In compliance with the Drug Free Schools and Communities Act, this serves as the University of New Haven's annual notification to each employee and student, in writing, of standards of conduct; description of appropriate sanctions for violation of federal, state, and local law and campus policy; description of health risks associated with AOD use; and description of available treatment programs.



**UNIVERSITY COMMITMENT TO A DRUG-FREE ENVIRONMENT STATEMENT**

**Drug-Free and Smoke-Free Environment**   
In accordance with federal law concerning a DRUG-­FREE campus environment, the relevant university policy and regulations are provided to all current students and faculty/staff (employees). The information is also avail­able upon request.

Effective June 1, 2015, the UNH West Haven and Orange Campuses have gone Tobacco Free and Smoke Free. Smoking, the use of smokeless tobacco products, e-cigarettes and unregulated products are not permitted on any property, building or space occupied by the University of New Haven including but not limited to that which is owned, leased or managed on the Main Campus, North Campus, and Orange Campus. For a full copy of this policy, please visit www.newhaven.edu/tobacco-free/policy

**Why We Give You This Information**

The Drug-Free Schools and Communities Act Amendments of 1989 require an institution of higher education, as a condition of receiving funds or any other form of financial assistance under any federal program, to certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

As part of its drug prevention program for students and employees, the university annually distributes in writing to each student and employee the following information:

·    standards of conduct that clearly prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities;

·    a description of applicable local, state, and federal legal sanctions pertaining to the unlawful possession, use, or distribution of illicit drugs and alcohol;

·    a description of health risks associated with the use of illicit drugs and the abuse of alcohol;

·    a description of available drug and alcohol counseling, treatment, rehabilitation, and re-entry programs;

·    a clear statement of the disciplinary sanctions that the university will impose on students and employees who violate the standards of conduct.

The university has conducted a biennial review of its drug prevention program to determine its effectiveness, implement needed changes, and ensure that disciplinary sanctions are consistently enforced. The university will continue to conduct such reviews.

**Standards of Conduct**

The unlawful manufacture, possession, use, dispensation, or distribution of illicit drugs and alcohol by students or employees on university property or as part of any university activity is prohibited. Students and employees must comply with this policy as a condition of enrollment or employment.

**State and Federal Legal Sanctions Concerning Drugs and Alcohol**

**Connecticut Statutes**

Connecticut statutes cover a wide range of drug offenses, including the offer, the sale, the possession with intent to sell, the gift, and the mere possession of various types of drugs [Connecticut General Statutes Sections 21a 277, 278, 278a, 279]. Among other provisions, the state laws create the following mandatory minimum prison sentences for first-time offenders who are not “drug-dependent” persons:

·    Five years for the manufacture, distribution, or sale, or possession with intent to sell, of one ounce or more of heroin, methadone, or cocaine (including “crack”), or one-half gram or more of cocaine in a freebase form, or five milligrams or more of LSD;

·    Five years for the manufacture, distribution, or sale, or possession with intent to sell, of any narcotic, hallucinogenic, or amphetamine-type substance, or one kilogram or more of a cannabis-type substance (which includes marijuana);

·    Five years for the offer or gift of any of the above drugs in the respective amounts.

Conviction for illegal possession of drugs carries no mandatory minimum sentence, but the following are the maximum sentences for first-time offenders:

·    Seven years or $50,000 or both for possession of any quantity of a narcotic, including cocaine and “crack,” morphine, or heroin;

·    Five years or $2,000 or both for possession of any quantity of a hallucinogen (such as LSD or peyote),

·    One year or $1,000 or both for possession of one half ounce or more but less than five ounces of a cannabis-type substance, or any quantity of a controlled drug, such as amphetamines or barbiturates.

Any person who possesses any controlled substance within one thousand five hundred feet of the real property comprising a public or private elementary or secondary school and who is not enrolled in such school shall be imprisoned for two years, and that sentence shall not be suspended and shall be in addition to and consecutive to any term of imprisonment imposed under the general possession provisions.

Convictions for drug-related offenses involving minors or in the proximity of elementary or secondary schools carry the following mandatory sentences in addition and consecutive to any term of imprisonment imposed for violations of the statutes which prohibit the distribution, sale, and possession with intent to sell of various types of drugs:

·    Two years for the distribution, sale, offer, or gift of any controlled substance by a person eighteen years or older to a person under eighteen years of age and who is at least two years younger than the person violating a statute prohibiting the distribution, sale, or possession with intent to sell of various types of drugs.

·    Three years for the manufacture, distribution, sale, transport, or possession with intent to sell, dispensation, offer, or gift to another person of any controlled substance within one thousand five hundred feet of the real property comprising a public or private elementary or secondary school or a public housing project;

·    Three years for employing, hiring, using, persuading, inducing, enticing, or coercing a person under eighteen years of age to violate a statute prohibiting the manufacture, sale, possession with intent to sell, offer, or gift of any controlled substance.

Actual sentences depend on the severity and the circumstances of the offense and the character and background of the offender.

Connecticut law also prohibits the sale, delivery, or giving of alcohol to minors, intoxicated persons, or habitual drunkards [Conn. Gen. Stat. 30 -86]. The penalty for conviction for delivery or giving of alcoholic liquor to a minor is:

·    Not more than eighteen months or not more than

·    $1,500 or both. Connecticut law prohibits any person to whom the sale of alcoholic liquor is by law forbidden from purchasing or attempting to purchase such liquor or from making any false statement for the purpose of procuring such liquor [Conn. Gen. Stat. 30-89(a)] and provides the following penalty for convictions:

·    Not less than $200 nor more than $500.

·    Moreover, Connecticut law prohibits any minor from possessing any alcoholic liquor anywhere to include private property, on any street or highway or in any public  place or place open to the public including any club which is open to the public [Conn. Gen. Stat. 30-89(b)] and provides the following penalty:

·    First offense $136 infraction. Second or subsequent offense not less than $200 nor more than $500.

·    This law does not apply to a minor who possesses alcohol on order of a practicing physician or to a minor who possesses alcohol when accompanied by a parent, guardian, or spouse who is 21 or over. Federal law also penalizes the manufacture, distribution, possession with intent to manufacture or distribute, and simple possession of drugs (“controlled substances”) [Controlled Substances Act, 21 U.S.C. 841, 843(b), 844, 846, 859, 860]. The law sets the following sentences for first-time offenders:

·    A minimum of ten years and a maximum of life imprisonment, a fine not to exceed the greater of $4,000,000 or other applicable penalties, or both, for the knowing or intentional manufacture, sale, or possession with intent to sell, of large amounts of any narcotic, including heroin, morphine, or cocaine (which includes “crack”), or of phencyclidine (PCP), or of LSD, or of marijuana (1,000 kilo-grams or more of a mixture or substance containing a detectable amount of marijuana, or 1,000 or more marijuana plants regardless of weight);

·    A minimum of five years and a maximum of forty years, a fine not to exceed the greater of $2,000,000 or other applicable penalties, or both, for similar actions involving smaller amounts of any narcotic, including heroin, morphine, or cocaine (which includes “crack”), or of phencyclidine (PCP), or of LSD, or of marijuana (100 kilo-grams or more of a mixture or substance containing a detectable amount of marijuana, or 100 or more marijuana plants regardless of weight);

·    A maximum of five years, a fine not to exceed the greater of $250,000 or other applicable penalties, or both, for similar actions involving smaller amounts of marijuana (less than 50 kilograms, except in the case of 50 or more marijuana plants regardless of weight), hashish, hashish oil, PCP or LSD, or any amounts of amphetamines, barbiturates, and other controlled stimulants and depressives;

·    A maximum of four years, a fine of not more than $30,000, or both, for knowingly or intentionally using the mail, telephone, radio, or any other public or private means of communication to commit acts that violate the laws against the manufacture, sale, and possession of drugs;

·    A maximum of one year and a minimum fine of $1,000, or both, for knowingly or intentionally possessing any controlled substance.

In 2021, Connecticut legalized recreational cannabis for those over the age of 21. Person are permitted to have up to 5 grams of cannabis in their possession. Please note that University policy still prohibits cannabis or cannabis paraphernalia on all of its campuses regardless of age.

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Amount Possessed | | |
|  | 0-1.5 oz. | 1.5-5 oz. | 5 oz.+ |
| Juvenile | CGS Sec. 21a-279a(b) | |  |
| 1st offense: Written warning; optional referral to YSB/JRB | | CGS Sec. 21a-279a (e) |
| 2nd offense: Mandatory YSB/JRB referral, no arrest | | Juv- Delinquent act |
| 3rd offense: Delinquent act | |  |
| 18-20 | CGS Sec. 21a-279a(c) | | CGS Sec. 21a-279a (e) |
| Sign health statement and: | | 1st offense: $500; |
| 1st offense: $50 | | 2nd offense: Class D misdemeanor |
| 2nd offense: $150 | |  |
| 21+ | CGS Sec. 21a-279a(a)  Legal | CGS Sec. 21a-279a(d) | CGS Sec. 21a-279a (e) |
| 1st offense: $100 | 1st offense: $500; |
| 2nd offense: $250 | 2nd offense: Class C misdemeanor |

\*\*21+ may possess up to 1.5 oz. on their person or

1.5-5 oz. in **LOCKED** container at residence or in **LOCKED** glove box or trunk of vehicle\*\*

# Determining Cannabis Amount (CGS Sec. 21a-279a(i)(1-4))

|  |  |  |
| --- | --- | --- |
| Cannabis Amount Equivalent Chart | | |
| Cannabis Plant Material | Cannabis Concentrate | Other Cannabis Product |
| One Ounce | 5 Grams | Up to 500mg of THC |
| 1.5 Ounces | 7.5 Grams | Up to 750mg of THC |
| 5 Ounces | 25 Grams | 25000 mg of THC |

**Cannabis Paraphernalia (CGS Sec. 21a-267)**

Section 21a-267 of the Connecticut General Statutes exclude cannabis paraphernalia as an offense

**Manufacturing and Sale of Cannabis and Cannabis Products**

|  |  |  |
| --- | --- | --- |
| Age/Amount | 0-17 | 18+ |
| 0-8 oz. | Delinquent act | 1st offense: $500  2nd offense: Class C misdemeanor |
| 8 oz.+ | Delinquent act | 1st offense Class B misdemeanor  2nd offense: Class A misdemeanor |

Penalties may be doubled, however, when a first-time offender at least 18 years old (1) distributes a controlled substance to a person under 21 years of age or (2) distributes, possesses with intent to distribute, or manufactures a controlled substance in or on, or within one thousand feet of, the real property comprising a public or private elementary or secondary school, or a public or private college, junior college, or university, a playground or housing facility owned by a public housing authority, or within 100 feet of a public or private youth center, public swimming pool, or video arcade facility. A term of imprisonment for this offense shall not be less than one year.

**Federal Trafficking Penalties**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DRUG/SCHEDULE** | **QUANTITY** | **PENALTIES** | **QUANTITY** | **PENALTIES** |
| Cocaine (Schedule II) | 500 - 4999 gms 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 $2 million if an individual, $5 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 $4 million if an individual, $10 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 $4 million if an individual, $10 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 $8 million if an individual, $20 million if not an individual.  2 or More Prior Offenses: Life imprisonment |
| Cocaine Base (Schedule II) | 5-49 gms mixture | 50 gms or more mixture |
| Fentanyl (Schedule II) | 40 - 399 gms mixture | 400 gms or more mixture |
| Fentanyl Analogue (Schedule I) | 10 - 99 gms mixture | 100 gms or more mixture |
| Heroin (Schedule I) | 100 - 999 gms mixture | 1 kg or more mixture |
| LSD (Schedule I) | 1 - 9 gms mixture | 10 gms or more mixture |
| Methamphetamine (Schedule II) | 5 - 49 gms pure or 50 - 499 gms mixture | 50 gms or more pure or 500 gms or more mixture |
| PCP (Schedule II) | 10 - 99 gms pure or 100 - 999 gms 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 that 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 injury, not less than life. Fine $2 million if an individual, $10 million if not an individual | | |
| Flunitrazepam (Schedule IV) | 1 gm or more |
| Other Schedule III drugs | Any amount | First Offense: Not more than 5 years. Fine not more than $250,000 if an individual, $1 million if not an individual.  Second Offense: Not more 10 yrs. Fine not more than $500,000 if an individual, $2 million if not an individual | | |
| Flunitrazepam (Schedule IV) | 30 to 999 mgs |
| All other Schedule IV drugs | Any amount | First Offense: Not more than 3 years. Fine not more than $250,000 if an individual, $1 million if not an individual.  Second Offense: Not more than 6 yrs. Fine not more than $500,000 if an individual, $2 million if not an individual. | | |
| Flunitrazepam (Schedule IV) | Less than 30 mgs |
| 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 2 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual. | | |

**Federal Trafficking Penalties - Marijuana**

|  |  |  |  |
| --- | --- | --- | --- |
| DRUG | QUANTITY | 1st OFFENSE | 2nd OFFENSE |
| Marijuana | 1,000 kg or more mixture; or 1,000 or more plants | Not less than 10 years, not more than life  If death or serious injury, not less than 20 years, not more than life  Fine not more than $4 million if an individual, $10 million if other than an individual | Not less than 20 years, not more than life  If death or serious injury, mandatory life  Fine not more than $8 million if an individual, $20 million if other than an individual |
| Marijuana | 100 kg to 999 kg mixture; or 100 to 999 plants | Not less than 5 years, not more than 40 years  If death or serious injury, not less than 20 years, not more than life  Fine not more than $2 million if an individual, $5 million if other than an individual | Not less than 10 years, not more than life  If death or serious injury, mandatory life  Fine not more than $4 million if an individual, $10 million if other than an individual |
| Marijuana | more than 10 kgs hashish; 50 to 99 kg mixture  more than 1 kg of hashish oil; 50 to 99 plants | Not more than 20 years  If death or serious injury, not less than 20 years, not more than life  Fine $1 million if an individual, $5 million if other than an individual | Not more than 30 years  If death or serious injury, mandatory life  Fine $2 million if an individual, $10 million if other than individual |
| Marijuana | 1 to 49 plants; less than 50 kg mixture | Not more than 5 years  Fine not more than $250,000, $1 million other than individual | Not more than 10 years  Fine $500,000 if an individual, $2 million if other than individual |
| Hashish | 10 kg or less |
| Hashish Oil | 1 kg |

Any attempt or conspiracy to commit one of the above federal offenses, even if unsuccessful, is punishable by the same sentence prescribed for that offense. Although in some cases the federal penalties seem somewhat lighter, it is not possible to “trade” a state charge for a federal one.

State and federal law thus make crimes of many different activities involving drugs. Simple possession, giving, or even merely offering drugs is illegal, as are such offenses as the manufacture or sale of drugs.

**ALCOHOL AND DRUG ABUSE**

Substance abuse and drug dependency are problems of staggering proportions in our society today. They are estimated to afflict millions of Americans. Millions more are affected by the actions of the substance abuser; these include the families of substance abusers, the victims of substance abuse-related crimes, and those injured or killed by intoxicated drivers or in drug-related accidents.

**Alcohol**

Alcohol is a powerful chemical. When taken in small amounts, it usually produces a pleasant sense of relaxation. In larger amounts, alcohol produces a variety of psychological and physiological changes which can place the person or those around him or her in danger. Alcohol abuse can be characterized by one of three different patterns: (1) regular drinking that affects one’s ability to function at his or her best, (2) drinking large amounts of alcohol at regular times (e.g., getting drunk most Fridays and Saturdays), or (3) periods of heavy daily drinking separated by extended periods of sobriety (i.e., binges).

Alcohol dependence, i.e., alcoholism, is a disorder that has profound psychological, biological, and societal effects. Alcoholism usually appears between the ages of 20 and 40, although onset prior to age 20 or after age 40 does occur. It is much more prevalent in people with a family history of alcoholism. The course of the disorder is usually progressive, with increasing effects on one’s work and social life and with the development of physical dependence.

Short-term effects of alcohol use can include transient problems with comprehension and memory, slowed motor responses, depression, sexual impotence, severe stomach and pancreas inflammation, coma, respiratory arrest, automobile accidents, and increased violence towards both strangers and one’s family and friends. Alcohol use during pregnancy can produce a characteristic group of severe defects in the child known as fetal alcohol syndrome. These defects include facial malformations, seizure disorders, and heart malformations. Chronic alcohol abuse can produce physical complications, including brain damage, liver damage, impotence and infertility, ulcers, and gastrointestinal bleeding. In addition, abrupt cessation of drinking can cause serious, sometimes even life-threatening problems including high blood pressure, seizures, and hallucinations. Death can occur as a result of coma and respiratory failure, impaired coordination and judgment (e.g., in a car accident or suicide attempt), one of the serious chronic medical complications, or severe withdrawal.

**Marijuana (Cannabis)**

Cannabis is the most commonly used illegal drug in the United States. Though physiological consequences depend on frequency, duration, and quantity, cannabis use is associated with impairment of short-term memory, concentration, judgment, perception, and fine motor skills. These impairments will increase the risk of machinery or motor vehicle accidents and injury. This risk continues for four to six hours after ingestion since the active chemical in cannabis (THC, tetrahydrocannabinol) remains stored in body fat cells long after ingestion. When there is frequent use, the above impairments may last for three to six months, even if use of the drug is completely discontinued.

Cannabis can be associated with chronic anxiety, depression, and paranoid feelings. It can also significantly exacerbate or increase underlying emotional problems. Frequent use by children and adolescents may have long-term developmental consequences such as lack of motivation, apathy, and difficulty managing current stresses and responsibilities as well as making appropriate plans for the future.

Makers of designer drugs that are chemically similar to cannabis’ active ingredient THC—called synthetic cannabinoids or colloquially “synthetic marijuana” or “synthetic pot”—are constantly creating new products to evade legal bans on older compounds. Despite the similarity on the molecular level, these drugs are much more dangerous than cannabis, and have resulted in very serious health consequences including overdoses and aggressive or suicidal behavior in users.

AB-PINACA, AB-FUBINACA (sold as “Cloud 9,” “Relax,” or “Crown”) is a component of synthetic cannabis products and is sold as a liquid in eyedropper bottles and often used with vaporizing devices—e-cigarettes or hookah pens. Use of this drug reportedly causes hallucinations, aggressive behavior, racing heartbeat, drowsiness, and vomiting.[[1]](#footnote-1)

“Spice” is a mix of herbs that produces experiences similar to marijuana. Spice mixtures are sold under many names—K2, fake weed, Yucatan Fire, Skunk, Moon Rocks, Mojo, Scooby Snax and others. These are reported to cause severe agitation, anxiety, and paranoia; raised heartbeat and blood pressure; nausea and vomiting; muscle spasms, seizures, and tremors; intense hallucinations and psychotic episodes, including suicidal fixations and other harmful thoughts.

Cannabis oil: Cannabis oil is a thick, sticky, [resinous](http://en.wikipedia.org/wiki/Resin) substance made up of [cannabinoids](http://en.wikipedia.org/wiki/Cannabinoid), such as THC and CBD, which is extracted from the cannabis plant. THC’s are the chemical responsible for a range of effects on the brain. These include heightened awareness of sounds and colors and euphoria (or ‘high’), or a pleasant drowsy feeling (or ‘stoned’).

Medical cannabis: Proponents of medical cannabis argue that it can be a safe and effective treatment for the symptoms of cancer, AIDS, multiple sclerosis, pain, glaucoma, epilepsy, and other conditions. Opponents of medical marijuana argue that it is too dangerous to use, lacks FDA-approval, and that various legal drugs make marijuana use unnecessary. They say cannabis is addictive, leads to harder drug use, interferes with fertility, impairs driving ability, and injures the lungs, immune system, and brain.[[2]](#footnote-2) Medical cannabis is legal in Connecticut however, it is not legal to possess or use medical cannabis on the University of New Haven campuses.

**Hallucinogens**

This category includes LSD (lysergic acid diethylamide, also known as “acid”), mescaline, peyote, and ‘’mushrooms.’’ The short-term use of these drugs produces illusions, hallucinations, altered sense of time and space, impaired visual perceptions, and disorientation. These effects lead to impaired judgment and may result in dangerous behavior. Hallucinogen use may also lead to a “bad trip” with anxiety, agitation, hallucinations, and paranoia which results in self-endangering behavior. After a “bad trip,” the person can experience a “flashback.” Flashbacks are recurrences of the experience without taking the drug, and they may recur months and years after the hallucinogen was last taken. Long-term use of hallucinogens may lead to impaired thinking and sometimes precipitate psychosis.

PCP (phencyclidine) or “angel dust” may induce violent or destructive behavior which may involve impaired judgment leading to injury to the person who has taken the drug or to other people. Dangerous side effects of PCP are that it also causes amnesia of the intoxicating behavior (up to several hours), and also raises blood pressure, which may become a medical emergency.

“N-bomb” refers to any of three closely related synthetic hallucinogens (25I-NBOMe, 25C-NBOMe, and 25B-NBOMe) that are being sold as substitutes for LSD or mescaline. Also called “legal acid,” “smiles,” or “25I,” they are generally found as powders, liquids, soaked into blotter paper (like LSD) or laced on something edible. These chemicals act on serotonin receptors in the brain, like other hallucinogens, but they are considerably more powerful even than LSD. Extremely small amounts can cause seizures, heart attack or arrested breathing, and death.[[3]](#footnote-3)

**Cocaine**

Cocaine is a highly addictive, illegal, stimulant drug. Other names for it are Coke, C., Lady, and Snow. (Speed balls are cocaine mixed with heroin, which is a particularly dangerous combination.) Cocaine is a white powder that is snorted, injected into veins, or smoked freebase or as “crack.” Crack is a crystalline form of cocaine that is also known as “rock” from its small white rocklike appearance. Crack produces the most intense cocaine high, and addiction can occur after using it only once or twice. Cocaine “highs” are characterized by feelings of extreme happiness, a sense of limitless power and energy. A cocaine “crash” follows the “high” and includes symptoms of depression, dullness, great irritability, and paranoia. Serious medical complications occur with cocaine use, such as heart attacks (even in young people), seizures, and strokes due to high blood pressure. The psychological effects of cocaine use include violence and paranoia, depression, anxiety, confusion, and personality changes.

Extensive use of cocaine may lead to chronic depression. Pregnant women using cocaine have increased risk of miscarriages and stillbirths. Newborns addicted to cocaine are irritable and unresponsive and may have malformed kidneys and genitals, as well as heart attacks and strokes. Cocaine addiction can occur in people of all ages, classes, and educational levels. The addiction often controls and may destroy many aspects of the user’s life and the lives of those people close to the user.

**Amphetamines**

In addition to cocaine, amphetamines are drugs that also stimulate the nervous system and are very addictive. Drugs in this group include benzedrine, dexedrine, and methedrine (“speed”). “Ice” is a smokable form of methedrine. “Ecstasy” (MDMA, methylenedioxymethamphetamine) is an amphetamine variant that produces alterations in visual perception and is sometimes experienced as a hallucinogen as well as a stimulant. Amphetamines give a person increased energy, increased alertness, and a feeling of exhilaration. When amphetamines are abused, adverse effects such as restlessness, nervousness, tremors, loss of appetite, and insomnia are common. Paranoia and psychosis may be precipitated by amphetamine abuse. Tolerance to the euphoric effect of amphetamines may occur which may lead the person to take larger amounts of the drug, which in turn may lead to more paranoia and agitation. This state may also be associated with violence and loss of self-control. If the amphetamines are stopped suddenly, withdrawal symptoms (cramps, sweating, headaches, lethargy, and severe depression) may occur.

Molly—slang for “molecular”—refers to the pure crystalline powder form of the club drug [MDMA](http://www.drugabuse.gov/drugs-abuse/mdma-ecstasymolly), which in pill form is known as Ecstasy. Molly, which is usually purchased in capsules, has seen a surge in interest in the past few years. MDMA in any form produces energy and euphoria in users but also may dangerously affect body temperature and cause confusion, depression, and sleep problems.[[4]](#footnote-4)

Bath salts are a new family of drugs containing one or more manmade chemicals related to cathinone, an amphetamine-like stimulant found naturally in the khat plant. There have been reports of severe intoxication and dangerous health effects from using bath salts. Some people who abuse bath salts experience paranoia, agitation, and hallucinations; some even lose contact with reality and act violently.

“Flakka” – (Alpha-PVP) is chemically similar to other synthetic cathinone drugs popularly called "bath salts," and takes the form of a white or pink, foul-smelling crystal that can be eaten, snorted, injected, or vaporized in an e-cigarette or similar device. Vaporizing, which sends the drug very quickly into the bloodstream, may make it particularly easy to overdose. Like other drugs of this type, alpha-PVP can cause a condition called "excited delirium" that involves hyperstimulation, paranoia, and hallucinations that can lead to violent aggression and self-injury. The drug has been linked to deaths by suicide as well as heart attack. It can also dangerously raise body temperature and lead to kidney damage or kidney failure.[[5]](#footnote-5)

**Narcotics**

There are a variety of medications that are taken to relieve pain. Most non-prescription pain relievers (such as aspirin, Tylenol, Motrin, and Nuprin) are not considered addictive. However, there is a class of stronger pain relievers, available only by a doctor’s prescription that can be addictive. These are referred to as narcotics and/or opioid drugs, most of which are derived from opium. Examples of these drugs include methadone, morphine, codeine, Darvon, Darvocet, Fentanyl, Percocet, Percodan, Oxycotin, Vicodin, Demerol, fentanyl and certain prescription cough medicines. These drugs differ from the non-prescription pain relievers in their potential for abuse and dependence.

With close medical supervision, these drugs may be safely used in specific medical circumstances for a limited time. However, as narcotics also produce euphoria, a person may not want to stop the drug when the pain has stopped, and addiction may occur. Tolerance to the drug is shown by an increase in the amount of drug necessary for the relief of pain. Tolerance can be developed within a short period of time (i.e., within approximately 10 doses or more).  This becomes progressive and leads to the craving or need for larger and larger doses without which the person becomes extremely uncomfortable and physically ill with withdrawal symptoms. These include nausea, diarrhea, cramps, weight loss, irritability, sweating, chills, insomnia, and craving for the drug. The time may come when the person “needs” a dose of the drug so large that it is poisonous or lethal. Under these circumstances, coma, suffocation, and death may ensue. This level of tolerance can lead to ingesting these drugs in a way to bypass the digestive track (i.e., crushing the pill and snorting), which changes the rate that the drug is absorbed in the body.  The dangerous course of this problem is also seen in addiction to heroin.

Fentanyl is an extremely potent synthetic opioid—50 times stronger than heroin. Traditionally, fentanyl and analogs such as carfentanil have been mixed with powder heroin. Fentanyl and related compounds are also being found in counterfeit pills made to look like prescription pain relievers and sedatives (e.g., OxyContin®, Xanax®, Norco®).[[6]](#footnote-6)

Carfentanil, a fentanyl analog with a potency approximately 10,000 times that of morphine, has been linked to a significant number of overdose deaths nationwide. It is used as a sedative or in general anesthesia for large animals, including elephants, but is not approved for use in humans. As with many fentanyl analogs, it is likely that carfentanil is being added to mixtures of heroin and other street drugs, but it is not known how often carfentanil is being added to or substituted for other opioids in street drugs, underscoring its danger.[[7]](#footnote-7)

Heroin is a commonly abused illegal narcotic. It may be used by injection into a vein (“shooting up” or “mainlining”) or ingested intra-nasally (“snorting”), and death may occur if the amount injected is sufficient to slow or stop breathing. The intravenous use of heroin also carries the additional medical dangers of AIDS and hepatitis from use of unclean needles and syringes. Over the past 10 years, heroin has been available in purer forms, and thus the risk of accidental overdose has also increased.  Other risks for overdose include using opioid prescription drugs and/or heroin with another depressant such as alcohol.

Salvia is an herb found in southern Mexico and Central and South America. The main active ingredient affects the brain by attaching to targets on nerve cells called kappa opioid receptors. People who use salvia generally experience hallucinations or loss of contact with reality. The effects are intense, but do not last long, appearing in less than one minute and lasting less than thirty minutes. Krokodil is a synthetic form of a heroin-like drug called desomorphine that is made by combining codeine tablets with various toxic chemicals including lighter fluid and industrial cleaners. Desomorphine has a similar effect to heroin in the brain, although it is more powerful and has a shorter duration. Krokodil gets its name from the scaly, gray-green dead skin that forms at the site of an injection. The flesh destroyed by krokodil becomes gangrenous, and, in some cases, limb amputation has been necessary to save a user’s life.[[8]](#footnote-8)

“Syrup,” “Purple Drank,” “Sizzurp,” “Lean”: drinking prescription-strength cough syrup containing codeine and promethazine mixed with soda. Codeine is an opioid that can produce relaxation and euphoria when consumed in sufficient quantities. Promethazine is an antihistamine that also acts as a sedative. Users may also flavor the mixture with the addition of hard candies. Codeine and other opioids present a high risk of fatal overdose due to their effect of depressing the central nervous system, which can slow or stop the heart and lungs. Mixing with alcohol greatly increases this risk. Deaths from prescription opioid medications now outnumber overdose deaths from all other drugs (including cocaine and heroin).[[9]](#footnote-9)

**Sedatives and Tranquilizers**

The barbiturates and the benzodiazepines are two of the most commonly used drugs in this group, and they are both known as depressants. The barbiturates (such as phenobarbital, seconal, and amytal) are highly addictive and can be fatal if taken in excess. Although they still have medical uses, they have largely been replaced by the benzodiazepines for the relief of anxiety and insomnia. The benzodiazepine group includes such drugs as Valium, Librium, Ativan, Xanax, Klonopin, Dalmane, Halcyon, and Restoril. While benzodiazepines have approved medical usages and are safe and effective at moderate doses for short periods of time, all the benzodiazepines have a potential for physical and psychological dependence if used at higher doses for longer periods of time. Benzodiazepines may also be used by some people to get “high.”

Intoxication with benzodiazepines may occur and resembles alcohol intoxication. Drowsiness, slurred speech, unsteady gait, and lack of coordination are common signs. The effects of the benzodiazepines (and the barbiturates and other sedatives) add to those of alcohol (another depressant) such that when they are taken together, there is increased risk of coma, respiratory depression, and death. Withdrawal from benzodiazepines resembles alcohol withdrawal, and it most often occurs when they are stopped abruptly. Withdrawal begins within hours to days of stopping the drug. Because benzodiazepine withdrawal may have life-threatening complications (such as seizures), discontinuing their use should not be attempted without a physician’s supervision.

Rohypnol (roofies, ruffies, rope, rib, roche, Mexican Valium, R2) is a drug which is approved or sold in other countries as a sleeping aid or presurgical sedative. This drug is NOT manufactured or sold in the United States. Rohypnol tablets are white and contain the name “Roche” and an encircled 1 or 2 on one side indicating the milligram.

Rohypnol can be placed in drinks and used as an aid to sexual assault of a victim. Sedative effects are felt within 10 to 30 minutes after consuming the drug. Strongest effects occur within one to two hours, with a complete sedative effect lasting 6 to 8 hours, and amnesia lasting up to 10 hours. Individuals may appear drunk and display side effects that may include drowsiness, impaired motor skills, impaired judgment, dizziness, confusion, and amnesia. When this drug is mixed with alcohol, narcotics or other depressants, its effects can be lethal.

Sleep medications (Ambien, Lunesta, Rozerem, Sonata). These hypnotics are used for the treatment of insomnia which is characterized by difficulty with falling asleep or maintaining sleep. These drugs depress or slow down the body’s functions. All sleep medications have the potential to cause dependence.

**Anabolic Steroids**

Health risks can be produced by long-term use or excessive doses of anabolic steroids. These effects include harmful changes in cholesterol levels, acne, high blood pressure, liver damage, and dangerous changes in the structure of the left ventricle of the heart. On the street, steroids may be called “roids” or “juice.”

**Inhalants**

Inhalants are ordinary household products that are inhaled, huffed, or sniffed to get high. Because intoxication or high lasts only a few minutes, people who abuse inhalants often try to make the feeling last longer by inhaling repeatedly over several hours. Common slang for inhalants includes “laughing gas”, “snappers”, “poppers”, “whippets”, “bold”, and “rush.”

**ADHD Stimulants**

Amphetamine stimulants (Adderall, Vyvanse) and methylphenidate stimulants (Ritalin, Concerta) may help control attention deficit symptoms. Prescription stimulants are sometimes abused—that is, taken in higher quantities or in a different manner than prescribed, or taken by those without a prescription (prescription diversion). Because they suppress appetite, increase wakefulness, and increase focus and attention, they are frequently abused for purposes of weight loss or performance enhancement (e.g., to help study or boost grades in school). Because they may produce euphoria, these drugs are also frequently abused for recreational purposes (i.e., to get high).[[10]](#footnote-10)

**Non medical use of Over-the-Counter (OTC) medication**

The most commonly abused OTC drugs are cough and cold remedies containing dextromethorphan. People often think that prescription and OTC drugs are safer than illicit drugs, but that’s only true when they are taken exactly as prescribed and for the purpose intended. When abused, prescription and OTC drugs can be addictive and put abusers at risk for other adverse health effects, including overdose—especially when taken along with other drugs or alcohol.[[11]](#footnote-11)

**Caffeine**

Bulk bags of pure caffeine powder are readily available online, and these products may be attractive to young people looking for added caffeine stimulation or for help losing weight, but they are extremely dangerous. Just a teaspoon of pure caffeine powder is equivalent to about 25 cups of coffee—a lethal amount. Besides death, severe caffeine overdose can cause fast and erratic heartbeat, seizures, vomiting, diarrhea, and disorientation. Although caffeine is generally safe at the dosages contained in popular beverages, caffeine powder is so potent that safe amounts cannot be measured with ordinary kitchen measuring tools, making it very easy to overdose on them even when users are aware of their potency.[[12]](#footnote-12)

**COUNSELING AND TREATMENT FOR ALCOHOL AND DRUG ABUSE**

Alcohol and drug abuse are multifaceted disorders involving psychological, environmental, and biological factors. The goals of treatment for substance abuse vary depending on the severity of the problem. At times a person may be unwilling to enter treatment because he or she is unable to acknowledge or accept that the use of alcohol or drugs is playing a harmful role in his or her life. In these instances, a planned supportive intervention by family, friends, employers, and health professionals may be a useful first step toward getting such a person to accept help.

Since any one treatment approach may emphasize only one particular etiologic factor, therapy programs have been designed to address multiple factors and various stages of recovery. Treatment settings may be in-patient or out-patient and may involve individual therapy, group therapy, family therapy, medications, or a combination of these. Educational and family therapies can outline facts and clarify myths about substance abuse and address disordered patterns of family and social interactions. Self-help groups such as Alcoholics Anonymous and Narcotics Anonymous are important resources for long-term support, continued abstinence, and social rehabilitation. Lastly, individual and group therapy may be helpful in understanding behaviors and motivations that lead to abuse, in fostering the person's self-esteem and ability to cope with stress, and in addressing related or co-occurring psychological difficulties.

Abstinence is recommended once a person has become dependent on alcohol or another drug.  However, medical attention may be necessary to address both the mild and the potentially life-threatening complications of substance abuse. Under certain circumstances, medications and/or Medicated Assisted Treatments may be useful to reduce the craving for alcohol or other drugs and to deter further use of these substances.  Medication may also be required to make the detoxification process safe, since withdrawal from alcohol, prescription drugs, heroin, and many other drugs may be distressing and even potentially fatal.

**Substance Abuse Prevention and Treatment for UNH Students**

Counseling and Psychological Services offers both individual and group psychotherapy for students struggling with substance use who are either self-referred or referred through other university departments.  The Counseling and Psychological Services works closely with staff from the Dean of Students Office, Residential Life, Health Services, and Department of Athletics to ensure a holistic approach to supporting student’s substance abuse concerns.

The University provides prevention and education for students through an Alcohol and Drug Education Program for incoming students called “Alcoholedu” as well as a brief group therapy intervention (BASICS) for students who have been identified as “at risk”, or are mandated to attend due to a violation of the Substance Abuse Policy in the University of New Haven Student Handbook.  In addition, a substance use task force comprised of student affairs staff, faculty, and students addresses behavioral concerns related to substance use, and implements policy updates as necessary.

If any student has a legal matter related to a substance abuse issue, or is in need of support services outside of Counseling and Psychological Services and Health Services, students are referred to appropriate local and regional substance abuse treatment facilities and self-help groups.

**Substance Abuse Treatment for University Staff and Faculty**

The University of New Haven provides eligible employees with access to medical plans and a separate employee assistance program.  Both programs may provide assistance to those employees, and their eligible dependents, suffering from alcohol and/or drug dependency issues.  Additionally, the University provides extensive educational materials in the Health Library section of the health plan website:  [www.UNHHealthPlan.com](http://www.UNHHealthPlan.com)

The information provided on the website include educational materials such as articles and/or videos on:

* Alcohol and Drug Use
* Planning for Alcohol or Drug Relapse
* Substance Use Disorder / Treatment Option
* Substance Use Problems / misuse in teens and adults and resources for cutting back or stopping drug and alcohol use.
* Signs of Drug Use
* Drug Withdrawal: What to Expect, Learn what's happening to your body during drug withdrawal.
* Assess Your Drug Use
* Teen Alcohol and Drug Use
* Drug Problems: Helping Someone Get Treatment
* Substance Use: Staying Alcohol- or Drug-Free After Treatment
* Inpatient and Outpatient Treatment for Substance Use Disorder
* LSD, Heroin, Methamphetamine, Cocaine, Ecstasy, Anabolic Steroids
* Prescription Medicine Misuse: Setting Goals for Quitting; learn the simple steps that can help you reach a goal of quitting medicine misuse.
* Alcohol and Substance Use in PTSD; includes a test to see if you have a problem with alcohol or drugs and steps for getting help.
* Quitting Smoking: Medicines Increase Success Rates, Learn how medicine can double or triple your chances of stopping smoking.
* Quitting Smoking: Medicines to Help With Cravings, Learn about products and medicines that can take the edge off nicotine cravings.
* Quit Smoking: How Medicines Can Help, Learn how other people quit smoking by using nicotine replacement and other medicines.
* Residential Treatment for Substance Use
* Prescription Medicine Misuse: Could You Have a Problem?

**Substance Abuse and the Family**

When family members are substance abusers, there are often far-reaching consequences for the family as a whole. The family's social and economic status almost always suffers when the substance abuser becomes unable to perform adequately his or her daily work. Emotional tensions and feelings of desperation may lead to conflict or even violence within the home. This can include maladaptive behaviors such as stealing from relatives and employers may occur as the addiction worsens and cravings intensify. This may lead to legal proceedings and further undermining of the family's financial base. All these consequences usually put a great strain on the family and its cohesive functioning.

Emotionally, family members frequently feel overwhelmed. There is often an attempt to cope with the situation by denying that a problem exists. Family members may also take over the abuser's responsibilities at home and even at work. When this becomes a pattern, it may be difficult for the substance abuser to face the seriousness of his or her problem. Facing the problem is the essential first step toward treatment, and the family is often the key to bringing this about. However, the family may itself be in need of outside support. Alcoholics Anonymous and Narcotics Anonymous sponsor support groups (AlAnon, NARAnon) for family members. Family therapy can also provide much needed assistance to families as they grapple with the destructive effects of the user's addiction.

Women who abuse alcohol, cocaine, and other addictive substances during pregnancy run the risk of still birth as well as giving birth to children with intellectual deficits, severe developmental problems, and physical deformities. The likelihood of damage to the unborn child from drinking is significantly increased by the simultaneous abuse of other substances.

**DISCIPLINARY SANCTIONS**

The University will impose disciplinary sanctions on students and employees who violate the above standards of conduct. Among the disciplinary sanctions which may be imposed on students are reprimand, probation, attendance at an alcohol and drug education class, an individual counseling session, monetary fine, restriction, suspension, expulsion, and referral for prosecution. Among the disciplinary sanctions which may be imposed on employees are verbal/written warning, suspension, termination, and potential referral for prosecution. The University may also require completion of an appropriate rehabilitation program.

**A copy of this statement can be found in the Student Handbook at:**[www.newhaven.edu/studenthandbook](http://www.newhaven.edu/studenthandbook).

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