

DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM

CAROLINA COLLEGE OF HAIR DESIGN

I. INTRODUCTION

It is the policy of CCHD that once a year, the information contained in this document shall be made available to each student and employee of CCHD.

It is further the policy of CCHD that during the year, a committee assigned by the president of CCHD shall review the Drug and Alcohol Abuse Prevention Program and shall:

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

The president shall implement, effective and ensuing annually, such of the committee's recommended revisions as he deems appropriate and reasonable.

II. STANDARDS OF CONDUCT AND ENFORCEMENT THEREOF

The college is a private educational institution, and shall not allow on its premises, or at any branch locations, the possession, use, or distribution of any alcoholic beverages or any illicit drug by any student, employee, or visitor. In the event of confirmation of such prohibited possession, use, or distribution by a student or employee, the College shall, within the scope of applicable federal and state due process requirements, take such administrative or disciplinary action as is appropriate. For a student, the disciplinary action may include, but not limited to, suspension, expulsion, and/or arrest or referral to the appropriate law enforcement agency. For an employee such administrative or disciplinary action may include, but is not limited to, reprimand, suspension, or termination of employment or requirement that the employee participate in and/or successfully complete an appropriate rehabilitation program and/or arrest or referral to the appropriate law enforcement agency. Any visitor engaging in any act prohibited by this policy shall be called on to immediately cease such behavior and shall be subject to other sanctions including referral to law enforcement officials for arrest and prosecution.

If any employee, student, or visitor, shall engage in any behavior prohibited by this policy which is also a violation of federal, state and local law or ordinance, that

employee, student, or visitor shall be subject to referral to law enforcement officials for arrest and prosecution.

For detailed information concerning drug and alcohol abuse programs, contact the Directors office at any main campus location in Asheville, North Carolina.

III. LEGAL SANCTIONS

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

Alcohol - North Carolina General Statutes, section 18B-102, states the general rule relating to the possession, distribution and use of alcoholic beverages in North Carolina: "Unless a different punishment is otherwise expressly stated, any person who violates any provision of this Chapter shall be guilty of a misdemeanor and upon conviction shall be punished by a fine, by imprisonment for not more than two years, or both....." Local laws and ordinances and College regulations are preempted by state laws regarding regulation of alcoholic beverages.

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

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

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

of two years and/or a \$2,000 fine (or a Class I felony if quantity is sufficiently large). Possession of a substance classified in Schedule V constitutes a misdemeanor punishable by maximum imprisonment of six months and/or a \$500 fine. Possession of a Schedule VI substance is a misdemeanor punishable by maximum imprisonment of 30 days and/or a \$100 fine.

IV. HEALTH RISK OF DRUG AND ALCOHOL USE AND ABUSE

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

A. Cannabis

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

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

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

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

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

B. Cocaine

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

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

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

C. Other Stimulants

1. Other stimulants include amphetamines and methamphetamines ("speed"); phenmetrazine (Preludin); methylphenidate (Ritalin); and "anorectic" (appetite suppressant) drugs such as Didrex, Pre-Sate, ect.
2. Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness, irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

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

D. Depressants

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

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

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

E. Narcotics

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

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

F. Hallucinogens

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

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

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

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

Lysergic acid (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

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

G. Inhalants

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

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

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

H. Designer Drugs

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

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

I. Alcohol

1. Ethyl alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits.
2. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, unconsciousness, or death, depending on how much is consumed and how fast it is consumed. Alcohol is a “psychoactive,” or mind-altering, drug. Like narcotics and tranquilizers, it can alter moods, cause changes in the body, and become habit-forming. Alcohol depresses the central nervous system, and too much can cause slowed reactions, slurred speech, and unconsciousness.

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

V. WHERE TO GET ASSISTANCE

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

National Toll-free Hotlines

1-800-662-HELP, (M-F, 8:30 a.m. – 4:30 p.m.)
National Institute on Drug Abuse International and Referral Line

National Council on Alcoholism 1-800-622-2255
Online help - www.drughelp.org

LOCAL ASSISTANCE

Asheville Area

ARP Phoenix

356 Biltmore Ave, Suite 219
Asheville NC 28801
Phone: (828) 254-2700

Web Site: arp-phoenix.com

Primary Focus: Mental health and substance abuse services

Services Provided: Substance abuse treatment

Mountain Treatment Center

Substance Abuse Services
260 Merrimon Avenue Suite 100
Asheville NC 28801
Phone: (828) 255-8655

Primary Focus: Substance abuse treatment services

Services Provided: Substance abuse treatment

Type of Care: Outpatient, Partial hospitalization/day treatment

Special Programs/Groups: DUI/DWI offenders

GREENVILLE AREA

Greenville Metro Treatment Center

Substance Abuse Services

603 Arlington Avenue

Greenville SC 29601

Phone: (864) 370-0012

Primary Focus: Substance abuse treatment services

Services Provided: Substance abuse treatment, Detoxification, Methadone Maintenance, Methadone Detoxification

Addcare Counseling

Substance Abuse Services

11 Point Circle

Greenville SC 29615

Phone: (864) 467-1319

Primary Focus: Substance abuse treatment services

Services Provided: Substance abuse treatment, Detoxification