



WESTERN CAROLINA UNIVERSITY

Drug and Alcohol Prevention Program

Table of Contents

Introduction	3
Alcohol and Other Drug Education	10
Counseling & Psychological Services	13
Student Code of Conduct	17
University Sanctions	19
North Carolina Drug Schedules	24
North Carolina Drug Penalties	25
Federal Trafficking Penalties	26
Common Federal Drug Statutes	28
Employees	31
Campus Resources	33

Introduction

This annual notification provides the Western Carolina University campus community with the following information:

- Health risks associated with the use of illicit drugs and the abuse of alcohol
- Drug and alcohol programs available to students and/or employees
- Standards of conduct for Western Carolina University that prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees on campus property or within any campus activities
- Disciplinary sanctions for students and employees
- Description of the sanctions under local, state, and federal law for the unlawful possession or distribution of illicit drugs and alcohol

This Drug and Alcohol Prevention Program (DAAPP) report is prepared in compliance with the US Department of Education Drug-Free Schools and Campuses Regulations, Drug-Free Workplace Act, UNC Policy on Illegal Drugs (1300.1) and Western Carolina University Policy #38 (Illegal Drugs and Illegal Use or Abuse of Alcohol).

The DAAPP report is a requirement for each institution of higher education that receives federal funding and must be communicated annually, in writing, to all students enrolled in any course(s) as well as all employees.

For more information, please contact the Assistant Director for Health and Wellness Education, Claire Allison at (828) 227-3707.

The DAAPP report was prepared by the offices/departments of Health and Wellness Education, Counseling and Psychological Services, Health Services, Human Resources, University Police Department, Residential Living, Student Community Ethics, Financial Aid, and the Division of Student Affairs.



Alcohol

Alcohol Use in the United States

- 1 in every 12 adults suffer from alcohol misuse or dependence (17.6 million) in the U.S
- 88,000 deaths/year as a result of excessive alcohol use
- Alcoholism is the 3rd leading preventable cause of death in the nation
- Nearly 1.5 million people are arrested for driving under the influence of alcohol or drugs every year
- Every day, 32 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver

Alcohol on College Campuses

- Nearly 700,000 students between the ages of 18-24 are assaulted by another student who has been drinking
- Around 9% of full-time college students ages 18 to 22 meet the criteria for Alcohol Use Disorder
- At least 50% of student sexual assaults involve alcohol

Alcohol in the Workplace

- 35% of occupational injuries occurred to at-risk drinkers
- Alcohol was detected in 16% of ER patients that were injured while at work
- At least 11% of on the job fatalities involved alcohol

Social Consequences of Alcohol Use

- Relationship problems with family and friends
- Loss of interest in hobbies and enjoyable activities
- Poor performance at school or work
- Increased risk of unemployment
- Loss of productivity
- Increased violence and aggression (child maltreatment, physical and/or verbal altercations, homicide)

Alcohol is
the most
commonly
used addictive
substance
in the United
States.

Excessive alcohol use has immediate effects that increase risky and harmful behaviors, including:

- Unintentional Injuries (motor vehicle crashes, falls, burns, and drowning)
- Violence (suicide, homicide, sexual assault)
- Risky sexual behaviors (unprotected sex, multiple sexual partners) leading to an increased risk of STIs and unplanned pregnancy
- Alcohol poisoning
- Alcohol abuse can result in many short- and long-term health conditions, including heart attack, stroke, seizures, anxiety and suicide.
- Longer-term health effects can include high blood pressure, digestive disorders, addiction, heart disease, dementia, cancer (liver, throat, esophagus), liver disease, hepatitis, anxiety, and depression.



Drugs

Use of illicit drugs result in short-term and long-term health and behavioral problems. Drugs are chemicals that tap into the brain's communication system and disrupt the way nerve cells normally send, receive, and process information. The overstimulation of this system produces euphoric effects in response to the drugs. This reaction sets in motion a pattern that "teaches" people to repeat the behavior of abusing drugs. Misusing drugs can alter a person's thinking and judgment, leading to health risks, including addiction, driving while under the influence and infectious disease.

Substance misuse can be costly to an individual, but drugs also have a significant impact on society. Estimates of the total overall costs of substance misuse in the United States, including productivity and health and crime-related costs, exceed \$600 billion annually. This cost includes illicit drugs, tobacco and alcohol. Substance misuse also has significant public health and safety implications, including increased homelessness, discord in families, loss of employment, failure in school, domestic violence, and child abuse.

Marijuana

Marijuana is also known as weed, pot, dope, or cannabis. It is made of the dried flowers and leaves of the cannabis plant. It contains mind-altering (i.e., psychoactive) compounds like tetrahydrocannabinol (THC). Marijuana is the most commonly used and misused illicit drug in the United States. Marijuana has been linked to greater drug dependence than all other illegal drugs combined

Statistics

- In 2020, 49.6 million Americans aged 12 or older reported using marijuana within the past year.
- Marijuana use can impact brain development, resulting in permanent difficulties with memory, learning, planning and problem solving
- Students who use marijuana have poorer educational outcomes than students who do not use marijuana.
- Marijuana use increases risk of substance misuse of or dependence on alcohol, tobacco, other illicit drugs.
- Studies suggest that marijuana use is associated with increased suicidal ideation, suicide planning, and suicide attempt.

Health risks related to marijuana include:

- Slowed reaction times, decreased perception, and impaired balance resulting in increased risk of accidental injuries and motor vehicle accidents
- Impaired learning, memory and attention
- Increased risk of the following:
 - Mental health conditions, including depression, anxiety, panic attacks and schizophrenia
 - Respiratory infections
 - Chronic cough
 - Bronchitis
 - Nausea
 - Vomiting
 - Paranoia
 - Sexual dysfunction
 - Irregular heartbeat
 - Heart failure
 - Seizures
 - Suicide
 - Addiction
 - Overdose
 - Death



Prescription Drugs

Prescription drugs are the third most commonly misused category of drugs, behind alcohol and marijuana and ahead of cocaine, heroin, and methamphetamine. The most commonly misused prescription drugs include tranquilizers and sedatives, stimulants and pain relievers, which include opioids like hydrocodone, oxycodone, morphine, fentanyl, and codeine.

Statistics

- An estimated 52 million people have misused prescription drugs, representing nearly 20% of the U.S. population.
- A systematic review found that 21–29% of individuals using an opioid for chronic pain misused their prescription and 8–12% developed an opioid use disorder.
- Prescription opioids were involved in nearly 24% of all opioid overdose deaths in 2020, a 16% increase in prescription opioid-involved deaths from 2019 to 2020.
- In 2020, 2.7 million people reported an opioid use disorder in the United States
- On average, 44 people die every day from overdoses involving prescription opioids.

Sources: National Council on Alcoholism and Drug Dependence, Inc., Centers for Disease Control and Prevention, National Institute on Drug Abuse, National Institute on Alcohol Abuse and Alcoholism, Substance Abuse and Mental Health Services Administration, Centers for Disease Control and Prevention

Most Commonly Used Drugs



Commonly Abused Drugs

Visit NIDA at www.drugabuse.gov

National Institutes of Health
U.S. Department of Health and Human Services
NIH... Turning Discovery Into Health

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule*/ How Administered**	Acute Effects/Health Risks
Tobacco			
Nicotine	Found in cigarettes, cigars, bidis, and smokeless tobacco (snuff, spit tobacco, chew)	Not scheduled/smoked, snorted, chewed	Increased blood pressure and heart rate; chronic lung disease; cardiovascular disease; stroke; cancers of the mouth, pharynx, larynx, esophagus, stomach, pancreas, cervix, kidney, bladder, and acute myeloid leukemia; adverse pregnancy outcomes; addiction
Alcohol			
Alcohol (ethyl alcohol)	Found in liquor, beer, and wine	Not scheduled/ swallowed	In low doses, euphoria, mild stimulation, relaxation, lowered inhibitions; in higher doses, drowsiness, slurred speech, nausea, emotional volatility; loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness/increased risk of injuries, violence, fetal damage (in pregnant women); depression; neurologic deficits; hypertension; liver and heart disease; addiction; fatal overdose
Cannabinoids			
Marijuana	Blunt, dope, ganja, grass, herb, joint, bud, Mary Jane, pot, reefer, green, trees, smoke, sinsemilla, skunk, weed	I/smoked, swallowed	Euphoria; relaxation; slowed reaction time; distorted sensory perception; impaired balance and coordination; increased heart rate and appetite; impaired learning, memory, anxiety; panic attacks; psychosis/cough; frequent respiratory infections; possible mental health decline; addiction
Hashish	Boom, gangster, hash, hash oil, hemp	I/smoked, swallowed	
Opioids			
Heroin	Diacetylmorphine: smack, horse, brown sugar, dope, H, junk, skag, skunk, white horse, China white; cheese (with OTC cold medicine and antihistamine)	I/injected, smoked, snorted	Euphoria; drowsiness; impaired coordination; dizziness; confusion; nausea; sedation; feeling of heaviness in the body; slowed or arrested breathing/constipation; endocarditis; hepatitis; HIV; addiction; fatal overdose
Opium	Laudanum, paregoric: big O, black stuff, block, gum, hop	II, III, V/ swallowed, smoked	
Stimulants			
Cocaine	Cocaine hydrochloride: blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, too	II/snorted, smoked, injected	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/weight loss; insomnia; cardiac or cardiovascular complications; stroke; seizures; addiction Also, for cocaine —nasal damage from snorting Also, for methamphetamine —severe dental problems
Amphetamine	Biphetamine, Dexedrine: bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/ swallowed, snorted, smoked, injected	
Methamphetamine	Desoxyn: meth, ice, crank, chalk, crystal, fire, glass, go fast, speed	II/ swallowed, snorted, smoked, injected	
Club Drugs			
MDMA (methylenedioxymethamphetamine)	Ecstasy, Adam, clarity, Eve, lover's speed, peace, uppers	I/ swallowed, snorted, injected	MDMA—mild hallucinogenic effects; increased tactile sensitivity; empathic feelings; lowered inhibition; anxiety; chills; sweating; teeth clenching; muscle cramping/ sleep disturbances; depression; impaired memory; hyperthermia; addiction Flunitrazepam —sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination/addiction GHB —drowsiness; nausea; headache; disorientation; loss of coordination; memory loss/ unconsciousness; seizures; coma
Flunitrazepam***	Rohypnol: forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofnol, rope, rophies	II/ swallowed, snorted	
GHB***	Gamma-hydroxybutyrate: G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, goop, liquid X	I/ swallowed	
Dissociative Drugs			
Ketamine	Ketalar SV, cat Valium, K, Special K, vitamin K	III/injected, snorted, smoked	Feelings of being separate from one's body and environment; impaired motor function/anxiety; tremors; numbness; memory loss; nausea Also, for ketamine —analgesia; impaired memory; delirium; respiratory depression and arrest; death
PCP and analogs	Phencyclidine: angel dust, boat, hog, love boat, peace pill	I, II/ swallowed, smoked, injected	Also, for PCP and analogs —analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations
Salvia divinorum	Salvia, Shepherdess's Herb, Maria Pastora, magic mint, Sally-D	Not scheduled/chewed, swallowed, smoked	Also, for DXM —euphoria; slurred speech; confusion; dizziness; distorted visual perceptions
Dextromethorphan (DXM)	Found in some cough and cold medications: Robotripping, Robo, Triple C	Not scheduled/ swallowed	
Hallucinogens			
LSD	Lysergic acid diethylamide: acid, blotter, cubes, microdot, yellow sunshine, blue heaven	I/ swallowed, absorbed through mouth tissues	Altered states of perception and feeling; hallucinations; nausea Also, for LSD and mescaline —increased body temperature, heart rate, blood pressure; loss of appetite; sweating; sleeplessness; numbness; dizziness; weakness; tremors; impulsive behavior; rapid shifts in emotion
Mescaline	Buttons, cactus, mesc, peyote	I/ swallowed, smoked	Also, for LSD —Flashbacks, Hallucinogen Persisting Perception Disorder
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	I/ swallowed	Also, for psilocybin —nervousness; paranoia; panic
Other Compounds			
Anabolic steroids	Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise: roids, juice, gym candy, pumpers	III/injected, swallowed, applied to skin	Steroids —no intoxication effects; 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
Inhalants	Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitrites (isopropyl, isobutyl, cyclohexyl): laughing gas, poppers, snappers, whippets	Not scheduled/inhaled through nose or mouth	Inhalants (varies by chemical)—stimulation; loss of inhibition; headache; nausea or vomiting; slurred speech; loss of motor coordination; wheezing/cramps; muscle

Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule/ How Administered**	Acute Effects/Health Risks
Prescription Medications			
CNS Depressants	For more information on prescription medications, please visit http://www.nida.nih.gov/DrugPages/PrescripDrugsChart.html .		
Stimulants			
Opioid Pain Relievers			

* Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

** Some of the health risks are directly related to the route of drug administration. For example, injection drug use can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

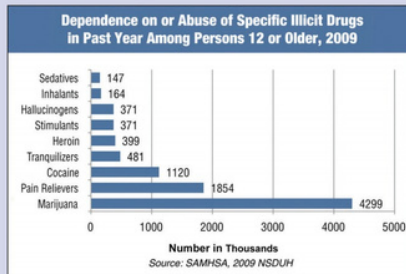
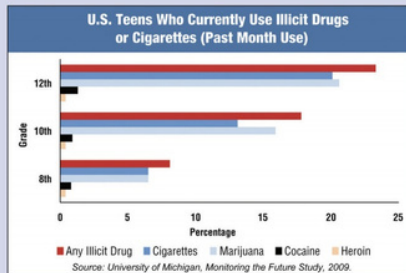
*** Associated with sexual assaults.

Principles of Drug Addiction Treatment

More than three decades of scientific research show that treatment can help drug-addicted individuals stop drug use, avoid relapse and successfully recover their lives. Based on this research, 13 fundamental principles that characterize effective drug abuse treatment have been developed. These principles are detailed in NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide*. The guide also describes different types of science-based treatments and provides answers to commonly asked questions.

- Addiction is a complex but treatable disease that affects brain function and behavior.** Drugs alter the brain's structure and how it functions, resulting in changes that persist long after drug use has ceased. This may help explain why abusers are at risk for relapse even after long periods of abstinence.
- No single treatment is appropriate for everyone.** Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success.
- Treatment needs to be readily available.** Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible.
- Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.** To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems.
- Remaining in treatment for an adequate period of time is critical.** The appropriate duration for an individual depends on the type and degree of his or her problems and needs. Research indicates that most addicted individuals need at least 3 months in treatment to significantly reduce or stop their drug use and that the best outcomes occur with longer durations of treatment.
- Counseling—individual and/or group—and other behavioral therapies are the most commonly used forms of drug abuse treatment.** Behavioral therapies vary in their focus and may involve addressing a patient's motivations to change, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** For example, methadone and buprenorphine are effective in helping individuals addicted to heroin or other opioids stabilize their lives and reduce their illicit drug use. Also, for persons addicted to nicotine, a nicotine replacement product (nicotine patches or gum) or an oral medication (bupropion or varenicline), can be an effective component of treatment when part of a comprehensive behavioral treatment program.
- An individual's treatment and services plan must be assessed continually and modified as necessary to ensure it meets his or her changing needs.** A patient may require varying combinations of services and treatment components during the course of treatment and recovery. In addition to counseling or psychotherapy, a patient may require medication, medical services, family therapy, parenting instruction, vocational rehabilitation and/or social and legal services. For many patients, a continuing care approach provides the best results, with treatment intensity varying according to a person's changing needs.
- Many drug-addicted individuals also have other mental disorders.** Because drug abuse and addiction—both of which are mental disorders—often co-occur with other mental illnesses, patients presenting with one condition should be assessed for the other(s). And when these problems co-occur, treatment should address both (or all), including the use of medications as appropriate.
- Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug abuse.** Although medically assisted detoxification can safely manage the acute physical symptoms of withdrawal, detoxification alone is rarely sufficient to help addicted individuals achieve long-term abstinence. Thus, patients should be encouraged to continue drug treatment following detoxification.
- Treatment does not need to be voluntary to be effective.** Sanctions or enticements from family, employment settings, and/or the criminal justice system can significantly increase treatment entry, retention rates, and the ultimate success of drug treatment interventions.
- Drug use during treatment must be monitored continuously, as lapses during treatment do occur.** Knowing their drug use is being monitored can be a powerful incentive for patients and can help them withstand urges to use drugs. Monitoring also provides an early indication of a return to drug use, signaling a possible need to adjust an individual's treatment plan to better meet his or her needs.
- Treatment programs should assess patients for the presence of HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases, as well as provide targeted risk-reduction counseling to help patients modify or change behaviors that place them at risk of contracting or spreading infectious diseases.** Targeted counseling specifically focused on reducing infectious disease risk can help patients further reduce or avoid substance-related and other high-risk behaviors. Treatment providers should encourage and support HIV screening and inform patients that highly active antiretroviral therapy (HAART) has proven effective in combating HIV, including among drug-abusing populations.

This chart may be reprinted. Citation of the source is appreciated.



NATIONAL INSTITUTE ON DRUG ABUSE

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Alcohol and Other Drug Education

The Alcohol and Other Drug education efforts at Western Carolina University are designed to benefit the entire community through comprehensive programming. Programming is developed and implemented to proactively and reactively educate students and employees. WCU staff and faculty are given information and resources during onboarding orientation and supervisors are trained regarding University Policy 38 (Illegal Drugs and Illegal Use or Abuse of Alcohol).

The Assistant Director for Health and Wellness Education is a full time professional staff member in the Health and Wellness Unit of the Division of Student Affairs whom provides leadership on Alcohol and Other Drugs programming. The Assistant Director chairs the Alcohol and Other Drugs Committee (AODC), which meets periodically and plans, implements and evaluates campus-wide AOD initiatives, policies, programs and services related to alcohol and other drugs. Members of the AODC include staff, faculty and student representatives from:

- University Police
- Student Government Association
- Greek Student Engagement and Development
- Graduate School
- Health Services
- Athletics
- Campus Activities
- Campus Recreation & Wellness
- Residential Living
- Counseling & Psychological Services
- Human Resources
- Student Community Ethics
- Intercultural Affairs



Alcohol and Other Drug Programs

BASICS is a preventative and evidence-based intervention for college students from 18 to 24 years old. The program uses a harm-reduction approach designed to:

- Help students explore their alcohol use in a non-judgmental setting
- Reduce risky behavior and harmful consequences of alcohol misuse
- Identify changes that could help students reduce their risk
- Review and explain important skills for harm reduction

eCHECKUP TO GO is a free and confidential online survey tool that you can use to learn about your alcohol use and helpful strategies to change your drinking habits. It provides you with instant personalized feedback such as a custom BAC (blood alcohol content) chart, how much money you spend on drinks each month, and other valuable information. eCHECKUP TO GO is completely confidential and free of charge to all members of the WCU community.

The **Drugs and Alcohol Risk Awareness Program** identifies commonly misused drugs and the risk factors involved, and reviews the dangers of alcohol consumption and misuse. Western Carolina University Police Officers will also provide discussion about the criminal process and legal ramifications for an individual both on and off campus. Confiscated drug paraphernalia and beer goggles are available for attendees to view. In These programs occur in various residence halls and classroom buildings across campus.

National Collegiate Alcohol Awareness Week (NCAAW) is held annually in October. Generally, this week-long event includes 5 programs, which focus on alcohol education and harm reduction. Campus partners include members of the Alcohol and Other Drug Committee.

Safe Spring Break programming is held the week prior to Spring Break every year. Programs focus on harm-reduction techniques related to alcohol use, sexual health, sun safety, first aid, and include on-campus resources for alcohol education and support.

Residential Living offers programming related to alcohol and other drugs in the residence halls in the form of hall programming, community-wide events, and Resident Assistant bulletin boards.

Alcohol and Other Drugs Course

Every incoming student was highly encouraged to complete Alcohol and Other Drugs, formally known as AlcoholEDU, prior to the start of classes as an opportunity to make well-informed decisions about alcohol. This interactive, online program is designed to inform students about how alcohol affects the body, mind, perceptions and behaviors. The research-based course offers accurate information in a non-judgmental tone, while providing personalized feedback that encourages students to consider their own drinking decisions and those of their peers. Western Carolina University is committed to proactive prevention and education efforts regarding the health and safety of our students.



Counseling & Psychological Services

Counseling & Psychological Services (CAPS) has a strong commitment to meeting the needs of our diverse students through high quality, culturally responsive services. CAPS strives to create a welcoming environment for all people. CAPS is Accredited by the International Association of Counseling Services, Inc.

CAPS' staff provide counseling within a goal-directed, short-term model. When a student first comes into CAPS, a counselor will take some time to understand their current symptoms and struggles along with the student's goals for counseling. The counselor will then refer the student to the appropriate service. The licensed providers include psychologists, clinical social workers, clinical addiction specialists, and professional counselors who have years of experience in working with the university student population.

Alcohol and Other Drugs (AOD): Part of the initial meeting with a CAPS therapist is to screen for any drug or alcohol use. Based on this screening, no matter where the student is on the continuum from abstinence to active and life disrupting use, CAPS will refer the student to the appropriate level of care. All of CAPS' services are meant to enhance each student's ability to achieve their academic and personal goals.



CAPS Services

Individual

The CAPS staff all provide individual counseling that is aimed at helping students remove any barriers to their academic, social and/or personal life. The individual counselor will take some time to get to know the student and their specific goals for counseling. The counselor and the student will discuss how often they will meet, recognizing that the focus is on achieving these goals within a brief time period.

Self-Help

There are many aspects of wellness and college isn't always easy, but there are easy ways that students can improve their overall experience here at WCU. CAPS has created videos and resources to improve overall wellness. For more information, visit caps.wcu.edu.

Group

Research shows that group therapy is the most effective treatment for many of the concerns college students face. The counselor may refer the student to one of the several groups offerings. The groups at CAPS are focused on specific topics and provide an additional network of support.

Crisis Services

CAPS' staff are available to assist students who are experiencing a mental health crisis at any time of day or night. Students can call the CAPS' main line (828-227-7469) 24/7 for assistance or come to the CAPS office at 225 Bird Building from 8am-5pm on weekdays. After hours, call the CAPS' main line and press "0" when prompted. Students may also elect to call 911 (828-227-8911 on-campus) or go to the nearest emergency room for immediate life-threatening concerns.



Case Management

CAPS sometimes works with students who need very long-term treatment or need to be seen more than once a week. CAPS provides case management services dedicated to helping students find and connect with services and resources in the community. Students are referred to the case manager by CAPS clinicians. The Case Manager can also identify community resources for food, clothing, social services, and financial assistance. CAPS helps the student and their family connect to emergency services, as well as inpatient and long-term outpatient services based upon the student's needs. CAPS' goal is to help students focus on their overall health and wellbeing so they can focus on their personal and academic goals.

Community Resources:

- Alcoholics Anonymous
- Narcotics Anonymous
- Refuge Recovery
- Celebrate Recovery
- Red Oak Recovery
- October Road
- Recovery Education Center

Screenings and Assessments

CAPS screens every student who seeks services. This screening helps identify problematic alcohol and drug use. During the student's first appointment, the therapist will gather more in-depth information. If individual counseling is recommended, a full bio/psycho/social assessment will be conducted. This includes an in-depth substance use history, which will be used to develop a collaborative treatment plan. Therapists also have access to the Substance Abuse Subtle Screening Inventory (SASSI) as an adjunct to the in-person assessment. The SASSI is used as a self-administered screening to identify people with a high probability of having, or developing a substance use disorder. CAPS' therapists will use the results of both assessments to develop a treatment plan for the student.

CAPS therapists use a wide variety of best practice interventions to help the students determine where they are on the spectrum of a substance use disorder and offer assistance in moving the student towards the change process.

Mandated Services

Student athletes may be randomly selected to receive a drug screen by their athletic program. If these screens are positive, the student will be asked to attend at least two sessions with a therapist at CAPS to receive support, which may include assessment, education, treatment, and/or referral services. Other than attendance, all information shared between the student athlete and CAPS remains confidential.

Students can contact the CAPS front desk at 828-227-7469 for current services and referral options available to them.



Student Code of Conduct Violations

Alcohol Violation

- a. Possessing and/or consuming alcoholic beverages by a person under the age of 21;
- b. Aiding and abetting the possession and/or consumption of alcoholic beverages by a person who is under the age of 21;
- c. Consuming any alcoholic beverages where it is not legally permissible to do so, regardless of age;
- d. Possessing common source containers (Ex: kegs/mixed alcohol from a common source outside of its original packaging) or engaging in behaviors consistent with rapid consumption of alcohol.
- e. Any other violation of Policy 38 – Illegal Drugs or Illegal Use or Abuse of Alcohol or Policy 81 – Alcoholic Beverages.

Drug Violation

- a. Illegal possession or use of controlled substances as defined by the North Carolina General Statutes 90-86 through 90-113.8.
- b. Manufacturing, selling, or delivering any controlled substance or possession with intent to manufacture, sell or deliver any controlled substance.
- c. Misuse of any legal pharmaceutical drugs.
- d. Knowingly breathe or inhale any substance for the unlawful purpose of inducing a condition of intoxication.
- e. Any other violation of Policy 38 – Illegal Drugs or Illegal Use or Abuse of Alcohol or UNC Policy 1300.1 – Policy on Illegal Drugs.

Alcohol/Drug Paraphenilia

- a. Possession of containers designed for alcoholic beverages and empty containers of alcohol.

b. Possession of consumption devices associated with rapid consumption of alcohol (Ex: Bong) or a common source of empty alcohol containers (Ex: Kegs that are empty).

c. Possession of paraphernalia commonly used to consume drugs (includes, but is not limited to, pipes, bongs, hookahs, homemade smoking devices, vape materials with suspected illegal substances or items that have markings of use for drug-related behavior, such as burned spoons).

Impairment

a. Being under the influence of alcohol or any other impairing substance in a public place and engaging in disruptive conduct.

b. Operating a motor vehicle while under the influence of an impairing substance; or after having consumed sufficient alcohol that the operator has, at any relevant time after the driving, an alcohol concentration of 0.08 or more. The results of a chemical analysis shall be deemed sufficient evidence to prove a person's alcohol concentration. Operating a motor vehicle means having the actual physical control of the vehicle, including sitting in a parked vehicle with the engine running.

Violation by Guest(s)

Students and groups are responsible for notifying their guest(s) of University policies, rules, regulations and prohibited conduct per the Code and may be held accountable for the conduct of their guests. Guests can be University students or non-students. Guests on campus who do not abide by university policies are subject to being trespassed.

Students are responsible for the behavior of visitors and may be found responsible for Code violations committed by their guest(s) whether or not the student is present during the prohibited conduct.

Violation of Law

Committing an act, attempting to commit an act, or assisting another in committing an act that violates state or federal law or local ordinances that is not otherwise a violation of the Code. Violations of this provision are not dependent on the presence or outcome of criminal proceedings.

University Sanctions

Factors that affect the severity of the sanction may include the present demeanor of the student, past conduct record of the student, the nature of the incident, the severity of any damage, injury, or harm resulting from the incident, and whether the incident was motivated by bias based on actual or perceived race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, genetic information, political affiliation, or veteran status.

At the discretion of the Vice Chancellor for Student Affairs, Dean of Students, or designee, the imposition of any sanction may be deferred during the duration of an appeal. Students requesting a deferment of a sanction must submit a written request which clearly outlines the rationale for the request to the Dean of Students or designee. However, at the discretion of the Dean of Students or designees, a sanction may be imposed upon written notice at any time after a formal resolution if the Respondent has been found responsible for a violation of the Code.

One or more of the sanctions listed below may be imposed upon a student for violation of the Code.

Sanctions for Minor Violations

a. Community Restitution – an EOA imposed to provide a work-related experience for Students to help others in a positive fashion. Respondents who do not meet their community restitution deadlines will be assessed a \$75 fee as an Incomplete Sanction Assessment.

b. Educational Outreach Assessment (EOA) – a sanction that provides a tangible learning opportunity for Respondents. Through this sanction, the Respondent becomes an active contributor to the education of self and peers. An EOA may be financial, non-financial, or become financial if a Respondent does not complete a non-financial sanction.

c. Educational Sanctions – participating in a specific activity, course, event, or program, receiving specific instruction, completing a research/reflective assignment, etc. The Respondent is responsible for related expenses.

d. Parental Notification – when students are found responsible for violations of the Code related to alcohol and/or controlled substances, as outlined in Policy 72 – Family Educational Rights and Privacy.

e. Probation – written notice of a violation of specified regulations and a restriction by which a Respondent is permitted to remain in the University under prescribed conditions. Probation is for a designated period of time and includes the possibility of the imposition of more severe disciplinary sanctions if the student is found to be violating any Code regulations during the probationary period.

f. Restitution – compensation for personnel resources, loss, damage, and/or injury. Restitution may take the form of appropriate monetary or material replacement and may be imposed by the Dean of Students, Director of Student Community Ethics, or designee.

g. Restrictions – denial of specified privileges for a designated period of time including, but not limited to, attendance at events, access to facilities, participation in non-academic activities, and interpersonal contact restrictions.

h. Residence Hall Suspension – separation of the Respondent from the residence halls for a definite period of time after which the Respondent is eligible to return. Conditions for readmission may be specified.

i. Residence Hall Expulsion – permanent separation of the Respondent from the residence halls.



Sanctions for Serious Violations

University Suspension – separation of the Respondent from the University for a definite period of time, after which the Respondent is eligible to apply for readmission. Conditions for readmission may be specified and a registration hold will remain on your account. The sanction of University Suspension is recorded in the University of North Carolina Suspension and Expulsion database.

University Expulsion – permanent separation of the Respondent from the University and any University of North Carolina System constituent institution. Registration hold will remain on your account. The sanction of University Expulsion is recorded in the University of North Carolina Suspension and Expulsion database.



University Alcohol and Drug Sanctions

TYPE OF VIOLATION	FIRST OFFENSE	SECOND OFFENSE
Alcohol Possession/Use	AlcoholEdu, \$100 EOA, PN	Probation until EOY, Educational Assignment, \$200 EOA, PN, 20 hrs CR
Unsafe use of alcohol (DUI, rapid consumption, public intox.)	AlcoholEdu, \$150 EOA, PN, 10 hrs CR	Probation until EOY, Educational Assignment, \$150 EOA, PN, 15 hrs CR
Use of common source containers	AlcoholEdu, \$125 EOA, PN	Probation until EOY, Educational Assignment, 10 hrs CR, \$200 EOA, PN
Alcohol paraphernalia (display/empty bottles, shot glasses, etc.)	Educational Assignment, \$50 EOA	Semester Probation, Educational Assignment, \$100 EOA
Drug Possession/Use: Other drugs (schedule 3 -6)	Marijuana 101, Probation until EOY, \$100 EOA, PN	12 month probation, Educational Assignment, \$150 EOA, PN, 15 hrs
Drug Possession/Use: Other drugs (schedule I and II)	Suspension (at least 1 semester), PN	Expulsion, PN

TYPE OF VIOLATION	FIRST OFFENSE	SECOND OFFENSE
Drug Paraphernalia Possession	Semester probation, educational assignment, \$75 EOA	Suspension until EOY, Educational Assignment, \$125 EOA, PN, 10 hrs CR
Drug trafficking: Marijuana (Schedule III-VI)	Suspension (at least 1 year), PN	Suspension or Expulsion, PN
Drug trafficking: Other drugs (Schedule I and II)	Expulsion, PN	N/A



North Carolina Drug Schedules

SCHEDULE	DRUG TYPE	NC STATUTE
I	Heroin, Ecstasy, Gamma Hydroxybutyrate (GHB), Methaqualone, Peyote, Opiates, etc.	§90-89
II	Cocaine, Raw Opium, Opium Extracts: Fluid and Powder, Codeine, Hydrocodone, Morphine, Methadone, Methamphetamine, Ritalin, etc.	§90-90
III	Ketamine, Anabolic Steroids, Testosterone, some Barbiturates, etc.	§90-91
IV	Valium, Xanax, Rohypnol, Darvon, Clonazepam, Ambien, Tramadol, Barbiturates, etc.	§90-92
V	Over the counter cough medicines with codeine, etc.	§90-93
VI	Marijuana, Hashish, Hashish Oil	§90-94

North Carolina State Penalties

State penalties depend on a multitude of factors, including prior convictions. State sentencing guidelines are available for felony and misdemeanor offenses.

Felony Sentencing Guidelines:

https://www.nccourts.gov/assets/documents/publications/FelonyChart_1013MaxChart.pdf?VersionId=JOZLdcExFM1TmlzHLiPcH7dUcMjQ8Ls7

Misdemeanor Sentencing Guidelines:

https://www.nccourts.gov/assets/documents/publications/Misd_Chart_120113.pdf?VersionId=WArAtxWrVAxglwV5ulnL3uovrhVU2hhB



Federal Trafficking Penalties

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	5 kgs or more mixture	First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture	100 gm or more pure or 1 kg or more mixture		
PENALTIES				
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine \$1 million if an individual, \$5 million if not an individual. Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.		
Flunitrazepam (Schedule IV)	1 gram			
Other Schedule III drugs	Any amount	First Offense: Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.		
All other Schedule IV drugs	Any amount	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.		
Flunitrazepam (Schedule IV)	Other than 1 gram or more			
All Schedule V drugs	Any amount	First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.		

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not less than 20 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	Not less than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) marijuana plants; 1 to 49 marijuana plants;	Not less than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual	Not less than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule I)	1 kg or less		

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to \$20 million if an individual and \$75 million if other than an individual.

Common Federal Drug Statutes

Distribution/Manufacturing/ Possession with Intent to Distribute

Statutory maximum generally is 20 years

Five year mandatory minimum and maximum 40 years (21 USC 841(b)(1)(B)) if:

- 5 grams or more of actual meth
- 50 grams or more of a mixture containing meth
- 100 grams or more of heroin
- 500 grams or more of cocaine
- 100 kilogram or more of marijuana (or 100 or more plants)
- 28 grams or more of crack
- 40 grams or more of fentanyl
- 10 grams or more of PCP
- 10 grams or more of PCP
- 1 gram or more of LSD

Ten year mandatory minimum and maximum life (21 USC 841(b)(1)(A)) if:

- 50 grams or more of actual meth
- 500 grams or more of a mixture containing meth
- 400 grams or more of fentanyl
- 1 kilogram or more of heroin
- 100 grams or more of PCP
- 5 kilograms or more of cocaine
- 10 grams or more of LSD
- 1000 kilogram or more of marijuana (or 1,000 or more plants)
- 280 grams or more of crack

Penalties also can be increased if defendant has a prior felony drug conviction or is a career offender (two or more felony drug offense or crimes of violence).

Twenty year mandatory minimum if death or serious bodily injury results from use of the drug.

Enhanced penalties also available for distribution to individuals under 21 (21 USC § 859) or distributions near schools, playgrounds, youth centers, arcades, pools, and public housing (21 USC § 860).

21 USC § 846: Conspiracy/Attempt

Penalties identical to distribution penalties.

21 USC § 843(a)(3): Obtaining Controlled Substances by Misrepresentation, Fraud, etc.

Four year maximum for drug diversion offenses.

21 USC § 843(b): Use of a Communication Facility to Facilitate Drug Felony

Four year maximum for each use of a telephone to arrange a drug transaction.

21 USC § 844: Simple Possession

Misdemeanor – One year maximum

Can become felony with higher penalties if prior drug convictions.

21 USC § 848: Continuing Criminal Enterprise – “Drug Kingpin Statute”

Mandatory minimum 20 years and maximum of life can be imposed on a leader of an organization of five or more individuals who engage in a continuing series of drug violations from which the person derived substantial income. Mandatory life and death penalty available under certain circumstances.

21 USC § 856: Maintaining a Drug-Involved Premises – “Crack House Statute”

Twenty year maximum for opening, leasing, renting, or maintain a premises for drug manufacturing, use or distribution. Also applies to those who manage or control such premises (including owners and landlords of rental properties).

18 USC § 1952: Interstate Travel in Aid of Racketeering – “Travel Act”

Five year maximum for traveling or using the mail or instruments of interstate commerce (telephone/internet) with intent to facilitate drug trafficking.

Employees

University Policy 38

V. Enforcement and Penalties

B. Students, faculty, and staff are responsible for knowing about and complying with: (1) the provisions of this Policy; (2) North Carolina law that makes it a crime to possess, sell, deliver, or manufacture those drugs designated collectively as "controlled substances" in the Controlled Substances Act; and (3) North Carolina General Statutes §18B-102 regarding the possession, distribution, and use of alcoholic beverages in North Carolina. Local laws and ordinances and University policies are preempted by state laws regarding regulation of alcoholic beverages.

Any member of the University community who violates applicable law(s) may be subject both to criminal prosecution and to disciplinary proceedings by the University. It is not "double jeopardy" for both law enforcement authorities and the University to proceed against and punish a person for the same specified conduct. The University shall initiate its own disciplinary proceeding against a student, faculty member, or staff member when the alleged conduct is deemed to affect the interests of the University.

University Policy 78

IX. Investigatory leave with pay shall be used to temporarily remove an employee from work status. Placement on investigatory leave with pay does not constitute a disciplinary action. However, the information discovered during the investigation may be the basis of disciplinary action.

University Policy 107

I. Western Carolina University ("University") recognizes that employees experiencing personal problems, including but not limited to, emotional illness,

alcohol and drug abuse, marital discord and financial problems should be encouraged to seek professional assistance since such problems often result in human suffering for employees and their families. In addition, personal problems of this nature may impair work performance and often impact fellow workers. University managers understand that with early intervention and proper support, most employees can be effectively assisted. The University's Counseling and Psychological Center provides consultation and psychological counseling services primarily to students. As a result, the University has established an Employee Assistance Program ("EAP") for its employees.

Employee Assistance Program

ComPsych GuidanceResources Program is WCU's Employee Assistance Program available for confidential support, information and resources for all of life's challenges. Call anytime at 855.259.0382 or visit their website at guidanceresources.com and use the university ID: WCUEAP.



Campus Resources

OFFICE	PHONE
CAPS	828-227-7469
Student Community Ethics	828-227-7234
Human Resources	828-227-7218
Health and Wellness Education	828-227-7147
Health Services	828-227-7640
Dean of Students	828-227-7147
Student Affairs	828-227-7147
University Police Department	828-227-7301
ComPsych (EAP)	855-259-0382

