



# DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM (DAAPP)

Revised Dates:

*September 20, 2022*

*June 30, 2023*

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# OVERVIEW

The University of North Carolina at Pembroke is committed to protecting the health and safety of students, faculty and staff. Through its various programs and policies regarding the possession, sale, consumption and distribution of alcoholic beverages, UNCP encourages each person in the university community to make safe and responsible decisions that are in accordance with all applicable existing state and federal laws and local ordinances. Consistent with its educational mission, UNCP provides programs that promote awareness of the various effects of alcohol consumption and drug use. At UNCP, the use, sale, possession or distribution of alcohol or illicit drugs by any persons under the age of 21 is unlawful and strictly prohibited.

In compliance with the Department of Education's Drug-Free Schools and Communities Act (DFSCA), the UNCP Committee on Substance Use and Prevention (CSUP) provides alcohol and other drug (AOD) programming and services for the campus community. CSUP also provides the requisite annual notification to all students and university employees. The committee members were appointed by the chancellor and are responsible for issuing a biennial report, which assesses both the university's AOD programming and services and the Drug and Alcohol Abuse Prevention Program (DAAPP). The DAAPP and ensuing biennial review are made available to all students, faculty and staff. The CSUP operates under the purview of the vice chancellor for student affairs. Members are listed below.

Dr. Kyle Smith, Associate Vice Chancellor of Student Affairs and Dean of Students  
Brittany Locklear, Addiction Specialist and Committee for Substance Use and Prevention Chair

Dr. Nicolette Campos, Director of Employee Relations and Workforce Development

Dr. Crystal Moore, Director of Student Health Services

Cheryl Harris, Associate Director of Counseling and Psychological Services

George "Earl" Johnson, Chief of Police and Public Safety

Dr. Margaret Dutnell, Director of Student Conduct

Dr. Scott Billingsley, Associate Vice Chancellor for Academic Affairs

Christina Chow, Director for Compliance, Athletics

The university is prepared to provide education, prevention, counseling, referrals and rehabilitation opportunities to students, faculty and staff while simultaneously upholding federal and state laws concerning alcohol and drug misuse.

# OVERSIGHT AND BIENNIAL REVIEW

The Biennial Review will include alcohol and drug incident rates, assessment data, programs and interventions, information regarding referrals and goals and recommendations for the next biennium. It will include actions deemed necessary by the CSUP to improve the totality of UNCP's efforts to address issues related to alcohol and

other drugs. The committee is a multidisciplinary team that meets six times per year and provides the Chancellor with a biennial report every other year.

The Chancellor has appointed the Committee on Substance Use Prevention (CSUP) to review, assess and takes necessary steps to continuously improve the drug and alcohol prevention efforts at UNCP. The committee is a multidisciplinary team that meets six times per year and provides the Chancellor with a biennial report every other year. The committee is chaired by the Addiction Specialist of the Counseling and Psychological Services team. The Associate Vice Chancellor for Student Affairs is chiefly responsible for DFSCA compliance. If you have questions about the UNCP Drug and Alcohol Prevention Program, you may send an email to [daapp@uncp.edu](mailto:daapp@uncp.edu) or call 910.521.6175.

## DEFINITIONS OF STUDENT AND EMPLOYEE

A student is a person who is registered for one or more credit hours in the present or future term. Students who are employed part-time may also be subject to HR policies in addition to the Code of Student Conduct. An employee is a person who has been hired to perform work duties in accordance with a job description. Employees who are also students may be subject to the Student Code of Conduct in addition to university policies.

## DRUG AND ALCOHOL POLICY

Alcohol and drug misuse is a significant problem in the United States. Out of concern for the well-being of each person in the university community, all students, faculty and staff are subject to the UNCP Drug and Alcohol Policy. The policy is comprehensive. The standards embodied within the policy have been developed for the purpose of maintaining a safe and healthy campus. The policy has been advanced and will be enforced in part to further UNC Pembroke's efforts to eliminate illegal drug and alcohol misuse from the university community. The UNCP Drug and Alcohol Policy can be accessed via the link below.

<https://www.uncp.edu/campus-life/police-and-public-safety/policies/drug-and-alcohol-policy>.

Students, faculty and staff who violate this policy may be subject to disciplinary actions consistent with the severity of the violation. For students, disciplinary actions may range from educational sanctions to expulsion. For employees, disciplinary actions may range from letters of warning to dismissal. In all cases in which there has been a violation, the university will inform the student or employee about appropriate services (awareness, prevention, counseling, support groups, etc.) based on the needs of each individual. In some cases these services may be compulsory.

# DAAPP DISTRIBUTION

The DAAPP is disseminated in various university publications. It is contained with the university catalog, the Student Code of Conduct, the Faculty Handbook, and other relevant materials. Once per year, the UNCP Drug and Alcohol Prevention Program shall be emailed as an attachment in PDF format to each member of the university community, including all students, faculty and staff. The most recent version of the UNCP Drug and Alcohol Program shall be emailed to all new employees during the on-boarding process. The Office of the Vice Chancellor for Student Affairs will send the policy to all new students who enroll during spring and summer semesters.

# STANDARDS OF CONDUCT

All students and employees at UNCP are expected to comply with federal, state and local drug laws as well as the university's Drug and Alcohol Policy. All students and employees are subject to federal, state and local laws as well as university rules, regulations and policies. Students and employees are not entitled to greater immunities or privileges before the law than those enjoyed by other citizens generally.

Students and employees are prohibited from possessing, manufacturing, trafficking, selling, transmitting, using, being under the influence or being a party to any illegal drug or controlled substance use on university premises, or at any of its activities, including but not limited to university-sponsored on- or off-campus activities.

In North Carolina, 21 years of age is the legal drinking age. It is therefore unlawful to purchase or possess alcoholic beverages until one reaches the age of 21. It is also unlawful for anyone to sell or give any alcoholic beverage to a person under 21 years of age or to aid or abet such a person in selling, purchasing or possessing any alcoholic beverage. For additional information, see the UNCP Drug and Alcohol Policy.

# UNIVERSITY PENALTIES AND SANCTIONS

Violations of the UNCP Drug and Alcohol Policy will result in disciplinary action administered by the University. Penalties will be imposed by the university in accordance with procedural safeguards applicable to disciplinary actions against students, faculty members, administrators and other employees, as required by the Code of Student Conduct; Section 502 D (3) and Section 603 of the University Code; by the Board of Governors policies applicable to other employees exempt from the State Human Resources Act (hereafter EHRA); and by regulations of the State Human Resources Commission.

## FINANCIAL CONSEQUENCES

Conviction of state and federal laws that involve the possession or sale of controlled substances can have serious financial consequences. Section 483 of the Federal Higher Education Amendments of 1998 states: "A student who has been convicted of any offense under 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 under this title during the period beginning on the date of such conviction" and lasting for one year, two years or indefinitely, depending on the offense.

## SANCTIONS FOR STUDENTS

Students who violate the UNCP Drug and Alcohol Policy will be sanctioned in accordance with the Code of Student Conduct. Students are subject to all state and federal laws relating to alcohol and drug use, possession, sale, and/or distribution. In addition to legal penalties, possible sanctions for any level of offense could include educational requirements, conduct probation, removal from residence halls, mandatory drug education and assessment, referral for treatment or rehabilitation, suspension, and possibly expulsion from the university. Student-athletes may have additional sanctions including drug testing in accordance with NCAA rules and regulations.

Sanctioning for violations of the Drug and Alcohol Policy will reflect UNCP's commitment to reducing underage and high-risk substance use and misuse and will ensure adherence with [N.C. General Statute § 18B-302](#). As such, all sanctions will be issued on a case-by-case basis via the student conduct process. Multiple offenses will carry progressively more severe sanctions.

## Alcohol Policy Violation Minimum Sanctions

Unless significant mitigating circumstances are found by the Director of Student Conduct or his/her designee, the following minimum sanctions are issued on a consistent basis for students who violate policies regarding alcohol possession, use, sale, and/or distribution. Sanctions in addition to these may also be issued on a case-by-case basis.

### *Alcohol possession/use*

Offenses involving underage alcohol possession/use as well as offenses involving the consumption, public display, or excessive use of alcohol by students 21 and older.

#### 1st Offense:

- Probation
- Crossroads (Substance Use Counseling Intervention Program)
- Fine (\$100)
- Parental Notification (if under the age of 21 at the time of the violation)

2nd Offense:

- Extended Probation
- Crossroads (Substance Use Counseling Intervention Program)
- Fine (\$150)
- Parental Notification (if under the age of 21 at the time of the violation)

3rd Offense:

- Suspension
- Parental Notification (if under the age of 21 at the time of the violation)

*Alcohol sale/distribution*

Offenses involving the sale or distribution of any alcoholic beverage to a person under 21 years of age or to aid or abet such a person in selling, purchasing, distributing or possessing alcohol.

1st Offense:

- Probation
- Crossroads (Substance Use Counseling Intervention Program)
- Fine (\$150)
- Parental Notification (if under the age of 21 at the time of the violation)

2nd Offense:

- Suspension from the University (minimum one semester)
- Re-enrollment subject to approval of the Dean of Students

**Drug Policy Violation Minimum Sanctions**

Unless significant mitigating circumstances are found by the Director of Student Conduct or his/her designee, the following minimum sanctions are issued on a consistent basis for students who violate policies regarding drug possession, use, sale, and/or distribution. Sanctions in addition to these may also be issued on a case-by-case basis.

*Drug possession/use*

Offenses involving the illegal possession or use of any controlled substance identified in [Schedules III through VI, N.C. General Statutes § 90-91 through 90-94](#), including drug paraphernalia, as well as offenses involving the misuse of legal drugs, including both prescription and over-the-counter medications.

1st Offense:

- Probation
- Crossroads (Substance Use Counseling Intervention Program)

- Fine (\$100)
- Parental Notification (if under the age of 21 at the time of the violation)

2nd Offense:

- Suspension from the University (minimum one semester)
- Mandated drug testing prior to re-enrollment
- Re-enrollment subject to approval of the Dean of Students

*Drug sale/distribution (Schedule I or Schedule II drugs)*

Offenses involving the illegal sale, distribution, or possession with the intent to manufacture, sell, or distribute any controlled substance identified in Schedule I or Schedule II as defined in N.C. General Statutes 89-94, including heroin, mescaline, opium, cocaine, amphetamine, etc.).

1st Offense:

- Expulsion

*Drug sale/distribution (Schedule III drugs)*

Offenses involving the illegal sale, distribution, or possession with the intent to manufacture, sell, or distribute any controlled substance identified in Schedule III as defined in N.C. General Statutes 89-94, including marijuana, rohypnol, adderall, codeine, etc.).

1st Offense:

- Suspension (minimum 1 semester)
- Mandated drug testing prior to re-enrollment
- Re-enrollment subject to approval of the Dean of Students

2nd Offense:

- Expulsion

The rationale for deviation from the above minimum sanctions will be documented in the student conduct case files, which are maintained by the Office of Student Conduct.

## SANCTIONS FOR EMPLOYEES

Sanctions for employees who violate any applicable laws or university policies regarding illegal possession or use of drugs/alcohol or provision of alcohol to persons under 21 years of age will be determined on a case-by-case basis and will cover the entire range of penalties available to the university as an employer, including but not limited to suspension and discharge from employment. If an employee is not discharged after the



first violation, he or she may be discharged if there is a second violation. University action is not dependent upon and does not preclude criminal or civil action in the courts.

Employees who are subject to the Human Resources Act (hereafter SHRA) should refer to the State Human Resources Manual, (available through the Human Resources Office or on the OSHR Website) Section 7, "Discipline, Appeals and Grievances" and UNCP's "SHRA Employee Grievance Policy."

The penalties for employees to be imposed by the university shall range from written warnings to discharges from employment. Sanctions are dependent upon the frequency and severity of the policy violation. Multiple violations constitute grounds for termination.

## PENALTIES FOR VIOLATING LOCAL, STATE, & FEDERAL DRUG LAWS

The Town of Pembroke and Robeson County does not have local laws that apply to drugs and alcohol. State and/or Federal Laws apply and are detailed below.

In the state of North Carolina, controlled substances are categorized into six schedules. The schedules rank the substances by characteristics, such as the risk to public health and welfare, potential for misuse and pharmacological effects. Schedule I drugs have the highest potential for misuse and are not used medicinally. Schedule VI drugs pose minimal threat to public health and have a lower risk of misuse.

The schedules, controlled substances and penalties for possession listed below describe the schedule system, give examples of drugs in each schedule, and outline the minimum punishment for possession of any amount of the substance. Note the punishments for illegally trafficking controlled substances are much more severe than those for possession. The Illegal Trafficking Penalties listed below describe the minimum amount of controlled substance that one must possess in order to be charged with trafficking.

### PENALTIES FOR POSSESSION OF DRUGS IN THE STATE OF NORTH CAROLINA

Schedule I
Has a high potential for misuse. Has no medical use. Has a lack of accepted safety.
Heroin, Ecstasy, GHB, Methaqualone, Peyote, Opiates (and others)

First Offense - Class 1 Felony, 4-5 months

### Schedule II

Has a high potential for misuse. Has accepted medical use with severe restrictions. misuse may lead to physical or psychological dependence.

Cocaine, Raw Opium, Opium Extracts-Fluid and Powder, Codeine, Hydrocodone, Morphine, Methadone, Methamphetamine, Ritalin (and others)

First Offense - Class 1 Misdemeanor, 45 days in jail

Second Offense – Class 1 Felony, 4-5 months

### Schedule III

Has a high potential for misuse, but less than Schedule I or II substances. Has an accepted medical use. Misuse may lead to limited dependence.

Ketamine, Anabolic Steroids, Some Barbiturates (and others)

First Offense - Class 1, 45 days in jail

Second Offense – Class 1 Felony, 4-5 months

### Schedule IV

Has low potential for misuse. Has accepted medical use. Misuse may lead to limited dependence.

Valium, Xanax, Rohypnol, Darvon, Clonazepam, Barbitol (and others)

First Offense - Class 1 Misdemeanor, 45 days in Jail

Second Offense – Class 1 Felony, 4-5 months

### Schedule V

Has low potential for misuse. Has accepted medical use. Misuse may lead to limited dependence.

Over the counter cough medicines with codeine (and others)

First Offense - Class 2 Misdemeanor, 30 days in Jail

Second Offense – Class 1 Misdemeanor, 45 days in Jail

### Schedule VI

Has low potential for misuse. Has no accepted medical use. Misuse may lead to

limited dependence.
Marijuana, Hashish, Hashish Oil
First Offense - Class 3 Misdemeanor, 10 days in Jail
Second Offense – Class 2 Misdemeanor, 30 days in Jail

## PENALTIES FOR ILLEGAL TRAFFICKING IN THE STATE OF NORTH CAROLINA

Marijuana		
10-49 lbs.	Class H Felony 25-30 Month	\$5,000 fine
50-1999 lbs.	Class G Felony 35-42 months	\$25,000 fine
2000-9999 lbs.	Class F Felony 70-84 Months	\$50,000 fine
10,000 lbs. or more	Class D Felony 175-219 Months	\$200,000 fine

Heroin		
4-13 grams	Class F Felony 70-84 Months	\$50,000 fine
14-27 grams	Class E Felony 90-117 months	\$100,000 fine
28 grams or more	Class C Felony 225-279 Months	\$250,000 fine

Cocaine		
28-199 grams	Class G Felony 35-42 months	\$50,000 fine
200-399 grams	Class F Felony 70-84 Months	\$100,000 fine
400 grams or more	Class C Felony 225-279 Months	\$250,000 fine

Methamphetamines		
28-199 grams	Class F Felony 70-84 Months	\$50,000 fine
200-399 grams	Class E Felony 90-117 months	\$100,000 fine
400 grams or more	Class C Felony 225-279 Months	\$250,000 fine

## PENALTIES FOR VIOLATING FEDERAL DRUG LAWS

The possession, use or distribution of illegal drugs is prohibited by federal law. There are strict penalties for drug convictions, including mandatory prison terms for many offenses. The following information, although not complete, is an overview of federal penalties for first convictions. All penalties are doubled for any subsequent drug convictions.

### A. Denial of Federal Benefits

21 U.S.C. 862

A federal drug conviction may result in the loss of federal benefits, including school loans, grants, scholarships, contracts, and licenses. Federal drug trafficking convictions may result in denial of federal benefits for up to five years for a first conviction. Federal drug convictions for possession may result in denial of federal benefits for up to one year for a first conviction and up to five years for subsequent convictions.

### B. Forfeiture of Personal Property and Real Estate

21 U.S.C. 853

Any person convicted of a federal drug offense punishable by more than one year in prison shall forfeit to the United States any personal or real property related to the violation, including houses, cars, and other personal belongings. A warrant of seizure may be issued and property may be seized at the time an individual is arrested on charges that may result in forfeiture.

### C. Federal Drug Trafficking Penalties

21 U.S.C. 841

Penalties for federal drug trafficking convictions vary according to the quantity of the controlled substance involved in the transaction. The list below is a sample of the range and severity of federal penalties imposed for first convictions. Penalties for subsequent convictions are twice as severe.

		First Conviction

Heroin	1 Kilogram Or More	Not less than 10 years in prison and not more than life in prison.  Fine up to \$4 million
Cocaine	5 Kilograms Or More	
Crack Cocaine	50 Grams Or More	
Methamphetamine	100 Grams Or More	
PCP	100 Grams Or More	
LSD	10 Grams Or More	
Marijuana	1000 Kilograms Or More	
N-Phenyl-N-propanamide	400 Grams Or More	
Heroin	100-999 Grams	Not less than 5 years in prison and not more than 40 years in prison  Fine up to \$2 million
Cocaine	500-4999 Grams	
Crack Cocaine	5-49 Grams	
Methamphetamine	10-99 Grams	
PCP		
LSD		
Marijuana		
N-Phenyl-N-propanamide		
Amphetamines	Any Amount	Up to 3 years in prison
Barbiturates	Any Amount	Fine up to \$250,000
Marijuana	50-100 Kilograms	Fine up to 20 years
Hashish	10-100 Kilograms	Fine up to \$1 million
Hash Oil	1-100 Kilograms	
Flunitrazepam (Rohypnol, "roofies," or "roaches")	1 Gram	
Marijuana	Less Than 50 Kilograms	Up to 5 years in prison Fine up to \$250,000.
Hash Oil	Less Than 1 Kilogram	
Flunitrazepam (Rohypnol, "roofies," or "roaches")	Less Than 30 Milligrams	

If death or serious bodily injury results from the use of a controlled substance which has been illegally distributed, the person convicted on federal charges of distributing the substance faces a mandatory life sentence and fines ranging up to \$8 million.

Persons convicted on federal charges of drug trafficking within 1,000 feet of a university (21 U.S.C. 845a) face penalties of prison terms and fines which are twice as high as the regular penalties for the offense, with a mandatory prison sentence of at least one year.

#### D. Federal Drug Possession Penalties

Persons convicted on federal charges of possessing any controlled substance face penalties of up to one year in prison and a mandatory fine of no less than \$1,000 up to a maximum of \$100,000. Second convictions are punishable by not less than 15 days but not more than two years in prison and a minimum fine of \$2,500. Subsequent convictions are punishable by not less than 90 days but not more than three years in prison and a minimum fine of \$5,000.

## DRUG USE AND ASSOCIATED HEALTH RISKS

Alcohol and drug misuse is a serious problem that affects millions of lives in the United States. In order to educate and proactively prevent alcohol and drug problems within the UNCP community, alcohol and drug-associated health risks are provided below.

All psychoactive drugs (including alcohol and nicotine) can produce negative health risks; this includes one-time or short-term use as well as long-term chronic use. The development of a Substance Use Disorder, which may progress to addiction, is of concern for all of the substances identified in Table B below with the exception of caffeine and steroids. Caffeine and steroids, when misused, do still carry health risks.

Additionally, the use of many psychoactive substances may lead to Substance-Induced Disorders—disorders that symptomatically resemble other mental health conditions, but are generated or exasperated by the use of a psychoactive substance (e.g., Substance/Medication-Induced Depressive Disorder, Substance/Medication-Induced Psychotic Disorder). The Substance Use Disorder diagnostic criteria are listed in Table A below.

Table A

Substance Use Disorder Characteristics
A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period: <ol style="list-style-type: none"><li>1. The substance is often taken in larger amounts or over a longer period of time than was intended.</li><li>2. There is a persistent desire or unsuccessful attempts to cut down or control the substance use.</li><li>3. A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from the effects of the substance.</li><li>4. Craving, or a strong desire or urge to use the substance.</li><li>5. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home.</li></ol>

6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Important social, occupational or recreational activities are given up or reduced because of the substance use.
8. Recurrent substance use in situations in which it is physically hazardous.
9. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
  - a. A need for markedly increased amounts of the substance to achieve intoxication or desired effect.
  - b. A markedly diminished effect with continued use of the same amount of the substance.
11. Withdrawal, as manifested by either of the following:
  - a. The characteristic withdrawal syndrome for the specific substance used (refer to the table below for characteristics).
  - b. The primary substance used or a substance with similar effects (e.g., alcohol for a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Severity:  
 Mild: Presence of 2-3 symptoms  
 Moderate: Presence of 4-5 symptoms  
 Severe: Presence of 6 or more symptoms

The table below lists possible symptoms of intoxication and withdrawal for substances with health risks and addictive potential. While this table is detailed, it is not an exhaustive list of all possible health impacts. Not all substances will have clinically identifiable withdrawal symptoms. Tolerance (i.e., a person’s diminished sensitivity to a drug/needing more of a substance to achieve a desired effect), either physical and/or psychological, occurs with repeated use of all the substances identified here. Additional information is included for each substance identified.

Table B  
 \*Definition provided at the bottom of the table

Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<u>Alcohol:</u> (e.g., beer, wine, “fortified” wine, spirits, liquor, whiskey)	<ul style="list-style-type: none"> <li>● Problematic behavioral and/or psychological changes (e.g., inappropriate sexual or aggressive behavior, mood lability, impaired judgment)</li> <li>● Slurred speech</li> </ul>	<ul style="list-style-type: none"> <li>● Autonomic hyperactivity (e.g., sweating or pulse rate greater than 100 bpm)</li> <li>● Increased hand tremor</li> <li>● Insomnia*</li> </ul>

	<ul style="list-style-type: none"> <li>● Incoordination</li> <li>● Unsteady gait</li> <li>● Nystagmus*</li> <li>● Impairment in attention or memory</li> <li>● Stupor or coma</li> </ul>	<ul style="list-style-type: none"> <li>● Nausea or vomiting</li> <li>● Transient visual, tactile, or auditory hallucinations or illusions</li> <li>● Psychomotor agitation</li> <li>● Anxiety</li> <li>● Generalized tonic-clonic seizures*</li> </ul>
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- Alcohol's initial effects are those of pleasure and relaxation. As the brain adjusts to the substance, sedation occurs; this effect may lead to increased drinking to maintain the pleasurable effects.
- High-risk situations include ones where alcohol is consumed rapidly (i.e., binge drinking), cannot be tasted, is taken on an empty stomach or is used in combination with other substances.
- Dangerous side effects include trouble breathing; unconsciousness; dying due to suffocation from vomit; and deadly levels of alcohol being absorbed into bloodstream.
- Drinking alcohol while under the influence of other sedatives (e.g. opiates, barbiturates and sleep medications) is dangerous because it increases their effects and can result in death. If taken with pain relievers, irritation of the stomach lining or liver damage may occur.
- Binge drinking involves a dangerous pattern of excessive alcohol consumption. For women, binge drinking is defined as having four or more drinks within a two-hour period. For men, binge drinking is identified as having five or more drinks over the course of two hours.
- A standard drink size is: one 12-oz. beer, one 5-oz. glass of wine or one 1.5-oz. shot of distilled spirits
- Long-term potential health risks include: addiction, central nervous system depression, chronically impaired judgment, liver damage, malnutrition, pancreatitis, lowered immune response, coma or death from overdose, chronic impairment in attention or memory, severely depressed mood

Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<u>Caffeine:</u> (e.g., coffee, tea, soda, energy drinks, caffeine pills)	<ul style="list-style-type: none"> <li>● Restlessness</li> <li>● Nervousness</li> <li>● Excitement</li> <li>● Insomnia*</li> <li>● Flushed face</li> <li>● Diuresis*</li> <li>● Gastrointestinal disturbance</li> <li>● Muscle twitching</li> <li>● Rambling flow of thought</li> </ul>	<ul style="list-style-type: none"> <li>● Headache</li> <li>● Marked fatigue or drowsiness</li> <li>● Dysphoria*, depressed mood, or irritability</li> <li>● Difficulty concentrating</li> <li>● Flu-like symptoms (e.g., nausea,</li> </ul>



	<p>and speech</p> <ul style="list-style-type: none"> <li>● Tachycardia* or cardiac arrhythmia*</li> <li>● Periods of inexhaustibility</li> <li>● Psychomotor agitation</li> </ul>	<p>vomiting, or muscle pain/stiffness)</p>
<ul style="list-style-type: none"> <li>● Low to moderate amounts of caffeine result in increased alertness and concentration, sometimes euphoria. High amounts lead to nervousness and agitation. Panic attacks are correlated to high doses of caffeine.</li> <li>● Overdose on caffeine is very rare but possible. Symptoms of caffeine poisoning include nausea, vomiting, irregular heart rate, and confusion. Death is caused by seizure that results in an inability to breathe.</li> <li>● Due to its effect of raising blood pressure, people with hypertension or irregular heartbeats should avoid caffeine. Caffeine may also raise blood pressure for those on antidepressants or over-the-counter cold medications. Caffeine may also heighten effects of stronger stimulant-type substances (e.g., amphetamines, cocaine).</li> <li>● Combining alcohol and caffeine is particularly risky because caffeine masks alcohol's sedative effects. Caffeine does not "sober up" a person though. Alcohol will continue to work on the brain and body systems exactly as it would without caffeine; however, a person's ability to gauge their level of impairment will decrease significantly.</li> </ul>		
Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<p><u>Cannabis</u>: (e.g., marijuana, sinsemilla, hashish, hash oil, synthetics – K2/spice)</p>	<ul style="list-style-type: none"> <li>● Problematic behavioral and/or psychological changes (e.g., impaired motor coordination, euphoria*, anxiety, sensation of slowed time, impaired judgment, social withdrawal)</li> <li>● Conjunctival injection*</li> <li>● Increased appetite</li> <li>● Dry mouth</li> <li>● Tachycardia*</li> <li>● Perceptual disturbances</li> </ul>	<ul style="list-style-type: none"> <li>● Irritability, anger or aggression</li> <li>● Nervousness or anxiety</li> <li>● Sleep difficulty (e.g., insomnia* and/or vivid, disturbing dreams)</li> <li>● Decreased appetite or weight loss</li> <li>● Restlessness</li> <li>● Dysphoria*</li> <li>● Abdominal pain</li> <li>● Shakiness/tremors</li> <li>● Sweating</li> <li>● Fever</li> <li>● Chills</li> <li>● Headache</li> </ul>
<ul style="list-style-type: none"> <li>● Users' experiences with cannabis vary based on past experience, THC content of the substance, method of administration, and amount used. Regardless of a user's subjective experience, cannabis impacts memory and learning up to</li> </ul>		

three days after one dose.

- The negative impacts on mood, learning, attention, memory, motivation, and ability to experience pleasure are more pronounced and permanent in the brains of children, adolescents, and young adults (i.e., ages 0-30).
- When smoked, effects include initial relaxation and mood elevation, followed by drowsiness and sedation.
- When ingested orally, effects take up to two (2) hours to be felt by the user and the impairment lasts up to three times longer. The effects are similar as when smoked, but hallucinogenic responses are more likely.
- Cannabis rarely results in lethal overdoses. It may, however, produce anxiety and paranoia, especially at higher THC concentrations.
- Cannabis significantly impairs motor coordination, reaction time, and processing of sensory experience. As such, driving, operating machinery, or other tasks that require complex thinking and motor coordination are dangerous to perform while intoxicated.
- Cannabis can interact with heart, blood pressure, and immune system medications. Combining cannabis with opioids may have dangerous impacts on the cardiovascular system.

Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<p><u>Phencyclidine and Ketamine:</u> (e.g., PCP, angel dust, special K, cat Valium)</p>	<ul style="list-style-type: none"> <li>• Problematic behavioral and/or psychological changes (e.g., belligerence, assaultiveness, impulsiveness, unpredictability, psychomotor agitation, impaired judgment)</li> <li>• Vertical or horizontal nystagmus*</li> <li>• Hypertension* or tachycardia*</li> <li>• Numbness or diminished responsiveness to pain</li> <li>• Ataxia*</li> <li>• Dysarthria*</li> <li>• Muscle rigidity</li> <li>• Seizures or coma</li> <li>• Hyperacusis*</li> </ul>	<ul style="list-style-type: none"> <li>• Phencyclidine-induced Psychotic Disorder</li> <li>• Phencyclidine-induced Bipolar Disorder</li> <li>• Phencyclidine-induced Anxiety Disorder</li> <li>• Phencyclidine-induced Depressive Disorder</li> </ul>

- PCP can be lethal as it increases heart rate and body temperature to dangerous levels.
- PCP also has adverse reactions when taken with alcohol or sedatives. Taking PCP with stimulants or ecstasy can raise body temperature and irregular heartbeat.

<ul style="list-style-type: none"> <li>• Users experience decreased sensitivity to pain which may lead to serious injuries that go untreated, especially when other effects, like increased aggression are considered.</li> <li>• PCP acts like an amphetamine to release the neurotransmitter dopamine; this makes the substance highly reinforcing, which increases the risk of addiction.</li> <li>• PCP and ketamine produce states of dissociation or disconnectedness from one's body.</li> <li>• Some ketamine users develop urological symptoms including bladder inflammation, painful urination, and incontinence. Damage to kidneys and the liver may also occur.</li> <li>• PCP and ketamine both cause permanent damage to white and gray matter tissues in the brain.</li> </ul>		
Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<p><u>Other</u> <u>Hallucinogens:</u> (e.g., mescaline, LSD, DMT, morning glory seeds, nutmeg, salvia, jimsonweed, MDMA/Ecstasy, Peyote, belladonna)</p>	<ul style="list-style-type: none"> <li>• Problematic behavioral and/or psychological changes (e.g., marked anxiety or depression, ideas of reference, fear of "losing one's mind" paranoid ideation, impaired judgment)</li> <li>• Perceptual changes occurring in a state of full wakefulness and alertness (e.g., subjective intensification of perceptions, depersonalization, derealization, illusions, hallucinations, synesthesias*)</li> <li>• Dilated pupils</li> <li>• Tachycardia*</li> <li>• Sweating</li> <li>• Palpitations*</li> <li>• Blurring of vision</li> <li>• Tremors</li> <li>• Incoordination</li> </ul>	<ul style="list-style-type: none"> <li>• Hallucinogen Persisting Perception Disorder</li> </ul>
<ul style="list-style-type: none"> <li>• Varied experiences with hallucinogens are the norm and are based on previous experience, expectation, body chemistry and setting. Feelings of detachment, emotional swings, altered sense of space and time, illusions, and feeling of detachment of body are common. Users may also report experiencing mystical or religious insight.</li> <li>• Belladonna use can be lethal as large amounts of the substance are needed to</li> </ul>		

achieve the hallucinogenic effect. This increases heart rate and body temperature to dangerous levels.

- Physical effects of hallucinogens may include jitteriness, nausea, chills and changes in coordination.
- LSD can produce bad trips characterized by anxiety and unclear thinking, which may cause fatal accidents.
- Hallucinogen Persisting Perception Disorder is characterized by re-experiencing one or more of the perceptual symptoms that were experienced while intoxicated with a hallucinogen once use of the hallucinogen has ceased. These symptoms cause clinically significant distress for the individual and are not attributable to another medical condition. This disorder is most commonly seen with LSD use, but not exclusively.
- Ecstasy is a mood-altering substance with both stimulant and hallucinogenic properties; it is also rarely sold in an unadulterated form (i.e., many substances sold as MDMA may not contain any of the chemical compound).
- Ecstasy/MDMA increases heart rate, blood pressure and body temperature to often dangerous levels. Users experience an increased sense of energy and alertness, and decreased appetite. They also become empathetic to those around them and report heightened feelings of love and connectedness with others. These experiences may lead to risky sexual practices, difficulty reconnecting with one's own body, and increased impulsivity.
- Death can result when Ecstasy/MDMA is used in very hot environments (e.g., parties, clubs) and high levels of physical activity (e.g., dancing, sexual activity).
- High doses may cause jitteriness and teeth clenching. Single use of Ecstasy/MDMA negatively impacts receptors for serotonin in the brain, a very important neurotransmitter. Long-term use severely damages these neurotransmitter receptors and results in permanent mood changes.
- If taken in conjunction with antidepressants (e.g., MAOIs or SSRIs) that inhibit certain neurotransmitter levels, Ecstasy/MDMA can increase heart rate and blood pressure to lethal levels.

Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<p><u>Inhalants:</u> (e.g., volatile hydrocarbons – glues, fuels, paints, nitrous oxide, amyl-, butyl-, isobutyl nitrite)</p>	<ul style="list-style-type: none"> <li>● Clinically significant problematic behavioral or psychological changes (e.g., belligerence, assaultiveness, apathy, impaired judgement)</li> <li>● Dizziness</li> <li>● Nystagmus*</li> <li>● Incoordination</li> <li>● Slurred speech</li> <li>● Unsteady gait</li> <li>● Lethargy</li> </ul>	<ul style="list-style-type: none"> <li>● No clearly defined withdrawal syndrome features. This is partly due to the high variability in the chemical composition of these substances.</li> </ul>

	<ul style="list-style-type: none"> <li>● Depressed reflexes</li> <li>● Psychomotor retardation</li> <li>● Tremor</li> <li>● Generalizes muscle weakness</li> <li>● Blurred vision or diplopia*</li> <li>● Stupor or coma</li> <li>● Euphoria*</li> </ul>	
<ul style="list-style-type: none"> <li>● Chemicals in this category have very little in common with each other.</li> <li>● Nitrous oxide creates a sense of euphoria, reduces pain and inhibitions, and is followed by drowsiness. The effects mimic those of alcohol use.</li> <li>● Solvents reduce inhibition, generate mild euphoria, and are followed by depression. Other effects may include hallucinations or distorted perceptions.</li> <li>● Inhalation of nitrites can cause reduction in blood pressure through dilation of blood vessels but is unlikely to cause a fatal overdose.</li> <li>● Nitrous oxides can cause problems in breathing oxygen. Surgical grade anesthesia can disrupt heart functioning, suppress respiration, and cause death.</li> <li>● Solvent intoxication causes muscular incoordination, headaches, nausea, and vomiting. Death can occur if heartbeat is disrupted.</li> <li>● Combining inhalants with other drugs that induce sleep (e.g. alcohol, opiates, barbiturates, Quaaludes, benzodiazepines, and cold medicines) is extremely dangerous. Taken together, inhalants and these drugs have synergistic effects (i.e., an increase in the effects of one or both of the drugs) that may cause death.</li> <li>● Nausea, headaches and perceptual distortions are common. Permanent damage to bone marrow, lungs, liver, and kidneys are a risk.</li> <li>● Use increases the risk of lung or cardiac arrest with initial or repeated use (i.e., sudden sniffing death syndrome).</li> </ul>		
Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<u>Opioids:</u> (e.g., morphine, heroin, fentanyl, oxycodone, codeine)	<ul style="list-style-type: none"> <li>● Clinically significant problematic behavioral or psychological changes (e.g., initial euphoria* followed by apathy*, dysphoria*, psychomotor agitation or retardation, impaired judgment)</li> <li>● Pupillary constriction* or pupillary dilation* in the case of overdose</li> <li>● Drowsiness or coma</li> <li>● Slurred speech</li> <li>● Impairment in attention or</li> </ul>	<ul style="list-style-type: none"> <li>● Dysphoria*</li> <li>● Nausea or vomiting</li> <li>● Muscle aches</li> <li>● Lacrimation* or rhinorrhea*</li> <li>● Pupillary dilation, piloerection*, or sweating</li> <li>● Diarrhea</li> <li>● Yawning</li> <li>● Fever</li> <li>● Insomnia*</li> </ul>

	<ul style="list-style-type: none"> <li>memory</li> <li>Perceptual disturbances</li> </ul>	
<ul style="list-style-type: none"> <li>Opioid drugs are highly reinforcing for the brain, and repeated use will create physical tolerance and withdrawal symptoms, even if other symptoms of Substance Use Disorder are not present.</li> <li>Opioid use causes shallow breathing, reduced sex drive, apathy, anxiety, mood swings, and respiratory depression. An overdose may induce a coma, convulsions, respiratory arrest or death. Users may experience nausea, vomiting and constipation.</li> <li>Taking a lethal dose of opiates can cause death due to slowing breathing to the point at which it stops completely. Overdose is most common when opioids are injected intravenously. Immediate medical treatment with naloxone can reverse its dangerous effects.</li> <li>Opioids are dangerous when used with other drugs that suppress breathing such as alcohol, barbiturates, Quaaludes and benzodiazepines.</li> </ul>		
Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<u>Sedatives, Hypnotics, and Anxiolytics:</u> (e.g., benzodiazepines, benzodiazepine-like drugs for sleep, carbamates, GHB, barbiturates, barbiturate-like substances)	<ul style="list-style-type: none"> <li>Clinically significant problematic behavioral or psychological changes (e.g., inappropriate sexual or aggressive behaviors, mood lability*, impaired judgment)</li> <li>Slurred speech</li> <li>Incoordination</li> <li>Unsteady gait</li> <li>Nystagmus*</li> <li>Impairment in cognition (e.g., attention, memory)</li> <li>Stupor or coma</li> </ul>	<ul style="list-style-type: none"> <li>Autonomic hyperactivity (e.g., sweating or pulse rate higher than 100 bpm)</li> <li>Hand tremor</li> <li>Insomnia*</li> <li>Nausea or vomiting</li> <li>Transient visual, tactile, or auditory hallucinations or illusions</li> <li>Psychomotor agitation</li> <li>Anxiety</li> <li>Tonic-clonic seizures*</li> </ul>
<ul style="list-style-type: none"> <li>Psychological effects include relaxation, reduction of anxiety, and “mellow” feeling. Higher doses can cause lightheadedness, drowsiness, slurred speech, and muscle incoordination. Learning and memory are impaired while under the influence of these. These impair driving ability and effects are increased with alcohol consumption.</li> <li>Effects can last a few hours to more than one day. Unexpected effects include anxiety, nightmares and hostility.</li> <li>All sedatives except benzodiazepines cause risk from fatal overdose. Benzodiazepines can cause prolonged sleep and impair memory. Other sedatives have symptoms of drowsiness and muscular incoordination, deep sleep, loss of reflexes, suppressed breathing and death.</li> <li>It is dangerous to combine these drugs with other sedatives such as</li> </ul>		

benzodiazepines, alcohol, opiates, anesthetics, or solvents.

- Drug combinations that are not lethal can still impair physical activities such as driving.
- Sedatives such as GHB and flunitrazepam (Rohypnol) are sometimes added to drinks to cause sedation, impaired motor skills, and inability to recall events. Combined with alcohol or other drugs these substances may lead to respiratory depression, aspiration and death.

Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<u>Steroids:</u> (e.g., anabolic steroids, corticosteroids)	<ul style="list-style-type: none"> <li>• Clinically significant problematic behavioral or psychological changes, which may include hedonic effects (i.e, pleasurable feelings of power, aggression, and self-confidence)</li> <li>• Mild depression</li> <li>• Mania</li> <li>• Delusions</li> <li>• Violent aggression or “roid rage”</li> </ul>	<ul style="list-style-type: none"> <li>• Intense fatigue</li> <li>• Physical weakness</li> <li>• Muscle aches</li> <li>• Joint pain</li> <li>• Appetite and weight loss</li> <li>• Nausea and vomiting</li> <li>• Diarrhea</li> <li>• Abdominal pain</li> </ul>

- The effects of anabolic and corticosteroids are not immediately felt. For anabolic steroids, it may take several weeks of “stacking” these drugs to produce the effects of euphoria, and increased energy and competitiveness.
- Depression is common when stopping anabolic steroids. Corticosteroids act more rapidly to reduce inflammation and increase feelings of wellbeing, but do not act on the body the way that anabolic steroids do and are less likely to be misused.
- Prolonged use or high dosages of steroids can cause heart attacks or strokes; promote mood changes; negatively impact reproductive systems and genital features; and increase cancer risk.

Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<u>Stimulants:</u> (e.g., cocaine, amphetamine, dextroamphetamine, methamphetamine, khat)	<ul style="list-style-type: none"> <li>• Clinically significant problematic behavioral or psychological changes (e.g., euphoria* or affective blunting*; changes in sociability; hypervigilance*; interpersonal sensitivity; anxiety, tension, or anger; stereotyped behaviors; impaired judgment)</li> <li>• Tachycardia* or</li> </ul>	<ul style="list-style-type: none"> <li>• Dysphoria*</li> <li>• Fatigue</li> <li>• Vivid, unpleasant dreams</li> <li>• Insomnia* or hypersomnia*</li> <li>• Increased appetite</li> <li>• Psychomotor retardation or agitation</li> </ul>

	<ul style="list-style-type: none"> <li>bradycardia*</li> <li>● Pupillary dilation*</li> <li>● Elevated or lowered blood pressure</li> <li>● Perspiration or chills</li> <li>● Nausea or vomiting</li> <li>● Evidence of weight loss</li> <li>● Psychomotor agitation or retardation</li> <li>● Muscular weakness, respirator depression, chest pain, or cardiac arrhythmia*</li> <li>● Confusion, seizures, dyskinesia*, dystonia*, or coma</li> <li>● Perceptual disturbances</li> </ul>	
<ul style="list-style-type: none"> <li>● Use results in sense of energy, alertness, talkativeness and well-being. Physical effects include increased heart rate and blood pressure, and dilation of breathing tubes.</li> <li>● If injected or smoked, causes euphoria and focused repetitive, stereotyped movements.</li> <li>● High doses can result in death by cardiac failure, stroke or impaired respiration. Psychiatric dangers include psychotic states and paranoia.</li> <li>● All stimulants are highly reinforcing and the potential to develop a substance use disorder and/or addiction is high.</li> <li>● Taken in combination with decongestants, stimulants can raise blood pressure to dangerous levels. Taken in combination with anti-depressants, stimulants can be enhanced and cause dangerous physical symptoms. Stimulants can disrupt heartbeat and reduce the effectiveness of various medications.</li> <li>● Anxiety, insomnia, paranoia, perforation of the nasal septum, seizures, and cardiac arrest may occur.</li> </ul>		
Substance Class	Intoxication Symptoms	Withdrawal Symptoms
<u>Tobacco:</u> (e.g., cigarettes, pipe tobacco, e-cigarettes, snuff)	<ul style="list-style-type: none"> <li>● Increased heart rate</li> <li>● Increased blood pressure</li> <li>● Increased alertness</li> <li>● Bronchospasm*</li> <li>● Increased phlegm production</li> <li>● Constricted blood vessels</li> </ul>	<ul style="list-style-type: none"> <li>● Irritability, frustration or anger</li> <li>● Anxiety</li> <li>● Difficulty concentrating</li> <li>● Increased appetite</li> <li>● Restlessness</li> <li>● Dysphoria*</li> <li>● Insomnia*</li> </ul>
<ul style="list-style-type: none"> <li>● Common effects include increased attention, concentration and memory. May</li> </ul>		



	<p>produce calming effect.</p> <ul style="list-style-type: none"> <li>• Users rarely overdose on nicotine. However, symptoms of an overdose include tremors and convulsions, which can paralyze breathing muscles and cause death.</li> <li>• Symptoms of nicotine poisoning include dizziness, weakness and nausea, which disappear after the drug leaves the system.</li> <li>• Nicotine can impact fetal development in pregnant women.</li> <li>• Combining nicotine and cocaine or other stimulants can put strain on the heart, thus inducing a heart attack.</li> <li>• Smoking is directly linked to various cancers, heart disease, COPD and lowered immune system responses.</li> <li>• Electronic nicotine delivery systems (e.g., vaping, e-cigarettes, JUUL) are still relatively new and have limited clinical research surrounding their impacts on body systems. Current research does suggest that the liquid used to fill these devices still has a carcinogenic load and may generate or exacerbate pulmonary diseases.</li> <li>• Besides nicotine, e-cigarettes can contain harmful and potentially harmful ingredients, including: ultrafine particles that can be inhaled deep into the lungs; flavorants such as diacetyl, a chemical linked to serious lung disease; volatile organic compounds; heavy metals, such as nickel, tin, and lead.</li> <li>• Regardless of delivery method, nicotine is highly addictive and creates changes in brain functioning.</li> </ul>
<p>*</p>	<ul style="list-style-type: none"> <li>• Affective blunting—a lack of affect (emotional expressiveness) more severe than restricted or constricted affect, but less severe than flat or flattened affect</li> <li>• Apathy—lack of interest, enthusiasm, or concern</li> <li>• Ataxia—lack of voluntary coordination of muscle movements that can include gait abnormality, speech changes, and abnormalities in eye movements as the result of neurological impairment</li> <li>• Bradycardia—heart rate that is too slow</li> <li>• Bronchospasm—airway irritation or the abnormal tightening of the airways of the lungs</li> <li>• Cardiac arrhythmia—irregular heartbeat</li> <li>• Conjunctival injection—red eye caused by dilated blood vessels in the eye</li> <li>• Diplopia—double vision</li> <li>• Diuresis—increased or excessive production of urine</li> <li>• Dysarthria—slurred or slow speech as the result of neurological impairment</li> <li>• Dyskinesia—abnormal, uncontrolled, involuntary movement</li> <li>• Dysphoria—a profound state of unease or generalized dissatisfaction with life</li> </ul>

	<ul style="list-style-type: none"> <li>● Dystonia—movement disorder in which a person’s muscles contract uncontrollably</li> <li>● Euphoria—the experience (or affect) of pleasure or excitement and intense feelings of well-being and happiness</li> <li>● Hyperacusis—highly debilitating hearing disorder characterized by an increased sensitivity to certain frequencies and volume ranges of sound</li> <li>● Hypersomnia—either excessive daytime sleepiness or excessive time spent sleeping</li> <li>● Hypertension—high blood pressure</li> <li>● Hypervigilance—enhanced state of sensory sensitivity accompanied by an exaggerated intensity of behaviors whose purpose is to detect activity</li> <li>● Insomnia—difficulty falling and/or staying asleep</li> <li>● Lability—exaggerated changes in mood or affect in quick succession</li> <li>● Lacrimation—tearfulness</li> <li>● Nystagmus—repetitive, uncontrolled eye movements</li> <li>● Palpitations—feelings or sensations that your heart is pounding or racing</li> <li>● Piloerection—involuntary erection or bristling of hairs on the body (i.e., “gooseflesh”)</li> <li>● Pupillary constriction—narrowing of the eye pupil</li> <li>● Pupillary dilation—widening of the eye pupil</li> <li>● Rhinorrhea—runny nose</li> <li>● Synesthesia—stimulation of one sensory or cognitive pathway leads to automatic, involuntary experiences in a second sensory or cognitive pathway (e.g., seeing smells, hearing colors)</li> <li>● Tachycardia—heartrate that exceeds the normal resting rate</li> <li>● Tonic-clonic seizures—electric discharges instantaneously involve the entire brain. The person loses consciousness right from the beginning of the seizure which usually lasts 1-3 minutes.</li> </ul>
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*\*Table adapted from the American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, (5th ed.). Arlington, VA: American Psychiatric Publishing.*

# CAMPUS AND COMMUNITY DRUG AND ALCOHOL RESOURCES

The below information is for information purposes only. UNCP does not endorse or recommend any of the off-campus organizations or resources specifically. Students and employees should research off-campus resources to determine if the resource is appropriate to meet their needs.

**Alcoholics Anonymous/Al-Anon - 888.425-2666 or 910.678.8733**

Offers free and confidential support for anyone affected by an alcoholic or problem drinker. This includes parents, grandparents, spouses, partners, coworkers, and friends. Please call the number above to participate in the next scheduled meeting in your area or participate in electronic meetings that are held online or via telephone.

[www.al-anon.org/](http://www.al-anon.org/)

**Behavioral Health Care - 910.615-3333**

Offers psychiatric treatment, including evaluations, medical management, and group, family and individual therapy. Substance misuse treatment is also available. Staffed by psychiatrists, psychologists, clinical social workers, psychiatric nurses, licensed professional counselors, and other mental health professionals, Cape Fear Valley Behavioral Health Care provides a team approach to mental wellness.

[www.capefearvalley.com/hospitals/bhc.html](http://www.capefearvalley.com/hospitals/bhc.html)

**Employee Assistance with Alcohol & Substance Abuse Issues - 877.848.2851**

UNCP, through the University of North Carolina System, offers an Employee Assistance Program (EAP) for employees who may desire counseling and/or rehabilitation for issues associated with alcohol and drugs. Employees may remain anonymous when using this program. Employees may call 877.848.2851 anytime, day or night to access services.

**Generations Health Services 910.291.9909**

Located in Laurinburg, Generations Health Services is a drug addiction treatment center that focuses on substance misuse rehabilitation. They offer intensive outpatient services or substance misusers.

<https://www.treatment-centers.net/directory/north-carolina/laurinburg/generations-health-services-llc.html>

**Eastpointe (Services for the uninsured) – 1.800.513.4002 (24-Hours)**

Eastpointe is a managed care organization (MCO) dedicated to working with individuals and families in eastern North Carolina who struggle with substance misuse, mental health and intellectual and developmental disabilities. In partnership with community agencies, licensed independent practitioners and hospitals, we help the uninsured and those on

Medicaid get comprehensive, effective treatment that is essential for their well-being. Support is available 24 hours a day.

Services Provided

- Psychological Testing
- Individual, Family, and Group Therapy
- Substance misuse Services
- Housing Assistance
- Supported Employment

If you are in Robeson County and need to meet with someone immediately, you may walk-in from 8 a.m.– 5 p.m. at the address below.

ROBESON COUNTY:

Monarch

2003 Godwin Avenue, Suite C Lumberton, NC 28358

<http://www.eastpointe.net/>

If you are in Scotland County and need to meet with someone immediately, you may walk-in from 8 a.m.– 5 p.m. at the address below.

<http://www.eastpointe.net/>

**Lumberton Treatment Center - 910.739.9160**

Offers recovery treatments from opioid and heroin addiction. The center is part of a network of private drug rehabilitation clinics in NC, committed to helping adults who struggle with opiate and heroin addiction and withdrawal symptoms. The center offers outpatient methadone and buprenorphine maintenance treatment to individuals who are currently abusing opiates with include: heroin, vicodin, oxycontin, percocet, and oxycodone, and more. The Lumberton clinic provides a caring and therapeutic environment for those struggling.

[www.lumbertonncdrugrehab.com/](http://www.lumbertonncdrugrehab.com/)

**Monarch 910.618.5606**

Monarch is committed to supporting, educating and empowering people with developmental and intellectual disabilities, mental illness, and substance use disorders to choose and achieve what is important to them. For more than a decade, our team of professionals has provided exceptional behavioral health services statewide. Experienced psychiatrists, therapists, nurses and other medical experts and staff in our many mental health offices use evidence-based practices to ensure we provide the best possible and highest quality care to people with mental illness or substance use disorders who are in search of recovery. Monarch provides services throughout North Carolina.

Services Provided

- Substance Misuse Assessment, Treatment, and Counseling
- Psychiatric/Medication Evaluation and Management (Telemedicine)
- DWI Services
- Family Counseling
- Intensive In Home (Children only)
- Psychosocial Rehabilitation (PSR - Adults only)
- Clubhouse International Model (Monarch's Club Horizon - PSR)
- Assertive Community Treatment Team (ACTT) (Adults only)
- Outpatient Therapy (Individual Support and Counseling)
- Community Support Team (Adults only)
- Peer Support (Adults only)
- Psychological Evaluation and Treatment
- Crisis Assessment Services
- Facility-Based Crisis / Non-Hospital Medical Detox (Adults only)
- Mobile Crisis Services (Children and Adults)
- Hospital Discharge & Transition Services / Assertive Engagement
- Group Counseling
- Parenting Classes
- Play Therapy

<https://monarchnc.org/>

#### **Palmer Prevention Incorporated – 910.522.0421**

The mission of Palmer Prevention is to prevent, delay, and reduce the use of alcohol, drug, and tobacco use among the youth and adults of Robeson County by focusing on education, alternative activities, environmental approaches, community-based process, and information dissemination.

Offers outpatient substance misuse treatment and prevention services. Also offer individual and group therapy to assist with abstinence and sobriety. Therapeutic interventions include education on, coping skills, problem-solving skills, decision-making skills, improved communication, anger management-skills, self-esteem skills, and identification of thoughts, feelings, and behaviors.

#### Services Provided

- Individual/group therapy for abstinence and sobriety.
- DWI assessments
- Keeping my Child Drug Free Program
- Child Adolescent Treatment Services

[www.palmerpreventioninc.com](http://www.palmerpreventioninc.com)

#### **Robeson Family Counseling Center – 910.738.8558**

The Robeson Family Counseling Center is supported by ministers representing the faith community to support pastors, congregations, families and individuals during challenging times of crisis, problems, and opportunities.

The center offers a variety of services that include outpatient counseling services combined with the church's traditional pastoral care for individuals, families, marital, children, adolescents, and substance use treatment. Now offering services in Lumberton, Pembroke, Laurinburg, and Rockingham.

[www.robesoncounseling.org](http://www.robesoncounseling.org)

**Robeson Healthcare Corp. – Julian T. Pierce Health Center - 910.521.2816**

Located in Pembroke, the Julian T. Pierce Health Center offers residential recovery programs for men and women dealing with drug dependency and substance misuse issues. They offer residential recovery to the clients on gender-basis in separate locations, where they can recover in a safe and supportive environment. They use 12-step support groups to encourage and support the clients so they may be motivated to create their own sober lifestyles. All of the counseling sessions used by this center use a holistic method, which allows the client to habitually learn healthier habits of life as they live in a sober environment.

**Sandhills Behavioral Center, Inc. 910.848.1638**

Provides outpatient substance misuse and mental illness treatment programs designed for individuals with significant emotional or substance misuse problems. All services are designed to create minimal disruption to an individual. Treatment is provided during the day, after-school or in the evening. We also offer extensive family programs as part of all services.

Services Provided

- DWI Services
- Substance Misuse Intensive Outpatient Program
- Outpatient Mental Health Treatment
- Substance Misuse Outpatient Treatment
- Sex Offender Treatment
- Substance Misuse Prevention Program
- Substance Misuse Comprehensive Outpatient Treatment

<http://www.sandhillsbc.com/>

**Southeastern Recovery Alternatives – 910.272.3030**

Southeastern Recovery Alternatives offer multidisciplinary treatment that can deal with addiction and mental health issues. They offer treatment through outpatient programs,

which use regular counseling sessions to provide effective therapy. They use various evidence-based and holistic therapies such as the Matrix model, 12- step recovery model, cognitive behavioral therapy, motivational therapy, and many others to help the client improve their lifestyle. They offer their substance misuse treatment to the client in very affordable rates and aims to help the community live healthier and sober lives.

<http://www.srmc.org>

### **Substance Abuse & Mental Health Services Administration Helpline – 1.800.662.4357**

SAMHSA's National Helpline, 1.800.662.HELP (4357), (also known as the Treatment Referral Routing Service) or TTY: 1.800.487.4889 is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations.

### **Thrive Counseling & Consulting, PLLC – (910) 483-5884**

Thrive Counseling & Consulting in Fayetteville, N.C., goals are to help you uncover your true potential and lead a life that is worth celebrating. We apply complementary therapy approaches and techniques to unearth long-standing behavior patterns or negative perceptions that may be holding you back from experiencing a more fulfilling and meaningful life. Whether you're looking for extra support and guidance through a challenging situation or you're just ready to move in a new direction in your life, we look forward to working with you to achieve your goals.

#### Services Provided

- Substance Misuse Center
- Alcohol Assessment
- Stress Management
- Grief Counseling
- Conflict Resolution
- PTSD Therapy
- Parenting Support
- Couples and Marriage Counseling
- Individual, Family, and & Child Therapy
- Depression & Anxiety Therapy

[www.thrive-pllc.com](http://www.thrive-pllc.com)

### **WB Healthcare – 910.843.1027**

WB Healthcare Services offers inpatient and outpatient therapy for mental health concerns. WB also offers a five-day-a-week comprehensive outpatient treatment and a three- (3) day-a-week intensive outpatient treatment for those suffering from substance use.

In nearby Red Springs, WB Healthcare provides outpatient drug rehabilitation, partial hospitalization/day treatment. Treatment Approaches include Individual Psychotherapy, Couple/family Therapy, Group Therapy, Cognitive/behavior Therapy, Behavior Modification, Dual Diagnosis Drug Rehab, Trauma Therapy, Telemedicine Therapy, Smoking/tobacco cessation counseling, and Vocational rehabilitation services.

<https://detoxrehab.org/center/w-b-healthcare/>

#### **UNCP Care Team – 910.775.4180**

The UNCP CARE Team is comprised of a group of campus employees who represent various offices who respond to reports about students who may be experiencing difficulties or crises. Alcohol and drug issues that are reported are investigated. If students need services, they are connected based on what they share after an initial contact has been made. If you know of persons who may be struggling with alcohol or other drug addiction, please send a CARE Alert via the link below.

[www.uncp.edu/campus-life/care-team](http://www.uncp.edu/campus-life/care-team)

#### **UNCP Counseling and Psychological Services – 910.521.6202**

The Department of Counseling and Psychological Services (CAPS) at UNCP offers a range of clinical mental health options including individual and group counseling, and medication management. We also have an Alcohol and Other Drug (AOD) specialist on staff to work with students who may be struggling with issues of addiction. Triage services are available from 9 a.m. to 3 p.m., Monday through Friday. These 30-minute sessions are focused on finding the services that best meet your needs.

Prevention Education Programs are offered throughout the year and address topics to include suicide prevention, substance use prevention, upstander intervention, stress management, mindfulness, student wellness, and mental health stigma.

[www.uncp.edu/campus-life/counseling-and-psychological-services](http://www.uncp.edu/campus-life/counseling-and-psychological-services)

#### **UNCP Student Health Services - 910.521.6219**

Student Health Services provides affordable, accessible and high-quality health care services to UNCP students through health promotion and disease prevention programs. Students dealing with the health-related complications from the use of alcohol and drugs are welcome to visit our center. Staffed by a nurse practitioner and several registered nurses, our dedicated staff will be able to administer healthcare services in the center or make appropriate referrals to other local agencies. SHS strives to meet the demonstrated needs of our diverse student population, in accordance with the core values, vision and mission of The University of North Carolina at Pembroke and the Division of Student Affairs.



## Employee of Concern 910-775-4341

### Employee of Concern Team

The UNCP employee of concern team is a multidisciplinary team that responds to all employee 'care' referrals. The team connects employees to relevant and appropriate resources and may investigate or elevate the concern as the need arises. Anyone concerned about an employee may notify the team by sending a notification to [employee.concerns@uncp.edu](mailto:employee.concerns@uncp.edu)

### Employee Assistance Program (EAP)

UNCP values all employees and takes their health and wellness seriously. The Office of Human Resources facilitates UNCP's Employee Assistance Program (EAP) through ComPsych Guidance Resources. ComPsych offers services for personal issues, planning for life events, or simply managing day-to-day tasks that may affect employees' work life, health, and family. Services are confidential and at no cost to UNCP employees and their immediate family members.

### Headspace Care

UNCP also coordinates Headspace Care which is accessed via an app offering confidential, on-demand emotional and mental health support for employees' life challenges through coaching via text-based chats, self-care activities, and video-based therapy and psychiatry—all from the privacy of your smartphone.

Coaches are available to chat 24/7, 365 days per year. Private video sessions with a therapist or psychiatrist are available outside of business hours on evenings and weekends.

## RELATED POLICIES

In addition to the UNCP Drug and Alcohol Abuse Policy, all UNCP students and employees are expected to know and adhere to the following policies:

- N.C. General Statute § 18B-302 - Sale To or Purchase By Underage Persons
- UNC Pembroke Alcohol Use at Public Events Policy
- UNC Pembroke Athletics Substance Education, Screening and Counseling Program
- UNC Pembroke Chemical Substance Abuse and Impairment Testing Policy for

## Nursing Students

- UNC Pembroke Code of Conduct
- UNC Pembroke Tailgating Policy
- UNC Pembroke Drug and Alcohol Policy
- UNC Pembroke Student Employment Policy
- UNC Pembroke Student Handbook Administrative Policies
- UNC Pembroke Student Government Constitution
- Clery Act
- Section 483 of the Federal Higher Education Amendments of 1998
- UNC Code Section 502 - Chancellors of Constituent Institutions
- UNC Code Section 603 - Due Process before Discharge or The Imposition of Serious Sanctions
- N.C. General Statute § 90-88 - Controlled Substances Act
- N.C. General Statute § 90-89 - Schedule I, Controlled Substances
- N.C. General Statute § 90-90 - Schedule II
- N.C. General Statute § 90-91 - Schedule III
- N.C. General Statute § 90-94 - Schedule VI
- N.C. General Statute § 14-35 - Hazing; Definition and Punishment
- 20 US Code § 1092 (f) - Institutional and Financial Assistance Information for Students
- U.S. Department of Education, Office of Postsecondary Education, The Handbook for Campus Crime Reporting
- Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act
- 34 Code of Federal Regulations §86.100 -
- North Carolina Alcoholic Beverage Control Commission.
- Administrative Memorandum 259
- UNC Policy 300.2.1 – Employees Exempt from the State Personnel Act
- UNC Policy 1300.1 - Illegal Drugs