

# **DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM HANDBOOK**



**WALLACE COMMUNITY COLLEGE**

**DOTHAN  
EUFAULA**

**2017-2019**

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*Wallace Community College affords equal opportunity to all employees and applicants for admission or employment regardless of race, color, gender, religion, national origin, age, or disability. WCC will make reasonable accommodations for persons with disabilities.*

Revised Dec. 2016

## **DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM**

### **WALLACE COMMUNITY COLLEGE**

#### **I. INTRODUCTION**

It is the policy of WALLACE COMMUNITY COLLEGE that annually, the information contained in this document shall be made available to each student and employee of WALLACE COMMUNITY COLLEGE.

It is further the policy of WALLACE COMMUNITY COLLEGE that beginning May of 1991 and every other year thereafter, a committee assigned by the president of WALLACE COMMUNITY COLLEGE shall review its Drug and Alcohol Abuse Prevention Program and shall

1. determine the effectiveness of its program and report to the president any revisions needed by the program to make it more effective; and
2. ensure that the standards of conduct described in part II hereof are fairly and consistently enforced; and
3. submit a written report to the president stating the findings and recommendations of the committee.

The president or designee shall implement, the committee's recommended revisions as he/she shall deem appropriate and reasonable.

#### **II. STANDARDS OF CONDUCT AND ENFORCEMENT THEREOF**

The College is a public educational institution of the State of Alabama and, as such, shall not allow on its premises, or at any activity it sponsors, the possession, use, or distribution of any alcoholic beverage or any illicit drug by any student, employee, or visitor. In the event of confirmation of such prohibited possession, use, or distribution by a student or employee, the College shall, within the scope of applicable federal and state due process requirements, take such administrative or disciplinary action as is appropriate. For a student, the institutional disciplinary action may include, but is not limited to, reprimand, probation, voluntary withdrawal, suspension, expulsion. For an employee, such administrative or disciplinary action may include, but is not limited to, reprimand, suspension, or termination of employment or requirement that the employee participate in and/or successfully complete an appropriate rehabilitation program.

Additionally, any employee or student, engaging in any behavior prohibited by this policy which is also a violation of federal, state, or local law or ordinance, shall be subject to referral to law enforcement officials for arrest and prosecution.

Any visitor engaging in any act prohibited by this policy shall be called upon to immediately cease such behavior and shall be subject to other sanctions including being banned from campus and referral to law enforcement officials for arrest and prosecution.

For detailed information concerning drug and alcohol abuse programs, contact the student affairs office at any college location.

### **III. LEGAL SANCTIONS REGARDING UNLAWFUL USE, POSSESSION, OR DISTRIBUTION OF ALCOHOLIC BEVERAGES AND ILLICIT DRUGS\***

#### **A. State Offenses**

Activities which violate Alabama laws concerning illicit possession, use, and distribution of alcoholic beverages or drugs include, but are not limited to the following. (Those provisions which refer to drug “schedules” are making reference to the authorization by the state legislature for the State Board of Health to classify drugs in terms of their potential for abuse and their current usage in medical treatment. Schedule I consists primarily of “street drugs” such as heroin, morphine, marijuana, LSD, mescaline, etc. Schedule II includes opium, cocaine, and methadone, among other illicit drugs. Schedule III drugs include those which have less potential for abuse than Schedule I or II, and those substances with the least potential for abuse are included in Schedules IV and V. The schedules may be found at Code of Alabama [1975], sec. 20-2-23, et seq.) Fines and/or sentences may change.

1. Public intoxication is punishable by up to 30 days in jail. (Code of Alabama [1975] (hereafter referred to as Code), sec. 13A-11-10.)
2. Possession, consumption, or transportation of an alcoholic beverage by a person of less than 21 years of age is punishable by a fine of \$25-\$100 or a 30-day jail term. (Code, sec. 28-1-5.)
3. Possession or distribution of an alcoholic beverage in a dry county is punishable by a fine of \$50-\$100 and, in the discretion of the judge, a jail sentence of up to six (6) months. (Code, sec. 28-4-20, et seq.)

4. Possession of an alcoholic beverage illegally manufactured or illegally brought into the state of Alabama is punishable by a fine of \$100-\$1,000 plus, in the discretion of the judge, a jail sentence of up to six (6) months. (Code, sec. 28-1-1.)
5. Driving or being in actual physical control of a vehicle while under the influence of alcohol or other drugs is punishable, upon the first conviction, by a fine of \$250-\$1,000 and/or one year in jail plus suspension of driver license for ninety days. (Code, sec. 32-5A-191.)
6. Possession of marijuana for personal use is punishable by a fine of up to \$2,000 and/or a jail sentence of up to one (1) year. (Code, sec. 13A-12-214.)
7. Possession of marijuana for other than personal use is punishable by a fine of up to \$5,000 and a prison sentence of not more than ten (10) years. (Code, sec. 13A-12-213.)
8. The selling, furnishing, or giving away, manufacturing, delivery or distribution of a controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$10,000 and/or a prison term of not more than twenty (20) years. (Code, sec. 13A-12-211.)
9. The selling, furnishing, or giving by a person 18 years or older to a person under the age of 18 years any controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$20,000 and/or a prison term of up to life. (Code, sec. 13A-12-215.)
10. Possession of a controlled substance enumerated in Schedules I-V is punishable by a fine of not more than \$5,000 and/or a prison term of not more than ten (10) years. (Code, sec. 13A-12-212.)
11. Conviction for an unlawful sale of a controlled substance or, within a three-mile radius of an educational institution, brings with it an additional penalty of five (5) years of imprisonment with no provision for parole. (Code, sec. 13A-12-250.)
12. The use, or possession with intent to use, of drug paraphernalia is punishable by up to three (3) months in jail and/or a fine of up to \$500. (Code, sec. 13A-12-260.)

13. The sale or delivery of or possession with the intent to sell or deliver, drug paraphernalia is punishable by not more than ten (10) years in prison and/or a fine of up to \$5,000. If the delivery or sale is to a person under 18 years of age, it is punishable by up to twenty (20) years in prison and/or a fine of up to \$10,000. (Code, sec. 13A-12-260.)

Penalties for subsequent violations of the above-described provisions are progressively more severe than the initial convictions.

## **B. Federal Offenses**

Activities which violate federal laws concerning illicit possession, use, and distribution of alcoholic beverages and drugs include, but are not limited to, the following:

21 U.S. Code 841 makes it a crime (a) to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance; or (b) to create, distribute, or dispense, or possess with intent to distribute or dispense, a counterfeit substance.

(The U. S. Code establishes and authorizes the U. S. Attorney General to revise as needed, classifications of controlled substances. The drugs are each classified in one or more of five “schedules,” Schedule I being comprised essentially of “street drugs” and Schedule V being comprised of drugs with a “low potential for abuse” when compared with drugs in schedules I-IV. Examples of Schedule I drugs are heroin and marijuana. PCP, for example, is a Schedule II drug. Amphetamine is a Schedule III drug, while Barbitol is a Schedule IV drug. An example of a Schedule V drug would be a prescription medication with not more than 200 mg. of codeine per 100 grams.)

The penalties for a first offense conviction of violating the laws described in items (a) and (b) above are as follows:

1. In the case of a Schedule I or II drug which is a narcotic drug, not more than fifteen (15) years in prison, a fine of not more than \$25,000, or both.
2. In the case of a Schedule I or II drug which is not a narcotic drug or in the case of a Schedule III drug, not more than five (5) years in prison, a fine of not more than \$15,000, or both.
3. In the case of a Schedule IV drug, not more than three (3) years in prison, a fine of not more than \$10,000, or both.

4. In the case of a Schedule V drug, not more than one (1) year in prison, a fine of not more than \$5,000, or both.
5. Notwithstanding subparagraphs (1) through (4) above, the distribution of a small amount of marijuana for no remuneration is punishable by imprisonment of not more than one (1) year and/or a fine of not more than \$5,000.
6. Notwithstanding subparagraphs (1) through (4) above, the manufacture, possession, or distribution, or intent to manufacture, possess, or distribute phencyclidine (PCP, “angel dust”) is punishable by up to ten (10) years in prison and/or a fine of not more than \$25,000.

Penalties for subsequent violations of these provisions are progressively more severe than for initial convictions.

\*Penalties, laws, and statutes may change without notice.

### **C. Local Ordinances**

Refer to state and federal offenses.

## **IV. HEALTH RISKS OF DRUG AND ALCOHOL USE AND ABUSE**

The following is a list of some of the health risks and symptoms associated with the following categories of substances. It is not intended to be the final word on such health risks, since the scientific and medical communities will continue their research into and discoveries concerning the abusive use of drugs and alcohol.

### **A. Cannabis**

1. Cannabis includes marijuana, hashish, hashish oil, and tetrahydrocannabinol (THC).
2. Regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car.

Research also shows that students do not retain knowledge when they are “high.” Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of the users’ lives.

## **B. Cocaine**

1. Cocaine includes the powder form and “crack” in crystalline or pellet form.
2. Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with unsterile equipment can cause AIDS, hepatitis, and other diseases. Preparation of freebase, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The physical effects include dilated pupils, increased pulse rate, elevated blood pressure, onset of insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures.

The use of cocaine can cause death by disrupting the brain’s control of the heart and respiration.

## **C. Other Stimulants**

1. Other stimulants include amphetamines and methamphetamines (“speed”); phenmetrazine (Preludin); methylphenidate (Ritalin); and “anorectic” (appetite suppressant) drugs such as Didrex, Pre-Sate, etc.

2. Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feelings of restlessness, anxiousness, and moodiness. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

#### **D. Depressants**

1. Depressants include such drugs as barbiturates, methqualone (Quaaludes), and tranquilizers such as Valium, Librium, Equanil, Miltown, etc.
2. The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.



## **E. Narcotics**

1. Narcotics include such substances as heroin, morphine, opium, and codeine as well as methadone, meperidine (Demerol), hydromorphone (Dilaudid), and such drugs as Percocet, Percodan, Darvon, Talwin, etc.
2. Narcotics initially produce a feeling of euphoria, often followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possibly death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

## **F. Hallucinogens**

1. Hallucinogens include phencyclidine (“PCP”), lysergic acid diethylamide (“LSD”), mescaline, peyote, and psilocybin.
2. Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last 6 months to a year, following prolonged daily use. Mood disorders – depression, anxiety, and violent behavior – also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, heart and lung failure, or ruptured blood vessels in the brain.

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body

temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, or psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

## **G. Inhalants**

1. Inhalants include such substances as nitrous oxide (“laughing gas”), amyl nitrite, butyl nitrite, chlorohydrocarbons (used in aerosol sprays), and hydrocarbons (found in gasoline, glue, and paint thinner).
2. Immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain hemorrhage.

Deeply inhaling the vapors or using large amounts over a short period of time may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

## **H. Designer Drugs**

1. Designer drugs include analogs of fentanyl and analogs of meperidine (synthetic heroin), analogs of amphetamines and methamphetamines (such as “Ecstasy”), and analogs of phenethylamine.
2. Illegal drugs are defined in terms of their chemical formulas. Underground chemists modify the molecular structure of certain illegal drugs to produce analogs known as designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.

The narcotic analogs can cause symptoms such as those seen in Parkinson's disease – uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogues of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. As little as one dose can cause brain damage. The analogues of phenethylamine cause illusions, hallucinations, and impaired perception.

## **I. Alcohol**

1. Ethyl alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits.
2. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, unconsciousness, or death, depending on how much is consumed and how fast it is consumed.

Alcohol is a “psychoactive,” or mind-altering, drug. Like narcotics and tranquilizers, it can alter moods, cause changes in the body, and become habit-forming. Alcohol depresses the central nervous system, and too much can cause slowed reactions, slurred speech, and unconsciousness.

Chronic use of alcohol has been associated with such diseases as alcoholism and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse can also lead to damage to the brain, pancreas, and kidneys; high blood pressure, heart attacks, and strokes; hepatitis and cirrhosis of the liver; stomach and duodenal ulcers; colitis; impotence and infertility; and premature aging. Abuse of alcohol has also been linked to birth defects and fetal alcohol syndrome.

## **V. WHERE TO GET ASSISTANCE**

Help is available for persons in need of counseling or other treatment for substance abuse. Listed below are several agencies and organizations which can assist persons in need of such services.

### **A. On Campus Assistance**

College counseling services are available at Wallace Community College to all students and employees of the college. Information on substance abuse is available, as well as information on and assistance in obtaining counseling or other treatment. The following are contacts at the various locations:

- Wallace Campus - Counseling Office, (334)556-2281 or (334)556-2294
- Sparks Campus - Coordinator, Student Services, (334)687-3543, Ext. 4270

## **B. National Toll-free Hotlines**

1-800-662-HELP, (M-F, 8:30 a.m. – 4:30 p.m.)  
Federal Substance Abuse and Mental Health Referral Line

1-800-622-2255

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

National Council on Alcoholism and Drug Dependence

Online help - [www.drughelp.org](http://www.drughelp.org)

## **C. Local Information and Reference Numbers**

SpectraCare:

Barbour County Clinic (334) 687-2323  
133 N. Orange Ave  
Eufaula, Alabama 36027

SpectraCare:

Dale County Clinic (334) 774-9112  
134 Katherine Avenue  
Ozark, Alabama 36360

SpectraCare:

Geneva County Clinic (334) 684-9615  
306 South Academy  
Geneva, Alabama 36340

SpectraCare:

Henry County Clinic (334) 585-5331  
219 Dothan Road  
Abbeville, Alabama 36310

SpectraCare:

Wiregrass Mental Health System (334) 794-0731  
134 Prevatt Road  
Dothan, Alabama 36302

The Haven	(334) 794-3771
905 John D. Odom Road	(334) 794-0907
Dothan, Alabama 36303	

#### **D. Treatment Facilities**

The treatment facilities shown below provide either alcohol (A), or alcohol and drug (A/D) treatment on an outpatient, residential, or inpatient basis. Outpatient care generally consists of counseling and other therapy on a periodic basis, such as twice-a-week. Inpatient services include such treatment as detoxification and short-term hospital care. Residential services include residing (generally from one to six months) at a treatment facility and participating in such therapeutic activities as lectures, group counseling, individual counseling, and self-analysis.

Some of the listed facilities are private, and some are public. In most instances, the care offered at a public facility is less expensive than similar services offered at private facilities. However, many health and hospitalization insurance policies include coverage for substance abuse treatment. There are also situations in which private facilities are provided public funding to offer services to eligible clients who would not otherwise be able to afford such services.

Alcohol and Drug Abuse Treatment Centers, Inc. 2701 Pearson Hall Birmingham, AL 35211	(205) 923-6552
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Alcoholics Anonymous 112 N. Herring Dothan, AL 36303	(334) 792-3422
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Aletheia House-Women Only 4246 Fifth Ave. South Birmingham, AL 35222	(205) 279-3999
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Anniston Fellowship House Inc. 106 East 22nd Street Anniston, AL 36201	(888) 210-8237
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Birmingham Healthcare Six Centers Birmingham, AL 35203	(205) 212-5600
Emergency Number	(205) 941-4690
Birmingham Metro Treatment Center Limited Partnership 151 Industrial Dr. Birmingham, AL 35211	(205) 941-1739
Bradford Health Services Birmingham Regional Office Jefferson 300 Century Park South, Ste. 100 Birmingham, AL 35226	(800) 293-7191 (205) 942-3200
Bradford Health Services 850 Brookstone Center Parkway Suite 100 Columbus, GA 31904	(888) 577-0012
Bradford Health Services Dothan Regional Office 114 Adris Place Dothan, AL 36303	(334) 671-1677 1-800-333-1865
Bradford Health Services Mobile Regional Office 1000 Hillcrest Road, Ste. 304 Mobile, AL 36695	(800) 333-0906 (251) 633-0900
Bradford Health Services Montgomery Regional Office 386 St. Luke's Drive Montgomery, AL 36117	(800) 873-2887 (334) 2440702
Bradford Health Services Bullock County Hospital 102 Conecuh Ave West Union Springs, AL 36089	(877) 442-7352 (334) 738-2140
Calhoun/Cleburne Mental Health Center New Directions 1640 Coleman Road Anniston, AL 36203	(888) 210-8237

Chemical Addictions Recovery Effort Jackson County Outpatient Office 4150 Hollis Drive Marianna, FL 32446	(850) 526-3133
Dothan/Houston County Drug Treatment 300 Columbia Hwy Dothan, AL 36301	(334) 671-2231
ECD Program 808 Downtowner Loop West Mobile, AL 36609	(251) 341-9504
Fellowship House, Inc. 1625 12th Avenue South Birmingham, AL 35205	(205) 933-2430
Hill Crest Behavioral Health Services Chemical Dependency Track 6869 Fifth Avenue South Birmingham, AL 35212	(205) 833-9000
Lighthouse of Tallapoosa County, Inc. Substance Abuse Rehab Program/Residential 36 Franklin Street Alexander City, AL 35010	(256) 234-4894
Mobile Metro Treatment Center 1924 Dauphin Island Parkway, Ste. C Mobile, AL 36605	(888) 210-8237
Northwest Alabama Treatment Center 4204 Edmonton Dr. Bessemer, AL 35021-1485	(205) 425-1200
Oakmont Center 2008 21st Street Ensley Birmingham, AL 35218	(205) 787-7100
Olivia's House 8017 2 <sup>nd</sup> Ave. South Birmingham, AL 35206	(205) 833-5708 (205) 836 5603

Saint Annes Home, Inc. (205) 933-2402  
Women's Facility  
2772 Hanover Circle, South  
Birmingham, AL 35205-1706

Southeastern Intervention Group (334) 699-3175  
101 N Herring St.  
Dothan, AL 36303

Zukoski Center (205) 785-5787  
601 Princeton Ave. SW  
Birmingham, AL 35211