment for a problem related to drugs or alcohol, but only about 2.5 million people (1 percent) received treatment at a specialty facility.

*Note that the terms dependence and abuse as used in the NSDUH are based on diagnostic categories used in the Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); in the newly published Fifth Edition (DSM-V), those categories have been replaced by a single Substance Use Disorder spectrum.

Learn More
Complete NSDUH findings are available at

http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindings/NSDUHresults2012.htm

Appendix B - Description of Health Risks

Updated: March 2014

Additional information can be accessed online at:
http://www.drugabuse.gov/publications/finder/t/160/DrugFacts

Alcohol:

1. About half of all motor vehicle accident fatalities involve alcohol;
2. Reduces inhibition and self-control even in low doses;
3. Can lead to arguments, aggressive behaviors, and loss of rational thinking;
4. Impairs vision, memory, muscular coordination, and judgment;
5. Can cause unconsciousness, coma, respiratory failure, and death;
6. Long-term abuse will damage most or all body organs, particularly the liver, heart, and brain; and
7. Using alcohol and other central nervous system (CNS) depressants can be fatal.

Tobacco Products:

1. Using tobacco products causes cancer;
2. Nicotine is highly addictive; and
3. ATSU is a tobacco product free campus.

E-cigarettes:

(Resource: http://www.drugabuse.gov/publications/drugfacts/electronic-cigarettes-e-cigarettes)
Electronic cigarettes (also called e-cigarettes or electronic nicotine delivery systems) are battery-operated devices designed to deliver nicotine with flavorings and other chemicals to users in vapor instead of smoke. They can be manufactured to resemble traditional tobacco cigarettes, cigars or pipes, or even everyday items like pens or USB memory sticks; newer devices, such as those with fillable tanks, may look different. More than 250 different e-cigarette brands are currently on the market.

While e-cigarettes are often promoted as safer alternatives to traditional cigarettes, which deliver nicotine by burning tobacco, little is actually known yet about the health risks of using these devices.

How do e-cigarettes work?

Most e-cigarettes consist of three different components, including:

- A cartridge, which holds a liquid solution containing varying amounts of nicotine, flavorings, and other chemicals;
- A heating device (vaporizer); and
- A power source (usually a battery).

In many e-cigarettes, puffing activates the battery-powered heating device, which vaporizes the liquid in the cartridge. The resulting aerosol or vapor is then inhaled (called "vaping").

Are e-cigarettes safer than conventional cigarettes?

Unfortunately, this question is difficult to answer because insufficient information is available on these new products. Cigarette smoking remains the leading preventable cause of sickness and mortality, responsible for over 400,000 deaths in the United States each year. The worst health consequences associated with smoking (e.g., cancer and heart disease) are linked to inhalation of tar and other chemicals produced by tobacco combustion; the pleasurable, reinforcing, and addictive properties of smoking are produced mostly by the nicotine contained in tobacco.

E-cigarettes are designed to simulate the act of tobacco smoking by producing an appealingly flavored aerosol that looks and feels like tobacco smoke and delivers nicotine but with less of the toxic chemicals produced by burning tobacco leaves. Because they deliver nicotine without burning tobacco, e-cigarettes appear as if they may be a safer, less toxic alternative to conventional cigarettes.

Although they do not produce tobacco smoke, e-cigarettes still contain nicotine and other potentially harmful chemicals. Nicotine is a highly addictive drug, and recent research suggests nicotine exposure may also prime the brain to become addicted to other substances. Also, testing of some e-cigarette products found the vapor to contain known carcinogens and toxic chemicals (such as formaldehyde and acetaldehyde), as well as potentially toxic metal nanoparticles from the vaporizing mechanism. The health consequences of repeated exposure to these chemicals are not yet clear.

Another worry is the refillable cartridges used by some e-cigarettes. Users may expose themselves to potentially toxic levels of nicotine when refilling them. Cartridges could also be filled with substances other than nicotine, thus possibly serving as a new and potentially dangerous way to deliver other drugs.

Can e-cigarettes help a person quit smoking?

Some people believe e-cigarette products may help smokers lower nicotine cravings while they are trying to discontinue their tobacco use. However, at this point it is unclear whether e-cigarettes may be effective as smoking-cessation aids. There is also the possibility that they could perpetuate the nicotine addiction and thus interfere with quitting.

Because e-cigarettes are not currently marketed either as tobacco products or as devices having a therapeutic purpose, the FDA does not regulate them. In addition, there is currently no regulation of the liquids that are used in e-cigarettes. So, there are no accepted measures to confirm their purity or safety.

These products have not been thoroughly evaluated in scientific studies. This may change in the near future, but for now, very little data exists on the safety of e-cigarettes, and consumers have no way of knowing whether there are any therapeutic benefits or how the health effects compare to conventional cigarettes.

Learn more

For additional information on e-cigarettes, please see http://www.fda.gov/forconsumers/consumerupdates/ucm225210.htm and our NIDA TV Spotlight: http://www.youtube.com/watch?v=Iz67IqkLwYs&feature=youtube

Marijuana:

1. Increases heart rate, reddening of the eyes, and dryness of the mouth and throat;

2. Temporarily impairs short-term memory, alters sense of time, and reduces the ability to perform tasks requiring concentration, swift reactions, and coordination;
3. Affects motivation and cognition making the acquisition of new information difficult.
4. Can produce paranoia and psychosis;
5. Damages lungs and pulmonary system;
6. Can result in low sperm count;
7. Psychological dependence;
8. Spice, K2, and other drugs are similar to marijuana have now been added to the controlled substances list and are illegal. The effects and risks are likely similar to marijuana;
9. There are other synthetic cannabinoids being imported and sold; all of these are likely similar to marijuana. However, these drugs could be more dangerous than marijuana. Less is known about the effects of these drugs and the purity of the drugs will vary considerably. Some of these drugs were made Schedule 1 by the Food and Drug Administration Safety Act signed by President Obama in 2012. Most "designer drugs" eventually end up as Schedule 1; and
10. State laws regarding recreational and medicinal marijuana are changing. However, marijuana remains a Schedule 1 drug by the DEA and illegal under federal law.

Inhalants (paint, model airplane glue, hairspray, aerosol cans, and gasoline):

1. Dizziness, loss of muscle coordination, inability to think and behave normally, and sometimes abusive and violent behavior;
2. Decreased cardiac and respiratory rates;
3. Impaired judgment;
4. Amyl and butyl nitrate cause rapid pulse, headaches, and involuntary passing of urine and feces;
5. Disorientation, violent behavior, unconsciousness, or death;
6. Weight loss, fatigue, electrolyte imbalance, and muscle fatigue; and
7. Permanent damage to the nervous system.

Cocaine and Crack Cocaine:

1. Dilated pupils and elevated blood pressure;
2. Increased heart rate, respiratory rate, and body temperature;
3. Ulceration of the mucous membrane of the nose (nasal administration);
4. Psychological and physical dependency;
5. Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds;
6. Loss of appetite, tactile hallucinations, paranoia, and seizures;
7. Death by cardiac arrest or respiratory failure; and
8. Mixtures of cocaine and heroin (speedball) have resulted in overdose deaths.

Amphetamines and Other Stimulants (amphetamines, MDMA, ritalin):

1. Physical signs include: restlessness, anxiety, mood swings, panic and paranoid thoughts, hallucinations, circulatory and cardiac disturbances, convulsions, and coma;
2. Heavy, frequent doses can produce brain damage, resulting in speech disturbance and difficulty in turning thoughts into words; and
3. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

Ecstasy (MDMA) and Other Designer Drugs or Rave Drugs:

1. MDMA has both stimulant and psychedelic properties, mood elevation, sensory perception alterations, and other psychological responses, stimulates the heart, raises body temperature, jaw clenching, teeth grinding, even seizures, and adverse psychological effects (paranoia, confusion, anxiety, visual hallucinations). Potentially neurotoxic to serotonergic neurons (i.e. potentially irreversible brain damage);
2. Mephedrone (bath salts or plant food) produces effects similar to MDMA or other stimulants. The long-term risks associated with this drug are not well understood yet. The DEA has banned the drug;
3. The use of khat as a stimulant drug is increasing in the United States. Leaves of the plant are chewed traditionally in some countries in the Middle East. Users experience euphoria and mood excitation; but it may be accompanied by anxiety and other emotional problems. Treatment of overdose in emergency rooms has been rare; and
4. Amphetamines and ritalin are prescribed for legitimate medical treatment of attention deficit hyperactivity disorder (ADHD). However, diversion (illegal transfer to another person) is a problem on college campuses.

CNS Depressants (anesthetic drugs, etc.):

1. Small amounts can produce calmness and relaxed muscles;
2. Larger doses can cause slurred speech, staggering gait, and altered perception;
3. Very large doses can cause respiratory depression, coma, and death; and
4. The use of depressants can cause both physical and psychological dependence.

Hallucinogens (LSD, peyote, mescaline, and mushrooms):

1. Effects include changes in time and space perception, delusions (false beliefs), and hallucinations (experiencing unreal or distorted sensations);
2. Physical effects include dilated pupils, increased temperature and heartbeat, increased blood pressure, and violent tremors;
3. Heavy usage of a hallucinogen may cause flashbacks and other psychological disturbances including anxiety, depression, or breaks from reality that can last days or months; and
4. Heavy users sometimes develop signs of organic brain damage, such as impaired memory, attention span, mental confusion and difficulty with abstract thinking.

Salvia:

1. Information from National Institutes of Drug Abuse;
2. Salvia (*Salvia divinorum*) is an herb common to southern Mexico and Central and South America. The main active ingredient in salvia, salvinorin A, is a potent activator of kappa opioid receptors in the brain. These receptors differ from those activated by the more commonly known opioids, such as heroin and morphine. Although salvia currently is not a drug regulated by the Controlled Substances Act, several states and countries have passed legislation to regulate its use;
3. The Drug Enforcement Agency has listed salvia as a drug of concern and is considering classifying it as a Schedule I drug, like LSD or marijuana;
4. People who abuse salvia generally experience hallucinations or “psychotomimetic” episodes (a transient experience that mimics a psychosis). Subjective effects have been described as intense but short-lived, appearing in less than one minute and lasting less than 30 minutes.

They include psychedelic-like changes in visual perception, mood and body sensations, emotional swings, feelings of detachment, and importantly, a highly modified perception of external reality and the self, leading to a decreased ability to interact with one's surroundings. This last effect has prompted concern about the dangers of driving under the influence of salvinorin; and
5. The long-term effects of salvia abuse have not been investigated systematically.

Opiates (oxycontin, codeine, morphine, heroin, etc.):
1. Use creates feelings of euphoria followed by drowsiness, nausea, and vomiting.
2. Physical signs include constricted pupils, watery eyes, and itching, slow and shallow breathing, clammy skin, convulsions, coma, and possible death;
3. Tolerance and dependence develops rapidly;
4. Use of contaminated syringes can result in AIDS, endocarditis, and hepatitis;
5. Use during pregnancy can result in premature, stillborn, or addicted infants who experience severe withdrawal symptoms;
6. Heroin overdose causes death by respiratory failure;
7. Mixtures of cocaine and heroin (speedball) have resulted in overdose deaths; and
8. The use of heroin has increased dramatically in the United States in recent years. This opiate abuse is impacting people in a wider range of socioeconomic groups compared to previous decades. This opiate abuse is correlated with increased use and abuse of prescription opiates, such as oxycontin, and the availability of heroin at lower prices from Mexican drug cartels in many U.S. cities.

Sedative/Hypnotics (benzodiazepines, such as valium, xanax, or ambien, sonata, lunesta/barbiturates, such as seconal):
1. Barbiturates are dangerous and are reserved mostly for anesthesia in proper medical use. Abuse of barbiturates, although less common now, is dangerous with a relatively high risk of overdose and death. Benzodiazepines are safer and are used for short-term relief of anxiety and insomnia under proper medical use. Benzodiazepines are Schedule IV drugs. Although benzodiazepines are safer than barbiturates, they are still habit forming;
2. Barbiturate abuse can cause loss of consciousness, coma, respiratory depression, and death;
3. Barbiturates are especially lethal when combined with alcohol or other CNS depressants;
4. Benzodiazepines, at higher doses, can cause loss of consciousness, possible coma, respiratory depression, and death especially when used in combination with alcohol or other CNS depressants;
5. Benzodiazepines and barbiturates are controlled substances and can be addictive;
6. Benzodiazepines should not be used during pregnancy, especially during the first trimester;
7. Benzodiazepines and benzodiazepine-like drugs are Schedule IV drugs that divide into two classes. The non-selective benzodiazepines have both anxiolytic (decrease anxiety) effects and hypnotic (sleep-inducing) effects (valium, xanax, etc.). The selective benzodiazepine-like drugs have hypnotic (sleep-inducing) effects (ambien, sonata, lunesta). Although safer and less habit forming, they still are addictive. Sleepwalking occurs, rarely, with the selective benzodiazepine-like used for insomnia.

Club Drugs/Date Rape Drugs:
1. Rohypnol is a potent non-selective benzodiazepine with greater potential for amnesia.

Although banned in the United States, it is added to alcohol to produce sedation and amnesia. It is referred to as a "date rape drug", especially when combined with alcohol which causes drowsiness and amnesia;

2. Gamma-hydroxybutyric acid (GHB) is a drug of abuse throughout the U.S. The drug, GHB, is abused for (1) intoxicant or euphoriant effects, (2) anabolic effects; used by body builders, or **(3)** CNS effects. Adverse effects include dose-dependent drowsiness, dizziness, nausea, amnesia, visual hallucinations, hypotension, bradycardia, severe respiratory depression, and coma. The use of alcohol in combination with GHB greatly enhances its depressant effects. Overdose may require emergency room care. Fatalities of GHB have been reported. Gamma butyrolactrone (GBL) and 1 4-butanediol are GHB analogues that are used as substitutes for GHB;
3. Ketamine is used as an anesthetic under normal medical use. It is abused in clubs and has also been used in sexual assaults; and
4. Ecstasy (MDMA) was covered above under stimulant drugs.

Athletic Performance Enhancing Drugs (PEDS):

1. Anabolic steroids (testosterone, testosterone cypionate, and testosterone enanthate) are prohibited substances on the World Anti-Doping Agency (WADA) prohibited list (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf);
    a. Testosterone and other androgenic drugs are sometimes referred to as anabolic steroids;
    b. Athletes abuse androgens to increase muscle mass and strength, especially when combined with strength training;
    c. In males, adverse effects include testicular atrophy, sterility, breast enlargement, and some are toxic to the liver; and
    d. In females, adverse effects include virilization, menstrual irregularities, and some are toxic to the liver.
2. PEDS are controlled substances and use is banned by most sports organizations due to deleterious side effects and what is usually considered an unfair advantage. Erythropoietin (epoetin, epogen, epo) is a prohibited substance on the World Anti-Doping Agency (WADA) prohibited list (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf);
    a. Stimulates red blood cell production; and
    b. Adverse effects include hypertension and cardiovascular events.
3. Human Growth Hormone (Somatotropin, HGH) is a prohibited substance on the World Anti-Doping Agency (WADA) prohibited list (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf);
    a. Stimulates growth;
    b. Causes hyperglycemia; and
    c. Can cause carpal tunnel syndrome;
4. Insulin-like Growth Factor-1 (IGF-1) is a prohibited substance on the World Anti-Doping Agency (WADA) prohibited list (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf);
    a. IGF-1 is a polypeptide growth factor produced in response to physiological or pharmaceutical growth hormone (GH) and is responsible for many of the anabolic effects of GH. It has the potential to enhance or enhances sport performance, thus violates the spirit of sport and has potential health risk; and
    b. Harmful Effects: Similar to GH abuse, acromegaly, a long-term condition in which the

body tissues get larger over time, as well as non-reversible side effects to the heart, joints, and liver may occur;

5. Drugs to mask use of PEDs in detections assays, such as the use of diuretics to mask PEDs, are also prohibited substances on the World Anti-Doping Agency (WADA) prohibited list (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf); and
6. Drugs to decrease adverse effects of PEDS, such as aromatase inhibitors are also prohibited substances on the World Anti-Doping Agency (WADA) prohibited list (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf).

Appendix C - Drug and Alcohol Counseling, Treatment, & Rehabilitation

These services are confidential and do not involve University administration. The provider listings below are a sample of services available and in no way reflect ATSU endorsement. The following is broken down by national and state resources for Arizona and Missouri.

National Resources

Substance Abuse & Mental Health Services Administration (SAMSHA)

A wide array of information can be found at the US Department of Health and Human Services Substance Abuse & Mental Health Services Administration (SAMSHA). Search the SAMSHA's database for a local resource: http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx.

Resources are also available at the SAMSHA National Clearinghouse for Alcohol and Drug Information (NCADI) at http://ncadi.samhsa.gov or call the Center for Substance Abuse Treatment (a 24-hour hotline with referral information) at (800) 662-HELP. Additional information can be found at the Substance Abuse Information Data base at http://said.dol.gov/.

Self-Help Groups

- ✓ Center for Substance Abuse Treatment: (800) 662-HELP or (800) 662-4357. This website has a search engine for locating treatment centers near your location: http://www.samhsa.gov/treatment/index.aspx.
- ✓ Alcoholics Anonymous and Narcotics Anonymous (national): (212)870-3400 at http://www.alcoholics-anonymous.org.
- ✓ Narcotics Anonymous World Service: at http://www.na.org/.
- ✓ Adult Children of Alcoholics: (562) 595-7831 at www.adultchildren.org.
- ✓ National Association of State Alcohol/Drug Abuse Directors (NASADAD): (202) 293-0090 at www.nasadad.org.
- ✓ National Council on Alcoholism and Drug Dependence: (800) NCA-CALL at www.ncadd.org.
- ✓ Al-Anon/Alateen: (800)-4AL-ANON or (800) 425-2666 at http://www.al-anon.org/.

Other Resources:

- ✓ American Council for Drug Education (ACDE), http://www.acde.org.
- ✓ American Council on Alcoholism Helpline (ACA): 1-800-527-3344 at http://www.aca-usa.org.
- ✓ Center for Substance Abuse Treatment (CSAT) http://csat.samhsa.gov/.
- ✓ Cocaine Hotline: 1-800-COCAINE at http://www.focusas.com/Cocaine.html.
- ✓ Cocaine Hotline (Spanish): 1-800-662-9832.
- ✓ Drug Free Workplace Helpline at http://www.workplace.samhsa.gov.
- ✓ National Alcohol and Substance Abuse Information Center: 1-800-784-6776 at http://www.addictioncareoptions.com/.
- ✓ National Council on Alcoholism and Drug Dependence, Inc. (NCADD) at http://www.ncadd.org.

Arizona Campus Resources

Arizona Providers

The following resources are available to students. A complete list of Healthcare Service Providers is available on the Arizona Department of Health Services website http://www.hs.state.az.us. Behavioral Health Providers can be identified and verified using the Arizona Board of Behavioral Health Examiners site: http://azbbhe.us/ under *Find a Licensee/Applicant.*

ATSU Resource

A.T. Still University Counseling Services, Arizona Campus
Sarah Thomas, EdD, MSW, LCSW NCC (AZ License Number LCSW-1884)
Behavioral Health & Wellness Counselor
(660) 626-2424
snthomas@atsu.edu

Arizona Help Lines and Directories

- ✓ Crisis Response Network for Maricopa County: (602) 222-9444 or (800) 631-1314.
- ✓ EMPACT Suicide Prevention Line: (480) 784-1500.
- ✓ East Valley Intergroup of Alcoholics Anonymous: (480) 827-1905 at https://aamesaaz.org
- ✓ Arizona Alcoholics Anonymous (Phoenix, Scottsdale & Surrounding Communities) 24 hour hotline: 602-264-1341 http://www.aaphoenix.org/.
- ✓ Arizona Region of Narcotics Anonymous - Phoenix and East Valley Area Helpline: (480) 897-4636 http://arizona-na.org/.
- ✓ LDS Family Services Addiction Resource Directory - Locate service providers by zip code: https://addictionrecovery.churchofjesuschrist.org.

Tobacco Free Arizona https://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az/index.php

AZ Counseling/Treatment Providers

- ✓ Mercy Maricopa Integrated Care: (800) 631-1314 or (866) 796-5598. Medicare/Medicaid services provided under Arizona Health Care Cost Containment System (AHCCCS).

- ✓ Banner Behavioral Health Hospital Appointment Line: - Inpatient services provided at the Banner Behavioral Health Hospital (480) 448-7500. https://bannerhealth.com/locations/scottsdale/banner-behavioral-health-hospital
- ✓ Community Bridges, Inc. 1855 West Baseline Road, Suite 101, Mesa, AZ 85202 msucher@cbridges.com , kcole2@cbridges.com (480) 990-3111
- ✓ Buena Vista Health & Recovery Systems: 8171 East Indian Bend Road, Scottsdale, AZ 85250 (866) 213-6746
- ✓ Gateway Recovery Institute: 4838 East Baseline Road, Suite 105, Mesa, AZ 85206 (480) 981-2405
- ✓
- ✓ Sierra Tucson:(855) 993-1406– Specializes in the treatment of coexisting disorders, alcohol/chemical dependency, mood disorders, eating disorders, trauma, sexual compulsivity, chronic pain management, and more. Medical/psychiatric services combine with 12-Step philosophy, experiential and integrative therapies, and a family program for comprehensive treatment. Accredited by JCAHO.
- ✓ The River Source: (888) 687-7332 – Residential/inpatient holistic treatment center providing treatment for drug and alcohol addiction. Provides medical and naturopathic substance abuse treatment integrated with a 12-step approach.
- ✓ Canyon Vista Recovery Center: (480) 464-5764 – Residential women's treatment facility for drug and alcohol dependency and addiction located at 860 North Center St., Mesa, Arizona 85201.

Referral Lines in Arizona

- ✓ Mental Health Association of Arizona Referral:(480) 994-4407
- ✓ Arizona Psychological Association Referral: 480-675-9477
- ✓ Banner Health System 24 Hour Crisis & Referral: 602-254-4357

Missouri Campus Resources

ATSU Resource

A.T. Still University Counseling Services, Missouri Campus
Sarah Thomas, EdD, MSW, LCSW (MO License Number 2005037424)
Director
(660) 626-2751, snthomas@atsu.edu

Phil Jorn, MA, LPC (MO License Number 2001027031)
Counselor
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Northeast Missouri Substance Abuse Resources

Preferred Family Healthcare: 1101 South Jamison Street, Kirksville, MO 63501 (660) 665-1962
https://pfh.org/substance-use

Missouri State Providers/Resources

- ✓ A complete list of service providers is available on the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse website at https://dmh.mo.gov/media/pdf/directory-adult-substance-use-treatment-programs
- ✓ MAOPS **Physician Health Program (PHP):** (573) 636-8255 **at** www.maops.org.
- ✓
- ✓ Missouri Physicians Health Program (800) 958-7124 www.themphp.org
- ✓ Missouri Dental Well Being at MAOPS (573) 636-8255 https://www.maops.org/page/PhysicianHealth

Appendix D - Local, State, and Federal Legal Sanctions

Anyone who violates local, state, or federal law regarding alcohol or other drugs, including the illegal possession of drug paraphernalia, or who otherwise engages in illegal conduct, is subject to prosecution and punishment by criminal and civil authorities in addition to disciplinary or administrative sanctions issued by the university.

Federal law mandates that any student who has been convicted of an offense under any federal or state law involving the possession or sale of a controlled substance shall not be eligible to receive any grant, loan, or work assistance during the period on the date of such conviction and ending after the interval specified.

International Rotations and Humanitarian Projects

Students visiting foreign countries for clinical rotations, humanitarian projects, or other academic programs are reminded that they may be subject to arrest and legal sanctions for drug and alcohol offenses under the laws and regulations of that particular country or institution. Students will be held to the University code of conduct regarding drug and alcohol policies regardless of the acceptable use policies of other countries.

State Laws - Alcohol Sanctions

The National Minimum Drinking Age Act of 1984 (23 USCA §158) requires states to adopt a national minimum drinking age of 21 for "purchase or public possession" of alcohol. Legal sanctions for underage drinking vary from state to state. Information on state laws can be accessed at: http://www.consumer.ftc.gov/articles/0388-alcohol-laws-state.

Arizona criminal penalties for Driving Under the Influence ("DUI") can be found online at: http://www.azdps.gov/Information/Impaired_Driving/DUI_Laws/.

Mesa, Arizona campus

Title 13, Chapter 34 of the Arizona Revised Statutes establishes regulations and prohibitions regarding drugs in the State of Arizona.

Title 4 of the Arizona Revised Statutes establishes regulations and prohibitions regarding alcohol in the State of Arizona.

Violations of Title 13, Chapter 34 and/or Title 4 of the Arizona Revised Statutes may incur legal sanctions including fines of up to $150,000, restitution, and imprisonment of up to 15 years.

See Title 13 of the Arizona Revised Statutes:
http://www.azleg.gov/arizonarevisedstatutes.asp?Title=13
See Title 4 of the Arizona Revised Statutes:
http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=4

Kirksville, Missouri campus

Chapter 195 of the Missouri Revised Statutes establishes regulations and prohibitions regarding drugs in the State of Missouri.

Chapter 311 of the Missouri Revised Statutes establishes regulations and prohibitions regarding alcohol in the State of Missouri.

Violations of Chapter 195 and/or Chapter 311 of the Missouri Revised Statutes may incur legal sanctions including fines of up to $5,000, restitution, and imprisonment of up to 7 years.

See Chapter 195 of the Missouri Revised Statutes: http://www.moga.mo.gov/statutes/C195.HTM
See Chapter 311 of the Missouri Revised Statutes: http://www.moga.mo.gov/statutes/C311.HTM

Federal Criminal Penalties for Drug Violations

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500 - 4999 gms mixture	First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than $2 million if an individual, $5 million if not an individual Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $4 million if an individual, $10 million if not an individual	5 kgs or more mixture	First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than $4 million if an individual, $10 million if not an individual. Second Offense: Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $8 million if an individual, $20 million if not an individual. 2 or More Prior Offenses: Life imprisonment
Cocaine Base (Schedule II)	5-49 gms mixture		50 gms or more mixture	
Fentanyl (Schedule II)	40 - 399 gms mixture		400 gms or more mixture	
Fentanyl Analogue (Schedule I)	10 - 99 gms mixture		100 gms or more mixture	
Heroin (Schedule I)	100 - 999 gms mixture		1 kg or more mixture	
LSD (Schedule I)	1 – 9 gms mixture		10 gms or more mixture	
Methamphetamine (Schedule II)	5 - 49 gms pure or 50 - 499 gms mixture		50 gms or more pure or 500 gms or more mixture	
PCP (Schedule II)	10 - 99 gms pure or 100 - 999 gms mixture		100 gm or more pure or 1 kg or more mixture	

		PENALTIES
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	First Offense: Not more that 20 yrs. If death or serious injury, not less than 20 yrs, or more than Life. Fine $1 million if an individual, $5 million if not an individual. Second Offense: Not more than 30 yrs. If death or serious injury, not less than life. Fine $2 million if an individual, $10 million if not an individual
Flunitrazepam (Schedule IV)	1 gm or more	
Other Schedule III drugs	Any amount	First Offense: Not more than 5 years. Fine not more than $250,000 if an individual, $1 million if not an individual. Second Offense: Not more 10 yrs. Fine not more than $500,000 if an individual, $2 million if not an individual
Flunitrazepam (Schedule IV)	30 to 999 mgs	
All other Schedule IV drugs	Any amount	First Offense: Not more than 3 years. Fine not more than $250,000 if an individual, $1 million if not an individual.

Flunitrazepam (Schedule IV)	Less than 30 mgs	Second Offense: Not more than 6 yrs. Fine not more than $500,000 if an individual, $2 million if not an individual.
All Schedule V drugs	Any amount	First Offense: Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual. Second Offense: Not more than 2 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.

Federal Trafficking Penalties - Marijuana

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE
Marijuana	1,000 kg or more mixture; or 1,000 or more plants	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 if an individual, $10 million if other than an individual.	Not less than 20 years, not more than life. If death or serious injury, mandatory life. Fine not more than $8 million if an individual, $20 million if other than an individual.
Marijuana	100 kg to 999 kg mixture; or 100 to 999 plants	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 if an individual, $5 million if other than an individual.	Not less than 10 years, not more than life. If death or serious injury, mandatory life. Fine not more than $4 million if an individual, $10 million if other than an individual.
Marijuana	more than 10 kgs hashish; 50 to 99 kg mixture more than 1 kg of hashish oil; 50 to 99 plants	Not more than 20 years. If death or serious injury, not less than 20 years, not more than life. Fine $1 million if an individual, $5 million if other than an individual.	Not more than 30 years. If death or serious injury, mandatory life. Fine $2 million if an individual, $10 million if other than individual.
Marijuana	1 to 49 plants; less than 50 kg mixture	Not more than 5 years. Fine not more than $250,000, $1 million other than individual.	Not more than 10 years. Fine $500,000 if an individual, $2 million if other than individual.
Hashish	10 kg or less		
Hashish Oil	1 kg or less		

source: http://www.usdoj.gov/dea/agency/penalties.htm

Appendix E - ATSU Drug-Free and Alcohol-Free Workplace Policy Committee

ATSU has two committees charged with complying with the Drug-Free Schools and Communities Act of 1989 and Section 86 of D.O.E. regulations on drug and alcohol abuse prevention programs. In compliance with these federal regulations, ATSU has a unified **Drug and Alcohol Abuse Prevention Program (DAAPP)**, which is supported by both employee policy (HR #90-324) and student conduct policy (Student Code of Behavioral Conduct).

The **Drug-Free and Alcohol-Free Workplace Policy Committee** is led by the assistant vice president of human resources and includes representatives from student affairs, counseling services, basic science and clinical faculty, human resources, and legal counsel. The Drug-Free and Alcohol-Free Workplace Policy Committee meets annually to review and update: drug and alcohol support services/resources, legal sanctioning, and drug/alcohol risks information for both employees and students. Additionally, the **ATSU DAAPP Committee** is led by the vice president and legal counsel and includes representatives from student affairs and human resources. The ATSU DAAPP Committee meets biennially to: review and report on the effectiveness of DAAPP; review and report violations, sanctions, and consistent enforcement of student and employee policies; and make recommendations for changes and improvements of the DAAPP to the president's office.