1.01 Purpose

The Drug Free Schools and Communities Act requires an institution of higher education to certify to the U.S. Department of Education that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees in order to remain eligible for federal financial assistance of any kind. This policy is adopted by Oklahoma State University to comply with this statutory directive.

2.01 Policy

As set forth in local, state, and federal laws, and the rules and regulations of the University. Oklahoma State University prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees in buildings, facilities, grounds, or other property owned and/or controlled by the University or as part of University activities.

3.01 Internal Sanctions

Any student or employee of the University who has violated this prohibition shall be subject to disciplinary action including, but not limited to, suspension, expulsion, termination of employment, referral for prosecution and/or completion of an individual’s expense, of an appropriate rehabilitation program. Any disciplinary action shall be taken in accordance with applicable policies of the University.

4.01 External Sanctions

Local, state, and federal laws provide for a variety of legal sanctions for the unlawful possession and distribution of illicit drugs and alcohol. These sanctions include, but are not limited to, incarceration and monetary fines.

Federal law provides rather severe penalties for distributing or dispensing, or possessing with the intent to distribute or dispense, a controlled substance. The type and quantity of the drug, whether the convicted person is a first offender, and whether death or serious injury resulted from the use of the drug in question (this, however, is not a factor in a case of simple possession) all affect the sentence. For example, if less than 50 kilograms of marijuana are involved and it is your first offense (no prior convictions), then you are subject to imprisonment of not more than 5 years, a fine of $250,000, or both. If, however, 50-100 kilograms of marijuana are involved in addition to your first offense, instead of a fine of $250,000, you might be sentenced to a mandatory term of at least 20 years in prison and a fine of not more than $1,000,000, or both. With regard to simple possession, the number of convictions makes both the minimum period of imprisonment and fines greater. Under special provisions for possession of crack, a person may be sentenced to a mandatory term of at least 5 years in prison and not more than 20 years, a fine of $250,000, or both.

Since July 1, 2000, conviction under Federal or State law involving the possession or sale of a controlled substance makes a student ineligible to receive any grant, loan, or work assistance beginning with the date of conviction and ending as follows: (1) conviction for possession of a controlled substance: first offense – 1 year; second offense – 2 years; third offense – indefinite; (2) sale of a controlled substance: first offense – 2 years; second offense – indefinite, indefinitely. Students may regain eligibility earlier than specified by satisfactorily completing a rehabilitation program or other requirement as specified in the regulations.

State law provides similar penalties with regard to the simple possession, distribution, or possession with the intent to distribute a controlled dangerous substance. Possession of marijuana and other designated substances as set forth in Section 202 of the Controlled Substances Act (21 U.S.C., Sec. 812). Cocaine, marijuana, opiates, and any other drug or substance as designated by the University or as part of University activities.

5.01 Health Risks

Alcohol and other drug use can represent serious threats to health and quality of life. Alcohol and other drug use increase the risk of accidents, birth defects, HIV/AIDS, and other diseases. Combining drugs may lead to unpredictable effects. Many prescription and nonprescription drugs are potentially addictive and dangerous. Major categories of drugs and probable effects are below.

Cocaine | Crack is powerful central nervous system stimulants that constitute blood vessels, dilate pupils, increase blood pressure, and elevate heart rate. Cocaine use may induce restlessness, irritability, anxiety, paranoia, seizures, cardiac arrest, respiratory failure, and death. Cocaine can be smoked, snorted, or injected, but psychological and physically. Great risk exists whether cocaine is ingested by inhalation (snorting), injection, or smoking. Cocaine use may develop even more rapidly if the substance is smoked, and smoking crack cocaine can produce particularly aggressive paranoid behavior in users.

Date Rape Drugs (Robynol, rofl ultrasound, Robynol, Robynol, and Robynol (gamma-hydroxybutyrate) are characterized as “date rape” drugs because they incapacitate users, thereby increasing vulnerability to sexual assault and other crime. Sedation, relaxation, and amnesia are associated with Robynol use. Robynol may be psychologically and physically addictive and can cause death if mixed with alcohol or other depressants. Robynol use has been found to cause cardiotoxicity and respiratory failure may result in a case of methamphetamine, appears to cause an increased risk of seizure. Combining use with other drugs such as alcohol can result in nausea and vomiting but also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. Ketamine may induce feelings of near-death experiences.

Ecstasy (X, Adam, MDA, XTC, etc.) has amphetamine- like hallucinogenic properties. Its chemical structure is similar to other synthetic drugs known to cause brain damage. Ecstasy use may cause psychological difficulties including confusion, depression, sleep problems, drug craving, severe anxiety, paranoia, and even psychotic episodes. Similar difficulties may occur weeks after taking MDMA. Physical symptoms such as increased heart rate and blood pressure result from an increased output of other physical symptoms include muscle tension, blurred vision, nausea, rapid eye movement, and involuntary teeth clenching.

Hallucinogens (acid, PCP, LSD, psilocybin mushrooms, dextromethorphan [DXM]) are among the most potent mood-altering chemicals and may produce unpredictable effects that may impair coordination, perception, and cognition. Some LSD users experience flashbacks, often without warning, without the user having taken the drug again. Violence, paranoia, delusions, hallucinations, convulsions, coma, and respiratory failure may result from hallucinogen use. DXM is found in many cough syrups and pills. Effects range from euphoria to full dissolution to death.

Marijuana (pot, grass, hash, cannabis sativa, etc.) impairs memory, attention, coordination, and learning. Long-term effects of smoking mari- juana can cause problems with memory, learning, peripheral vision, decreased auditory acuity in thinking and problem solving, loss of coordination, increased heart rate, anxiety, and panic attacks. Persons who smoke marijuana regularly may have many of the same respiratory problems as tobacco smokers, including increased respiratory infections, bronchitis, and cough. Their lungs are frequently chest colds. Because users of marijuana deeply inhale and hold marijuana smoke in their lungs, they incur a higher risk of getting lung cancer.
Narcotics (heroin, opium, morphine, codeine, pain medication (Demerol, Percodan, Lortab, etc.)) may produce temporary euphoria followed by depression, drowsiness, cognitive impairment, and vomiting. Narcotic use may cause convulsions, coma, and death. Tolerance and dependence tend to develop rapidly. Using contaminated syringes to inject drugs may result in contracting HIV and other infectious diseases such as hepatitis.

Nicotine (tobacco, cigarettes, cigars, chewing tobacco, nicotine chewing gum and patches) is highly addictive, and, according to the Surgeon General, is a major cause of stroke and is the third leading cause of death in the United States. Over time, higher levels of nicotine must be consumed to achieve the same effect. Nicotine consumption results in central nervous system sedation and after initial activation, may cause drowsiness and depression. If women smoke cigarettes and also take oral contraceptives, they are more prone to cardiovascular and cerebrovascular diseases than are other smokers. Pregnant women who smoke cigarettes run an increased risk of having stillborn or premature infants or infants with low birth weight.

Sedatives (hypnotics) (depressants, Quaaludes, Valium, Xanax, etc.) depress central nervous, cardiovascular, and respiratory functions. Sedative-hypnotics use may lower blood pressure, slow reactions, and distort reality. Convulsions, coma, and death are outcomes associated with sedative-hypnotics use. Consuming sedative-hypnotics with alcohol or 3.2 beer is especially dangerous.

Stimulants (amphetamine, methamphetamine, speed, crystal, crank, Ritalin, ephedra, caffeine, various over-the-counter stimulants and diet aids) are powerful central nervous system stimulants that may increase agitation, physical activity, and anxiety. Stimulants may decrease appetite, dilate pupils, and cause sleeplessness. Dizziness, higher blood pressure, paranoia, mood disturbance, hallucination, dependence, convulsions, and death due to stroke or heart failure may also result from use.

References: National Institute on Drug Abuse, National Institute of Health

www.nida.nih.gov

6.01 Alcohol | Drug Treatment Resources

Oklahoma State University Alcohol and Substance Abuse Center and the Employee Assistance Program offer counseling and referral sources for OSU students and employees. Additional treatment and informational resources appear below.

Center for Substance Abuse Treatment Information and Referral Line 1-800-662-HELP (4357)

www.drughelp.org

National Council on Alcoholism and Drug Dependence

Hope Line 1-800-662-2255, 24-hours a day

National Institute on Drug Abuse

National Institutes of Health 1-800-729-6686

www.nida.nih.gov

Reach-Out Hotline 1-800-522-9054

Alcohol | Drug | Domestic Violence | Sexual Assault | Rape Crisis Intervention | Mental Health Referral

OSU and Tulsa-Area Resources

Employee Assistance Program 127 Seretean Wellness Center, OSU, Stillwater 405-744-6415

OSU-Tulsa Employee Assistance Program Family and Children Services 918-597-9471

Counseling Services OSU-Tulsa Main Hall 2403 918-594-8277

Partnership for a Drug-Free Oklahoma 1560 East 21st Street Suite 210 Tulsa, OK 74114 918-749-8800

Alcohol Anonymous Tulsa Chapter 4853 S. Sheridan, Suite 612 Tulsa, OK 74145 918-627-2224 (24 hours)

Narcotics Anonymous Tulsa Chapter 918-747-0017

Mental Health Association 1870 South Boulder Tulsa, OK 74119 918-585-1213

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