Name of Policy: Alcohol and Substance Abuse

Policy Number: 3364-30-009

Approving Officer: President

Responsible Agent: Senior Vice President for Student Affairs

Review date: February 2, 2015

Original effective date: July 12, 2011

Scope: All campuses

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(A) Policy Statement

The University of Toledo is committed to promoting and maintaining a work and academic environment that is free from illegal use of alcohol and drug use/abuse, in accordance with all federal, state, and local laws as well as the federal drug free schools and campus regulations. The abuse of alcohol and use of illicit drugs also poses a health risk to members of the University community (see section E of this policy for more information).

(B) Purpose

This policy is designed to inform University faculty, staff and students about the University’s commitment to maintaining an alcohol and drug free work and academic environment.

(C) Standards of Conduct/Violations

The University of Toledo prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or part of any of its activities. Employees, students, and campus visitors age 21 years or older, consuming alcohol at University functions or while on University business where such use is approved, are expected to use alcohol responsibly and not engage in illegal, unprofessional or disruptive behavior.

When there has been a violation of the standards of conduct, the University shall initiate appropriate measures which may include disciplinary action. Such action may result in sanctions up to and including suspension or separation from the University. Violations may be reported by the University to appropriate law enforcement authorities. Those referred to law enforcement authorities are subject to prosecution.
(D) Services for treatment and referral

Students, faculty and staff who violate this policy or encounter difficulties with alcohol and/or drugs shall be informed about and referred to the following university and campus resources for support and assistance.

(1) University Services
Resource information (booklets, brochures, pamphlets, videos, etc.) regarding health and safety concerns from substance use and/or alcohol abuse and information regarding campus and community services are available through a variety of University services, including:

(a) Main Campus Medical Center 419.530.3451
(b) The Counseling Center 419.530.2426
(c) Office of Alcohol, Tobacco and Other Drug Prevention 419.530.8436
(d) Campus Police 419.530.2600

(2) Community Resources
There are many community resources that also provide support, information, or treatment:

(a) AL-ANON-ALATEEN
419.537.7500
Self-help group for persons who are close to an alcoholic. No fee.

(b) ALCOHOLICS ANONYMOUS
419.380.9862
Self-help group for alcoholics. No fee.

(c) Fresh Attitudes, Inc.
419.244.4081
Substance abuse assessments, treatment, education, and after-care; adult mentoring. Sliding fee schedule.

(d) COMPASS, INC.
419.241.8827
Substance abuse treatment, detoxification, and after care. Sliding fee schedule based on ability to pay.

(e) First Call for Help
800.468.4357
For referral and information about self-help groups.

(f) FOCUS
419.244.2175
Assessments - no charge. Inpatient detox, hospitalization, partial hospitalization, and medication management.

(g) HARBOR BEHAVIORAL HEALTHCARE
419.475.4449
Education services. Sliding fee scheduled based on ability to pay.
(h) RESCUE CRISIS
419.255.9585
24-hour emergency hotline.

(i) ProMedica Alcohol and Drug Treatment
Bixby Medical Center 517-265-0411
Herrick Medical Center 517-423-3887
Free assessments. Treatment center for substance abusers. After care.

(j) URBAN MINORITY ALCOHOLISM & DRUG ABUSE OUTREACH PROGRAM
419.255.4444
Prevention, intervention, and relapse prevention. Program targeted for minorities. No fee.

(E) Health Risks

There are many health risks in using alcohol and drugs, they are as follows:

(1) Alcohol. Alcohol consumption causes a number of marked changes in behavior. Even low doses impair judgment and coordination and increase the incidence of aggressive behavior. Very high doses can cause respiratory depression and death. Alcohol intoxication is equivalent to a drug overdose. Repeated use of alcohol can lead to a change in tolerance and dependence. Cessation of alcohol intake, amount individuals suffering from addiction, can produce withdrawal symptoms, including tremors, hallucinations, convulsions, and death. Long-term consumption of large quantities of alcohol can lead to permanent damage to vital organs such as the brain and the liver. Women who drink even small amounts of alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. Children of alcoholic parents have a 40 percent greater risk of developing alcoholism than those children of non-alcoholic parents.

(2) Marijuana. The mood-altering effects of marijuana are the result of a chemical delta-9 tetrahydrocannabinol (THC). THC is fat-soluble and remains in the body up to four weeks after smoking one marijuana cigarette. Consequently, even the occasional user can be detected through urinalysis. Research indicates that regular use may have long-term effects on the user’s brain, heart, and reproductive organs. The numerous carcinogenic chemicals found in marijuana smoke make it particularly harmful to the lungs.

(3) Depressants. The use of depressants can result in a change in tolerance and physical as well as psychological dependency. The combining of multiple depressants (e.g. Xanax and alcohol) will intensify the depressant effects, exacerbating the health risk. Withdrawal symptoms include anxiety, vomiting, acute psychotic episodes, seizures, coma and death.

(4) Stimulants. High doses of stimulant drugs result in intense personality disturbances, including visual and auditory hallucinations, delusions, and paranoia. Tolerance develops rapidly. Cross-tolerance does develop among stimulant drugs (e.g.
methamphetamines and cocaine). The use of cocaine can cause death by cardiac arrest or respiratory failure. Stimulants are addictive and withdraw from them may cause depression and suicidal ideation with some individuals.

(5) Narcotics. Tolerance, especially to the euphoric effects of narcotics, and physical dependence develop rapidly. In order to avoid intense drug cravings, the addict becomes preoccupied with acquiring the drug. Withdrawal symptoms are extremely uncomfortable; however, they are seldom life-threatening.

(6) Hallucinogens. Large doses of Phencyclidine (PCP) may result in convulsive seizure, coma, and death. Mood disorders occur and the user may become violent, irrational, and potentially harmful to self and others. Lysergic acid (LSD), mescaline, and psilocybin cause sensations and feelings to change rapidly. The user may experience panic, confusion, anxiety, and depersonalization; spontaneous reappearance e.g., flashback of the drug experience after use has ceased may occur.

(7) Anabolic-androgenic steroids. Steroid users can experience serious cardiovascular, liver, central nervous system, gastrointestinal, and reproductive disorders. In males, use can result in testicular atrophy, sterility, impotence, and arrested growth. Irreversible masculinization and sterility can result when women use steroids. Psychological impairments include mood swings, depression, and very aggressive behavior.

Approved by:

Nagi G. Naganathan, Ph.D.
Interim President

February 11, 2015

Date

Review/Revision Completed by:

Student Affairs

Policies Superseded by This Policy:

• 3360-30-12 Alcohol and substance abuse, former Main Campus policy, previous effective date July 12, 2011

Initial effective date: July 12, 2011
Review/Revision Date: February 2, 2015
Next review date: February 2, 2018