

University of Notre Dame

Drug-Free Schools Policy Statement

Health Risks of Alcohol and Other Drugs

(Adapted, in part, from U.S. Department of Education, Schools Without Drugs)

Short-Term Intoxication

Consumption of more than two average-sized servings of alcohol within several hours will produce measurable impairment of motor coordination and reasoning. The more alcohol consumed, the greater the impairment. Although many states, including Indiana, set a blood alcohol concentration (BAC) of 0.08 percent by volume as a presumptive level of intoxication for certain purposes, intoxication and impairment begin at a much lower level. It is safest to totally avoid alcohol consumption when planning to operate a vehicle or engage in risky recreational activities. At intoxication levels of 0.20 percent BAC and above, individuals risk loss of consciousness, nausea and vomiting, injuries, and even overdose death. Although the average lethal dose is about 0.40 percent, overdose deaths have occurred in some situations with BACs near 0.20 percent. Blood alcohol content depends on a person's gender weight, and how much they drink. A person's tolerance to alcohol has no effect on blood alcohol content.

Long-Term Heavy Drinking

Drinking to the point of intoxication one to two times a week or more frequently over a period of several years can pose serious health consequences, including liver disease and cirrhosis, circulatory problems and cardiomyopathy, nervous-system damage and polyneuropathy, alcohol dependence, and psychosis. Alcohol abuse can increase the risk of certain types of cancers, including cancer of the tongue, mouth, pharynx, esophagus, larynx and liver. The cancer-producing effects of alcohol abuse increase with the use of tobacco. Current research indicates that men and women do not respond to alcohol in the same way. Women can expect substantially more impairment than can men at equivalent doses.

Alcohol Abuse

Approximately 40% of Americans are non drinkers and 25-30% of the adult population who drink develop chronic alcohol problems which significantly impair their daily lives. Most adults with alcohol problems or possible dependency are functional in their daily living but experience sporadic problems related to their use. These problems may include family issues, job performance issues, legal or health related problems. Approximately 9% of those diagnosed with alcohol dependency experience chronic job loss, hospitalizations and legal issues.

Occasional and Social Drinkers

Occasional drinkers may drink on a few occasions through the year or one to two times a month. The occasional drinker knows their limit and can take it or leave it. Over-use is rare with an occasional user, so they can bring attention to themselves when they exceed their limit as they have little tolerance to alcohol. Social drinkers may drink with more frequency extending use two to four times a month, and the social drinker knows their established limit. A social drinker can still take it or leave it; they may have more tolerance than an occasional user. Social drinkers respect boundaries and limits with alcohol, but may on rare occasion exceed their limit. For social drinkers women limit their use to one to two drinks per occasion, men typically drink between two and four.

Abusive Drinker

Adults that are consuming six to eight times a month and consuming more than three drinks per occasion for women or more than four drinks per occasion for men may be drinking too much. Abusive drinkers have an increased tolerance to alcohol so they may not appear as intoxicated as they really are. They may look forward to occasions in which alcohol may be served. Drinking occasions may be taking preference over non-drinking functions. Abusive drinkers are looking for the “buzz or feeling of intoxication”. Abusive drinkers will experience occasional “blackouts” or fuzzy memories from the evening. Abusive drinkers try to hide how much alcohol they may be consuming or minimize how much they drink. Sporadic problems and relationship issues can occur as a result of their drinking.

Invisible Problem Drinker

Some drinkers can be identified as an “invisible problem or dependent drinker.” These adults know how to drink well. They always drink when socializing. They may drink 3-4xs per week. They have developed a high tolerance to alcohol, and tend to have very few ill effects or problems despite consuming large quantities. They are very successful in work, and family, and tend to be very driven. They may experience “blackouts” on occasion but do not draw much attention to themselves. Confrontation of use with the invisible problem drinker is difficult as consequences from use are hard to identify.

Problem Use or Dependency

Alcoholism presents many issues in regard to diagnosis, as the amount and frequency can vary from person to person. Someone does not have to drink every day or experience the “shakes” to be considered an alcoholic. Identifying problems that occur in ones life and difficulty with the ability to control use is often times a better measurement. Issues often related to an alcohol problem include a high tolerance, usually drinking at least three to four times per week, drinking more than five drinks per occasion for men and four drinks for women. The person can have a family history of alcohol abuse or dependency. “Blackouts” and “passing out” are occurring on a frequent basis, the person has difficulty stopping their use once they start. Drinking may become a habit as a way to avoid unpleasant situations or stress related to family and employment.

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Addictive Behaviors

A person with an addictive personality participates in a behavior which disrupts and causes problems in their life. The addictive behavior is driven by the neurology of the person and causes both physical and psychological dependence. Addictive behaviors include: alcohol and/or other drug use, gambling, eating disorders, computers, exercise, and relationships.

Other Drugs

Narcotics

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea and vomiting. Users also may experience constricted pupils and watery and itching eyes. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma and possibly death. Tolerance to narcotics develops rapidly, and dependence is likely. Addiction in pregnant women can lead to premature, stillborn or addicted infants who experience severe withdrawal symptoms.

Marijuana is a heavily abused narcotic. Use of marijuana may impair or reduce short-term memory and comprehension, alter sense of time and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis. Because users often inhale the unfiltered smoke deeply, marijuana is damaging to the lungs and pulmonary system. Marijuana contains more cancer causing agents than tobacco.

Heroin affects the central nervous system by relieving pain and inducing sleep. It may also cause constricted pupils, nausea, and respiratory depression, which in its extremes can result in death. Heroin activates brain regions that produce euphoric sensations and brain regions that produce physical dependence — hence its notorious ability to produce both psychological and physical addiction. Its addictiveness is characterized by persistent craving for the drug, tolerance (the need for larger and larger doses to get the same results), and painful and dangerous withdrawal. Withdrawal symptoms include panic, nausea, muscle cramps, chills, and insomnia. Heroin use during pregnancy increases the risk of miscarriage and stillbirth. Infants exposed to heroin in the womb go through withdrawal at birth and exhibit various developmental problems. Besides the danger of overdose, addicts are susceptible to malnutrition, hepatitis, pneumonia, and AIDS.

Designer Drugs

Illegal drugs are defined in terms of their chemical formulas. To circumvent legal restrictions, underground chemists modify the molecular structure of certain drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate. Analogs of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression and paranoia. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perception.

Ecstasy users experience pupil dilation, jaw clenching, shutter vision, general restlessness, loss of appetite/taste sensation changes, lack of concentration, tingling, sweaty palms, increased heart rate, mood swings, temporary depression, weight loss, and loss of consciousness. Heavy use has been linked to speed-like symptoms of paranoia, and in some cases, liver damage and heart attacks.

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness and anxiety.

Cocaine is the most potent stimulant of natural origin. Chronic use of cocaine through snorting can ulcerate the mucus membrane of the nose. Injecting cocaine with used needles unsterile equipment can cause AIDS, hepatitis and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can

produce psychological and physical dependency; tolerance develops rapidly. Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia and seizures. The use of any form of cocaine can cause death by disrupting the brain's control of the heart and respiration.

Amphetamines can cause a rapid or irregular heartbeat, tremors, loss of coordination and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure, which can result in stroke, very high fever or heart failure. Additionally, users report feeling restless, anxious and moody. High doses intensify the effects. Those who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions and paranoia.

Methamphetamine (Meth) is a highly potent and addictive drug that affects the central nervous system. Meth releases high levels of dopamine, a neurotransmitter, which stimulates brain cells and enhances mood and body movement. Immediate effects of meth include decreased appetite, irregular heartbeat, hypothermia, and elevated blood pressure. Effects of chronic use include addiction, mood disturbances, insomnia, extreme anorexia, tremors, severe dental problems, and violent behavior. Chronic use may additionally lead to brain damage. Using needles, syringes, and other equipment to inject meth increases the risk of contracting HIV or Hepatitis B and C. This drug is found in many forms including white powder and clear, crystal-like chunks (referred to as "crystal meth"). In the powder form, meth dissolves easily in water and alcohol.

Diet pills may contain a substance chemically related to amphetamines. The abuse of diet pills can cause symptoms similar to those from using amphetamines. Diet pills, along with laxatives and vomit-inducing substances, are often used by individuals with eating disorders and can be fatal.

Energy drinks, while legal, are considered addictive stimulants that can be abused. Energy drinks mixed with alcohol or with other drugs produce a heightened sensation. The dangers of combining alcohol and stimulant drinks are the stimulant effects can mask how intoxicated an individual feels and can give the person the impression he/she is not impaired. Both energy drinks and alcohol are dehydrating. Dehydration can hinder the body's ability to metabolize alcohol and will increase the toxicity.

Depressants

The effects of depressants are, in many ways, similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but larger doses can cause slurred speech, staggering and altered perception. Very large doses can cause respiratory depression, coma and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks. The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms may include restlessness, insomnia, anxiety, convulsions or death.

Rohypnol is a very potent tranquilizer similar to, but many times stronger than, Valium. The drug produces an amnesia-like effect, muscle relaxation and a slowing of psychomotor responses. Rohypnol, also called the "date rape" drug or "roofies", is often combined with alcohol, marijuana or cocaine to produce a rapid and very dramatic "high." This may lead to respiratory depression, aspiration or death. Even if the drug is used by itself, users may appear extremely intoxicated with slurred speech, no coordination, swaying and bloodshot eyes. This drug is often given to individuals, without their consent, in order to produce confusion and lower inhibitions.

Prescription Drugs

Research has shown that prescription drug abuse is an increasing concern in the United States, with two leading abused prescription drugs being OxyContin and Ritalin.

OxyContin is a morphine-like narcotic that contains a high dose of oxycodone and is prescribed to treat chronic pain. Other drugs containing oxycodone include Percodan and Percocet; these also have a history of abuse. Research has shown that users tend to mix OxyContin with other painkillers, marijuana, or alcohol. Short-term effects include blocked pain messages and drowsiness. Large doses can cause severe respiratory complications and possibly even death.

Methylphenidate (Ritalin) is a prescribed stimulant used to treat attention-deficit disorder/hyperactivity disorder. It produces an effect more potent than caffeine but less potent than amphetamines. Although the drug is prescribed orally, users will also snort and inject Ritalin. Misuse is characterized by students attempting to suppress appetite and remain awake, particularly to study. Very high doses of Ritalin can lead to irregular heartbeat, high body temperature, cardiovascular system failure, and seizure. If Ritalin is dissolved in water and injected, it can block small blood vessels, damage lungs, and impair eyesight.

Hallucinogens

PCP users report persistent memory problems and speech difficulties. Some of these effects may last for up to a year after prolonged daily use. Mood disorders, depression, anxiety and violent behavior may also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations. Large doses may experience panic, confusion, suspicion, anxiety and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

LSD use can have long-lasting or even permanent psychoemotional effects. LSD experiences can range from indescribably ecstatic to extraordinarily difficult; many difficult experiences (or “bad trips”) result from a panicked user feeling that he or she has been permanently severed from reality.

Anabolic Steroids are often misused in an attempt to increase muscle strength or bulk. Even small amounts of anabolic steroids may result in serious health consequences such as liver problems, high blood pressure, changes in blood chemistry, hardening of the arteries, weakness in heart muscle tissue, and breast, prostate or bladder cancer. Steroid use by adolescents may stop bone growth resulting in smaller, shorter body size. Other side effects often include acne, decreased immune-system response, aggressiveness, and personality changes. Males who use steroids may suffer from premature baldness, decreased testicle size and function, lower sperm count, decreased sex drive, and unwanted body hair.

University Policy

The University of Notre Dame prohibits the manufacture, dispensation, distribution, sale, use, possession of and impairment by drugs or alcohol in the workplace, and prohibits certain off-duty drug-related conduct. The University's policy is based on concern for the safety and well being of students, faculty, employees, and campus visitors. Because of the importance, both in human and economic terms, of drug and alcohol abuse, the University of Notre Dame is committed to maintaining a drug and alcohol free workplace. To these ends, this Drug and Alcohol Policy has been adopted.

Definitions

1. **Authorized Drug:** (a) Lawful over-the-counter medications (excluding alcohol) in reasonable amounts; and (b) other lawful medications prescribed for the employee's use.

2. **Drug:** Any (a) illegal substance, including but not limited to, narcotics, hallucinogens, cocaine, marijuana, and designer drugs; (b) controlled substance, including, but not limited to, amphetamines and barbiturates, which are used either without being prescribed by a licensed physician or in excess of the amount prescribed by a licensed physician; (c) lawful over-the-counter medication; and (d) lawful prescription medication.
3. **Illegal Drug:** Any (a) illegal substance, including, but not limited to, narcotics, hallucinogens, cocaine, marijuana, and designer drugs; and (b) controlled substance, including but not limited to, amphetamines and barbiturates, which are used either without being prescribed by a licensed physician or in excess of the amount prescribed by a licensed physician.
4. **Impaired:** To be under the influence of a drug or alcohol such that the employee's motor senses (e.g. , sight, hearing, balance, reaction, reflex) or judgment either are, or may reasonably be presumed to be, affected.
5. **Work site:** Any office, building, or property (including parking lots) owned or operated by the University, or any other site at which an employee is to perform work for the University. An employee is considered to be at a "work site" at all times when he/she is in or is responsible for a University vehicle while on University business.

Prohibited Conduct

1. **Impairment Prohibited.** No employee will report to any work site or will work impaired by any drug or alcohol, lawful or unlawful, except with supervisory approval. Such approval will be limited to authorized drugs and based strictly on an assessment of the employee's ability to perform his/her regular or other assigned duties safely and efficiently. In seeking supervisory approval, an employee need not disclose his/her underlying medical condition.
2. **Possession and Use Prohibited.** No employee at any work site will use or possess any quantity of any drug or alcohol, lawful or unlawful, except for authorized drugs. This prohibition generally does not apply to alcohol in those circumstances designated as social by the University, nor does it apply to the use or possession of alcohol in their residences by those employees who reside on campus except to the extent that such use or possession would interfere with the performance of their duties.
3. **Manufacture, Dispensation, Distribution and Sale Prohibited.** No employee at any work site shall manufacture, dispense, distribute, or sell any drug or alcohol, lawful or unlawful, unless specifically related to the business of the University (e.g., research, bartender, etc.).
4. **Off-Duty Illegal Drug-Related Activity Prohibited.** No employee shall engage in off-duty illegal drug-related activity.

Discipline

1. **Impairment.** Any employee who violates the University's prohibition against impairment described above will be suspended or terminated, depending upon the circumstances.
2. **Possession and Use.** Any employee who violates the University's prohibition against possession or use of alcohol will be suspended or terminated, depending on the

circumstances. Any employee who violates the University's prohibition against possession or use of drugs will be immediately terminated.

3. ***Manufacture, Dispensation, Distribution or Sale.*** Any employee who is convicted of or otherwise caught manufacturing, dispensing, distributing, or selling any drug or alcohol in violation of the University's prohibition against such conduct described above will be immediately terminated. Employees must report any conviction for any of the above-described activities no later than five days after such conviction to the Office of Human Resources in the case of staff, and to the Office of the Provost in the case of faculty. Applicants for employment convicted of or otherwise caught engaging in this conduct generally will not be eligible for employment.
4. ***Off-Duty Illegal Drug-Related Activity.*** Any employee who is convicted of off-duty illegal drug-related activity, including use, possession, manufacture, dispensation, distribution, or sale of drugs, or who otherwise is determined to have engaged in off-duty illegal drug-related activity, including via the use of a drug test administered by the University or by a third party, will be considered to be in violation of the University's Drug and Alcohol policy and will be suspended or terminated by the University. Employees must report any conviction for any of the above-described activities no later than five days after such conviction to the Office of Human Resources in the case of staff, and to the Office of the Provost in the case of faculty. An applicant for employment who has been convicted for off-duty illegal drug-related activity generally will not be eligible for employment. Applicants who test positive for illegal drug use will not be eligible for employment.
5. ***Driving Under the Influence.*** Any employee who pleads guilty to or otherwise is convicted of driving under the influence of alcohol and who, as an essential function of the employee's job, operates a motor vehicle, machinery or other motorized equipment that could be dangerous to himself/herself or others, will not be permitted to operate such vehicle, machinery or equipment until the employee has undergone an Employee Assistance Plan alcohol and/or drug assessment and has complied with all recommended programs. Additionally, to the extent an individual has his/her driver's license revoked or suspended as a result of a conviction or guilty plea to driving under the influence of alcohol, he/she will not be permitted to operate such vehicles until the license is reinstated. The individual may be discharged or may be reassigned to another position during this time period, depending on the circumstances.
6. ***Mandatory Employee Assistance Program Referral.*** Any employee who violates the University's Drug and Alcohol Policy but is not terminated will be subject to a mandatory Employee Assistance Program ("EAP") referral for addiction assessment and will be required to attend, at the employee's expense, a recommended treatment program offered by an outside provider if the assessment indicates treatment is appropriate. An employee who completes any required treatment program must also comply with any after-care program established by the treating facility. Failure to comply with any of the above requirements will result in disciplinary action up to and including suspension or termination. If an employee is required to be absent from work to comply with this section, his/her right to reinstatement shall be governed by the University's Family and Medical Leave Policy.

Federal Law Requirements

Because the University operates under Federal grants and contracts, it must comply with certain Federal requirements regarding drugs and alcohol in the workplace. Federal law requires that all employees be given a copy of the Drug and Alcohol Policy, and that they abide by the terms of the policy as a condition of their continued employment.

Employees are made aware of the policy and provided information on how to obtain a copy during their orientation conducted by the Office of Human Resources.

Implementation and administration of the Drug and Alcohol Policy with regard to staff is handled by the Office of Human Resources; implementation and administration of the Drug and Alcohol Policy with regard to faculty is handled by the Office of the Provost. Staff suspected of violating the Drug and Alcohol Policy should be reported to the Office of Human Resources; faculty suspected of violating this policy should be reported to the Office of the Provost. The appropriate office shall investigate the alleged violation and take appropriate disciplinary action.

Under Federal law, an employee must report his/her criminal drug statute conviction for an offense occurring in the workplace to the Office of Human Resources in the case of staff, and to the Office of the Provost in the case of faculty no later than five (5) days after such conviction. The appropriate office shall report the conviction to the Federal agency involved as required by Federal law.

Employee Assistance Program

The University has an Employee Assistance Program, Lifeworks, that is available to faculty and staff members who seek assistance to overcome drug and/or alcohol abuse. Employees may receive information regarding the Lifeworks from their supervisors, the Office of Human Resources, the Office of the Provost, or at www.Lifeworks.com 888.267.8126.

Any employee who believes that he/she has a drug and/or alcohol abuse problem and who wishes to enroll in a voluntary treatment program may do so, at the employee's expense. If participation in the treatment program requires the employee to be absent from work, the employee's right to reinstatement shall be governed by the University's Family and Medical Leave Policy.

An employee who completes the treatment program must also be required to comply with any after-care program established by the treating facility. Refusal to participate in any after-care program may result in the employee's termination.

Confidentiality

Drug and/or alcohol abuse is a particularly sensitive issue that may affect any member of the University community. The right to confidentiality of all parties involved in a violation or alleged violation of the University's Drug and Alcohol Policy shall be strictly adhered to insofar as it does not interfere with the University's legal obligation to investigate allegations of drug and/or alcohol abuse in the workplace when brought to the University's attention, and to take appropriate corrective action.

Selected Indiana Laws Governing Alcohol and Other Drugs

Alcohol

Operating a vehicle while intoxicated or with 0.15% BAC or above
Class A Misdemeanor or Class D Felony
Up to 1 1/2 years, up to \$10,000 fine, suspension of driving privileges

Operating a vehicle with 0.08% BAC (but less than 0.15% BAC)
Class C Misdemeanor or Class D Felony
Up to 1 1/2 years, up to \$10,000 fines, suspension of driving privileges

Furnishing alcohol to a minor
Class C Misdemeanor
Up to 60 days and \$500 fine

Drugs

It is illegal under both state and federal law to:

- manufacture, deliver, or possess with intent to manufacture or deliver a controlled substance.
- deal in a substance represented to be a controlled substance (Including counterfeit “look-alike” drugs).
- manufacture, advertise, distribute, or possess with intent to manufacture, advertise or distribute a substance represented to be a controlled substance.
- possess, without a valid prescription, a controlled substance.
- visit a building, structure, vehicle or other place used by any person to unlawfully use a controlled substance.
- possess, manufacture, deal in or deliver drug paraphernalia (an instrument, device or other object intended for use for introducing a controlled substance into a body or for enhancing the effect or testing of a controlled substance).

Criminal sanctions for such violations can include fines from \$5,000 to \$10,000 under state law and up to \$250,000 under federal law and imprisonment in a state prison for up to 50 years or in a federal prison for up to life. The sanction imposed will be determined by (1) the classification of the controlled substance, (2) the quantity involved, (3) the nature of the offense (sales, use, etc.), (4) the age of the recipient (higher penalties if drugs are sold or given to minors), (5) the location of the offense (higher penalties for possession, sale or delivery near a school) and 6) the prior criminal record of the offender. More detailed information may be obtained by consulting the Indiana Criminal Code or the Federal Controlled Substances Act, as amended. This

information is available at the Office of Human Resources, 200 Grace Hall, 631.5900 or the Office of Alcohol and Drug Education, 204 Saint Liam Health Center, 631.7970.