



Approval Date: 01/09/91  
Effective Date: 01/09/91  
Last Revised: 03/11/15

## ADMINISTRATIVE RULE

<b>Rule Number/Name:</b>	070.011.000 – Drug & Alcohol
<b>Responsible Department:</b>	Human Resources
<b>Authority:</b>	Chief Operating Officer

### Overview

The College is committed to maintaining a drug-free institution and complies with the Drug-Free Schools and Communities Act (the DFSCA) and the Drug Free Workplace Act. The College's goal in establishing this policy is to create a safe and healthful campus and work environment and also to assist its students and employees who may have problems with drugs or alcohol. In compliance with the DFSCA, the College will provide for the campus community information covering the following areas:

- Standards of conduct related to drugs and alcohol for students and employees;
- Disciplinary and legal sanctions for students and employees in violation of policy;
- Description of the health risks associated with illicit drug use and alcohol abuse;
- Description of drug and alcohol programs that are available to students and employees.

### Applicability

This policy applies to all non-union College employees and students. Definitions and accompanying procedures of these sanctions pertaining to students can be found in the CGCC [Student Code of Conduct](#).

The provisions in this policy regarding the possession or use of alcohol do not apply to its use at College-sanctioned events where the serving of alcohol has been approved.

### Administrative Rule Statement

#### Standards of Conduct

The College prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances and alcohol by employees and students on College premises or as part of any College activity. Any employee convicted of violating a criminal drug



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statute in the workplace must notify his or her supervisor and the Chief Operating Officer no later than five days after the conviction.

### College Disciplinary Sanctions for Violations

The College responds to alcohol abuse and illegal drug activity by employees or students on a case-by-case basis. Details of each case are taken into consideration along with the outcome of any legal action against the individual. In addition to any penalties under federal and state law, employees and students found to be in violation of this policy may be subject to disciplinary sanctions consistent with applicable collective bargaining agreements, the CGCC Student Code of Conduct and provisions of federal, state, and local laws. Sanctions imposed by the College at the College's discretion can range from a warning or disciplinary action up to and including termination of employment or expulsion from school. Other potential sanctions may include referral for prosecution and may require participation in an approved drug and/or alcohol abuse assistance or rehabilitation program. Additionally, the law requires the College to report to a federal agency any employee convicted of violating a criminal drug statute if the employee is involved in work supported by that federal agency.

### Employee Assistance

An employee may seek referral for assistance with drug and alcohol issues directly through the College's Employee Assistance Program or by his or her supervisor, Chief Officer, Union Representative and/or through the medical insurance plans, whichever is applicable according to the employee's status.

Reasonable efforts will be made to handle such requests confidentially.

Requests for assistance are encouraged and will not be considered alone as grounds for dismissal.

Such requests will not, however, excuse violation of this policy or other conduct related to drug or alcohol use.

### State of Oregon Sanctions

#### **Alcohol**



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Minor in possession: Any attempt to purchase or be in possession of alcohol by a person under 21 years is a class B violation. Penalties set forth in ORS 471.430.

Providing liquor to a minor: Class A misdemeanor. Penalties set forth in ORS 471.410.

For the purposes of the Oregon Driving Under the Influence of Intoxicants statutes, for a person under 21 years of age, any amount of alcohol in the blood constitutes being under the influence of intoxicating liquor (class A misdemeanor).

### **Marijuana**

Delivery for consideration (selling, dealing, or bartering): Class B felony.

Delivery not for consideration (less than one ounce): Class A misdemeanor.

Delivery not for consideration (less than 5 grams): Violation.

Unlawful possession (less than one ounce): Violation.

Unlawful possession (more than one ounce): Class B felony.

### **Controlled Substances**

In Oregon, penalties for possession and distribution are determined by the Controlled Substance Schedule on which the drug appears. Examples from the drug schedules appear below. (Note: Most drugs appear on the same federal and state schedule.)

Schedule I: Heroin, LSD, Ecstasy, Peyote, Mescaline, Psilocybin

Manufacture or distribution: Class B felony

Unlawful possession: Class B felony

Schedule II: Opium, Cocaine, Methamphetamine, Amphetamine, PCP

Manufacture or distribution: Class B felony

Unlawful possession: Class C felony

Schedule III: Depressants, Vicodin, Anabolic Steroids, Codeine, Testosterone

Manufacture or distribution: Class C felony

Unlawful possession: Class A misdemeanor

Schedule IV: Valium, Xanax, Phenobarbital

Manufacture or distribution: Class B felony

Unlawful possession: Class C misdemeanor

Schedule V: Other less dangerous prescription drugs/small amounts of some drugs

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Manufacture or distribution: Class C misdemeanor

Unlawful possession: Violation

It is unlawful for a person to manufacture or deliver a Schedule I, II, or III controlled substance within 1,000 feet of the real property comprising a public or private elementary, vocational or secondary school attended by minors (Class A felony).

### Federal Sanctions

The federal system establishes sanctions for possession and distribution of a controlled substance, based on the schedule of the drug and the amount involved. In addition, the statutory sanctions for possession and distribution are subject to the "Sentencing Guidelines for U.S. Courts." Imposition of the guidelines may lead to higher offense levels and, thus, stricter penalties than otherwise indicated. Courts must make adjustments in the offense level for victim-related considerations, the defendant's role in the offense, multiple counts, obstruction, and acceptance of responsibility. Finally, the guidelines establish sentences for each offense based on the defendant's criminal history. Federal penal sanctions range from manufacture, distribution, or trafficking of large amounts of heroin, cocaine, PCP, methamphetamine, Schedule I and II hallucinogens, marijuana, hashish, or any of their derivatives (30 years to life, regardless of the defendant's criminal history) to possession of any Schedule III-V drug if the defendant has the lowest level of criminal history (0-4 months).

Further, if serious injury or death results from the crime, minimums of up to 10 years (serious injury) and 20 years (death) plus a fine of up to \$4 million may be added. These penalties may be doubled for defendants with past felony drug convictions. Finally, penal sanctions in the federal system are "real time" with reductions in sentences only for good behavior.

### Health Risks Associated With Use or Abuse

All controlled substances, including alcohol, can have side effects. They can interfere with important brain activities including coordination, memory, and learning. In addition, they increase the risk of lung cancer, destroy liver cells, initiate severe weight loss, and may weaken the immune system. Users may also experience abdominal pain, nausea, vomiting,



rapid heartbeat, and irregular breathing. Convulsions, coma, and death are also possible. Combining controlled substances can be fatal.

### ***Tobacco and Nicotine***

Smokers are more likely than nonsmokers to contract heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Thirty percent of cancer deaths are linked to smoking. Chronic obstructive lung diseases, such as emphysema and chronic bronchitis, are 10 times more likely to occur among smokers than among nonsmokers. Smoking during pregnancy also poses risks, such as spontaneous abortion, pre-term birth, and low birth weights. Fetal and infant deaths are more likely to occur when the pregnant woman is a smoker. Nicotine is both psychologically and physically addictive.

### ***Alcohol***

Low doses significantly impair the judgment and coordination needed to operate vehicles. Small amounts can also lower inhibitions. Moderate to high doses cause marked impairments in higher mental functions, and loss of memory and the ability to learn and remember information. High doses cause respiratory depression and death. Long-term consumption, particularly when combined with poor nutrition, can also lead to dependence and permanent damage to vital organs such as the brain and the liver. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described. Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation.

### ***Cannabis*** (Marijuana, Hashish, Hashish Oil, Tetrahydrocannabinol)

Physical effects of cannabis include increased heart rate, bloodshot eyes, dry mouth and throat, and increased appetite. Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, reduce ability to perform tasks requiring concentration and coordination, and impair driving ability. Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana, hashish, THC, etc., can also produce paranoia and psychosis. Long term use may result in possible lung



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damage, reduced sperm count and sperm motility, and may affect ovulation cycles.

Cannabis can also be psychologically addictive.

### ***Inhalants*** (Nitrous Oxide, Amyl Nitrite, Butyl Nitrite, Chlorohydrocarbons, Hydrocarbons)

Immediate 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 damage. Deeply inhaling vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing oxygen in lungs. Long-term use can cause weight loss, fatigue, electrolyte imbalance, muscle fatigue, and permanent damage to the nervous system.

### ***Cocaine*** (Crack)

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 nasal irritation; chronic use can ulcerate the mucous membrane of the nose. Crack or freebase rock is extremely addictive. Physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures. The use of cocaine can cause death by cardiac arrest or respiratory failure.

### ***Stimulants*** (Amphetamines, Methamphetamines, Crank, Ice)

Stimulants cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. Users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause rapid or irregular heartbeat, tremors, loss of coordination, and physical collapse. Amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure. In addition to physical effects, feelings of restlessness, anxiety, and moodiness can result. Use of large amounts over a long period of time can cause amphetamine psychosis that includes hallucinations, delusions, and paranoia. The use of amphetamines can cause physical and psychological dependence.



***Depressants*** (Barbiturates, Methaqualone, Tranquilizers)

Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Large doses can cause respiratory depression, coma, and death. Combination of depressants and alcohol can multiply effects of the drugs, thereby multiplying risks. Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after birth. Birth defects and behavioral problems may also result. The use of depressants can cause both physical and psychological dependence.

***Hallucinogens*** (PCP, LSD, Mescaline, Peyote, Psilocybin)

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls intellect and instinct. PCP blocks pain receptors, and users can have violent PCP episodes resulting in self-inflicted injuries. Lysergic acid diethylamide (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.

***Narcotics*** (Heroin, Methadone, Codeine, Morphine, Meperidine, Opium)

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users may experience constricted pupils, watery eyes and itching. Overdoses may produce respiratory depression, clammy skin, convulsions, coma and death. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms. Use of narcotics can cause physical and psychological dependence.

***Designer Drugs*** (Analog of Fenatyl, Analog of Meperidine, MDMA, Ecstasy Analog of PCP)

Many "designer drugs" are related to amphetamines and depressants and have mild stimulant and depressant properties. Use can produce severe neurochemical damage to the brain. Narcotic analogs can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analog of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. Analog of PCP cause illusions, hallucinations, and impaired perception.



***Anabolic Steroids***

Steroid users subject themselves to more than 70 side effects, ranging in severity from acne to liver cancer, including psychological as well as physical reactions. The liver and cardio-vascular and reproductive systems are most seriously affected by use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior, known as "roid rage", and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

**Other Sections Specific to the Administrative Rule**

**Resources for Drug and Alcohol Programs**

CGCC Employee Assistance Program (Reliant Behavioral Health)  
1-866-750-1327

Mid-Columbia Center for Living  
541-296-5452

Central Washington Comprehensive Mental health  
503-773-5801

Skamania County Community Health  
509-427-3850

Alcoholics Anonymous  
800-999-9210 & <http://district12aa.org>

Cocaine Anonymous  
503-256-1666 & [www.caorwa.org](http://www.caorwa.org)

Crystal Meth Anonymous  
[www.crystallmeth.org](http://www.crystallmeth.org)

Marijuana Anonymous  
[www.marijuana-anonymous.org](http://www.marijuana-anonymous.org)





Narcotics Anonymous

[www.na.org](http://www.na.org)

**Definitions**

None

**Interpretation of Administrative Rule**

Chief Operating Officer

**Cross Reference to Related Administrative Rules**

CGCC Student Code of Conduct

**Further Information**

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**Strategic Direction**

KFA 3: Faculty and Staff

**Appendix**

1. U.S. Dept. of Education (1989). What Works: Schools Without Drugs. (Rockville, MD: National Clearinghouse for Alcohol and Drug Information, 1989), pp 61-72. National Institute on Drug Abuse, NIDA Capsules, (Rockville, MD: Press Office of the National Institute on Drug Abuse, 1986).
2. National Institute on Drug Abuse-[www.drugabuse.gov](http://www.drugabuse.gov)