

DRUG AND ALCOHOL PREVENTION PROGRAM

2020

ANNUAL REPORT



**Western
Carolina**
UNIVERSITY

CONTENTS

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

A. Health risks associated with the use of illicit drugs and the abuse of alcohol

B. Drug and alcohol programs available to students and/or employees

C. 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 any campus activities

D. Disciplinary sanctions on students and employees

E. 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, Katherine Spalding at (828) 227-3707.

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

HEALTH RISKS

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

Facts about Alcohol:

- 1 in every 12 adults suffer from alcohol abuse or dependence (17.6 million) in the U.S
- 88,000 deaths/year because of excessive alcohol use
- Alcoholism is the 3rd leading life-style related death in the nation
- Up to 40% of hospital beds in the US are being used for treatment of medical conditions related to alcohol consumption
- Over 1 million people are arrested for DWIs each year
- Every day, 36 people die and 700 are injured in motor vehicle crashes that involve alcohol

Alcohol On Campus:

- 600,000 students between 18-24 are assaulted by another student who has been drinking
- 95% of all violent crime on campuses involve alcohol use
- 90% of rape and sexual assault on college campuses involve the use of alcohol

In workplace:

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

Health Risks of Alcohol:

- **Excessive alcohol use has immediate effects that increase risky and harmful behaviors. Such behaviors are typically related to binge drinking and include the following:**
 - Unintentional Injuries: motor vehicle crashes, falls, burns, and drowning
 - Violence: suicide, homicide, sexual assaults
 - Risky sexual behaviors: unprotected sex, multiple sexual partners. Leading to STIs and pregnancy
 - Alcohol Poisoning
 - Alcohol abuse can result in many short term and long term health conditions:
 - Acute health problems include heart attacks, 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
- **Alcohol abuse affects many aspects of a person's life. There are social consequences including:**
 - Family and friend problems: loss of trust
 - Violence: child maltreatment, fights, homicide
 - Loss of interest in hobbies or enjoyable activities
 - Unemployment and loss of productivity: poor performance at school or work

MOST COMMONLY USED AND ABUSED DRUGS

Use of illicit drugs results 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. Misused drugs can alter a person's thinking and judgment, leading to health risks, including addiction, drugged driving and infectious disease.

Substance abuse can be costly to an individual but drugs also have impacted our society significantly. Estimates of the total overall costs of substance abuse in the United States, including productivity and health and crime-related costs, exceed \$600 billion annually. This includes cost of illicit drugs, tobacco and alcohol. Beyond the financial cost there is the destruction of public health and safety implications of drug abuse and addiction including homelessness, discord in families, loss of employment, failure in school, domestic violence, and child abuse.

Marijuana:

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

Facts about Marijuana:

- In 2016, around 24 million Americans aged 12 or older were current users of marijuana
- Marijuana use can impact brain development, resulting in permanent difficulties with memory, learning, planning and problem solving
- Marijuana users present with poorer school performances and higher rates of dropout.
- Life-time dependence among daily users is an estimated 35-50%
- Marijuana use increases risk of substance abuse or dependence for substance including alcohol, tobacco, other illicit drugs
- There is evidence of increased suicide ideation, attempts and completion

Health Risks of Marijuana:

- Slowed reaction times, perception and impaired balance resulting in accidental injuries and motor vehicle accidents
- Impaired learning, memory and attention that can cause poor performance
- Sexual dysfunction
- Mental health: increased suicide, depression, increased anxiety, panic attacks. Also, there is substantial evidence of increased risk of schizophrenia or other psychoses developing
- Marijuana smoke increased risk of frequent respiratory infections, chronic cough, and bronchitis
- Addiction

MOST COMMONLY USED AND ABUSED DRUGS CONTINUED...

Prescription Drugs:

Prescription drugs are the third most commonly abused category of drugs, behind alcohol and marijuana and ahead of cocaine, heroin, and methamphetamine. Some of the more common prescription opioids include hydrocodone, oxycodone, fentanyl, morphine and codeine.

Facts about Prescription Drugs:

- An estimated 48 million people have abused prescription drugs, representing nearly 20% of the U.S. population
- From 1999 to 2017, almost 218,000 people died in the United States from overdoses related to prescription opioids. Overdose deaths involving prescription opioids were five times higher in 2017 than in 1999
- In 2017, prescription opioids continue to contribute to the epidemic in the U.S. – they were involved in more than 35% of all opioid overdose deaths

Health Risks of Prescription Drugs:

- Death: On average, 46 people die every day from overdoses involving prescription opioids
- Addiction: opiates are highly addictive. Can cause withdrawal and seizures when discontinued after prolonged use
- Overdose: Opiate use can slow one's breathing to dangerous levels that can lead to accidental overdose
- Drowsiness, dizziness, nausea, constipation, confusion, impaired coordination and slow breathing
- HIV/AIDS

Please see the chart on the next page for an overview of some of the other commonly used and abused drugs.

Source: National Council on Alcoholism and Drug Dependence, Inc.

COMMONLY ABUSED DRUGS CHART



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	<i>Diacetylmorphine</i> : 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	<i>Laudanum, paregoric</i> : big O, black stuff, block, gum, hop	II, III, VI/swallowed, smoked	
Stimulants			
Cocaine	<i>Cocaine hydrochloride</i> : blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, <i>toot</i>	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
Amphetamine	<i>Biphetamine, Dexedrine</i> : bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/swallowed, snorted, smoked, injected	Also, for cocaine—nasal damage from snorting
Methamphetamine	<i>Desoxy</i> : meth, ice, crank, chalk, crystal, fire, glass, go fast, speed	II/swallowed, snorted, smoked, injected	Also, for methamphetamine—severe dental problems
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***	<i>Rohypnol</i> : forget-me pill, Mexican Valium, R2, roach, Roche, roofies, roofinop, rope, rophies	IV/swallowed, snorted	Flunitrazepam—sedation; muscle relaxation; confusion; memory loss; dizziness; impaired coordination/addiction
GHB***	<i>Gamma-hydroxybutyrate</i> : G, Georgia home boy, grievous bodily harm, liquid ecstasy, soap, scoop, crack, crystal, fire, glass, go fast, speed	I/swallowed	GHB—drowsiness; nausea; headache; disorientation; loss of coordination; memory loss/unconsciousness; seizures; coma
Dissociative Drugs			
Ketamine	<i>Ketalar SV</i> : 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
PCP and analogs	<i>Phencyclidine</i> : angel dust, boat, hog, love boat, peace pill	I, II/swallowed, smoked, injected	Also, for ketamine—analgesia; impaired memory; delirium; respiratory depression and arrest; death
Salvia divinorum	Salvia, Shepherdess's Herb, Maria Pastora, magic mint, Sally-D	Not scheduled/chewed, swallowed, smoked	Also, for PCP and analogs—analgesia; psychosis; aggression; violence; slurred speech; loss of coordination; hallucinations
Dextromethorphan (DXM)	Found in some cough and cold medications: Robotripping, Robo, Triple C	Not scheduled/swallowed	Also, for DXM—euphoria; slurred speech; confusion; dizziness; distorted visual perceptions
Hallucinogens			
LSD	<i>Lysergic acid diethylamide</i> : acid, blotter, cubes, microdot, yellow sunshine, blue heaven	I/swallowed, absorbed through mouth tissues	Altered states of perception and feeling; hallucinations; nausea
Mescaline	Buttons, cactus, mesc, peyote	I/swallowed, smoked	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
Psilocybin	Magic mushrooms, purple passion, shrooms, little smoke	I/swallowed	Also, for LSD—Flashbacks, Hallucinogen Persisting Perception Disorder
			Also, for psilocybin—nervousness; paranoia; panic
Other Compounds			
Anabolic steroids	<i>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise</i> : 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	<i>Solvents (paint thinners, gasoline, glues); gases (butane, propane, aerosol propellants, nitrous oxide); nitriles (isoamyl, isobutyl, cyclohexyl)</i> : 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 weakness; depression; memory impairment; damage to cardiovascular and nervous

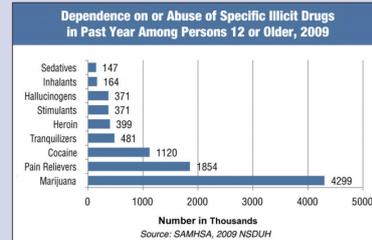
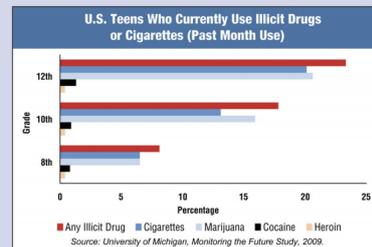
Substances: Category and Name	Examples of Commercial and Street Names	DEA Schedule/ How Administered**	Acute Effects/Health Risks
Prescription Medications			
CNS Depressants			
Stimulants			
Opioid Pain Relievers			
For more information on prescription medications, please visit http://www.nida.nih.gov/DrugPages/PrescripDrugsChart.html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



Order NIDA publications from DrugPubs:
1-877-643-2644 or 1-240-645-0228 (TTY/TDD)

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Reprinted April 2012

EDUCATION AND COUNSELING

Counseling & Psychological Services (CAPS) has a strong commitment to meeting the needs of our diverse students by providing 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 spend some time to understand their current symptoms and struggles along with the student's goals for counseling. The counselor will then refer 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.

CAPS' staff focus on the holistic needs of the student in rural North Carolina. 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 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 provides a variety of services* for our students including, but not limited to:

- **COPE Series:** COPE will help the student quickly learn tools for managing emotional distress while also developing a clearer goal of what they want to change in their life. COPE is a three-week series. After completing COPE, clients have the option to meet with a CAPS' clinician to review what they learned and to collaboratively discuss their next steps. This may include another service offered at CAPS (e.g., another group or individual counseling)
- **Individual:** The CAPS staff all provide individual counseling that is aimed at helping students to 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.
- **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 the 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 during business hours and the student will be seen in a timely manner. Students may also

CAPS CONTINUED...

- elect to call 911 (8911 on-campus) or go to the nearest emergency room for immediate life-threatening concerns.
- Self Help Resources: There are many aspects of wellness in our lives 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 for you to explore how to improve overall wellness. For more information, visit caps.wcu.edu.

Referral Coordination

CAPS regularly works with students who need a higher level of care or need to be seen more frequently. For these students, CAPS offer referral coordination to an appropriate provider in the community. CAPS takes special care to discuss the students' needs and possible payment options as they consider a community referral. CAPS helps the student and their families connect to emergency services, detox services, as well as inpatient and rehabilitation services based upon their needs. CAPS' goal is to help students focus on their overall health and wellbeing so they can focus on your personal and academic goals.

Part of referral coordination is not only referring students from CAPS to a community resource, but also, receiving students who self-identify as needing alcohol and drug use supports as they enter WCU. If the student calls before they arrive at WCU, CAPS will speak with the student, their family, and other referring therapists who may be part of your support community to help introduce them to campus and community resources available to them.

- Community Resources*
- Recovery Education Center
- Refuge Recovery
- Alcoholics Anonymous
- Narcotics Anonymous
- Celebrate Recovery
- Substance Abuse Intensive Outpatient Program
- Medication Assisted Treatment
- Outpatient Therapy
- Detox
- Residential Treatment Centers both local and national
- Cherokee Indian Hospital

CAPS CONTINUED...

Screenings and Assessments

WCU CAPS utilizes a screening on every student who seeks services. This screening helps identify self-reported problematic alcohol and drug use. During the first appointment with a therapist, substance use is again reviewed verbally to gather more in-depth information. If a student is recommended to receive individual counseling a full bio/psycho/social assessment of the student will be given. This includes an in-depth substance use history as part of developing 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 take this knowledge in combination with the in-person assessment to formulate the treatment recommendation 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, they 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.

*Due to safety protocols during the pandemic, there may be limitations or changes to services and referral options. Students can contact the CAPS front desk at 828-227-7469 for current services and referral options available to them.

Counseling, Treatment, and Programs Available to Employees:

University Policy 107: Western Carolina 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. Counseling and Psychological Services provides consultation and psychological counseling services primarily to students. As a result, the University has established an Employee Assistance Program ("EAP") for its employees.

EDUCATION AND AWARENESS PROGRAMS

The Alcohol and Other Drug education efforts at Western Carolina University are designed to benefit the entire academic community through comprehensive programming. Programming is developed and implemented in order to proactively and reactively educate students and employees. WCU Staff and Faculty are given information and resources during new employee orientation and supervisors are trained regarding the requirements of the 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 and provides leadership on Alcohol and Other Drugs programming. The Assistant Director chairs the Alcohol and Other Drugs Committee (AODC) which meets periodically and reviews campus wide AOD initiatives and reviews current policies, programs and services around alcohol and other drugs on campus and suggests changes as appropriate based on available WCU data. Members of the AODC include staff, faculty and student representatives from:

- Student Government Association
 - Graduate Student Association
 - Faculty
 - Athletics
 - Campus Recreation & Wellness
 - Counseling & Psychological Services
 - Student Community Ethics
 - University Police Department
 - Greek Student Engagement and Development
 - Health Services
 - Campus Activities
 - Residential Living
 - Human Resources
 - Intercultural Affairs
- **The Drug Risk Awareness Program:** The Drug Risk Awareness Program identifies commonly abused drugs and the risk factors involved. 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 will be available for attendees to view. In 2020, there were 13 drug risk awareness programs in various residence halls and classroom buildings across campus.
- **The Alcohol Risk Awareness Program:** The Alcohol Risk Awareness Program reviews the dangers of alcohol consumption and abuse. Officers will also provide discussion about the criminal process and legal ramifications for an individual both on and off campus. The use of beer goggles is available for this program. In 2020, there were 25 Alcohol Risk Awareness programs in various residence halls and classroom buildings across campus.

EDUCATION AND AWARENESS PROGRAMS CONTINUED...

Programs from the 2019-2020 year included:

- Alcohol Awareness Week:** National Collegiate Alcohol Awareness Week (NCAAW) was held in the third full week of October. Generally, this week-long event hosts 4-5 events. Campus partners included members of AODC related to their specific area (ex. UPD, DSCE, etc.). 311 students were in attendance throughout the week.
- Safe Spring Break:** Safe Spring Break programming is was held in the week prior to Spring Break. Events for this year focused on how to defend yourself against potential predators, alcohol safety, sexual education, sun safety, and conduct related issues. 110 students were in attendance.
- Residential Living Programming:** Programming in the residence halls was impacted by COVID-19 in the Spring semester. There was a total of 10 Residential Living programs related to alcohol and other drugs in the residence halls, not including the passive programs (RA bulletin boards).
- Student Athletes:** Athletics requires that every freshman athlete attend one event during NCAAW.
- Alcohol EDU:** Every new freshman student was highly encouraged to complete 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. *The charts below are representative of the Alcohol EDU Fall 2019 and Spring 2020 completion data.

Alcohol EDU Fall 2019

Total Enrolled	2,717
Completed	2,296
Completion %	84%

Alcohol EDU Spring 2020

Total Enrolled	325
Completed	10
Completion %	3.08%

CAMPUS RESOURCES & STANDARDS OF CONDUCT

On Campus Resources

Counseling and Psychological Services: 828-227-7469
The Department of Student Community Ethics: 828-227-7234
Human Resources: 828-227-7218
Health and Wellness Education: 828-227-3707
Health Services: 828-227-7640
Dean of Students: 828-227-7147
Office of Student Affairs: 828-227-7147
University Police Department: 828-227-7301

Code of Conduct (Student)

Alcohol:

- 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. Conduct that could form the basis of any alleged violation relating to a violation of North Carolina laws regarding the purchase, possession, manufacture, and consumption of alcoholic beverages or driving while under the influence.
- e. 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.
- f. Any other violation of University Policy 38 - Illegal Drugs or Illegal Use or Abuse of Alcohol or University 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 University Policy 38 - Illegal Drugs or Illegal Use or Abuse of Alcohol or UNC Policy 1300.1 - Policy on Illegal Drugs.

STANDARDS OF CONDUCT CONTINUED...

Alcohol/Drug Paraphernalia

- 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).

Driving While Impaired: 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: 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.

EMPLOYEES

University Policy 38: 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.

University Policy 38: 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: 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.

Penalties shall be imposed by the University in accordance with procedural safeguards applicable to disciplinary actions against students, faculty, and staff: (1) as required by Code Section 502D(3) in connection with student discipline; (2) as required by Code Section 603 in connection with the imposition of faculty serious sanctions; (3) as required by UNC Policies 300.1.1 and 300.2.1 in connection with EPA employee discipline; and (4) as required by University Policy #78 in connection with SPA employee discipline.

SANCTIONING

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 following sanctions may be imposed upon a student for violation of the Code.

Sanctions Associated with Minor Violations

Sanctions associated with minor violations include, but are not limited to:

- 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 financial EOA that will be determined by multiplying the hours assigned by the current North Carolina minimum wage.
- b. Disciplinary Warning** – a sanction in response to a responsible finding. Intent of a Disciplinary Warning is to verbally educate and/or inform a student on University expectations/policies. This warning is not to be mistaken for the warning as explained in Section 6.02 that is sent without an alleged violation.
- c. 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.
- d. 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.

SANCTIONING CONTINUED...

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

f. 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.

g. 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.

h. 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.

i. 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.

j. Residence Hall Expulsion – permanent separation of the Respondent from the residence halls.
Sanctions Associated with Serious Violations

Sanctions associated with serious violations include:

a. 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. The sanction of University Suspension is recorded in the University of North Carolina WCU Code of Student Conduct 2020-2021 30 Suspension and Expulsion database.

University Expulsion – permanent separation of the Respondent from the University and any University of North Carolina System constituent institution. The sanction of University Expulsion is recorded in the University of North Carolina Suspension and Expulsion database.

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 CR
Drug Possession/Use: Other drugs (schedule 1 and 2)	Suspension (at least 1 semester), PN	Expulsion, PN
Drug Paraphernalia Possession	Semester probation, educational assignment, \$75 EOA	Suspension until EOY, Educational Assignment, \$125 EOA, PN, 10 hrs CR
Drug trafficking: Marijuana (Schedule 3-6)	Suspension (at least 1 year), PN	Suspension or Expulsion, PN
Drug trafficking: Other drugs (schedule 1 and 2)	Expulsion, PN	N/A

SANCTIONING CONTINUED...

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.		

SANCTIONING CONTINUED...

Federal Trafficking Penalties- Marijuana

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 \$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 \$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 more 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 more 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 regard- less of weight) 1 to 49 marijuana plants;	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more 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.**

Source:

https://www.dea.gov/sites/default/files/2018-06/drug_of_abuse.pdf

NORTH CAROLINA STATE PENALTIES

Schedule	Drug Type	Penalty	NC Statute
I	Heroin, Ecstasy, Gamma Hydroxybutyrate (GHB), Methaqualone, Peyote, Opiates, etc.	First Offense: Class 1 Felony, 4-5 months in jail	§90-89
II	Cocaine, Raw Opium, Opium Extracts: Fluid and Powder, Codeine, Hydrocodone, Morphine, Methadone, Methamphetamine, Ritalin, etc.	First Offense: Class 1 Misdemeanor, 45 days in jail Second Offense: Class 1 Felony, 4-months in jail	§90-90
III	Ketamine, Anabolic Steroids, some Barbiturates, etc.	First Offense: Class 1, Misdemeanor, 45 days in jail Second Offense: Class 1 Felony, 4-5 months in jail	§90-91
IV	Valium, Xanax, Rohypnol, Darvon, Clonazepam, Barbiturates, etc.	First Offense: Class 1 Misdemeanor, 45 days in jail Second Offense: Class 1 Felony, 4-5 months in jail	§90-92

NORTH CAROLINA STATE PENALTIES CONTINUED...

Schedule	Drug Type	Penalty	NC Statute
V	Over the counter cough medicines with codeine, etc.	First Offense: Class 2 Misdemeanor, 30 days in jail Second Offense: Class 1 Misdemeanor, 45 days in jail	§90-93
VI	Marijuana, Hashish, Hashish Oil	First Offense: Class 1 Misdemeanor, 10 days in jail or suspended sentence Second Offense: Class 2 Misdemeanor, 30 days in jail	§90-94

Source:

https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_5.html

Weight	Felony	Fine
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Illegal Trafficking Penalties: Marijuana

10-49 lbs	Class H Felony 25-30 months in jail	\$5,000
50-1,999 lbs	Class G Felony 35-42 months in jail	\$25,000
2,000-9,999 lbs	Class F Felony 70-84 months in jail	\$50,000
10,000 lbs or more	Class D Felony 175-219 months in jail	\$200,000

NORTH CAROLINA STATE PENALTIES CONTINUED...

Weight	Felony	Fine
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Illegal Trafficking Penalties: Heroin

4-13 grams	Class F Felony 70-84 months in jail	\$50,000
14-27 grams	Class E Felony 90-117 months in jail	\$100,000
28 grams or more	Class C Felony 225-279 months in jail	\$200,000

Weight	Felony	Fine
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Illegal Trafficking Penalties: Cocaine

28-199 grams	Class G Felony 35-42 months in jail	\$50,000
200-399 grams	Class F Felony 35-42 months in jail	\$100,000
400 grams or more	Class D Felony 175-219 months in jail	\$250,000