

**LOYOLA UNIVERSITY MARYLAND**  
**Drug and Alcohol Policies, Health Information, Services and Benefits: Faculty Administrators, and Staff**  
**2010-2011**

**Introduction**

This document provides all Loyola University's faculty, administrators and staff at the Evergreen, Columbia, and Timonium Centers information about:

- Community standards and regulations governing illegal alcohol or other drug use;
- Health risks associated with the use of these substances;
- Services available through the Alcohol and Drug Education Support Services Department (ADESS) for problems related to substance abuse or dependence;
- Employee Assistance Program; and
- Benefits coverage of rehabilitation counseling and treatment.

For more detailed information please contact the Director of ADESS, Jan Edward Williams, at 410.617.2928, [jwilliams@loyola.edu](mailto:jwilliams@loyola.edu) or Rachael Bryant, Director, Benefits and Wellness, at 410 617-1366, [erbryant@loyola.edu](mailto:erbryant@loyola.edu) . The ADESS office is located on the Evergreen (main) campus in Seton Court 02B, on the West side of campus. The Benefits and Wellness unit is located at 5000 York Road in the Human Resources Office. Call for directions 410-617-2354.

**Points of Emphasis**

- Loyola University, through ADESS, the EAP, and your medical benefits, provides confidential intervention, support, and referral services for employees with, or at risk to develop alcohol or other drug problems. Help is also available to employees experiencing difficulty due to the alcohol or other drug use of someone close to him or her.
- Loyola University's policies and regulations, consistent with federal, state, and local laws, prohibit unlawful possession, use, or unauthorized distribution of alcohol or other drugs on its property.
- Employees illegally using a drug(s) face consequences that include suspension and expulsion from the university.
- Material in this document is not intended to be, and is not, a comprehensive statement of applicable laws. Employees are subject to all applicable local, state, and federal laws regarding alcohol and other drugs, and are not exempt from enforcement of these laws by virtue of their status as Loyola University employees or their presence on Loyola University property. Concerned individuals should consult state or federal prosecutors or their own attorneys for legal advice or clarification of legal matters.

**Alcohol and Drug Education and Support Services (ADESS)**

This Department is staffed by a full time Director, Jan Edward Williams, MS, JD, CCDC, LCADC; a part time educator and counselor, Cindy Parcover, MS, LCPC; and a full time educator and counselor, Allie Pearlman Sax, LGSW, and an Administrative Assistant, Danielle Avent. Department offices are located in Seton Hall 02B next to the Health Center on the west side of campus. *Call 410-617-2928 for information, or to schedule a confidential individual session with Jan Williams to discuss any of the information in this document, or email him at [jwilliams@loyola.edu](mailto:jwilliams@loyola.edu). Please visit their Website: <http://www.loyola.edu/campuslife/healthservices/adess/index.html>, which provides information about alcoholism and related problems and ADESS services.*

**Employee Assistance Program**

The Employee Assistance and Referral program for Faculty, Staff, and Administrators is a benefit that provides professional and confidential assessment, referrals or short-term problem-solving to eligible participants and their family members. Among the types of problems for which assistance is provided are marital or family problems, job problems, emotional distress, gambling, financial, legal, health, or addiction problems. Services begin on the first of the month coinciding with, or following, date of hire. There is no cost to participants or family members for services provided through this plan. EAP can be reached at 1-800-765-0770.

**Medical Benefits**

Substance Abuse Care: *Precertification of this benefit is required for day or partial hospitalization.*

CareFirst BCBS PPO (**IN-NETWORK**)

INPATIENT	80% of AB after deductible
OUTPATIENT	Visits 1-30: 80% of AB after deductible Thereafter: 50% of AB after deductible (Combined in and out of network)

CareFirst BCBS PPO (**OUT-OF-NETWORK**)

INPATIENT	60% of AB after deductible
OUTPATIENT	Visits 1-5: 80% of AB after deductible Visits 6-30: 65% of AB after deductible Thereafter: 50% of AB after deductible (combined in and out of network)

BlueChoice HMO (**IN-NETWORK ONLY**)

INPATIENT	Covered in full
OUTPATIENT	Visits 1-5: 20% of AB Visits 6-30: 35% of AB Visits 31+: 50% of AB (Combined with Mental Health Benefits)

## Health Information

The following points deserve special emphasis:

1. Severe consequences can result from the use and abuse of alcohol and other psychoactive substances, without the development of alcoholism or other drug dependence.
2. Alcohol or other drug dependence can and does develop rapidly in teenagers and young adults.
3. Although addictive disease can develop in almost any chronic user of psychoactive substances, persons from families with a history of alcoholism, especially in parents or grandparents, are at a greater risk to develop alcohol problems themselves. Employees with such a family history tend also to be at risk to develop other problems, including eating disorders and difficulties in intimate relationships.
4. Use of any non-physician prescribed medications, especially pain killers such as OxyContin, can result in addiction and carries dangers of overdose.
5. A number of people die each year from excessive alcohol use. Drinking too much alcohol too fast can kill you. Mixing alcohol and other drugs, whether prescribed, over the counter medications, or street drugs, can also be deadly. If you encounter a person who is passed out, or unconscious and cannot be easily aroused, or appears to have trouble breathing, it can be a fatal decision to leave the person unattended, "to sleep it off." The safest action is to call for help. Call Campus Police x5911 and 911.

## Health Risks: Alcohol

Alcohol, a drug, is a central nervous system depressant. With moderate drinking a person may experience flushing, dizziness, dulling of senses, and impairment of coordination, reflexes, memory and judgment. Taken in larger quantities, death may occur due to depression of the parts of the brain that control breathing and heart rate. Drinkers who also smoke are more at risk for developing certain cancers. Pregnant women who drink risk fetal alcohol syndrome in the newborn. It is important to read labels of over-the-counter medications for cautions about the use of alcohol while on a particular medication.

*People who drink to get drunk are at significant risk while drinking for personal injury, acquaintance rape, and unplanned, unprotected sexual activity which could result in pregnancy and exposure to sexually transmitted infections (STIs), including the AIDS virus, and genital human papillomavirus (HPV), Chlamydia, and genital herpes.*

The dangers of drinking and driving cannot be overemphasized. Data suggest that despite widespread knowledge of these dangers, a significant number of people continue to drive under the influence of alcohol.

## Health Risks: Controlled Psychoactive Substances

For a listing of possible effects, effects of overdose, withdrawal signs and symptoms, and potential for dependence of substances regulated under the Federal Controlled Substances Act (21 U.S.C. 811), refer to Table 1, attached to this document.

### *Oxycodone or OxyContin*

Oxycodone is a semi-synthetic opiate similar in its drug effects to heroin. It is legally marketed in combination with aspirin (Percodan) or acetaminophen (Percocet) as a medium strength pain-killer, and in a controlled release form, OxyContin. OxyContin has been abused as a street drug in recent years with a number of deaths attributed to overdoses from use of this drug. OxyContin overdose danger is due to the fact that it has been marketed in doses of oxycodone of up to 160 mg. As with most central nervous system depressants, this drug's lethal effects are compounded when it is taken with alcohol. Effects of a normal dose of oxycodone can include euphoria, drowsiness, respiratory depression, and nausea. Overdoses can cause slow and shallow breathing, clammy skin, convulsions, coma, and death. Continued use of oxycodone in any of its forms can result in dependence.

### *Club Drugs*

Rohypnol, GHB, and Ecstasy, described below, are "club drugs" found at dance parties, "raves", "trances", dance clubs, and bars. Rohypnol and GHB are also reported to have been used in sexual assaults in the United States, primarily in combination with alcohol. News stories have been published of unsuspecting use by women followed by rape and inability by the victim to clearly identify the perpetrator. Students should exercise caution in drinking situations. Here are some ways to try to protect oneself:

- Do not go to parties alone; there is safety in numbers.
- Do not accept a mixed drink, or opened container; watch your drink being mixed.
- Don't share or exchange drinks with others.
- Don't leave your drink unattended.
- If you feel disoriented, out-of-control, or not able to care for yourself, or make decisions, ask for help from a trustworthy person.

### *Rohypnol ("Roofies", "roche", and "R-2")*

Rohypnol, the trade name for a sedative hypnotic drug called flunitrazepam, is a benzodiazepine drug similar to Valium™ or Xanax™. The drug is approximately 10 times more potent than the benzodiazepines mentioned, producing a marked

sedative effect that begins within 30 minutes of oral ingestion, peaks within 2 hours, and may persist up to 8 hours. In addition to causing muscle relaxation, slowing of psychomotor responses and mental impairment, the drug is noted for its ability to produce amnesia resulting in an inability to clearly recall events that occurred while impaired. Continued use can produce dependence, with dangerous withdrawal symptoms including seizures and cardiovascular collapse.

#### *GHB ("Liquid G", "liquid ecstasy", "somatomax", "scoop")*

GHB (gamma-hydroxybutyrate) is a depressant drug, not approved for use in the United States, which has also been implicated as a date rape drug. It is cheap, easily manufactured, and has allure due to its past use in the 1980s in health food stores as an alleged alternative to steroids for bodybuilders (an unproved claim). In high doses this drug can be dangerous and lethal, causing nausea, confusion, somnolence, unconsciousness, coma, and respiratory arrest. Reports of sexual assaults linked to GHB have resulted in legislatures in a number of states enacting laws with severe penalties for possession or distribution of the drug. GHB is particularly dangerous when combined with other sedatives (including alcohol) or other drugs.

#### *Ecstasy or MDMA ("XTC", "e", "X", "Adam", "Clarity", "Lover's Speed")*

MDMA (methylenedioxyamphetamine), "Ecstasy", is chemically similar to the stimulant amphetamine and the hallucinogen mescaline. MDMA's effects last 3 to 6 hours. Considered by users a benign drug producing peace, empathy, and energy, MDMA can be dangerous, and can cause increase in heart rate and blood pressure. MDMA energizes users, but interferes with the body's ability to regulate temperature, which may lead to *dehydration, hypertension, and heart or kidney failure*. Some users have died as a result of these effects. There is also some research suggesting that MDMA use may have a toxic effect on neurochemicals in the brain involving memory, mood, and sleep.

#### *Marijuana (tetrahydrocannabinol)*

Marijuana has the reputation among many as a "no big deal" drug; "it's just pot." There are a number of points to consider in making a decision to use marijuana or not. The obvious point to be made first is that purchase and possession of this illegal substance (regardless of whether one agrees with this legal policy or not), is dangerous in terms of circumstances of purchase on the street, can result in criminal charges, and, of course, can result in serious disciplinary consequences at Loyola University, including suspension from the university.

The effects of chronic use of marijuana are not as obviously devastating as those associated with other "harder" drugs. Indeed, the fact that the effects are not as dramatic, tends to play into the denial that this drug is addictive and dangerous. **Marijuana is not a benign drug.**

The disruption of short term memory from use of marijuana is well established. There can also be serious effects on motivation, drive, and focus that often do not become apparent until too late, after the person stops using the drug. For some, marijuana use results in addiction, meaning use of the drug adversely affects significant areas of the user's life: academics, relationships, legally, and at times medically (for example use while on an anti-depressant medication). For some, use of the drug can trigger, or be associated with, development of mental health problems such as anxiety and depression. Finally, a pattern of marijuana use, say, one to two times a week, even if not resulting in addiction or adverse effects, can pose serious obstacles to employment where in depth background checks are done (for example, for security clearance reasons). Investigators will interview college friends and acquaintances. A pattern of marijuana use may result in denial of employment. So, marijuana use IS a big deal!

### **Summary of Alcohol and Drug Policies, and Regulations**

Loyola University's policies and regulations, consistent with federal, state and local law and regulations, prohibit the unlawful possession, use, or distribution of illicit drugs and alcoholic beverages by employees on its property or as part of its activities. Use of illicit drugs by an employee is grounds for severe sanctions, including suspension, mandatory random drug testing, or termination, and may result in referral to authorities for prosecution.

#### **Legal Sanctions**

The possession, use or distribution of drugs, drug paraphernalia, or misuse of alcohol by Loyola University employees on campus or at any University sponsored or related activity is subject to applicable federal, state and local laws. Criminal sanctions for illegal drug and alcohol activity are severe. Loyola University employees are not exempt from these laws by virtue of their presence on Loyola University property. The following information is provided for informational purposes only and is not intended to describe fully all of the pertinent laws regarding drug or alcohol offenses.

#### **Federal Sanctions**

Federal law prohibits generally the manufacture, distribution, or dispensing of a controlled dangerous substance and, under certain circumstances, of a counterfeit substance. It is also a crime to possess a controlled dangerous substance with the intent to manufacture, distribute or dispense the substance. Conviction for one of these "distribution offenses" is punishable by a prison sentence, the length of which depends on the type and amount of the drug involved. In addition to the prison sentence the penalty may also include a fine. For example, for an offense involving five kilograms or more of cocaine, 10 grams or more of LSD, or 1000 kilograms or more of marijuana, a prison sentence of not less than 10 years will be imposed. A prison term of not less than five years will be imposed for offenses involving 500 grams or more of cocaine, one gram or more of LSD or 100 kilograms or more of marijuana.

Federal law also provides stiff penalties for "simple" possession. For a first conviction for possession of a controlled substance, the law provides for up to one year imprisonment and mandates a fine of at least \$1000. With each drug conviction, the penalties increase. Further, federal law states that a first conviction for any federal or state drug possession offense may disqualify the offender from receiving any federal benefits (including, for example, student loans) for up to one year.

### **State and Local Sanctions**

Maryland law states that an individual convicted of the manufacture, distribution, dispensing, or possession of certain controlled dangerous substance with an intent to do any of the foregoing is subject to imprisonment for up to 20 years, or a fine of up to \$25,000, or both. As with federal law, the penalty varies depending on the drug types and amount and the Maryland statute provides for increasingly stiff penalties with each drug offense conviction. Repeat offenders are subject to a mandatory prison sentence of at least two years. A felony conviction for bringing into Maryland certain illegal drugs can carry a prison sentence of up to 25 years and a fine of up to \$50,000. Conviction of possession of controlled substances also carries penalties. For example, if convicted of possession of marijuana, an individual faces a prison sentence of up to one year and/or a fine of up to \$1,000, and for the possession of other controlled dangerous substances, a prison term of up to four years and/or a fine of up to \$25,000. In general, under Maryland law it is unlawful for any person under 21 years of age to possess alcoholic beverages or for any person to misrepresent his or her age or the age of another to obtain alcoholic beverages. It is also unlawful for a person to furnish alcoholic beverages to another if he or she knows the recipient of the beverage is under 21 years old. Any person over 18 violating these sections of the law may be fined up to \$500 for a first offense and \$1000 for a second offense.

This description is only a brief summary of some of the sanctions under federal and state drug and alcohol offense statutes. It does not identify all sanctions; for example, there are statutes which provide for enhanced penalties for the manufacture or distribution of drugs in or near schools or colleges, and statutes which result in property forfeiture. Concerned individuals should consult state or federal prosecutors or their own attorneys for further information.

### **University Regulations**

Loyola University's regulations, set forth in detail in Faculty Handbook and the Staff and Administrators Policy Manual and summarized here, prohibit unlawful possession, use, or distribution of drugs, drug paraphernalia and alcoholic beverages, and provide for prompt imposition of consequences for violative behaviors, upon completion of prescribed procedures that include opportunity for hearing and appeal.

The possible sanctions include, but are not limited to, suspension or termination, and may result in referral to authorities for prosecution in the case of conduct in violation of Federal, State, or local law.

The basic principle underlying these regulations is that each employee is responsible for his or her behavior and its consequences, intended or unintended, in violation of prescribed rules of conduct. When available information suggests the behavior to be related to dependence on alcohol or other drugs, the student involved may be provided an opportunity for appropriate treatment interventions as a part of or in addition to other sanctions.

#### *Illicit Drugs and Paraphernalia*

It is a violation of University regulations for an employee to unlawfully use, possess, administer to another, or to manufacture, distribute, or dispense any controlled dangerous substance or drug paraphernalia. Controlled dangerous substances include, but are not necessarily limited to, the following classes of psychoactive substances: amphetamine, cannabis (marijuana, THC), cocaine, hallucinogens, opioids (for example, codeine, morphine, heroin, methadone), phencyclidine (PCP), and sedatives, hypnotics and anxiolytics. Paraphernalia include: hypodermic syringes, gelatin capsules, substances used to cut drugs (for example, quinine), testing equipment, mixing devices, scales, pipes, roach clips, cocaine spoons, bongs.

#### *Alcoholic Beverages*

The University's prohibitions and sanctions relative to alcoholic beverages are set forth in detail in the Loyola University faculty handbook and staff and administrators policy manual. Violations carry penalties include but are not limited to counseling, suspension or termination.

Drugs	Physical Dependence	Psychological Dependence	Possible Effects	Effects Of Overdose	Withdrawal Syndrome
<b>NARCOTICS</b>					
Morphine	High	High	Euphoria Drowsiness Respiratory depression Constricted pupils Nausea	Slow and shallow Breathing Clammy skin Convulsions Coma Possible death	Yawning Loss of appetite Irritability Tremors Panic Cramps Nausea Runny nose Chills and sweating Watery eyes
Codeine	Moderate	Moderate			
Heroin Hydrocodone Hydromorphone Oxycodone (OxyContin) Methadone and LAAM	High	High			
Fentanyl and Analogs	High	High			
<b>DEPRESSANTS</b>					
Chloral Hydrate	Moderate	Moderate	Slurred speech Disorientation Drunken behavior without odor of alcohol	Shallow respiration Clammy skin Dilated pupils Weak and rapid pulse Coma Possible death	Anxiety Insomnia Tremors Delirium Convulsions Possible death
Barbiturates Benzodiazepines	High-Moderate	High-Moderate			
Ketamine (Special K)	Possible	Unknown	Psychedelic effects Muscle rigidity Aggressive/violent behavior Exaggerated strength Euphoria Illusions, Hallucinations Dissociation Impervious to pain	Vomiting Convulsions Possible death	Unknown
<b>STIMULANTS</b>					
Cocaine (crack) Amphetamine Methamphetamine Ritalin (methylphenidate)	Possible	High	Increased alertness Euphoria Increased pulse rate and blood pressure Excitation Insomnia Loss of appetite	Agitation Increased body temperature Hallucinations Convulsions Death	Apathy Long periods of sleep Irritability Depression Disorientation Pleasurelessness
Ecstasy (MDMA)	Unknown	Moderate	Same as stimulants Nausea Jaw muscle clenching Heightened awareness Calm empathy	High body temperature High blood pressure Seizures Acute anxiety	Flashbacks Possible effects on memory
<b>CANNABIS</b>					
Marijuana	Possible	Moderate	Euphoria Relaxed inhibitions Increased appetite Disorientation	Fatigue Paranoia Possible Psychosis	Insomnia Appetite loss Headache Aches, chills Craving
<b>HALLUCINOGENS</b>					
Phencyclidine and Analogs (PCP)	Unknown	High	Illusions/ hallucinations Misperception time Dissociation Depersonalization Combativeness Amnesia Impervious to pain	Paranoia Seizures High blood pressure Longer trips Psychosis Catatonia Coma Possible death	Unknown
LSD	None	Moderate	Stimulant effects Light trails Sensory distortion Depersonalization	Acute anxiety/panic Paranoia Delusions Psychosis	None

\*Adapted from Higher Education Center for Alcohol and Other Drug Education and Prevention: Complying With the Drug-Free Schools and Campuses Regulations [34 CFR Part 86]. A Guide for University and College Administrators.  
<http://www.edc.org/hec/pubs/dfsocr.htm>.