

Catawba Valley Community College Drug-Free Schools and Communities Act

Introduction

Catawba Valley Community College complies with The Federal Drug-Free Schools and Communities Act Regulations [EDGAR Part 86]. These regulations include the following:

1. Standards of conduct that clearly prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on the school's property or as part of the school's activities;
2. A description of the sanctions under local, state, and federal law for unlawful possession, use, or distribution of illicit drugs and alcohol;
3. A description of the health risks associated with the use of illicit drugs and alcohol;
4. A description of any drug and alcohol counseling, treatment, or rehabilitation programs available to students and employees; and
5. A clear statement that the school will impose sanctions on students and employees for violations of the standards of conduct (consistent with local, state, and federal law) and a description of these sanctions, up to and including expulsion, termination, of employment, and referral for prosecution.

The required information will be distributed to all students and employees by the following methods:

- All new curriculum students receive this information when they are admitted to the College.
- All curriculum students receive this information when they register for classes. All continuing education students will receive notification by USPS mail about where to find this information.
- This information is included in the Annual Security Report.
- This information is posted on the CVCC website on the [Safety and Security](#) page

Catawba Valley Community College conducts a biannual review of this program in accordance with the regulations.

1 - Standards of Conduct

The following CVCC policies refer to standards of conduct that prohibit the unlawful possession, use, or distribution of drugs and alcohol by students on CVCC campuses/sites or as part of CVCC activities. CVCC is committed to providing a drug-free learning and working environment. From a safety perspective, the use of drugs or alcohol may impair the well-being of students, employees, and visitors, interfere with the College's educational environment, and result in damage to College property.

Policy 4.11 Alcoholic Beverages

Please read the CVCC [Policy 4.11 Alcoholic Beverages](#).

Policy 4.12 Illegal Drugs/Controlled Substances

Please read the CVCC Policy [4.12 Illegal Drugs/Controlled Substances](#).

2 - Legal Sanctions and Penalties

Local, state, and federal laws provide a variety of legal sanctions and penalties for the unlawful possession, use, or distribution of alcohol and/or illicit drugs. These sanctions include, but are not limited to, incarceration and monetary fines. The illegal or abusive use of drugs and/or alcohol by students or employees may result in criminal prosecution by governmental agencies in addition to disciplinary action by the College. Status as a student or employee of the College in no way insulates a law breaker from criminal prosecution and punishment. The constitutional concept of “double jeopardy” does not prevent state and/or federal prosecution and College disciplinary action for conduct that violates state, or federal law and College policy.

Student Sanctions

Student Behavior Sanctions are designed to educate students, guide future decision-making and deter further inappropriate behavior. Students found in violation of [Policy 3.18: Student Code of Conduct](#) will be challenged to evaluate their behavior and reflect on their actions and the effects on the campus community. Sanctions may include warning, probation, suspension, expulsion, and/or referral for prosecution.

Local, State and Federal Legal Sanctions

Alcohol

North Carolina General Statutes, section 188-102, states the general rule relating to the possession, distribution and use of alcoholic beverages in North Carolina: “Unless a different punishment is otherwise expressly stated, any person who violates any provision of this Chapter shall be guilty of a misdemeanor and upon conviction shall be punished by a fine, by imprisonment for not more than two years, or both....” Local laws and ordinances and College regulations are preempted by state laws regarding regulation of alcoholic beverages.

North Carolina Underage Alcohol Penalties

According to NC Statute 20-138.3, a minor (under 21 years of age) cannot legally consume, purchase, or possess alcohol in North Carolina. This law also extends to minors operating a vehicle in the state, should they consume alcohol or have any traces remaining in their bloodstream. There are various penalties associated with a violation to the law, whether it is the minor or an adult who assists a minor in alcohol consumption. Here’s what you need to know about the consequences, sentences, and unique exceptions for underage drinking convictions.

Underage DWI Laws can be found on the [North Carolina Minor in Possession of Alcohol: Laws and Penalties](https://www.criminaldefenselawyer.com/resources/criminal-defense/crime-penalties/north-carolina-minor-possession-alcohol-charges-) page. (https://www.criminaldefenselawyer.com/resources/criminal-defense/crime-penalties/north-carolina-minor-possession-alcohol-charges-)

In addition to charged fines and community punishment, offenders (minors and adults) will also have conviction reports sent to the Division of Motor Vehicles. This can result in revoked driver’s licenses or limited driving privileges depending on the situation.

North Carolina DWI policies can be found on the [Driving While Impaired: Information Concerning Alcohol and Driving While Impaired](https://www.ncdps.gov/our-organization/law-enforcement/state-highway-patrol/faq/driving-while-impaired) page. (https://www.ncdps.gov/our-organization/law-enforcement/state-highway-patrol/faq/driving-while-impaired)

Illicit Drugs

The Federal Controlled Substances Act (21 U.S.C.A. 841, et seq.) provides "first-offense" penalties of up to 15 years' imprisonment and fines of up to \$25,000 for unlawful distribution or possession with intent to distribute narcotics. For unlawful possession of a controlled substance, a person is subject to up to five years of imprisonment and fines of up to \$15,000. Any person who unlawfully distributes a controlled substance after a prior conviction or to a person under 21 years of age or within 1,000 feet of the university campus may be punished by up to twice the term of imprisonment and fine otherwise authorized by law.

North Carolina law provides that any person who violates the criminal statutes by selling, distributing or manufacturing opiates and narcotics such as cocaine and heroin, shall be guilty of a Schedule I or II drug offense.

For a Schedule I or II substance, the crime is a Class H felony punishable by maximum imprisonment of 10 years and/or a fine. Any person who sells, distributes, or manufactures substances such as barbiturates, depressants, stimulants, or marijuana shall be guilty of a Schedule III, IV, V or VI drug offense. This crime constitutes a Class I felony punishable by maximum imprisonment of five years and/or a fine. Possession of a Schedule I substance constitutes a Class I felony. Possession of a substance classified in Schedules II, III or IV constitutes a misdemeanor punishable by maximum imprisonment of two years and/or a \$2,000

fine (or a Class I felony if quantity is sufficiently large). Possession of a substance classified in Schedule V constitutes a misdemeanor punishable by maximum imprisonment of six months and/or a \$500 fine. Possession of a Schedule VI substance is a misdemeanor punishable by maximum imprisonment of 30 days and/or a \$100 fine.

» [North Carolina Drug Schedules, Controlled Substances, and Penalties for Possession](https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5.html) (https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5.html)

» [Federal Illicit Drugs Sanctions and Penalties](https://www.iwu.edu/counseling/Federal_Drug_Laws.htm) (https://www.iwu.edu/counseling/Federal_Drug_Laws.htm)

3 - Health Risks

According to the National Institute of Drug Abuse (NIDA), the following are risks associated with drugs and alcohol abuse.

Information regarding health risks associated with drug and alcohol abuse was obtained from the [National Institute of Drug Abuse \(NIDA\)](https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts) website. (https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts) (website last visited on 08/31/18).

Drug Abuse

The following is a list of the most frequently used drugs and the risks associated with their use.

1. **Cannabinoids** (marijuana and hashish)
 - Acute Effects - Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory; anxiety; panic attacks; psychosis
 - Health Risks - Cough, frequent respiratory infections; possible mental health decline; addiction

2. **Opioids** (heroin and opium)
 - Acute Effects - Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing
 - Health Risks - Constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose
3. **Synthetic Opioids** (Fentanyl and fentanyl analogs)
 - Acute Effects - Abused for their intense, albeit short-term high and temporary feelings of euphoria.
 - U-47700 - "pink" - Nearly eight times stronger than morphine
 - Fentanyl – 25 to 40 times more potent than heroin and 50 to 100 times more potent than morphine
 - Carfentanil – “Gray Death” - 100 times more potent than fentanyl and 10,000 times more potent than morphine.
 - Acrylfentanyl and Tetrahydrofuran fentanyl- can be absorbed through the skin and are considered highly dangerous; more resistant to the overdose antidote, naloxone
4. **Stimulants** (cocaine, amphetamine, and methamphetamine)
 - Acute Effects - Increased heart rate, blood pressure, body temperature, metabolism; feelings of exhilaration; increased energy, mental alertness; tremors; reduced appetite; irritability; anxiety; panic; paranoia; violent behavior; psychosis
 - Health Risks - Weight loss, insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction
 - Also, for cocaine – Nasal damage from snorting
 - Also, for methamphetamine – Severe dental problems
5. **Club Drugs** (MDMA-methylenedioxy-methamphetamine [also known as: Ecstasy, Adam, clarity, Eve, lover's speed, peace, uppers]; Flunitrazepam [also known as: Rohypnol: forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinol, rope, rophies]; GHB [also known as: Gammahydroxybutyrate: G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X])
 - Acute Effects, for MDMA - Mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping
 - Also, for Flunitrazepam - Sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination
 - Also, for GHB - Drowsiness; nausea; headache; disorientation; loss of coordination; memory loss
 - Health Risks, for MDMA - Sleep disturbances; depression; impaired memory; hyperthermia; addiction
 - Also, for Flunitrazepam - Addiction
 - Also, for GHB - Unconsciousness; seizures; coma
6. **Dissociative Drugs** (Ketamine [also known as: Ketalar SV: cat Valium, K, Special K, vitamin K]; PCP and analogs [also known as: Phencyclidine: angel dust, boat, hog, love boat, peace pill]; Salvia divinorum [also known as: Salvia, Shepherdess's Herb, Maria Pastora, magic mint, Sally-D]; Dextrometh-orphan (DXM) [also known as: cough and cold medications: Robotripping, Robo, Triple C])
 - Acute Effects - Feelings of being separate from one's body and environment; impaired motor function

- Also, for ketamine - Analgesia; impaired memory; delirium; respiratory depression and arrest; death
 - Also, for PCP and analogs - Analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations
 - Also, for DXM - Euphoria; slurred speech; confusion; dizziness; distorted visual perceptions
 - Health Risks - Anxiety; tremors; numbness; memory loss; nausea
7. **Hallucinogens** (LSD [also known as: Lysergic acid diethylamide: acid, blotter, cubes, microdot yellow sunshine, blue heaven]; Mescaline [also known as: buttons, cactus, mesc, peyote]; Psilocybin [also known as: Magic mushrooms, purple passion, shrooms, little smoke])
- Acute Effects - Altered states of perception and feeling; hallucinations; nausea
 - Also, for LSD - Increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion
 - Also, for Mescaline - Increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness, dizziness, weakness, tremors; impulsive behavior; rapid shifts in emotion
 - Also, for Psilocybin - Nervousness; paranoia; panic
 - Health Risks, for LSD - Flashbacks, Hallucinogen Persisting Perception Disorder
8. **Other Compounds** (Anabolic steroids [also known as: Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise: roids, juice, gym candy, pumpers]; Inhalants [also known as: Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isoamyl, isobutyl, cyclohexyl): laughing gas, poppers, snappers, whippets])
- Acute Effects, for Anabolic steroids - No intoxication effects
 - Also, for Inhalants (varies by chemical) - Stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing.
 - Health Risks, for Anabolic steroids - Hypertension; blood clotting and cholesterol changes; liver cysts; hostility and aggression; acne; in adolescents—premature stoppage of growth; in males—prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females—menstrual irregularities, development of beard and other masculine characteristics.
 - Also, for Inhalants - Cramps; muscle weakness; depression; memory impairment; damage to cardiovascular and nervous systems; unconsciousness; sudden death.

Prescription Drug Abuse

Commonly abused classes of prescription drugs include opioids (for pain), central nervous system (CNS) depressants (for anxiety and sleep disorders), and stimulants (for ADHD and narcolepsy).

1. **Depressants** (Barbiturates, Benzodiazepines, and sleep medication)
 - Intoxication Effects - Sedation/drowsiness, reduced anxiety, feelings of well-being, lowered inhibitions, slurred speech, poor concentration, confusion, dizziness, impaired coordination and memory.

- Potential Health Consequences - lowered blood pressure, slowed breathing, tolerance, withdrawal, addiction; increased risk of respiratory distress and death when combined with alcohol.
 - Also, for Barbiturates - Euphoria, unusual excitement, fever, irritability/life-threatening withdrawal in chronic users.
2. **Opioids and Morphine Derivatives** (Codeine, Morphine, Methadone, Oxycodone, pain relievers)
- Intoxication Effects - Pain relief, euphoria, drowsiness, sedation, weakness, dizziness, nausea, impaired coordination, confusion, dry mouth, itching, sweating, clammy skin, constipation
 - Potential Health Consequences - slowed or arrested breathing, lowered pulse and blood pressure, tolerance, addiction, unconsciousness, coma, death; risk of death increased when combined with alcohol or other CNS depressants
 - Also for oxycodone - muscle relaxation/twice as potent analgesic as morphine; high abuse potential
 - Also for codeine - less analgesia, sedation, and respiratory depression than morphine
 - Also for methadone - used to treat opioid addiction and pain; significant overdose risk when used improperly
 - Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms. Injection is a more common practice for opioids, but risks apply to any medication taken by injection.
3. **Stimulants** (Amphetamines, and Methylphenidate)
- Intoxication Effects - Feelings of exhilaration, increased energy, mental alertness
 - Potential Health Consequences - increased heart rate, blood pressure, and metabolism, reduced appetite, weight loss, nervousness, insomnia, seizures, heart attack, stroke
 - Also, for amphetamines - rapid breathing, tremor, loss of coordination, irritability, anxiousness, restlessness/delirium, panic, paranoia, hallucinations, impulsive behavior, aggressiveness, tolerance, addiction
 - Also, for methylphenidate - increase or decrease in blood pressure, digestive problems, loss of appetite, weight loss
4. **Other Compounds** (Dextromethorphan – found in cough and cold medicines, Robotripping)
- Intoxication Effects - Euphoria, slurred speech
 - Potential Health Consequences - increased heart rate and blood pressure, dizziness, nausea, vomiting, confusion, paranoia, distorted visual perceptions, impaired motor function

Nicotine Abuse

Nicotine is readily absorbed into the bloodstream when a tobacco product is chewed, inhaled, or smoked. A typical smoker will take 10 puffs on a cigarette over a period of 5 minutes that the cigarette is lit. Thus, a person who smokes about 1½ packs (30 cigarettes) daily gets 300 “hits” of nicotine each day. Upon entering the bloodstream, nicotine immediately stimulates the adrenal glands to release the hormone epinephrine (adrenaline). Epinephrine stimulates the central nervous system and increases blood pressure, respiration, and heart rate. Like cocaine,

heroin, and marijuana, nicotine increases levels of the neurotransmitter dopamine, which affects the brain pathways that control reward and pleasure. For many tobacco users, long-term brain changes induced by continued nicotine exposure result in addiction—a condition of compulsive drug seeking and use, even in the face of negative consequences. Studies suggest that additional compounds in tobacco smoke, such as acetaldehyde, may enhance nicotine's effects on the brain. When an addicted user tries to quit, he or she experiences withdrawal symptoms including irritability, attention difficulties, sleep disturbances, increased appetite, and powerful cravings for tobacco.

Alcohol Abuse

Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. Alcohol is produced by the fermentation of yeast, sugars, and starches. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. A standard drink equals 0.6 ounces of pure ethanol, or 12 ounces of beer; 8 ounces of malt liquor; 5 ounces of wine; or 1.5 ounces (a "shot") of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey). Alcohol affects every organ in the drinker's body and can damage a developing fetus. Intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke, and liver disease. Alcoholism or alcohol dependence is a diagnosable disease characterized by a strong craving for alcohol, and/or continued use despite harm or personal injury. Alcohol abuse, which can lead to alcoholism, is a pattern of drinking that can result in harm to one's health, interpersonal relationships, or ability to work.

4 - Programs and Resources

CVCC provides programming during the academic year on a variety of issues. Alcohol and drug abuse are two topics that are frequently included.

CVCC does not provide personal counseling services. Students are referred to community resources. These resources are listed below:

Suicide Prevention

National Suicide Prevention Lifeline, 1 (800) 273-TALK (8255)

Substance Abuse/Mental Health

Catawba Valley Behavioral Healthcare, (828) 695-5900

[Cognitive Connection Counseling Group](https://www.thecogcon.com/) (https://www.thecogcon.com/), (828) 327-6026

[Exodus Homes](http://www.exodushomes.com/) (http://www.exodushomes.com/), (828) 324-4870

Family Guidance Center, 17 NC Hwy 70 SE Hickory, NC 28602 Phone (828) 322-1400

Flynn Home, (828) 324-8767

[Hickory Area Recovery Resource Site](http://hickoryarea-recovery.org/) (http://hickoryarea-recovery.org/)

Hickory Psychiatric Center, 24 2nd Avenue NE Hickory, NC 28601, (828) 324-9900

[Integrated Care of Greater Hickory, Inc.](https://www.integratedcarehickory.com/) (https://www.integratedcarehickory.com/), (828) 322-5915

[McLeod Addictive Disease Center](http://www.mcleodcenter.com/) (http://www.mcleodcenter.com/), (828) 464-1172 or toll-free 1 (855) 824-9458

Mental Health Services of Catawba County, 1985 Tate Blvd. SE, Suite 529, Hickory, NC 28602, (828) 327-2595

New Directions Counseling Services, 201 Government Ave, SW, Ste. 305, Hickory, NC 28602, (828) 267-1740

Partners Behavioral Health Management, (828) 327-2595

Psychiatry Catawba Valley Psychiatric Services, 1120 Fairgrove Church Rd SE, Hickory, NC 28602 (828) 326-2828

Rudy Santoso, MD, 1019 Lenoir Rhyne Blvd., Hickory, NC 28601, (828) 324-4143

[Safe Harbor](http://www.safeharbornc.org) (<http://www.safeharbornc.org>), (828) 326-7233

The Counseling Group, 106 3rd Ave NE Hickory NC, 28601 (828) 322-9130

5 - Disciplinary Sanctions

Consistent with federal, state, and local laws, CVCC will impose sanctions on students and employees for violation of College policies and standards of conduct, up to and including expulsion, termination, and referral for prosecution.