

North Carolina Agricultural and Technical State University Drug-Free Schools and Campuses Regulations Notification 2020-2021

In accordance with the Drug-Free Schools and Campuses regulations and the Drug-Free Workplace Act of 1988, the following serves as notification to the North Carolina Agricultural and Technical State University (N.C. A&T or University) community (all students and employees) about the unlawful use of drugs or alcohol on University property or as part of University activities. The following information describes the legal and University sanctions for unlawful use, health risks, and resources relating to the use of alcohol and drugs.

This document may be updated periodically and changes will be posted to this electronic copy.

Questions regarding this Notice should be directed to:

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I. University Policy and Sanctions

The N.C. A&T Drug and Alcohol Education Policy, applicable to all students and employees, can be found at: <https://hub.ncat.edu/files/administrative/drug-alc.pdf> . **All students, faculty and staff are responsible for knowing about, and complying with the policy.**

As stated in the N.C. A&T Drug and Alcohol Education Policy:

The basic mission of North Carolina Agricultural and Technical State University is to provide an educational environment that enhances and supports the intellectual process. The academic community, including students, faculty and staff, has the collective responsibility to ensure that this environment is conducive to healthy intellectual growth. The illegal use of harmful and addictive chemical substances and the abuse of alcohol pose a threat to the educational environment. The University will take all actions necessary, consistent with state and federal law and applicable University policy, to eliminate illegal drugs and the abuse of alcohol from the University community.

Notwithstanding the wide-spread perception that alcohol and drugs are part of the university experience, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on the University's property or as part of any University activities is prohibited. The University will impose sanctions up to, and including expulsion or termination of employment and referral for prosecution, on any student or employee found to have violated the law related to the use, possession or sale of illegal drugs and alcohol.

More detail regarding the imposition of sanctions is given in the N.C. A&T Drug and Alcohol Education Policy, <https://hub.ncat.edu/files/administrative/drug-alc.pdf> , and the Student Handbook, <https://www.ncat.edu/campus-life/pdfs/2020-2021-student-handbook.pdf> .

II. Legal Sanctions for the Unlawful Possession or Distribution of Illicit Drugs and Alcohol

Historically, and currently, alcohol continues to be the [most widely-used drug on university campuses](#).

A. State and Local Laws on Alcohol

North Carolina law ([Chapter 18B](#)) closely regulates all activities related to alcohol, from its manufacture to consumption. As a general rule, it is unlawful to manufacture, sell, transport, import, deliver, furnish, purchase, consume, or possess alcoholic beverages except as expressly permitted by law. In addition, the city of [Greensboro](#) and [Kannapolis](#) regulate the possession and consumption of alcohol on city streets, sidewalks, and property. Violations of alcohol laws are punishable by criminal and civil penalties.

Of particular importance to the University community are those legal requirements governing who

may lawfully possess alcohol or provide alcohol to others. All state law requirements related to alcohol are in effect on N.C. A&T's campus. Accordingly, all students, staff, faculty, and guests are expected to know and adhere to these regulations, including, but not limited to:

- It is unlawful for any person to sell or give alcoholic beverages to a person who is less than 21 years old. [N.C.G.S. § 18B-302 \(a\), \(a1\)](#). Violation is a Class 1 misdemeanor. [N.C.G.S. § 18B-302.1\(a\)](#). Punishment may include community service, supervised probation, or up to 120 days in jail, depending on whether the person has prior convictions, and/or a fine determined by the court. [N.C.G.S. § 15A-1340.23\(b\), \(c\)](#). If an active sentence is not imposed, the presiding court must impose a fine of at least \$250 and at least 25 hours of community service as conditions of probation; if the person has a previous conviction within the previous four years, the presiding court must impose a fine of at least \$500 and at least 150 hours of community service as conditions of probation. [N.C.G.S. § 18B-302.1\(a\)](#). In addition, the Division of Motor Vehicles must revoke for one year the license of a person convicted of giving alcohol to someone who is less than 21 years old. [N.C.G.S. § 18B-302\(g\)\(4\)](#).
- It is unlawful for any person less than 21 years old to purchase, attempt to purchase, possess, or consume an alcoholic beverage. [N.C.G.S. § 18B-302\(b\)](#). A 19- or 20-year-old who purchases, attempts to purchase, or possesses malt beverages or unfortified wine, or who consumes any alcoholic beverage, is guilty of a Class 3 misdemeanor. [N.C.G.S. § 18B-302\(i\)](#). A Class 3 misdemeanor is punishable by community service or supervised probation, unless the person has three or more prior convictions, in which case the person may be punished by up to 20 days in jail; punishment may also include a fine of no more than \$200. [N.C.G.S. § 15A-1340.23\(b\), \(c\)](#). In addition, the Division of Motor Vehicles must revoke for one year the license of a person who is less than 21 years old and is convicted of purchasing or attempting to purchase an alcohol beverage. [N.C.G.S. § 18B-302\(g\)\(3\)](#).
- It is unlawful for any person to aid or abet another to sell or give an alcoholic beverage to an underage person or to aid or abet an underage person to purchase, attempt to purchase, or possess an alcoholic beverage. [N.C.G.S. § 18B-302\(c\)](#). Violation by a person under the age of 21 is a Class 2 misdemeanor. [N.C.G.S. § 18B-302\(c\)\(1\)](#). A Class 2 misdemeanor is punishable by community service, supervised probation, or up to 60 days in jail, depending on whether the person has prior convictions, and/or a fine of up to \$1,000. [N.C.G.S. § 15A-1340.23\(b\), \(c\)](#). Violation by a person age 21 or older is a Class 1 misdemeanor. [N.C.G.S. § 18B-302\(c\)\(2\)](#). A Class 1 misdemeanor is punishable by community service, supervised probation, or up to 120 days in jail, depending on whether the person has prior convictions, and/or a fine determined by the court. [N.C.G.S. § 15A-1340.23\(b\), \(c\)](#). If an active sentence is not imposed on an aider or abettor who is over 21 years old, the court must impose a fine of at least \$500 and at least 25 hours of community service as conditions of probation; if the person has a previous conviction within the previous four years, the court must impose a fine of at least \$1,000 and at least 150 hours of community service as conditions of probation. [N.C.G.S. § 18B-302.1\(b\)](#). In addition, the Division of Motor Vehicles must revoke for one year the license of a person who aids or abets another to sell or give an alcoholic beverage to an underage person or to aid or

abet an underage person to purchase, attempt to purchase, or possess an alcoholic beverage. [N.C.G.S. § 18B-302\(g\)\(2\)](#).

- Pursuant to [City of Greensboro ordinances](#), it is unlawful for any person to possess an open container of, or to consume an alcoholic beverage on any public street, sidewalk, or on any property owned, occupied, or controlled by the City, except that this prohibition does not apply to an occupant of a motor vehicle on a public street when served at an authorized sidewalk café; when consumed in an authorized pedal car; or in a city-owned property with lawfully-obtained permit. A violation is punishable as a Class 3 misdemeanor with a fine not to exceed \$50.

B. Federal Penalties for Illegal Trafficking of a Controlled Substance¹

The Controlled Substances Act ([Title 21 of the United States Code](#)) placed all substances which were in some manner regulated under existing federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability. A description of each schedule is included below:

Schedule I: The drug or other substance has a high potential for abuse. The drug or other substance has no currently accepted medical use in treatment in the United States. There is a lack of accepted safety for use of the drug or other substance under medical supervision.

Examples of Schedule I substances include heroin, gamma hydroxybutyric acid (GHB), lysergic acid diethylamide (LSD), marijuana, and methaqualone.

Schedule II: The drug or other substance has a high potential for abuse. The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions. Abuse of the drug or other substance may lead to severe psychological or physical dependence.

Examples of Schedule II substances include morphine, phencyclidine (PCP), cocaine, methadone, hydrocodone, fentanyl, and methamphetamine.

Schedule III: The drug or other substance has less potential for abuse than the drugs or other substances in Schedules I and II. The drug or other substance has a currently accepted medical use in treatment in the United States. Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

Anabolic steroids, codeine products with aspirin or Tylenol®, and some barbiturates are examples of Schedule III substances.

¹ The tables and other information in this section are excerpted from the U.S. Department of Justice Drug Enforcement Administration's 2017 edition of a publication entitled, "Drugs of Abuse." Students and employees are strongly encouraged to review this publication for more detailed information regarding the federal penalties associated with trafficking in illicit drugs. The full publication is available at: https://www.dea.gov/sites/default/files/drug_of_abuse.pdf.

Schedule IV: The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III. The drug or other substance has a currently accepted medical use in treatment in the United States. Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.

Examples of drugs included in Schedule IV are alprazolam, clonazepam, and diazepam.

Schedule V: The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV. The drug or other substance has a currently accepted medical use in treatment in the United States. Abuse of the drug or other substances may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.

Cough medicines with codeine are examples of Schedule V drugs.

Federal Trafficking Penalties

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 yrs. 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			
Flunitrazepam (Schedule IV)	Other than 1 gram or more	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.		
All Schedule V drugs	Any amount			

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, \$75million 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 regardless 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.

C. Federal Penalties for Illegal Possession of a Controlled Substance

The federal penalties for a first conviction of simple possession are a sentence of up to one year and a minimum fine of \$1,000; the penalties for a second conviction are a sentence of at least 15 days up to two years and a minimum fine of \$2,500; the penalties for a third or subsequent conviction are a sentence of at least 90 days up to three years and a minimum fine of \$5,000; except that a person convicted of possession of flunitrazepam will receive a sentence of up to three years in addition to the fines described above.

A person convicted of possession may also be required to pay the costs of the investigation and prosecution of the offense.

D. State Penalties for Illegal Possession, Manufacture, Sale or Delivery of a Controlled Substance

The penalties imposed by the State of North Carolina for possession, manufacturing, or sale or delivery convictions depend on the schedule of the drug involved. North Carolina has established Schedules I through V, defined in the same way as Schedules I through V in the federal system. North Carolina additionally has a Schedule VI, described as follows:

Schedule VI: The drug or other substance has “no currently accepted medical use in the United States, or a relatively low potential for abuse in terms of risk to public health and potential to produce psychic or physiological dependence liability based upon present medical knowledge, or a need for further and continuing study to develop scientific evidence of its pharmacological effects.” [N.C.G.S. § 90-94.](#)

In North Carolina, marijuana is included in Schedule VI instead of Schedule I (as in the federal system). Schedule VI also includes tetrahydrocannabinols and synthetic cannabinoids.

I. State Penalties for Possession

The state penalties for possession depend on the schedule of the controlled substance and the prior record level of the offender. Note that for certain controlled substances, possession of a quantity over a specified amount elevates the offense from simple possession to trafficking (see below for penalties for trafficking offenses). The state penalties for simple possession are as follows:

<i>Substance</i>	<i>Offense Classification</i>	<i>Sentencing Range</i> ²	<i>Maximum Fine</i>
Schedule I ³	Class I felony	4-6 to 8-10 months	discretion of court
Schedule II, III, or IV ⁴	Class 1 misdemeanor ⁵	1-45 to 1-120 days	discretion of court
Schedule V	Class 2 misdemeanor ⁶	1-30 to 1-60 days	\$1,000
Schedule VI	Class 3 misdemeanor ⁷	suspended sentence	\$200

The penalties are enhanced for any person who possesses a controlled substance on the premises of a penal institution or local confinement facility; in such a case, the person is guilty of a Class H felony. [N.C.G.S. § 90-95\(e\)\(9\)](#). It is also illegal to possess certain precursor chemicals for manufacturing a controlled substance. Depending on the circumstances, a violation is punishable as either a Class H felony or a Class F felony. [N.C.G.S. § 90-95\(d1\), \(d2\)](#). The presumptive minimum sentencing range for a Class H felony, depending on prior criminal history, is from 5-6 months up to 16-20 months, with the corresponding maximum range of 15-17 up to 29-33 months, respectively, and a fine at the discretion of the court. The presumptive minimum sentencing range for a Class F felony, depending on prior criminal history, is from 13-16 months up to 26-33 months, with the corresponding maximum range of 25-29 up to 41-49 months, respectively, with a fine at the discretion of the court.

II. State Penalties for manufacture, sale or delivery, or possession with intent to manufacture, sell or deliver

² The sentencing range depends on the prior record level. For felonies, the ranges given are in the presumptive minimum range; if the judge finds mitigating or aggravating factors, the range may be decreased or increased, respectively. The corresponding maximum sentences for a Class I felony are 14-17 to 19-21 months. For misdemeanors, depending on the prior record, the judge may impose community service or an inactive sentence.

³ Except that if the controlled substance is MDPV in an amount of 1 gram or less, the violation is punishable as a Class 1 misdemeanor. See note 5 regarding punishment of Class 1 misdemeanors.

⁴ Except that if the controlled substance is hydromorphone in an amount exceeding four dosage units, or if the dosage units of the controlled substance exceeds 100, or if the controlled substance is methamphetamine, amphetamine, phencyclidine, or cocaine or coca leaves, the violation is punishable as a Class I felony.

⁵ Except that a person who commits a Class 1 misdemeanor who has a previous drug conviction under federal or state law will be punished as a Class I felon.

⁶ Except that a person who commits a Class 2 misdemeanor who has a previous drug conviction under federal or state law is guilty of a Class 1 misdemeanor.

⁷ Except that if the quantity of the controlled substance exceeds one-half of an ounce of marijuana, 7 grams of a synthetic cannabinoid, or one-twentieth of an ounce of the extracted resin of marijuana, the violation is punishable as a Class 1 misdemeanor (see note 5); and if the quantity of the controlled substance exceeds one and one-half ounces of marijuana, 21 grams of a synthetic cannabinoid, or three-twentieths of an ounce of the extracted resin of marijuana, or if the controlled substance consists of any quantity of synthetic tetrahydrocannabinols or tetrahydrocannabinols isolated from the resin of marijuana, the violation is punishable as a Class I felony.

The state penalties for manufacture, sale or delivery, or possession with intent to manufacture, sell or deliver (PWIMSD) depend on the schedule of the controlled substance and the prior record level of the offender. Note that for certain controlled substances, an offense involving a quantity over a specified amount elevates the offense to trafficking (see below for penalties for trafficking offenses). The state penalties for manufacture, sale or delivery, or PWIMSD are as follows:

<i>Substance</i>	<i>Offense Classification</i>	<i>Sentencing Range</i> ⁸	<i>Maximum Fine</i>
Schedule I or II sale	Class G felony	10-13 to 20-25	discretion of court
Schedule I, II manufacture, ⁹ delivery, or PWIMSD	Class H felony	5-6 to 16-20	discretion of court
Schedule III, IV, V, VI sale	Class H felony	5-6 to 16-20	discretion of court
Schedule III, IV, V, VI manufacture, delivery, ¹⁰ or PWIMSD	Class I felony	4-6 to 8-10	discretion of court

There are enhanced penalties for certain offenses as follows:

- Any person 18 years of age or over who sells or delivers a controlled substance to a person under 16 years of age or to a pregnant female will be punished as a Class D felon; and any person 18 years of age or over who sells or delivers a controlled substance to a person under 13 years of age will be punished as a Class C felon. [N.C.G.S. § 90-95\(e\)\(5\)](#). The presumptive minimum sentencing range for a Class D felony, depending on prior criminal history, is from 51-64 months up to 103-128 months, with the corresponding maximum range of 74-89 up to 136-166 months, respectively, and a fine at the discretion of the court. The presumptive minimum sentencing range for a Class C felony, depending on prior criminal history, is from 58-73 months up to 117-146 months, with the corresponding maximum range of 82-100 up to 153-188 months, respectively, and a fine at the discretion of the court.
- Any person 21 years of age or older who manufactures, sells or delivers, or possesses with intent to manufacture, sell or deliver, a controlled substance¹¹ on or within 1,000 feet of property used for a child care center or for an elementary or secondary school will be punished as a Class E felon. [N.C.G.S. § 90-95\(e\)\(8\)](#). The presumptive minimum sentencing range for a Class E felony, depending on prior criminal history, is from 20-25 months up to 40-50 months, with the corresponding maximum range of 36-42 up to 60-72 months, respectively, and a fine at the discretion of the court.

⁸ The sentencing range depends on the prior record level. The ranges given are in the presumptive minimum range; if the judge finds mitigating or aggravating factors, the range may be decreased or increased, respectively. The corresponding maximum sentences are: 21-25 to 33-39 months for a Class G felony; 15-17 to 29-33 months for a Class H felony; and 14-17 to 19-21 months for a Class I felony.

⁹ Except that the manufacture of methamphetamine is a Class C felony, unless the offense was packaging or repackaging methamphetamine, or labeling or relabeling the methamphetamine container, which is punished as a Class H felony.

¹⁰ The transfer of less than 5 grams of marijuana or less than 2.5 grams of a synthetic cannabinoid for no remuneration does not constitute a delivery. N.C.G.S. § 90-95(b)(2).

¹¹ The transfer of less than 5 grams of marijuana for no remuneration does not constitute a delivery. [N.C.G.S. § 90-95\(e\)\(8\)](#).

The manufacture, sale or delivery, or possession with intent to sell or deliver, a counterfeit controlled substance is a Class I felony. [N.C.G.S. § 90-95\(a\)\(2\), \(c\)](#). The presumptive minimum sentencing range for a Class I felony, depending on prior criminal history, is from 4-6 months up to 8-10 months, with the corresponding maximum range of 14-17 up to 19-21 months, respectively, and a fine at the discretion of the court.

E. State Penalties for Illegal Trafficking of a Controlled Substance

A person who sells, manufactures, delivers, transports, or possesses in excess of certain quantities of controlled substances is guilty of trafficking. The penalties provided below apply to any person convicted of trafficking as well as to any person convicted of conspiracy to commit the offense. [N.C.G.S. § 90-95\(i\)](#). A person sentenced as described below may not receive a suspended sentence or be placed on probation. The sentencing judge may reduce the fine, impose a prison term less than the applicable minimum or suspend the prison term and place a person on probation when the person has provided substantial assistance in the identification, arrest, or conviction of any accomplices, accessories, co-conspirators, or principals.

Penalties for trafficking in marijuana:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
10 < pounds < 50	Class H	25 ≤ months ≤ 39	\$5,000
50 ≤ pounds < 2,000	Class G	35 ≤ months ≤ 51	\$25,000
2,000 ≤ pounds < 10,000	Class F	70 ≤ months ≤ 93	\$50,000
10,000 ≤ pounds	Class D	175 ≤ months ≤ 222	\$200,000

Penalties for trafficking in synthetic cannabinoids:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
50 < DU ¹² < 250	Class H	25 ≤ months ≤ 39	\$5,000
250 ≤ DU < 1250	Class G	35 ≤ months ≤ 51	\$25,000
1250 ≤ DU < 3750	Class F	70 ≤ months ≤ 93	\$50,000
3750 ≤ DU	Class D	175 ≤ months ≤ 222	\$200,000

Penalties for trafficking in methaqualone:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
1,000 ≤ DU ¹³ < 5,000	Class G	35 ≤ months ≤ 51	\$25,000
5,000 ≤ DU < 10,000	Class F	70 ≤ months ≤ 93	\$50,000
10,000 ≤ DU	Class D	175 ≤ months ≤ 222	\$200,000

Penalties for trafficking in cocaine:

¹² Dosage Unit: A dosage unit consists of 3 grams of synthetic cannabinoid or any mixture containing such substance.

¹³ Dosage Unit: A tablet, capsule, or the equivalent quantity of methaqualone or any mixture containing such substance.

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
28 ≤ grams < 200	Class G	35 ≤ months ≤ 51	\$50,000
200 ≤ grams < 400	Class F	70 ≤ months ≤ 93	\$100,000
400 ≤ grams	Class D	175 ≤ months ≤ 222	\$250,000

Penalties for trafficking in methamphetamine:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
28 ≤ grams < 200	Class F	70 ≤ months ≤ 93	\$50,000
200 ≤ grams < 400	Class E	90 ≤ months ≤ 120	\$100,000
400 ≤ grams	Class C	225 ≤ months ≤ 282	\$250,000

Penalties for trafficking in amphetamine:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
28 ≤ grams < 200	Class H	25 ≤ months ≤ 39	\$5,000
200 ≤ grams < 400	Class G	35 ≤ months ≤ 51	\$25,000
400 ≤ grams	Class E	90 ≤ months ≤ 120	\$100,000

Penalties for trafficking in MDPV:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
28 ≤ grams < 200	Class F	70 ≤ months ≤ 93	\$50,000
200 ≤ grams < 400	Class E	90 ≤ months ≤ 120	\$100,000
400 ≤ grams	Class C	225 ≤ months ≤ 282	\$250,000

Penalties for trafficking in mephedrone:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
28 ≤ grams < 200	Class F	70 ≤ months ≤ 93	\$50,000
200 ≤ grams < 400	Class E	90 ≤ months ≤ 120	\$100,000
400 ≤ grams	Class C	225 ≤ months ≤ 282	\$250,000

Penalties for trafficking in opium or heroin:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
4 ≤ grams < 14	Class F	70 ≤ months ≤ 93	\$50,000
14 ≤ grams < 28	Class E	90 ≤ months ≤ 120	\$100,000
28 ≤ grams	Class C	225 ≤ months ≤ 282	\$500,000

Penalties for trafficking in Lysergic Acid Diethylamide:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
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$100 \leq DU^{14} < 500$	Class G	$35 \leq \text{months} \leq 51$	\$25,000
$500 \leq DU < 1,000$	Class F	$70 \leq \text{months} \leq 93$	\$50,000
$1,000 \leq DU$	Class D	$175 \leq \text{months} \leq 222$	\$200,000

Penalties for trafficking in MDA/MDMA:

<i>Amount</i>	<i>Felony Type</i>	<i>Mandatory Sentence</i>	<i>Minimum Fine</i>
$100 \leq DU^{15} < 500$ or $28 \leq \text{grams} < 200$	Class G	$35 \leq \text{months} \leq 51$	\$25,000
$500 \leq DU < 1,000$ or $200 \leq \text{grams} < 400$	Class F	$70 \leq \text{months} \leq 93$	\$50,000
$1,000 \leq DU$ or $\text{grams} \leq 400$	Class D	$175 \leq \text{months} \leq 222$	\$250,000

F. Potential Loss of Financial Aid

A student convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance for conduct that occurred during a period of enrollment for which the student was receiving any federal financial aid shall not be eligible to receive federal financial aid for a period of time following that conviction as specified in [20 U.S.C. § 1091\(r\)](#).

III. The Health Risks Associated with the Use of Illicit Drugs and the Abuse of Alcohol

A. Health Risks Associated with Illicit Drug Use¹⁶

a. COVID-19 Pandemic and illicit Drug Use

The Coronavirus pandemic (COVID-19) has caused a lot of concern globally. While the risks associated with COVID-19 are evolving, research indicates that as a result of COVID-19’s impact on the lungs, individuals with substance use

¹⁴ Dosage Unit: A tablet, capsule, or the equivalent quantity of Lysergic Acid Diethylamide (LSD), or any mixture containing such substance.

¹⁵ Dosage Unit: A tablet, capsule, or the equivalent quantity of 3,4-methylenedioxymphetamine (MDA), including its salts, isomers, and salts of isomers, or 3,4-methylenedioxymphetamine (MDMA), including its salts, isomers, and salts of isomers, or any mixture containing such substance.

¹⁶ The information in this section is excerpted from the U.S. Department of Justice Drug Enforcement Administration’s 2017 edition of a publication entitled, “Drugs of Abuse.” Students and employees are strongly encouraged to review this publication for more detailed information regarding the health risks associated with illicit drug use. The full publication is available online at: https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf.

disorders may be at higher risk. The individuals at risk include: those who use tobacco, marijuana, methamphetamine, opioids or vape.¹⁷

The Controlled Substances Act (CSA) regulates five classes of drugs:

- Narcotics
- Depressants
- Stimulants
- Hallucinogens
- Anabolic steroids
- Information about marijuana use

Each class has distinguishing properties, and drugs within each class often produce similar effects. However, all controlled substances, regardless of class, share a number of common features.

All controlled substances have abuse potential or are immediate precursors to substances with abuse potential. With the exception of anabolic steroids, controlled substances are abused to alter mood, thought, and feeling through their actions on the central nervous system (brain and spinal cord). Some of these drugs alleviate pain, anxiety, or depression. Some induce sleep and others energize.

While some controlled substances are therapeutically useful, the “feel good” effects of these drugs contribute to their abuse. The extent to which a substance is reliably capable of producing intensely pleasurable feelings (euphoria) increases the likelihood of that substance being abused.

The following is a summary of each class’s legal status; effect on the mind, including psychological dependence; effect on the body, including physical dependence and withdrawal; and effects of overdose:

I. Narcotics

Also known as “opioids,” the term “narcotic” comes from the Greek word for “stupor” and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as “narcotics,” today “narcotic” refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is “opioid.” Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin, Vicodin, codeine, morphine, methadone, and fentanyl. University campuses are not immune from the Opioid crisis facing the United States¹⁸.

Narcotics/opioids are controlled substances that vary from Schedule I to Schedule V, depending on their medical usefulness, abuse potential, safety, and drug dependence profile. Schedule I

¹⁷ <https://www.drugabuse.gov/about-nida/noras-blog/2020/04/covid-19-potential-implications-individuals-substance-use-disorders>.

¹⁸ <https://www.campusdrugprevention.gov/news/opioid-abuse-college-students-requires-increased-efforts>

narcotics, like heroin, have no medical use in the U.S. and are illegal to distribute, purchase, or use outside of medical research.

Besides their medical use, narcotics/opioids produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to the drugs' abuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy. Use can create psychological dependence. Long after the physical need for the drug has passed, the addict may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapse is common if there are not changes to the physical environment or the behavioral motivators that prompted the abuse in the first place.

Narcotics/opioids are prescribed by doctors to treat pain, suppress cough, cure diarrhea, and put people to sleep. Effects depend heavily on the dose, how it's taken, and previous exposure to the drug. Negative effects include: Slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing. As the dose is increased, both the pain relief and the harmful effects become more pronounced. Some of these preparations are so potent that a single dose can be lethal to an inexperienced user. However, except in cases of extreme intoxication, there is no loss of motor coordination or slurred speech.

Physical dependence is a consequence of chronic opioid use, and withdrawal takes place when drug use is discontinued. The intensity and character of the physical symptoms experienced during withdrawal are directly related to the particular drug used, the total daily dose, the interval between doses, the duration of use, and the health and personality of the user.

Overdoses of narcotics are not uncommon and can be fatal. Physical signs of narcotics/opioid overdose include: Constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing.

II. Stimulants

Stimulants speed up the body's systems. This class of drugs includes: Prescription drugs such as amphetamines [Adderall and dexedrine], methylphenidate [Concerta and Ritalin], diet aids [such as didrex, Bontril, Preludin, Fastin, Adipex P, ionomin, and Meridia] and illicitly produced drugs such as methamphetamine, cocaine, and methcathinone.

A number of stimulants have no medical use in the United States but have a high potential for abuse. These stimulants are controlled in Schedule I. Some prescription stimulants are not controlled, and some stimulants like tobacco and caffeine don't require a prescription -- though society's recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking. Stimulant chemicals in over-the-counter products, such as ephedrine and pseudoephedrine can be found in allergy and cold medicine. As required by The Combat Methamphetamine Epidemic Act of 2005, a retail outlet must store these products out of reach of customers, either behind the counter or in a locked cabinet. Regulated sellers are required to maintain a written or electronic form of a logbook to record sales of these products. In order to purchase these products, customers must now show a photo identification

issued by a state or federal government. They are also required to write or enter into the logbook: their name, signature, address, date, and time of sale. In addition to the above, there are daily and monthly sales limits set for customers.

When used as drugs of abuse and not under a doctor's supervision, stimulants are frequently taken to: Produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for prolonged period, and "get high." Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur.

Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone. Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."

Stimulants are sometimes referred to as uppers and reverse the effects of fatigue on both mental and physical tasks. Therapeutic levels of stimulants can produce exhilaration, extended wakefulness, and loss of appetite. These effects are greatly intensified when large doses of stimulants are taken. Taking too large a dose at one time or taking large doses over an extended period of time may cause such physical side effects as: Dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.

In overdose, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.

III. Depressants

Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. Barbiturates are older drugs and include butalbital (Fiorina), phenobarbital, Pentothal, Seconal, and Nembutal. A person can rapidly develop dependence on and tolerance to barbiturates, meaning a person needs more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects, including tolerance and dependence. Some examples are Valium, Xanax, Halcion, Ativan, Klonopin, and Restoril. Rohypnol is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Lunesta, Ambien, and Sonata are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone (Quaalude), and the illicit drug GHB.

Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an

accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol and Quaaludes are not manufactured or legally marketed in the United States.

Depressants used therapeutically do what they are prescribed for: to induce sleep, relieve anxiety and muscle spasms, and prevent seizures. They also: cause amnesia, leaving no memory of events that occur while under the influence, reduce reaction time, impair mental functioning and judgment, and cause confusion. Long-term use of depressants produces psychological dependence and tolerance.

Some depressants can relax the muscles. Unwanted physical effects include: Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing. Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.

IV. Hallucinogens

Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood.

Many hallucinogens are Schedule I under the Controlled Substances Act, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychic effects include distortions of thought associated with time and space. Time may appear to stand still, and forms and colors seem to change and take on new significance. Weeks or even months after some hallucinogens have been taken, the user may experience flashbacks -- fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of a flashback is unpredictable, but is more likely to occur during times of stress and seems to occur more frequently in younger individuals. With time, these episodes diminish and become less intense.

Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils.

Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material. A severe overdose of PCP and ketamine can result in: respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest.

V. Steroids

Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone that are abused in an attempt to promote muscle growth, enhance athletic or other

physical performance, and improve physical appearance. Testosterone, nandrolone, stanozolol, methandienone, and boldenone are some of the most frequently abused anabolic steroids.

Anabolic steroids are Schedule III substances under the CSA. Only a small number of anabolic steroids are approved for either human or veterinary use. Steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.

Case studies and scientific research indicate that high doses of anabolic steroids may cause mood and behavioral effects. In some individuals, steroid use can cause dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as “roid rage”). When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide. Anabolic steroid use may also cause psychological dependence and addiction.

A wide range of adverse effects is associated with the use or abuse of anabolic steroids. These effects depend on several factors including: Age, sex, the anabolic steroid used, amount used, and duration of use. In adolescents, anabolic steroid use can stunt the ultimate height that an individual achieves. In boys, steroid use can cause early sexual development, acne, and stunted growth. In adolescent girls and women, anabolic steroid use can induce permanent physical changes, such as deepening of the voice, increased facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris. In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer. In both men and women, anabolic steroid use can cause high cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks. Anabolic steroid use can also cause acne and fluid retention. Oral preparations of anabolic steroids, in particular, can damage the liver. Users who inject steroids run the risk of contracting various infections due to non-sterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in non-sterile environments. All these factors put users at risk for contracting viral infections such as HIV/AIDS or hepatitis B or C, and bacterial infections at the sight of injection. Users may also develop endocarditis, a bacterial infection that causes a potentially fatal inflammation of the heart lining.

Anabolic steroids are not associated with overdoses. The adverse effects a user would experience develop from the use of steroids over time.

VI. Marijuana/Cannabis use

Marijuana is statistically the second most widely-used drug on university campuses. Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana contains over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect. Electronic systems of drug delivery, specifically vaping, have increased significantly for Marijuana users, leading to corresponding increases in related lung illnesses for users.

Marijuana is a Schedule I substance under the federal Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Although some states within the United States have allowed the use of marijuana for medicinal purpose, it is the U.S. Food and Drug Administration that has the federal authority to approve drugs for medicinal use in the U.S. To date, the FDA has not approved a marketing application for any marijuana product for any clinical indication. Consistent therewith, the FDA and DEA have concluded that marijuana has no federally approved medical use for treatment in the U.S. and thus it remains as a Schedule I controlled substance under federal law. Marinol, a synthetic version of THC, the active ingredient found in the marijuana plant, can be prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in AIDS patients. Marinol is a Schedule III substance under the Controlled Substances Act.

When marijuana is smoked, the THC passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain. In the brain, the THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cells. Many of these receptors are found in the parts of the brain that influence: Pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement. The short-term effects of marijuana include: Problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination. The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities). Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence. Clinical studies show that the physiological, psychological, and behavioral effects of marijuana vary among individuals and present a list of common responses to cannabinoids, as described in the scientific literature:

- Dizziness, nausea, tachycardia, facial flushing, dry mouth, and tremor initially
- Merriment, happiness, and even exhilaration at high doses
- Disinhibition, relaxation, increased sociability, and talkativeness
- Enhanced sensory perception, giving rise to increased appreciation of music, art, and touch
- Heightened imagination leading to a subjective sense of increased creativity
- Time distortions
- Illusions, delusions, and hallucinations are rare except at high doses
- Impaired judgment, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk-taking behavior
- Emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose
- Increased appetite and short-term memory impairment are common

Short term physical effects from marijuana use may include: Sedation, bloodshot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure. Marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Withdrawal from

chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea. Withdrawal symptoms also include behavioral signs such as: Restlessness, irritability, sleep difficulties, and decreased appetite.

No death from overdose of marijuana has been reported.

B. Health Risks Associated with Alcohol Abuse

The consequences associated with alcohol abuse among college students are far-reaching. According to the National Institute on Alcohol Abuse and Alcoholism, “Students who engage in risky drinking may experience blackouts (i.e., memory loss during periods of heavy drinking); fatal and non-fatal injuries, including falls, drowning, and automobile crashes; illnesses; missed classes; unprotected sex that could lead to a sexually transmitted disease or an unwanted pregnancy; falling grades and academic failure; an arrest record; accidental death; and death by suicide. In addition, college students who drink to excess may miss opportunities to participate in the social, athletic, and cultural activities that are part of college life.”¹⁹

The risks are not just limited to students. The Centers for Disease Control and Prevention identifies the following short-term and long-term health risks related to alcohol use and abuse:²⁰

I. Short-Term Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:

- Injuries, such as motor vehicle crashes, falls, drowning, and burns.
- Violence, including homicide, suicide, sexual assault, and intimate partner violence.
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels.
- Risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV.
- Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women.

II. Long-Term Health Risks

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:

¹⁹ Excerpted from: http://www.collegedrinkingprevention.gov/niaacollegematerials/panel01/highrisk_04.aspx

²⁰ These health risks have been reproduced verbatim from the CDC’s “Fact Sheets-Alcohol Use and Your Health” which is available here: <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>.

- High blood pressure, heart disease, stroke, liver disease, and digestive problems.
- Cancer of the breast, mouth, throat, esophagus, liver, and colon.
- Learning and memory problems, including dementia and poor school performance.
- Mental health problems, including depression and anxiety.
- Social problems, including lost productivity, family problems, and unemployment.
- Alcohol dependence, or alcoholism.

The following is from *What Works: Schools Without Drugs*, U.S. Department of Education (1992):

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgement and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

For more information about the health risks associated with alcohol, consult the following resources:

- National Institute on Alcohol Abuse and Alcoholism, "Alcohol's Effects on the Body," <https://www.niaaa.nih.gov/alcohol-health/alcohols-effects-body>
- Center for Disease Control, "Fact Sheets - Alcohol Use and Your Health," <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

IV. Resources for N.C. A&T students and employees

I. Students

For students, the University Counseling Center and the Student Health Center are available to provide medical and psychological assessments of those with drug or alcohol dependency and abuse problems. Based on the outcome of this assessment, treatment can be provided by either or both of these centers. The University's Counseling Center can also help students assess whether they have a risk factor for alcohol or drug dependency, including factors such as, the impact of financial stress, other stressors, family history, or environmental pressures, such as peer pressure. If, however, the scope of the problem is beyond the capability of these centers, affected students will be referred to community agencies. The cost of such services shall be the individual student's responsibility. The University's Counseling Services can be reached at: (336) 334-7727. The University's Safety reporting Numbers are available at: <https://www.ncat.edu/campus-life/wellness-and-safety/reporting.php> . Information about the University's Collegiate Recovery Community can be found here: <https://www.ncat.edu/campus-life/student-affairs/departments/counseling-services/collegiate-recovery-community.php> .

II. Employees

For University employees, the University's Employee Assistance Program is available for assessment and referral. Services of the Employee Assistance Program are provided at no charge to the employee; however, the cost of services provided through community agencies is the individual employee's responsibility. Some services provided to University faculty and staff enrolled in the State Health Plan may be covered under the plan. The services of the University's Counseling and Health Centers are not normally utilized by faculty and staff members, except in emergency situations.

III. Community and other Educational Resources

- Alcoholics Anonymous (AA): <https://nc23.org/>
- Adult Children of Alcoholics (ACOA): https://adultchildren.org/mtsearch/?input_country=USA&cordinate_srch=greensboro%2C+nc&MyRadius=10&MyType=All&mtsearch_srch=Search
- Al-Anon: <https://al-anon.org/>
- ADS-Alcohol and Drug Services: <http://www.adsyes.org/>
- Fellowship Hall–Drug and Alcohol Recovery Center: <https://www.fellowshiphall.com/>
- Legacy Freedom Treatment Centers: <http://www.legacyfreedom.com/>
- Narcotics Anonymous (NA): <https://greensborona.org/>
- National Drug and Alcohol Facts week (March 30 – April 5 every year): <https://www.drugabuse.gov/news-events/public-education-projects/national-drug-alcohol-facts-weekr>
- NCDHHS Stop the Stigma Resource Guide: <https://files.nc.gov/ncdhhs/Stop-the-Stigma--electronic--8.19.19.pdf>

- Student Athlete Drug Testing policy: https://hub.ncat.edu/administration/legal/policies/sec9-athletics/Athletics_Drug_Testing.pdf
- UNC System Policy on Illicit Drugs: <https://www.northcarolina.edu/apps/policy/index.php>
- University Employee Assistance Program: https://hub.ncat.edu/_files/administrative/eapcompsychflyer-1.pdf
- University Pharmacy Services: <https://www.ncat.edu/campus-life/student-affairs/departments/health-services/pharmacy/index.php>

IV. Regaining readmission and eligibility for financial aid

A student who is separated from the University (suspended or expelled) as a result of drug or alcohol violations must apply for readmission and may be required to enroll in drug or alcohol treatment through the [University Counseling Center's BASICS program](#) as a precondition for readmission. As part of the readmission process, a student may be required to submit to a criminal background check and may be denied readmission if there are pending charges or any charges that resulted in a felony conviction.

A student who loses eligibility to receive federal financial aid as a result of being convicted of an offense under Federal or State law involving the possession or sale of a controlled substance may be able to regain eligibility by complying with the requirements set forth in [20 U.S.C. § 1091\(r\)\(2\)](#).

V. Post-suspension and re-employment with University

An SHRA or EHRA employee who is suspended from University employment as a result of drug or alcohol violations may be required to provide evidence of successful completion of a recovery program during the separation period. An SHRA or EHRA employee who is dismissed from University employment as a result of drug or alcohol violations may apply for reemployment but reemployment is not guaranteed, and the employee may be asked to provide evidence of successful completion of a recovery program during the separation period. The North Carolina Department of Commerce's Division of Employment Security also has information published on its website for individuals seeking employment: <https://des.nc.gov/need-help/faqs/unemployment-insurance-benefits-hearings#what-if-separation-from-work-was-drug-and/or-alcohol-related?>