

VII. THE DRUG-FREE CAMPUS – Faculty Handbook

Preface

In keeping with the religious heritage of the Church of the Nazarene and in keeping with applicable federal, state and local statutes, it is the policy of MVNU that abstaining from the use of alcohol, tobacco, and non-medical uses of controlled substances is the positive ideal for persons and communities.

Standards of Conduct

The unlawful manufacture, distribution, dispensation, purchase, possession, or use of a controlled substance, alcohol, or tobacco is prohibited on University premises and off-campus. Employees must abide by this policy as a condition for continued employment. Violation of the policy may be cause for suspension or dismissal from the University.

Employees are required to report any personal conviction listed under a criminal drug statute while employed no later than five days after the conviction, to the Vice President for Academic Affairs and the Assistant Vice President for Academic Administration.

The term "alcohol" is defined by the **Drug-Free Workplace Act of 1988**:

[http://das.ohio.gov/hrd/Policy/OAC%20123-1-76-01%20\(LOTS\).pdf](http://das.ohio.gov/hrd/Policy/OAC%20123-1-76-01%20(LOTS).pdf)

Applicable sections of the **Ohio Revised Code** (chapter 4301.01):

<http://onlinedocs.andersonpublishing.com/oh/lpExt.dll?f=templates&fn=main-h.htm&cp=PORC>

The **Drug Free Schools and Communities Act Amendments of 1989** (amends the Higher Education Act):

<http://counsel.cua.edu/FEDLAW/Dfsca.cfm>

The term "controlled substance" is any drug or substance defined by the Drug-Free Workplace Act of 1988 or applicable sections of the Ohio Revised Code (chapters 2925.01 and 3719.01). The Drug Free Schools and Communities Act Amendments of 1989 (amends the Higher Education Act):

<http://counsel.cua.edu/FEDLAW/Dfsca.cfm>

Description of Legal Sanctions

Local legal counsel indicates that legal penalties are most likely to be pursued under applicable sections of the Ohio Revised Code. Under Ohio law, most alcohol-related offenses are considered to be misdemeanor offenses; misdemeanor convictions carry jail sentences from thirty days to six months and/or fines from \$250 to \$1,000, depending upon the seriousness of the offense and past convictions.

Controlled substance offenses are classified as misdemeanors or felony offenses, depending upon the substance in possession, its amount, intent to traffic, and past convictions. Felony convictions under State of Ohio statutes carry jail sentences from six months to ten years and/or fines from \$2,500 to \$20,000. Trafficking in controlled substances is also subject to federal jurisdiction.

Description of Health Risks

Psycho-active drugs, including alcohol and controlled substances, carry even with their casual use, pronounced and long-lasting health risks to persons and their children.

Alcohol--Alcohol enters the blood stream and affects the nervous system almost immediately with its depressant effects, as it depresses the central nervous system, slows thought processes, reflexes and other physical skills. In small amounts, alcohol appears to be a stimulant as it depresses anxiety and other inhibitions. It significantly impairs judgment and coordination necessary for safe automobile operation and significantly increases the likelihood of traffic accidents, injuries and deaths. In larger amounts, it produces confusion, moodiness, unhappiness and anger. It increases the incidence of aggressive actions, including spouse and child abuse. Large doses or chronic use can result in marked impairments to higher mental functions, including the ability to learn and remember. Very high doses of alcohol may produce respiratory depression, unconsciousness, or death.

Alcohol is addicting, and repeated use leads to dependence. Sudden cessation of alcohol consumption may produce withdrawal effects, including convulsions, hallucinations, severe anxiety and tremors. Alcohol use when combined with poor nutrition produces damage to the brain, liver, and other internal organs. Alcohol use may produce fetal alcohol syndrome in infants born to mothers using alcohol during pregnancy. Alcohol use intensifies the effects of other depressants, thus increasing the risk of overdose and suicide.

Depressants--Depressants (including barbiturates, tranquilizers like Librium and Valium, and sedative-hypnotics) slow down the central nervous system. In small amounts, they relax muscles, slow breathing, and lower blood pressure. In larger doses, they produce slurred speech, drowsiness, confusion, lack of coordination, and deficits in judgment, motivation, concentration, and memory. Most depressants are addictive, producing psychological and physical dependence. Continued use can produce damage to the brain and other organs, cause severe health problems for infants of dependent mothers, overdose, comas, and death. Withdrawal from depressant dependence may lead to anxiety attacks, insomnia, tremors, delirium, and convulsions.

Hallucinogens--Hallucinogens are natural or synthetic substances, which alter moods and brain processes of thinking and awareness. They have no known medical use. This class of drugs includes LSD, PCP, STP, mescaline and psilocybin, etc. Their major effects include illusions, hallucinations, and distortions in the perception of time and distance.

The hallucinogens increase the pulse rate, blood pressure, and temperature. They may also produce nausea, chills, and convulsions. Mentally, the effects of hallucinogens are difficult to anticipate, because their effects on perceptions and moods are unpredictable. Long-term use can lead to heart, lung, and brain damage, and possibly overdose and death.

Marijuana and its cannabis cousin (hashish) are sometimes classified as hallucinogens, as their effect upon moods and perceptions is unpredictable. Their use may produce feelings of excitement and happiness, or anxiety and panic, and lead to mild psychological dependence. In small doses, these may produce increased alertness, euphoria, and relaxed inhibitions. Larger doses or prolonged use produces drowsiness, unresponsiveness, paranoia, and fatigue. The physical effects include increased heart rate, lowered temperature, increased appetite, and sensations of dry throat and mouth. They retard coordination and reflex reactions. Long-term use can affect the reproductive systems of females and males, especially when used during in adolescence. They can produce chest pain from accelerated heart rate. If smoked, they can damage lungs in the same way cigarette smoke does. They impair short-term memory, motivation, and concentration. Withdrawal effects include insomnia, hyperactivity, and decreased appetite.

Narcotic and Opiate Derivatives--Heroin, opium, morphine, and codeine are addictive, analgesic drugs of the narcotic family, which lead to both physical and psychological dependence. Man-made medications like Demerol are also considered to be narcotics. In general, narcotics retard breathing, relax muscles, produce nausea, and reduce pain and hunger, thirst, and sex drives. Physical health risks include addiction, damage to the brain and other organs, and severe health problems for infants born to mothers using narcotics during pregnancy. Narcotics may cover up other health symptoms. Heroin users risk contacting AIDS through sharing contaminated needles. Overdoses are known to produce slow and shallow breathing, clammy skin, convulsions, coma, or death. Withdrawal effects include watery eyes, runny noses, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills, and sweating.

Stimulants--Stimulants are natural and synthetic drugs which speed up the activity of the nervous system and thereby increase activity and alertness levels. For this reason, stimulants are commonly termed "uppers." Stimulant use can produce mild physical dependence and high psychological dependence. Stimulants include amphetamines, diet pills, cocaine, caffeine, and nicotine. Stimulants accelerate heart and respiration rates, raise blood pressure, and decrease appetite. Overdose symptoms include sleeplessness, dizziness, anxiety, hallucinations, depression, agitation, convulsions, and possible death. Stimulant use can lead to dependence, permanent brain and organ damage from chronic, long-term use, risk of AIDS infection, and death.

Mixing drugs from the different classifications can produce unpredictable and deadly reactions. Their effects are exaggerated by mixing. The human body develops a tolerance for most drugs, which necessitates that the person takes a higher dose each time to produce the same effect.

Description of Mission Commitment

Mount Vernon Nazarene University views itself as an institution with a redemptive mission. To the extent and within the means of institutional resources, the first line response of the institution will be toward maintenance of the institutional mission and community standards.

The University maintains no drug or alcohol rehabilitation facility or organized program on campus; limited resources do not permit it. But to the degree possible, affected individuals will be referred to appropriate community agencies and organizations such as the Freedom Center (106 E. Gambier St. 397-1952), Moundbuilders Guidance Center (8402 Blackjack Rd. 397-0442), Knox Community Hospital (1330 Coshocton Rd. 393-9000).

Description of Institutional Sanctions

The University will cooperate with federal, state, and local law enforcement agencies, to the fullest extent possible, when individuals in the campus community are under investigation or suspicion.

Faculty--Faculty agree to abide by these drug-free policies when they sign the initial and continuing employment contracts. Faculty convicted of drug statute violations will be dismissed in accord with the Faculty Handbook, section 2.8.5, if, in the judgment of the Vice President for Academic Affairs and the President, the faculty member is rendered physically, intellectually, morally, or spiritually incapable of completing their assigned duties.

If, in the view of the Vice President for Academic Affairs and the President, the faculty member can be rehabilitated, sanctions may include suspension, mandatory counseling, medical treatment, etc., in accordance with the provisions of the relevant health insurance carrier and/or individual resources.

(This policy is subject to review and change through the regular institutional policy change procedures).