

# MC

## MONTGOMERY COLLEGE



### **Drug-Free Schools and Communities Act**

### **2021 Biennial Review**

*(Academic Years 2019-2020 and 2020-2021)*

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### Certification Statement

## Overview

Montgomery College actively ensures compliance with the Drug-Free Schools and Campuses Regulations (34 CFR Part 86) of the Drug-Free Schools and Campuses. Additional information on the regulations for Drug and Alcohol Abuse Prevention can be found here: <https://www.ecfr.gov/current/title-34/part-86>

This regulation requires the College to implement awareness and prevention programs regarding alcohol and drug use, abuse, and distribution by students and employees—across the College and all three campuses located in Germantown, Rockville, and Takoma Park/Silver Spring, Maryland. In accordance with the regulations, this report outlines specific College efforts over the past two academic years: 2019-2020 and 2020-2021. As required, we have reviewed our alcohol and other drug programs' compliance, effectiveness, and consistency of sanction enforcement. Additionally, we have determined appropriate and necessary changes to ensure program effectiveness. The results of this review are contained in this biennial report. Additionally, copies of the required annual notification pertaining to employees and students for all institutions of higher education are located in (Appendix B).

Representatives of Administrative and Fiscal Services, Student Affairs, Academic Affairs, and the Office of Compliance, Risk, and Ethics have conducted this 2021 Biennial Review. Please note the following committee representatives:

### **2021 Biennial Review Committee Members:**

- Ms. Maria Adams, Compliance and Ethics Specialist
- Dr. Monique Davis, Dean of Instruction, Health Sciences and Director of Nursing
- Ms. Rowena D'Souza, Human Resources Compliance Coordinator, Human Resources and Strategic Talent Management
- Ms. Chevelle Glymph, Director of Public Health and Environmental Safety
- Ms. Janee McFadden, Collegewide Dean of Student Engagement and Takoma Park/Silver Spring Student Affairs
- Mr. Marvin Mills, Vice President for Facilities and Public Safety
- Mr. Adam Reid, Director of Public Safety, Health and Emergency Management

*For more information about this report contact:*

*Montgomery College  
Office of Compliance, Risk, and Ethics  
9221 Corporate Boulevard  
Rockville, MD 20850  
240-567-7396  
compliance@montgomerycollege.edu*

## **Introduction**

Founded in 1946, Montgomery College began as an evening college at Bethesda-Chevy Chase High School, serving an initial student body of just 186 students. By 1950, the College acquired the buildings and land previously occupied by the Bliss Electrical School. This Takoma Park location became the College's first campus. The Rockville Campus opened in 1965 and the Germantown Campus opened in 1978.

Today, the College is a multicampus institution that serves approximately 54,000 students annually through a combination of credit and noncredit continuing education programs.

Chartered by the state of Maryland and governed by a 10-member Board of Trustees, Montgomery College is widely recognized for the quality and scope of its academic programs in liberal arts, humanities, sciences, business, and technologies.

Campuses are located in Germantown, Rockville, and Takoma Park/Silver Spring, complemented by Workforce Development and Continuing Education centers and other off-campus sites throughout Montgomery County. Montgomery College offers degrees and certificates in over 100 programs of study, which prepare students to earn an associate's degree, transfer to a four-year college or university, enter the job market, upgrade career skills, complete an apprenticeship, or enhance life through enrichment experiences.

Montgomery College faculty and staff are highly accomplished and innovative in providing individualized instruction and a supportive learning environment. Affordable tuition and various extracurricular activities—athletic programs, performing arts, student clubs, multicultural organizations, student government—create a complete college experience for the county's culturally diverse student population. Courses and student services are provided year-round for day, evening, and weekend students.

The College is an open-access, public education institution dedicated to academic excellence and committed to student success. The College offers a wide range of postsecondary academic programs, career training, and lifelong learning opportunities at moderate cost to residents, businesses, and other organizations within Montgomery County. The College provides an enriching and comprehensive learning experience for students, faculty, staff, and community members who enhance the College with a diversity of ethnicities, cultures, ages, and experiences. This diversity offers opportunities for students to appreciate individual differences and to communicate ideas. As an educational resource center, the College acknowledges its responsibility and participates actively with public and private agencies to search for solutions to community problems.

### **Part One: Description of Programs**

All students and employees share the responsibility for protecting the Montgomery College environment, and all are expected to exemplify high standards of professional and personal conduct. The illegal or abusive use of drugs or alcohol by students or employees adversely affects the educational environment. Montgomery College is committed to maintaining a learning environment that is free of illegal drug use and alcohol abuse.

In keeping with its primary purpose, Montgomery College utilizes educational strategies as its major approach to this issue. Everyone should be aware, however, that any student or employee who uses illegal drugs or abuses any drug, including alcohol, may be subject to prosecution and punishment by the civil authorities and to disciplinary proceedings by the College. Individuals who are using drugs should stop. This policy does NOT punish people who seek rehabilitation. All information provided by people who voluntarily avail themselves of drug or alcohol counseling or rehabilitation services will be confidential. It will NOT be used against the individual.

The passing of the Maryland Heroin and Opioid Education and Community Action Act of 2017 mandated requirements for policy development, prevention training, and reporting of overdose cases. In response to the policy requirement, Montgomery College added the necessary language regarding heroin/opioid overdose prevention, response and reporting to our existing Policy 31005 and Procedure 31005CP—Drug and Alcohol Abuse Prevention. Also, in compliance with this law, all incoming full-time students must participate in heroin and opioid addiction and prevention awareness training, and all part-time students must be provided with resources concerning heroin/opioid abuse prevention and awareness. The law also requires designated employees to be trained in administering overdose-reversing medications (Naloxone). The Office of Public Safety has implemented a training requirement for all officers in Naloxone administration since early 2017. Public safety officers who are trained in Naloxone administration may administer the medication to someone who has overdosed. To date, there have been no incidents of the Office of Public Safety needing to administer Naloxone. Montgomery College's Office of Public Safety stores Naloxone on each campus in readily accessible areas for immediate response, if needed, and annually reports to the Maryland Higher Education Commission the number of times the overdose-reversing medication was administered.

In accordance with the Drug-Free Schools and Community Act, Montgomery College notifies both employees and students annually about the Drug and Alcohol Abuse Prevention program and the related policy and sanctions. Also, information is included about the adverse health effects of drug and alcohol abuse as well as a list of national and local resources available for treatment.

### **Drug/Alcohol Abuse Prevention Program for Students**

#### **Office of the Collegewide Dean of Student Engagement**

\*During the Covid19 pandemic, Montgomery College prioritized the health and safety of the College community by operating predominantly in remote work status from March 14, 2020, through November 7, 2021. Most of the College's Programs and services returned to campus in a gradual, phased in return, with all services returning fully on November 8, 2021. As a result, three of the four semesters reflected in this report were largely conducted in a virtual/online service model. Due to these extraordinary circumstances, the programs and services traditionally offered to students, staff and faculty on substance abuse, prevention and awareness were significantly impacted.

Despite limitations imposed by the pandemic, Montgomery College continued to provide programs and activities to promote the education, awareness and prevention of substance abuse among students, however these offerings were administered in a largely virtual format. Montgomery College leveraged its collective resources to maximize operational efficiencies during the pandemic. As a result, many programs that have been traditionally offered in a campus-based format were offered collegewide.

#### **Interconnection between sexual assault and substance abuse prevention training**

Much training delivered to students involved sexual assault prevention, combined with substance abuse prevention. These trainings incorporated the legal definition of consent and educated participants on the legal aspects of consent for incapacitated individuals. The sexual assault prevention trainings incorporated strategies to stay safe (i.e., understanding date rape drugs, how alcohol impairs judgment, and other elements). The reader should note that sexual assault trainings are interconnected with substance abuse prevention, and as such, will also be documented in this report.

Bingo events entailed questions and answers in a game format designed to educate students about substance abuse. Students were provided with prizes.

The following includes a review of several programs and activities that were specifically designed for students during this timeframe:

Substance Abuse Prevention Education Events for Students  
**2019-2021**

<b>STUDENT LIFE EVENTS COLLEGEWIDE</b>		
<b>DATE</b>	<b>EVENT</b>	<b>ATTENDEES</b>
10/17/2021 - 10/23/2021	National Collegiate Alcohol Awareness Week 2020—week long social media campaign to bring awareness to alcohol abuse among college students.	N/A
10/20/2021	Maximize Your Buzz—game to provide students with basic alcohol education to reduce high risk drinking and over indulging.	20
10/13/2021	Zero Shades of Gray: Bystander intervention and sexual assault prevention training.	7
9/28/2021	Sexual Assault Prevention and Violence Prevention Office of Student Life and SHaW Collaboration-Students Fight Back/Self Defense.	48
4/6/2021	MC Fights Back was hosted to commemorate Sexual Assault Awareness and Prevention month. 75-minute Virtual Violence Prevention Workshop with Q&A	48
3/22/2021- 3/28/2021	National Drug and Alcohol Facts Week.	Online
3/8/2021	MC Support Groups: hosted to promote Mental Health Awareness to the MC community as well as highlight Mental Health supportive services provided by the MC SHaW Center and outsourced partnerships.	13
March 2021	National Drugs and Alcohol Facts week—social media campaign.	?
April 2021	Online Kahoot challenge about substance abuse facts.	39
January 2021	Online Kahoot challenge about sexual assault facts.	15
8/4/2020	Raptor 101: Get Engaged and Get Involved. During information sessions, students received an overview of College and state policies on drug abuse, Title IX.	55

7/8/2020	Raptor 101: Get Engaged and Get Involved. During information sessions, students received an overview of College and state policies on drug abuse, Title IX.	55
6/9/2020	Raptor 101: Get Engaged and Get Involved. During information sessions, Students received an overview of College and state policies on drug abuse, Title IX.	55
2/7/2020	Factuality 90-minute crash course of inequality in America. The program evokes empathy, increases cultural competence, and enhances self-awareness.	75
4/7/2021	Raptor 101: Get Engaged and Get Involved. During information sessions, students received an overview of College and state policies on drug abuse, Title IX.	48
2/6/2020	Volunteer Fair: Various organizations discussed their work and recruited student volunteers in the fields of race, sexual abuse, drug abuse, safety, and more.	72
1/28/2020	Information on drug and alcohol abuse awareness and prevention and sexual assault during Raptor Week—Raptor 101/New Student Information Session.	32
1/28/2020	Mental Health First Aid Certification: Students participated in an eight-hour Mental Health First Aid certification helping participants identify mental health issues, how to respond appropriately, and how to be an ally for individuals with mental health disorders.	28
1/27/2020	Information on drug and alcohol abuse awareness and prevention and sexual assault during Raptor Week.	136
2019-2020	HIV Testing and Resource Information—Montgomery County Health Department—once a month.	Confidential
12/13/2019	Drug and alcohol abuse awareness and prevention event.	15
12/3/2019	Sexual Assault Prevention—Activity with facts in the ST dining hall.	37
11/15/2019	Sexual Assault Prevention and Violence Prevention Bringing in the bystander training.	15
10/25/2019	Sexual Assault, VAWA, Cosponsor Escalation workshop.	
10/24/2019	Drug and alcohol abuse awareness and prevention event—Bingo.	56
10/24/2019	Alcohol Awareness Event.	88
10/17/2019	Drug and alcohol abuse awareness and prevention.	85
10/14/2019	Drug and alcohol abuse awareness and prevention event—Bingo.	35
10/3/2019	Drug and alcohol abuse awareness and prevention event	38
9/19/2019	Drug and alcohol abuse awareness and prevention event	300
9/12/2019	Information provided on drug and alcohol abuse awareness and prevention and sexual assault, HIV testing during Get Involved Week—Volunteer Fair in partnership with Montgomery County.	67
9/5/2019	Drug and alcohol abuse awareness and prevention event	300
9/3/2019-9/4/2019	Information provided on drug and alcohol abuse awareness and prevention during Welcome Week—Snacks, Maps, and Information.	300+
8/21/2019	Drug and alcohol abuse awareness and prevention event—presented at the fair.	168
8/29/2019	Drug and alcohol abuse awareness and prevention—presented at New Student Fair.	162



8/7/2019	Drug and alcohol abuse awareness and prevention—presented at New Student Orientation.	31
7/9/2019	Drug and alcohol abuse awareness and prevention—presented at New Student Orientation.	76
7/9/2019	Drug and alcohol abuse awareness and prevention—presented at New Student Orientation.	92
6/12/2019	Drug and alcohol abuse awareness and prevention—presented at New Student Orientation.	125
6/12/2019	Drug and alcohol abuse awareness and prevention—presented at New Student Orientation.	69
5/19/2019-5/22/2019	Drug and alcohol abuse awareness and prevention—presented during Alternative Spring Break.	17
5/2/2019	Drug and alcohol abuse awareness and prevention event—Service Learning.	30

<b>HEALTH SCIENCES DIVISION/ACADEMIC AFFAIRS</b>			
<b>CLASSES</b>			
<b>COURSE</b>	<b>DESCRIPTION</b>	<b>DATE</b>	<b>AUDIENCE</b>
PHTH 101 Introduction to Physical Therapy	Review professional practice standards and ethics on recognizing and reporting abuse.	Week two of Fall 2020	Students
NURS 226 Nursing Care of Special Populations 2: maternal Child Nursing Intimate Partner Violence	Provides the student opportunities to implement the nursing process in acute and community settings. The focus of care is on women and the family during the childbearing cycle, the newborn, and the child through adolescence.	March 4, 5, 6, 7, 2021	Students

<p>NURS 126 Nursing Care of Special Populations 1: Geriatric and Psychiatric Nursing</p>	<p>Introduces concepts related to mental health and illness across the lifespan as well as the unique physiologic and psychosocial needs of the older adult. The classes covered:</p> <p>Discussion of the etiology, epidemiology, effects, withdrawal symptoms, and treatment of abuse substances: alcohol, marijuana, stimulants, tobacco, hallucinogens, opioids, and inhalants.</p> <p>Application of the nursing process when caring for patients with substance-related disorders.</p> <p>Discussion of the cultural and legal implications for patients with substance-related disorder.</p>	<p>Substance Abuse Covered: October 9, December 3, 4, 2020</p>	<p>Students</p>
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## Collegewide Athletics

Alcohol and Substance Abuse Prevention and Education discussions were included in the Department of Athletics Student Athlete Mandatory Orientation workshops during 2019-2020 and a member of the Health Enhancement, Exercise Science, and Physical Education Department presented a specific drug abuse training session to 140 students. In 2020-2021, the Health Enhancement, Exercise Science, and Physical Education Department presented drug abuse training to 71 student athletes via Zoom. The purpose of their presentation was to educate student-athletes and discourage the use of illegal drugs—and inform them on the abuse of legal drugs and dietary supplements. The student athletes were provided with information to contact Athletic Department staff/coaches or campus resources if they feel they need assistance with any substance abuse issue.

Drug-Free Sport administers comprehensive drug-testing programs, manages national and international collections, develops drug-testing policies, and provides educational services to their members. We are paying for a subscription through our NJCAA membership this year. The athletic director contacted them to get information on how they can supplement our student-athlete training and to get more information regarding using their database and other services (to include drug testing).

SHaW CENTER ACTIVITIES				
ACTIVITY	DESCRIPTION	DATE/TIME/ LOCATION	AUDIENCE	ATTENDANCE
Mental Health First Aid	Certification program that teaches how to recognize and respond to someone experiencing a substance abuse crisis.	April 30, 2021 Virtual	CWBIT	15
Active Minds Speaker: Pablo Campos	Speaker discussion on learning to cope with undiagnosed mental illness and substance abuse.	April 14, 2021 Virtual	Faculty, staff, and students	7
Mental Health First Aid	Certification program that teaches how to recognize and respond to someone experiencing a substance abuse crisis.	April 9, 2021 Virtual	Students	11
Enjoy life Responsibly: Alcohol Awareness Workshop	Alcohol education and safety workshop with additional focus on sexual assault for SAAM and Alcohol Awareness Month.	April 8, 2021 Time: 1 p.m. - 2 p.m. Location: Virtual	Faculty, staff, and students	6

**SHaW CENTER ACTIVITIES**

ACTIVITY	DESCRIPTION	DATE/TIME/ LOCATION	AUDIENCE	ATTENDANCE
Mental Health First Aid	Certification program that teaches how to recognize and respond to someone experiencing a substance abuse crisis.	March 24, 2021 Virtual	Faculty and staff	18
Opioid PSA	Peer educators submitted an opioid PSA to the Maryland Higher Education Commission.	March 6, 2020	N/A	N/A
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	March 4, 2020	Students	13
Active Minds Speaker: Javier Rosales	Mental health, substance abuse, being LGBTQ+, and cultural considerations.	October 15, 2020 Virtual	Faculty, staff, and students	30
Mental Health First Aid	Mental health, responding to an opioid overdose.	January 23, 2020	Faculty and staff	12
Mental Health First Aid	Mental health, responding to an opioid overdose.	January 1, 2020	Faculty and staff	30
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	November 29, 2019	Students	7
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	November 29, 2019	Students	17

**SHaW CENTER ACTIVITIES**

ACTIVITY	DESCRIPTION	DATE/TIME/ LOCATION	AUDIENCE	ATTENDANCE
Mental Health 101	Peer educator mental health presentation.	November 29, 2019	Students	8
Mental Health 101	Peer educator mental health presentation	November 29, 2019	Students	22
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	November 28, 2019	Students	16
Mental Health 101	Peer educator mental health presentation.	November 11, 2019	Students	12
Mental Health 101	Peer educator mental health presentation.	October 30, 2019	Students	7
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	October 25, 2019	Students	43
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	October 23, 2019	Students	7
Mental Health 101	Peer educator mental health presentation.	October 21, 2019	Students	36
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	October 21, 2019	Students	36

Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	October 16, 2019	Students	18
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	October 16, 2019	Students	23
Mental Health 101	Peer educator mental health presentation.	October 15, 2019	Students	11
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	October 15, 2019	Students	11
Opioid Use and Abuse	Peer educator opioid use and abuse presentation.	September 24, 2019	Students	21
Mental Health 101	Peer educator mental health presentation.	September 19, 2019	Students	12
EverFi Module	Virtual prescription drug abuse prevention.	N/A	Students	36/361 students completed training
EverFi Module	Alcohol education, alcohol abuse prevention training for students.	N/A	Students	48/441 students completed training

## **Drug/Alcohol Abuse Prevention Program for Employees**

### **Employee Education and Notification Procedures**

In accordance with Section IV of College Policy and Procedure 31005, Drug and Alcohol Abuse Prevention, drug and alcohol education programs for employees are primarily provided through the Office of Human Resources and Strategic Talent Management. The mission is to promote responsible decision-making regarding alcohol and drug use to students and employees through educational programs and other resources. Educational information is disseminated through workshops and training seminars, new employee orientation, Staff Enrichment Day, the intranet, and flyers placed on bulletin boards on all campuses. Current employees are notified via email of the Drug and Alcohol Abuse Prevention Policy annually. Additional information on the College's Policy and Procedure 31005 mentioned periodically in this section can be accessed at: [procedures](#)

### **Drug/Alcohol Education Presentations**

These presentations deliver information on alcohol and drug use to employees via a lecture and other interactive activities. The objectives of the program are to:

- Discuss the harmful effects of substance abuse.
- Explain the College's substance abuse policy.
- Provide the consequences for violating the policy and to describe how employees can get help for substance abuse problems.

Presentations are delivered to College employees at training seminars, department meetings, and workshops.

This information is also provided to employees when meeting with them on an individual basis to provide them with resources at the College to manage their medical conditions and stress related situations. At least 15 employees a week will ask to be provided with these resources.

<b>DATE</b>	<b>EVENT</b>	<b>ATTENDEES</b>
July 22, 2021	Mental Health First Aid Training	
July 15	Mental Health First Aid Training	
June 2021	Work of Art (resiliency program)	

2020

- Mindfulness and Meditation Practice Demonstration
- Cabin Fever Wellness Challenge
- Stress Less Challenge

Employee Connections (employee support groups) were established in June 2020.

At first, only two groups were established for employees to talk to one another and connect. The topics were as follows:

1. Employees working remotely with children and managing challenges posed by working remotely and managing children home from school due to the pandemic.
2. A joint group that consisted of employees working at home with children and MC employees struggling with

remote work and isolation.

3. A support group organized by a faculty member for employees with disabilities.
4. A support group for virtual learning and teaching techniques.

The Employee Connections Mental Health Series began in November 2020. Attendance varied at each and ranged anywhere from two to 15 people per session. The topics covered were as follows:

DATE	EVENT
November 2020	Mental Health Education
December 2020	Self-Care Tips
December 2020	Managing Holiday Stress
January 2021	Coping During Uncertain Times
February 2021	Loneliness and Isolation in Today's World
February 2021	Building Mental Resilience
March 2021	Coping with Family Mental Health
March 2021	Guest Speaker Rich Mattingly Tells His Story and Gives Advice on Coping with Loss of a Loved One
April 2021	Counseling and Therapy, Demystified
May 2021	Understanding Depression
May 2021	Anxiety and Depression
June 2021	Coping with Family Mental Health
July 2021	Self-Care Tips
August 2021	Building Mental Resilience
September 2021	Suicide Prevention
October 2021	Skills Workshop

### Faculty Staff Assistance Program

Employees who need assistance are referred to Section III of College Policy and Procedure 35002, Faculty Staff Assistance Program (FSAP). The FSAP is a voluntary, confidential assistance program available 24 hours a day, seven days a week, and 365 days a year at no cost to employees. The FSAP provides telephonic and face-to-face sessions. It has licensed masters-level specialists answering calls. It has a diverse and credentialed national and international affiliate network to provide face-to-face sessions. The FSAP provides short-term, solution-focused interventions and consultations. Additional information on the Faculty Staff Assistance Program can be accessed at: <https://info.montgomerycollege.edu/offices/human-resources/faculty-staff-assistance-program.html>



Employee Handbook

New employees receive a summary of the College’s drug-free workplace policy and sign a statement that confirmsthey received it when they complete their packet of new hire paperwork.

**New Staff Orientation Data**

	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	April	May	Total
<b>Academic Year 2019-2020</b>	10	7	7	10	5	12	3	1	6	2	<b>63</b>

<b>Academic Year 2020-2021</b>	2	3	4	9	0	5	2	1	1	2	<b>29</b>
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**New Faculty Hires**

	Fall 2019	Spring 2020	Total
<b>Academic Year 2019-2020</b>	20	8	<b>28</b>
	Fall 2020	Spring 2021	
<b>Academic Year 2020-2021</b>	19	1	<b>20</b>

For more detailed information concerning Montgomery College programs for students and employees to prevent drug/alcohol abuse, please consult the Drug-Free Schools and Community Act Biennial Review at: [montgomerycollege.edu/heoa/](http://montgomerycollege.edu/heoa/).

**Part Two: Policy Statement, Notification Process, and Sanctions**

**Policy on Drug and Alcohol Abuse Prevention**

On May 15, 1989, the College’s Board of Trustees underscored its commitment to drug and alcohol abuse prevention by adopting Policy and Procedure 31005 which states:

- I. The Board of Trustees is committed to the education of students, employees, and community members regarding substance abuse prevention, detection, and treatment services; to the continuation of a collegewide substance abuse prevention program and other ongoing efforts which will foster such education; and to the maintenance of a drug-free environment throughout the College.
- II. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited at Montgomery College.
- III. College employees and students are subject to appropriate disciplinary action for violation of this policy, in accordance with College policies and procedures regarding employee discipline and discharge and in accordance with the student code of conduct.
- IV. The President is authorized to establish procedures to implement this policy.

## **Notification Procedure and Standards of Conduct for Employees**

Section I of College Policy and Procedure 31005, Drug and Alcohol Abuse Prevention, which can be accessed at: [montgomerycollege.edu/policies-and-procedures](http://montgomerycollege.edu/policies-and-procedures) states:

- I. The College's Drug and Alcohol Abuse Prevention (substance abuse) program shall consist of the following:
  - A. Notification to all employees at the time of hire and annually thereafter through handbooks and other informational means:
    1. Of the College's policy on drug and alcohol abuse prevention;
    2. That the possession, use, or distribution of unlawful drugs and alcohol on its property or as part of any of its activities is prohibited;
    3. That the College will impose disciplinary sanctions on employees for violations of the policy, up to and including discharge;
    4. Of the availability of counseling services available through the Faculty/Staff Assistance Program;
    5. Of the educational opportunities, online resources, and training programs available for all employees concerning the adverse effects of alcohol and drug abuse, addiction and prevention awareness, and the identification of behaviors and conduct that may be indicative of alcohol and drug abuse; and
    6. Of the treatment options available locally.

Section II of College Policy and Procedure 31005, Drug and Alcohol Abuse Prevention, which can be accessed at: [montgomerycollege.edu/policies-and-procedures](http://montgomerycollege.edu/policies-and-procedures), states:

### **Standards of Conduct for Employees**

- A. Employees should report for work fit for duty and free of any adverse effects of illegal drugs or alcohol. This does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their physicians about the medication's effect on their fitness for duty and the ability to work safely and promptly disclose restrictions to their supervisor. Employees should not however, disclose underlying medical conditions to supervisors, but should do so to the HIPPA Privacy Official in the Office of Human Resources and Strategic Talent Management.
- B. Employees may be required to undergo a medical examination pursuant to College Policy 31105-Medical Examinations when the employee's observable behavior creates a reasonable belief that the employee cannot perform the essential job functions or that the employee poses a threat to the health or safety of the employee or others, or to College property, as a result of the effects of drugs or alcohol.
- C. The unlawful manufacture, sale, distribution, dispensing, possession or use of controlled substances, and the unlawful use or abuse (e.g., being intoxicated) of alcohol by anyone on College property (including any facilities leased or used by the College) or in College vehicles is prohibited. The use of alcohol by anyone under 21 years of age or the abuse of alcohol by anyone at any College sponsored or supervised activity off campus is also prohibited.

#### D. Notification of Criminal Conviction

1. As required by the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act Amendments, the Maryland Higher Education Commission's Policies Concerning Drug and Alcohol Abuse Control, and as a condition of employment, employees must abide by the terms of this procedure and notify the Office of Human Resources and Strategic Talent Management in writing, of any criminal drug statute conviction for a violation occurring on or off Montgomery College property, no later than five calendar days after such conviction. Lack of compliance with these requirements may subject the employee to immediate disciplinary action, up to and including discharge.
2. Upon receipt of notification of a conviction, the College will take the following actions as required by law:
  - a. Notify the appropriate federal agencies of such convictions, and
  - b. Take appropriate personnel action against the employee, up to and including discharge; and/or
  - c. Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.

#### E. Consequences of Alcohol and Drug Abuse

1. The unlawful manufacture, distribution, use, sale, or possession (e.g., on the person or in a desk, or vehicle) of illegal drugs or of opened alcohol while on the job or on College leased or owned property is an offense punishable by discharge and may result in criminal prosecution. Any illegal drugs found will be turned over to the appropriate law enforcement agency.
2. The illegal use or abuse of alcohol on campus or as a part of any College activity whether on College leased or owned property is prohibited in accordance with all applicable federal, state, and local laws and the Drug and Alcohol Abuse Prevention Policy. In addition to possible prosecution under the aforementioned laws, employees who violate the prohibitions of this policy are subject to College imposed disciplinary sanctions consistent with applicable procedures and regulations. Sanctions may include, but need not be limited to: suspension, discharge, or referral to appropriate authorities for prosecution. Any disciplinary sanction imposed may also include the completion of an appropriate rehabilitation program as a condition of reinstatement or continued employment.

## **Code of Conduct for Students**

Students are expected to abide by College Policy and Procedure 42001, Student Code of Conduct which can be accessed at: [montgomerycollege.edu/policies-and-procedures](http://montgomerycollege.edu/policies-and-procedures).

Section III of College Policy and Procedure 31005, Drug and Alcohol Abuse Prevention, which can be accessed [at: www.montgomerycollege.edu/policies-and-procedures](http://www.montgomerycollege.edu/policies-and-procedures), states:

### III. Standards of Conduct for Students

A. Students are expected to abide by 42001 Student Code of Conduct. The unlawful manufacture, sale, distribution, dispensing, possession or use of controlled substances, and the unlawful use or abuse (e.g., being intoxicated) of alcohol by students on College property (including any facilities leased or used by the College) or in College vehicles is prohibited. The use of alcohol by anyone under 21 years of age or the abuse of alcohol by students at any College sponsored or supervised activity off campus is also prohibited.

#### B. Consequences of Alcohol and Drug Abuse

1. The unlawful manufacture, distribution, use, sale, or possession (e.g., on the person or in a desk, or vehicle) of illegal drugs or of opened alcohol while on College leased or owned property may result in criminal prosecution. Any illegal drugs found will be turned over to the appropriate law enforcement agency.
2. The illegal use or abuse of alcohol on campus or as a part of any College activity whether on College leased or owned property is prohibited in accordance with all applicable Federal, State and local laws and the Drug and Alcohol Abuse Prevention Policy. In addition to possible prosecution under the aforementioned laws, students who violate the prohibitions of this policy are subject to College imposed disciplinary sanctions consistent with applicable procedures and regulations. Sanctions may include, but need not be limited to, dismissal, suspension, disciplinary probation, community service, or referral to appropriate authorities for prosecution. Any disciplinary sanction imposed may also include the completion of an appropriate rehabilitation program as a condition of reinstatement or continued enrollment.
3. The Dean of Student Affairs or designated instructional Dean of Workforce Development and Continuing Education should be informed in writing about any situation that should be addressed through the formal disciplinary process. The faculty or staff member will provide the Dean of Student Affairs with a written summary of the facts or conduct on which the referral is based within 48 hours of the incident for appropriate and effective disciplinary process, which must include the date, time, place, and a description of the incident.

## **Local, State, and Federal Sanctions**

Students and employees are subject to federal, state, and local laws for the possession, use, and distribution of illegal drugs. Federal law states that it is unlawful to possess controlled substances including cannabis, cocaine, LSD, PCP, heroin, designer drugs, etc. Possession and use of medical cannabis is a violation of the federal Controlled Substances Act, and compliance with Maryland State medical cannabis laws is not a legal defense to a violation of federal law.<sup>1</sup> The U.S. Department of Justice (DOJ) has the authority to enforce federal cannabis laws, even in states with authorized medical cannabis programs. If the substance is cocaine or contains a cocaine base, the penalty for simple possession is a fine and/or imprisonment from five to 20 years.

For other illegal drugs, the penalty for simple possession is a fine of at least \$1,000 and/or imprisonment up to three years. The penalties increase if the possession includes intent to manufacture, distribute, or dispense a controlled substance, especially if done near a public or private elementary, vocational, or secondary school or a public or private College or university. Additionally, any person who violates this law shall be liable for an amount up to \$10,000 in civil penalties. Federal drug trafficking penalties are captured in Tables 1 and 2 on the following pages:

<sup>1</sup> Federal Law 21 USCA/sections 841 and 844 to 845a (1990)

**Table 1**

**FEDERAL TRAFFICKING PENALTIES**

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	<b>First Offense:</b> 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 \$5 million if an individual, \$25 million if not an individual.  <b>Second Offense:</b> Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	5 kgs or more mixture	<b>First Offense:</b> 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 \$10 million if an individual, \$50 million if not an individual.  <b>Second Offense:</b> Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.  <b>2 or More Prior Offenses:</b> Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams 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	<b>First Offense:</b> Not more than 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.  <b>Second Offense:</b> Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.		
Flunitrazepam (Schedule IV)	1 gram			
Other Schedule III drugs	Any amount	<b>First Offense:</b> Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.  <b>Second Offense:</b> Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.		
All other Schedule IV drugs	Any amount	<b>First Offense:</b> Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.  <b>Second Offense:</b> Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.		
Flunitrazepam (Schedule IV)	Other than 1 gram or more			
All Schedule V drugs	Any amount	<b>First Offense:</b> Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.  <b>Second Offense:</b> Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.		

**Table 2**

**FEDERAL TRAFFICKING PENALTIES—MARIJUANA**

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants;	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule I)	1 kg or less		

\*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to \$20 million if an individual and \$75 million if other than an individual.

The state of Maryland has its own laws dealing with distribution, manufacturing, and possession of controlled substances. Detailed information on the Maryland criminal statutes regarding drug law violations and penalties may be obtained at [govt.westlaw.com/mdc](http://govt.westlaw.com/mdc).

**An Overview of the More Common Offenses**

Possession for Personal Use in Maryland marijuana is listed as a Schedule I controlled hallucinogenic substance. Simple possession (possession without the intent to distribute) of less than 10 grams in Maryland is a civil offense (fine not exceeding \$100 for first-time offenders, \$250 for second-time offenders, and \$500 for third or subsequent offenders). Possession of between 10 grams and less than 50 pounds of marijuana is a misdemeanor with a punishment of up to one-year imprisonment and a fine not exceeding \$1,000. Possession of 50 pounds or more of marijuana carries a punishment of a minimum of five years imprisonment and a fine not exceeding \$100,000. Offenses involving the use of marijuana in public carry a civil fine of up to \$500. Possession with intent to distribute less than 50 pounds of marijuana in Maryland is a felony with a punishment of up to five years imprisonment and a fine not exceeding \$15,000. If a person is found to be in possession of 50 pounds or more of marijuana (acts in proceeding 90 days can be aggregated), then the punishment for this felony is imprisonment of not less than five years, and a fine not exceeding \$100,000. Possessing marijuana with the intent to distribute in a school, vehicle, or in, on, or within 1,000 feet of real property owned by or leased to an elementary school or secondary school is a felony and is punishable by, for a first violation, imprisonment not

exceeding 20 years, and a fine not exceeding \$20,000, and for each subsequent violation, imprisonment not less than five years, and not exceeding 40 years, and a fine not exceeding \$40,000. These penalties are in addition to any other conviction. If an offender has been previously convicted of possession with intent to distribute, then there is a mandatory minimum sentence of two years. If an individual is found to be a "drug kingpin" (an organizer, supervisor, financier, or manager, who acts as a co-conspirator in a conspiracy to manufacture, distribute, dispense, transport in, or bring into the state a controlled dangerous substance), and dealt with 50 pounds or more of marijuana, then they are guilty of a felony, and subject to imprisonment for not less than 20 years and not exceeding 40 years without the possibility of parole, and a fine not exceeding \$1,000,000. If an adult uses or solicits a minor in a conspiracy to distribute, deliver, or manufacture marijuana, then the adult is guilty of a felony and is subject to imprisonment not exceeding 20 years or a fine not exceeding \$20,000.

Under Maryland law, paraphernalia includes all equipment and materials used in the use, manufacture, or distribution of marijuana. This includes all agricultural materials used in the growing process, including electronic equipment and typical gardening supplies, such as lights, fertilizer, and top soil. §5-101 also includes under its definition items such as scales, plastic bags, and others used in the distribution process. Hash bubble sacks are paraphernalia. These items are joined by the typical forms of paraphernalia involved in the ingestion of marijuana, including pipes, bongs, and roach clips. Rolling papers and blunt wraps are not included under the statutory definition. Possession of marijuana-related paraphernalia is a civil violation. If a person is convicted of selling drug paraphernalia, then they are guilty of a misdemeanor and can be sentenced, for a first violation, a fine not exceeding \$500, and for each subsequent violation, imprisonment not exceeding two years and a fine not exceeding \$2,000. If a person is caught with possession of controlled paraphernalia and marijuana, then they are guilty of a misdemeanor and subject to imprisonment not exceeding one year and a fine not exceeding \$1,000.

Maryland has a mandatory minimum sentence for:

- repeat offenders who have been convicted of possession to distribute on two or more occasions (2 years),
- repeat offenders who have previously been convicted of possession with intent to distribute within 1,000 feet of a school on two or more occasions (5 years),
- any offender convicted of possessing 50 pounds or more of marijuana, including any acts of possession within the last 90 days (5 years),
- any offender convicted of being a "drug kingpin" who dealt in more than 50 pounds of marijuana (20 years),
- any offender who is in possession of a firearm at the time they are arrested for trafficking marijuana into MD (10 years).

There are no local laws in the jurisdictions where Montgomery College is located dealing with distribution, manufacturing, and possession of controlled substances. These jurisdictions recognize Maryland law.

Students and employees are subject to state and local laws for drinking and obtaining alcohol. It is illegal in the state of Maryland for any person under 21 to drink alcohol<sup>2</sup>. It is also illegal for a person under 21 to falsify or misrepresent his or her age to obtain alcohol, or to possess alcoholic beverages with the intent to consume them<sup>3</sup>. It is also illegal in most situations to furnish alcohol to a person under 21<sup>4</sup>. The penalty is a fine of up to \$2,500 for a first offense, and up to \$5,000 for

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<sup>2</sup> Md. Code Criminal Art. Section 10-114

<sup>3</sup> Md. Code Criminal Art Section 10-113

<sup>4</sup> Md. Code Criminal Art. Section 10-117



repeat offenses<sup>5</sup>. Local alcohol laws for the jurisdictions where Montgomery College is located are primarily directed toward distribution, allowances, and licensing etc.

## **Sanctions**

### Student Sanctions

The chart on the following page shows the student cases involving drug/alcohol incidents reported in 2019–2020 and 2020–2021 academic years.

Student Cases Involving Drug/Alcohol Incidents

Campus	Date	Adult	Juvenile	Outcome
Germantown	2019–2020	2	0	Two student conduct referrals involving alcohol.
	2020–2021	0	0	
Rockville	2019–2020	0	0	
	2020–2021	0	0	
Takoma Park/Silver Spring	2019–2020	0	0	
	2020–2021	0	0	

*\*Note: During the entire 2020 calendar year (Jan. 1 to Dec 31) there were no referrals for students involving drugs or alcohol.*

### Employee Sanctions

Disciplinary action related to substance abuse was taken against 4 employees. One employee was terminated and one employee resigned. The other two employees completed the recommended treatment plan and have returned to work.

<sup>5</sup> Md. Code Criminal Art. Section 10-121

## Part Three: Health Risks

### HEALTH RISKS OF DRUGS AND ALCOHOL

#### EFFECTS OF DRUGS ON THE BODY

*Source: Drugs of Abuse, U.S. Department of Justice Drug Enforcement Administration Resource Guide, 2017 Edition*

All controlled substances have abuse potential or are immediate precursors to substances with abuse potential. Below is information about how drugs can affect the human mind and body.

#### *Narcotics (Fentanyl, Heroin, Hydromorphone, Methadone, Morphine, Opium, Oxycodone)*

- **Effect on the Mind:** Besides their medical use, narcotics/opioids produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to the drug's abuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy.
- **Effect on the Body:** Narcotics/opioids are prescribed by doctors to treat pain, suppress cough, cure diarrhea, and put people to sleep. Effects depend heavily on the dose, how it's taken, and previous exposure to the drug. Negative effects include:
  - Slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing.

As the dose is increased, both the pain relief and the harmful effects become more pronounced. Some of these preparations are so potent that a single dose can be lethal to an inexperienced user.

However, except in cases of extreme intoxication, there is no loss of motor coordination or slurred speech.

#### *Stimulants (Amphetamines, Cocaine, Khat, Methamphetamine)*

- **Effect on the Mind:** When used as drugs of abuse and not under a doctor's supervision, stimulants are frequently taken to:
  - Produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for prolonged period, and "get high."

Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and suicidal, or homicidal tendencies.

Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur.

Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone.

Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."

- **Effect on the Body:** Stimulants are sometimes referred to as uppers and reverse the effects of fatigue on both mental and physical tasks. Therapeutic levels of stimulants can produce exhilaration, extended wakefulness, and loss of appetite. These effects are greatly intensified when large doses of stimulants are taken. Taking too large a dose at one time

or taking large doses over an extended period of time may cause such physical side effects as:

- Dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.

#### *Depressants (Barbiturates, Benzodiazepines, GHB, Rohypnol)*

- Effect on the Mind: Depressants used therapeutically do what they are prescribed for:
  - To induce sleep, relieve anxiety and muscle spasms, and prevent seizures.

They also:

- Cause amnesia, leaving no memory of events that occur while under the influence, reduce reaction time, impair mental functioning and judgment, and cause confusion.

Long-term use of depressants produces psychological dependence and tolerance.

- Effect on the Body: Some depressants can relax the muscles. Unwanted physical effects include:
  - Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing.

Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.

#### *Hallucinogens (Ecstasy/MDMA, Ketamine, LSD, Peyote and Mescaline, Psilocybin)*

- Effect on the Mind: Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychic effects include distortions of thought associated with time and space. Time may appear to stand still, and forms and colors seem to change and take on new significance. Weeks or even months after some hallucinogens have been taken, the user may experience flashbacks—fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of a flashback is unpredictable, but is more likely to occur during times of stress and seems to occur more frequently in younger individuals. With time, these episodes diminish and become less intense.
- Effect on the Body: Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils.

#### *Marijuana/Cannabis*

- Effect on the Mind: When marijuana is smoked, the tetrahydrocannabinol (THC) passes from the lungs and into the bloodstream, which carries the chemical to the organs throughout the body, including the brain. In the brain, the THC connects to specific sites called cannabinoid receptors on nerve cells and influences the activity of those cells. Many of these receptors are found in the parts of the brain that influence:
  - Pleasure, memory, thought, concentration, sensory and time perception, and coordinated movement.

The short-term effects of marijuana include:

- Problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination.

The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities). Long-term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence.

Clinical studies show that the physiological, psychological, and behavioral effects of marijuana vary among individuals and present a list of common responses to cannabinoids, as described in the scientific literature:

- Dizziness, nausea, tachycardia, facial flushing, dry mouth, and tremor initially.
  - Merriment, happiness, and even exhilaration at high doses.
  - Disinhibition, relaxation, increased sociability, and talkativeness.
  - Enhanced sensory perception, giving rise to increased appreciation of music, art, and touch.
  - Heightened imagination leading to a subjective sense of increased creativity.
  - Time distortions.
  - Illusions, delusions, and hallucinations are rare except at high doses.
  - Impaired judgment, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk taking behavior.
  - Emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose.
  - Increased appetite and short-term memory impairment are common.
- Effect on the Body: Short-term physical effects from marijuana use may include:
    - Sedation, bloodshot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure.

Marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea.

Withdrawal symptoms also include behavioral signs such as:

- Restlessness, irritability, sleep difficulties, and decreased appetite.

### *Steroids*

- Effect on the Mind: Case studies and scientific research indicate that high doses of anabolic steroids may cause mood and behavioral effects. In some individuals, steroid use can cause dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as "roid rage"). When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide. Anabolic steroid use may also cause psychological dependence and addiction.
- Effect on the Body: A wide range of adverse effects is associated with the use or abuse of anabolic steroids. These effects depend on several factors including:
  - Age, sex, the anabolic steroid used, amount used, and duration of use.

In adolescents, anabolic steroid use can stunt the ultimate height that an individual achieves.

In boys, steroid use can cause early sexual development, acne, and stunted growth.

In adolescent girls and women, anabolic steroid use can induce permanent physical changes, such as deepening of the voice, increased facial and body hair growth, menstrual irregularities, male pattern baldness, and lengthening of the clitoris.

In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer.

In both men and women, anabolic steroid use can cause high cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks. Anabolic steroid use can also cause acne and fluid retention. Oral preparations of anabolic steroids, in particular, can damage the liver.

Users who inject steroids run the risk of contracting various infections due to nonsterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in nonsterile environments. All these factors put users at risk for contracting viral infections such as HIV/AIDS or hepatitis B or C, and bacterial infections at the sight of injection. Users may also develop endocarditis, a bacterial infection that causes a potentially fatal inflammation of the heart lining.

### *Inhalants*

- **Effect on the Mind:** Inhalant abuse can cause damage to the parts of the brain that control thinking, moving, seeing, and hearing. Cognitive abnormalities can range from mild impairment to severe dementia.
- **Effect on the Body:** Inhaled chemicals are rapidly absorbed through the lungs into the bloodstream and quickly distributed to the brain and other organs. Nearly all inhalants produce effects similar to anesthetics, which slow down the body's function. Depending on the degree of abuse, the user can experience slight stimulation, feeling of less inhibition, or loss of consciousness.

Within minutes of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol. These effects may include slurred speech, an inability to coordinate movements, euphoria, and dizziness. After heavy use of inhalants, users may feel drowsy for several hours and experience a lingering headache.

Additional symptoms exhibited by long-term inhalant users include:

- Weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, and damage to the nervous system and other organs.

Some of the damaging effects to the body may be at least partially reversible when inhalant abuse is stopped; however, many of the effects from prolonged abuse are irreversible.

Prolonged sniffing of the highly concentrated chemicals solvents or aerosol sprays can induce irregular and rapid heart rhythms and lead to heart failure and death within minutes. There is a common link between inhalant use and problems in school—failing grades, chronic absences, and general apathy.

Other signs include:

- Paint or stains on body or clothing; spots or sores around the mouth; red or runny eyes or nose; chemical breath odor; drunk, dazed, or dizzy appearance; nausea; loss of appetite; anxiety; excitability; and irritability

*Drugs of Concern (DXM, Kratom, Salvia Divinorum)*

- Effect on the Mind: Some of the many psychoactive effects associated with high-dose DXM include: Confusion, inappropriate laughter, agitation, paranoia, and hallucinations

Other sensory changes, including the feeling of floating and changes in hearing and touch. Long-term abuse of DXM is associated with severe psychological dependence. Abusers of DXM describe the following four dose-dependent “plateaus.”

- Effect on the Body: DXM intoxication involves: Over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, and involuntary spasmodic movement of the eyeballs

The use of high doses of DXM in combination with alcohol or other drugs is particularly dangerous, and deaths have been reported. Approximately five to 10 percent of Caucasians are poor DXM metabolizers and at increased risk for overdoses and deaths. DXM taken with antidepressants can be life threatening.

OTC products that contain DXM often contain other ingredients such as acetaminophen, chlorpheniramine, and guaifenesin that have their own effects, such as:

- Liver damage, rapid heart rate, lack of coordination, vomiting, seizures, and coma

To circumvent the many side effects associated with these other ingredients, a simple chemical extraction procedure has been developed and published on the Internet that removes most of these other ingredients in cough syrup.

Additional information on specific drugs, including designer drugs, can be found in the U.S. Department of Justice Drug Enforcement Administration’s Resource Guide—Drugs of Abuse (2020 Edition), which can be found online: [dea.gov/sites/default/files/2020-04/Drugs%20of%20Abuse%202020-Web%20Version-508%20compliant-4-24-20\\_0.pdf](https://dea.gov/sites/default/files/2020-04/Drugs%20of%20Abuse%202020-Web%20Version-508%20compliant-4-24-20_0.pdf)

## **EFFECTS OF ALCOHOL ON THE BODY**

*Source: The National Institute on Alcohol Abuse and Alcoholism*

Drinking too much—on a single occasion or over time—can take a serious toll on a person’s health. Below is information about how alcohol can affect the human mind and body.

### *Brain*

Alcohol interferes with the brain’s communication pathways, and can affect the way the brain looks and works. These disruptions can change mood and behavior, and make it harder to think clearly and move with coordination.

- A hangover refers to a set of symptoms that occur as a consequence of excessive alcohol use. Typical symptoms include fatigue, weakness, thirst, headache, muscle aches, nausea, stomach pain, vertigo, sensitivity to light and sound, anxiety, irritability, sweating, and increased blood pressure. A hangover can vary from person to person.

### *Heart*

Drinking a lot over a long time—or too much on a single occasion—can damage the heart, causing problems including:

- Cardiomyopathy—Stretching and drooping of heart muscle.
- Arrhythmias—Irregular heartbeat.
- Stroke.
- High blood pressure.

### *Liver*

Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including:

- Steatosis or fatty liver.
- Alcoholic hepatitis.
- Fibrosis.
- Cirrhosis.

### *Pancreas*

Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.

Cancer—Source: *National Cancer Institute*—see:

[www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet](http://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet)

Based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer. In its Report on Carcinogens, the National Toxicology Program of the U.S. Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen. The research evidence indicates that the more alcohol a person drinks—particularly the more alcohol a person drinks regularly over time—the higher his or her risk of developing an alcohol-associated cancer. Based on data from 2009, an estimated 3.5 percent of all cancer deaths in the United States (about 19,500 deaths) were alcohol related. Clear patterns have emerged between alcohol consumption and the development of the following types of cancer.

- Head and neck cancer. Moderate to heavy alcohol consumption is associated with higher risks of certain head and neck cancers. Moderate drinkers have 1.8-fold higher risks of oral cavity (excluding the lips) and pharynx (throat) cancers and 1.4-fold higher risks of larynx (voice box) cancers than nondrinkers, and heavy drinkers have five-fold higher risks of oral cavity and pharynx cancers and 2.6-fold higher risks of larynx cancers. Moreover, the risks of these cancers are substantially higher among persons who consume this amount of alcohol and use tobacco.
- Esophageal cancer. Alcohol consumption at any level is associated with an increased risk of a type of esophageal cancer called esophageal squamous cell carcinoma. The risks, compared with no alcohol consumption, range from 1.3-fold higher for light drinking to nearly five-fold higher for heavy drinking. In addition, people who inherit a deficiency in an enzyme that metabolizes alcohol have been found to have substantially increased risks of esophageal squamous cell carcinoma if they consume alcohol.
- Liver cancer. Heavy alcohol consumption is associated with approximately two-fold increased risks of two types of liver cancer (hepatocellular carcinoma and intrahepatic cholangiocarcinoma).

- Breast cancer. Epidemiologic studies have consistently found an increased risk of breast cancer with increasing alcohol intake. Pooled data from 118 individual studies indicates that light drinkers have a slightly increased (1.04-fold higher) risk of breast cancer, compared with nondrinkers. The risk increase is greater in moderate drinkers (1.23-fold higher) and heavy drinkers (1.6-fold higher). An analysis of prospective data for 88,000 women participating in two U.S. cohort studies concluded that for women who have never smoked, light to moderate drinking was associated with a 1.13-fold increased risk of alcohol-related cancers (mostly breast cancer).
- Colorectal cancer. Moderate to heavy alcohol consumption is associated with 1.2- to 1.5-fold increased risks of cancers of the colon and rectum compared with no alcohol consumption.

### Immune System

Drinking too much can weaken your immune system, making your body a much easier target for disease. Chronic drinkers are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much. Drinking a lot on a single occasion slows your body's ability to ward off infections—even up to 24 hours after getting drunk.

## Part Four: Program Effectiveness

### Analysis of Strengths and Weaknesses

As a result of both employee and student drug/alcohol abuse prevention programs, the following strengths and weaknesses have been identified:

#### **Strengths:**

- Montgomery College is in full compliance with the Maryland Heroin and Opioid Education and Community Action Act of 2017 which serves to increase substance abuse awareness for both employees and students.
- Despite the limitations imposed by the global coronavirus pandemic, Montgomery College continued to provide substance abuse prevention and awareness programming, by implementing innovative new virtual programming. The New Student Orientation Program added substance abuse modules were updated with more engaging video content for both virtual orientations.
- The College hired a Director of Public Health and Environmental Safety. This is a new position that can lend expertise to support the College's efforts on substance abuse prevention and awareness.
- The College has moved toward a "one-college" model for many of its most impactful programs. This one college approach has grown since the pandemic necessitated remote work for approximately 18 months. The one-college model has allowed substance abuse prevention and awareness programming to reach a wider audience and allowed more consistent content to be available across all three campuses.

#### **Weaknesses:**

- The College does not have an office or staff person whose primary responsibility is providing substance abuse education and awareness.
- The College could benefit from more assessment of substance abuse programs and activities for effectiveness.



Substance Abuse awareness information continues to be available on the College's web page and can be accessed at: [montgomerycollege.edu/life-at-mc/student-health-and-wellness/mental-health-and-wellness/index.html](http://montgomerycollege.edu/life-at-mc/student-health-and-wellness/mental-health-and-wellness/index.html). In general, more variety of programs and activities were provided and more individuals are participating in substance abuse awareness activities.

The 2019 biennial report recommended that substance abuse prevention information be provided in a format that would counteract the stigma that might be associated with attending a substance abuse prevention event. This was achieved by layering topics that were interrelated, into one broader workshop, with less of a spotlight on substance abuse. The new format implemented for faculty, staff, and students was in the form of support circles, and included topics such as stress management, coping with change, managing life events, etc. At these meetings information and resources pertaining to substance abuse prevention was disseminated in a simplified format. Student-focused activities, contained games, and prizes and were often a part of larger events. These modes of delivery proved extremely effective and reached larger audiences.

### **Statement of Goals**

The goals of Montgomery College's drug/alcohol abuse prevention programs include the commitment to:

1. The education of students, employees, and community members regarding substance abuse prevention, detection and treatment services.
2. Continuing improvements to strengthen collegewide substance abuse programs.
3. Ensuring consistent sanctions for all students and employees in connection with violations to drug/alcohol policies.
4. Maintaining a drug-free environment throughout the College.

### **Recommendations for Program Revisions**

#### **Recommendations for Student Drug/Alcohol Abuse Prevention Program**

- Increase the participation of college representatives involved in substance abuse awareness and prevention programs and activities.
- Improve capability to measure effectiveness of substance abuse programs and activities for students on each campus.
- Continue to partner with local substance abuse agencies and services to promote awareness and prevention activities at the College.

***The Office of Compliance, Risk, and Ethics*** continues to coordinate the disclosure of information to students and employees regarding the drug and alcohol abuse prevention programs, as part of a series of annual mandatory disclosure notices. The content of each employee communication is developed in conjunction with the Office of Human Resources and Strategic Talent Management, and the content of each student communication is developed through Student Affairs.

Starting in the 2019-2020 academic year, the Office of Compliance, Risk, and Ethics began distributing the majority of the disclosure notifications on an annual basis during the fall semester, including annual notice to both employees and students regarding the drug and alcohol abuse prevention programs. The Office of Compliance, Risk, and Ethics will plan to distribute the student and employee disclosures on a semester basis starting in the 2021-2022 academic year.

# **Appendices**

# **Appendix A:**

## **Disclosure Notifications:**

### **a. Employees**

*The following disclosures were distributed to employees and to students in accordance with the Drug-Free Schools and Communities Act in order to annually notify employees and students about the College's Drug and Alcohol Abuse Prevention program. The websites provided in each disclosure were viable at the time of distribution.*

Note: Disclosure with Drug and Alcohol Abuse Treatment Resources and Clinical Services attachment was sent to employees on February 13, 2019.

**To:** Montgomery College Employees

**From:** Krista Leitch Walker  
Vice President of Human Resources and Strategic Talent Management

Vicki Duggan  
Chief Compliance, Risk, and Ethics Officer

**Subject:** **Montgomery College Drug and Alcohol Abuse Prevention Program  
Drug-Free Schools and Communities Act Disclosure**

**Date:** November 2, 2020

Montgomery College is required under the Drug-Free Schools and Communities Act to annually notify employees about our Drug and Alcohol Abuse Prevention program.

Montgomery College's commitment to drug and alcohol abuse prevention is underscored by the following policy #31005 adopted on May 15, 1989 by the College Board of Trustees.

- I. The Board of Trustees is committed to the education of students, employees, and community members regarding substance abuse prevention, detection, and treatment services; to the continuation of a collegewide substance abuse prevention program and other ongoing efforts which foster such education; and to the maintenance of a drug-free environment throughout the College.
- II. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited at Montgomery College.
- III. College employees and students are subject to appropriate disciplinary action for violation of this policy, in accordance with College policies and procedures regarding employee discipline and discharge and in accordance with the student code of conduct.
- IV. The President is authorized to establish procedures to implement this policy.

Per 31005CP, II, the following standards of conduct are applicable to employees:

- A. Employees should report for work fit for duty and free of any adverse effects of illegal drugs or alcohol. This does not prohibit employees from the lawful use and possession of prescribed medications.

Employees must, however, consult with their physicians about the medication's effect on their fitness for duty and the ability to work safely and promptly disclose restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions to supervisors, but should do so to the HIPAA Privacy Official in the Office of Human Resources and Strategic Talent Management.

- B. Employees may be required to undergo a medical examination pursuant to College Policy 31105— Medical Examinations when the employee's observable behavior creates a reasonable belief that the employee cannot perform the essential job functions or that the employee poses a threat to the health and safety of the employee or others, or to College property, as a result of the effects of drugs or alcohol.
- C. The unlawful manufacture, sale, distribution, dispensing, possession or use of controlled substances, and the unlawful use or abuse (e.g., being intoxicated) of alcohol by anyone on College property (including any facilities leased or used by the College) or in College vehicles is prohibited. The use of alcohol by anyone under 21 years of age or the abuse of alcohol by anyone at any College sponsored or supervised activity off campus is also prohibited.
- D. Notification of Criminal Conviction
  - 1. As required by the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act Amendments, the Maryland Higher Education Commission's Policies Concerning Drug and Alcohol Abuse Control, and as a condition of employment, employees must abide by the terms of this procedure and notify the Office of Human Resources and Strategic Talent Management in writing, of any criminal drug statute conviction for a violation occurring on or off Montgomery College property, no later than five calendar days after such conviction. Lack of compliance with these requirements may subject the employee to immediate disciplinary action, up to and including discharge.
  - 2. Upon receipt of notification of a conviction, the College will take the following actions as required by law:
    - a. Notify the appropriate federal agencies of such convictions, and
    - b. Take appropriate personnel action against the employee, up to and including discharge; and/or
    - c. Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.
- E. Consequences of Alcohol and Drug Abuse
  - 1. The unlawful manufacture, distribution, use, sale, or possession (e.g., on the person or in a desk, or vehicle) of illegal drugs or of opened alcohol while on the job or on College leased or owned property is an offense punishable by discharge and may result in criminal prosecution. Any illegal drugs found will be turned over to the appropriate law enforcement agency.

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2. The illegal use or abuse of alcohol on campus or as a part of any College activity whether on College leased or owned property is prohibited in accordance with all applicable Federal, State and local laws and the Drug and Alcohol Abuse Prevention Policy. In addition to possible prosecution under the aforementioned laws, employees who violate the prohibitions of this policy are subject to College imposed disciplinary sanctions consistent with applicable procedures and regulations. Sanctions may include, but need not be limited to, suspension, discharge, or referral to appropriate authorities for prosecution. Any disciplinary sanction imposed may also include the completion of an appropriate rehabilitation program as a condition of reinstatement or continued employment.

#### Health Risks of Alcohol Abuse

For information about the health risks of alcohol abuse, click [here](#).

#### Health Risks Associated with the Use of Illicit Drugs

For a description of health risks associated with the use of illicit drugs and abuse of alcohol see attachment. For additional information click [here](#).

#### Drug and Alcohol Abuse Treatment Resources and Clinical Services

You may also access free, confidential assistance through the [Faculty Staff Assistance Program](#) or call 844-236-2668 (TDD: 800-697-0353). To register use Organization Web ID: MCC.

For additional information about national and local resources available for drug and alcohol abuse treatment, please see attachment or click [here](#).

For more information on the Drug and Alcohol Abuse Prevention Program for Employees, please see the [Drug and Alcohol Abuse Prevention Biennial Review report](#) or contact [Ms. Rowena D'Souza](#), Risk Management Coordinator / HIPAA Privacy Official.

DESCRIPTION OF HEALTH RISKS ASSOCIATED WITH THE USE OF ILLICIT DRUGS AND ABUSE OF ALCOHOL

**Controlled Substances - Uses & Effects**

Classification	Drug Name	Common or Brand	Dependence	Potential	Acute Effects	Health Risks and Effects of Long-term Use*	Overdose Effects
			Physical	Psycho-logical			
<b>ALCOHOL</b>	Ethanol	Beer Wine Distilled Liquor	High High High	High High High	Lowered Inhibitions Impaired Judgement, Vision Loss of Motor Skills, Coordination Slurred Speech	Hypertension Liver Damage Cardiovascular Disease Toxic Psychosis Neurologic Damage Addiction with Severe Withdrawal	Coma Possible Death
<b>NARCOTICS</b>	<sup>1</sup> Opium Morphine Codeine <sup>1</sup> Heroin Meperidine Other	<sup>2</sup> Paregoric, Dover S Power <sup>2</sup> Morphine <sup>2</sup> Tylenol W/Codeine, Robitussin Heroin <sup>2</sup> Demerol, Pethadol <sup>2</sup> Dilaudid, Lentine, Percodan	High High High High High High	High High High High High High	Euphoria, Drowsiness Respiratory Depression Constricted Pupils Nausea, Vomit Analgesia (Pain Relief)	Loss of Appetite Constipation Risk of AIDS & Hepatitis from I.V. Drug Use	Shallow Perspiration Clammy Skin Convulsions, Coma Possible Death May be Toxic if Mixed with Alcohol
<b>DEPRESSANTS</b>	Chloral Hydrate Barbiturates	<sup>2</sup> Noctec, Somnos <sup>2</sup> Nembutal, Phonobarbitol, Seconal, Tuinol	Moderate High	Moderate High	Slurred Speech Disorientation Drunken Behavior Without the Odor of Alcohol Euphoria Lowered Inhibitions Loss of Motor Skills Blackouts Relaxation, Depression Hallucinations	Addiction with Withdrawal Toxic Psychosis Weak, Rapid Pulse Hallucinations Nausea Seizures Insomnia Anxiety Tremors Dizziness Loss of Peripheral Vision	Shallow Respiration Cold, Clammy Skin Blackout Coma Possible Death May be Toxic if mixed with Alcohol
	Gamma Hydroxybutric Acid  Gamma Butyrolactone Glutethimide Ketamine Methaqualone Tranquilizers	Date Rape Drug, Liquid Ecstasy, Cherrymeth,  GBL <sup>2</sup> Doriden Special K, K <sup>2</sup> Optimil, Parest, Quaalude, Sopor <sup>2</sup> Equanil, Valium, Tranxene  Serax, Xanax, Rohyphal, Dalmane, Dormate, Placidyl, Valmid	Moderate-High  Unknown High Unknown High Moderate	High  Unknown High Unknown High High	High  Unknown High Unknown High High	High  High  High	High  High
<b>STIMULANTS</b>	<sup>1</sup> Cocaine <sup>1</sup> Amphetamine  Phenmetrazine Methylphenidate Other  Methylenedioxy- methamphetamine	Cocaine Hydrochloride <sup>2</sup> Benzedrine, Biphetamine, Desoxyn, Dexedrine <sup>2</sup> Preludin <sup>2</sup> Ritalin  <sup>2</sup> Cylert, Didrex, Pre-Sate, Sanorex, Voranil Ecstasy, MDMA	Possible Possible  Possible Possible Possible	High High  High High High	Feeling of Well-Being Excitation, Euphoria Increased Alertness Increased Blood Pressure, Pulse Insomnia, Appetite Loss	Delusions, Hallucinations (Toxic Psychosis) Possible Organ/Tissue Damage	Agitation Temperature Increase Hallucinations Convulsions Heart Attack, Stroke High Blood Pressure Loss of Consciousness Seizures
<b>HALLUNCINO- GENICS</b>	<sup>1</sup> LSD <sup>1</sup> Mescaline <sup>1</sup> Psilocybin <sup>1</sup> MDA <sup>1</sup> PCP	Acid, Lysergic Acid Peyote, Peyote Buttons, Mescalitor Magic Mushrooms, Shrooms  Angel Dust, Crystal, Cernylan (Veterinary)	Low Low Low Unknown	Unknown Unknown Unknown Unknown	Dilated Pupils Increased Blood Pressure, Pulse Delusions/Hallucinations Distorted Perception of Time, Space, and Reality	Hallucinogens, Especially LSD, may Intensify Existing Psychosis Possible Violent Behavior	Intense Bad Trips Psychosis Possible Sudden Death
<b>INHALANTS</b>	Airplane Glue Lighter Fluid Aerosols Spray Paints Paint Thinner Gasoline Poppers	Active Ingredient: Toluene Active Ingredient: Naphalene Active Ingred.: Chlorplourocarbon Active Ingred.: Petroleum Distillate Active Ingred.: Petroleum Distillate Active Ingred.: Petroleum Distillate Active Ingred.: Amyl/butyl Nitrite	Unknown Unknown Unknown Unknown Unknown Unknown	Unknown Unknown Unknown Unknown Unknown	• Slurred Speech • Drunken Behavior • Impaired Judgement • Poor Coordination	• Hallucinations • Possible Damage to Bone Marrow, Lungs, Kidneys, Liver, Heart, Brain, Eyes	• Unconsciousness • Coma • Possible Toxic Reaction • Possible Sudden Death
<b>CANNABIS</b>	<sup>1</sup> Marijuana <sup>1</sup> Hashish <sup>1</sup> Hash Oil	Grass, Pot, Weed, Dope Hash	Low Low Low	Moderate Moderate Moderate	• Tachycardia, Reddened Eyes • Euphoria, Profound Humor • Altered Time/Space Perception • Short-Term Memory Loss • Increased Appetite	• Cardiovascular Damage as with Smoking Tobacco	• Insomnia, Hyperactivity • Panic Attacks, Paranoia • Possible Toxic Reaction if Treated w/other Chemicals
<b>TOBACCO</b>	Nicotine	Cigarettes Cigars	Moderate Moderate	High High	• Relaxation • Stimulation	• Cardiovascular Disease • Respiratory Illness	• Possible Death at very High Dosage Levels

\* Alcohol and other drug use during pregnancy <sup>2</sup> Psychoactive drug effects refer to use at a <sup>1</sup> Additional risk of harm from toxic impurities in increases risk of physical harm to fetus greater than prescribed therapeutic dosage level street drugs



# Drug and Alcohol Abuse Treatment Resources and Clinical Services for MC Employees

Montgomery College Faculty/Staff Assistance Program (FSAP) [guidanceresources.com](http://guidanceresources.com) 1-844-236-2668  
TDD: 800-697-0353

**Montgomery College Web ID: MCC**

Available 24 hours a day, 7 days per week (Free to college employees with benefits)

Montgomery County Department of Health and Human Services  
Behavioral Health – Addiction Services  
255 Rockville Pike #145  
Rockville, MD 20850 240-777-1770 or  
240-777-4710  
<http://www.montgomerycountymd.gov/>

## NATIONAL HOTLINES and RESOURCES

American Addiction Centers  
888-986-7502  
<https://americanaddictioncenters.org/rehab-guide/free/>

Alcohol Hotline  
Information and referral 24 hour  
1-800-ALCOHOL (252-6465) [Adcare.com](http://Adcare.com)

National Suicide Prevention Lifeline  
1-800-273-TALK (8255)  
[Suicidepreventionlifeline.org](http://Suicidepreventionlifeline.org)

National Treatment Referral  
1-800-662-HELP (4357)

National Institute on Drug Abuse (NIDA)  
301-443-1124 <https://www.drugabuse.gov/>

National Institute on Alcohol Abuse and Alcoholism (NIAAA)  
301-443-3860 [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

Substance Abuse and Mental Health Services Administration (SAMHSA)  
Treatment Facility Locator <https://dasis3.samhsa.gov>

Adventist Behavioral Health 14901  
Broschart Rd.  
Rockville, MD 20850 301-251-4500

Al-Anon / Alateen

Support group for families of alcoholics  
202-635-2023, MD and DC 703-534-4357  
Northern VA. [www.al-anon.alateen.org](http://www.al-anon.alateen.org)

Another Way Inc.  
1363 Holton Lane,  
Takoma Park, MD 20912  
(301) 434-2622  
[Addictiontreatmentsystems.com/another-way](http://Addictiontreatmentsystems.com/another-way)

Avery House (Group) 14705  
Avery Rd.  
Rockville, MD 20853  
301-762-4651 (Women/children)  
301-762-5613 (Intermediate care) 301-279-8828  
(Combined care)

Bilingual Counseling Center 11236  
Triangle Lane Wheaton, MD 20902  
<http://bilingualcounselingcenter.com/>  
301-942-7821

Crisis Center  
1301 Piccard Dr.  
Rockville, MD 20850  
240-777-4000  
Available 24 hours a day, 7 days per week  
[Montgomerycountymd.gov/home.aspx](http://Montgomerycountymd.gov/home.aspx) (search: Crisis)

Counseling Plus Inc.  
8561 Fenton St.  
Silver Spring, MD 20910  
301-565-9001

Family Health Center Psychological Services  
6 Montgomery Village Ave. Suite 400 Gaithersburg, MD 20879  
<http://www.fhcenter.com/> 301-963-7222

Hannah's Aftercare and Rehab 1201 Millgrove Rd. Silver  
Spring, MD 20910  
<https://www.addicted.org/directory/item/hannahs-aftercare-and-rehab-center.html> 1-800-304-2219

Journeys Adult Program 402 Hungerford Dr.  
Rockville, MD 20850 301-294-4015

Kolmac Clinic 8561 Fenton Street  
Suite 250  
Silver Spring, MD 20910 301-589-0255 <https://www.kolmac.com/>

EveryMind  
1000 Twinbrook Parkway  
Rockville, MD 20851  
301-424-0656  
[Every-mind.org](http://Every-mind.org)

Metro Counseling Inc.  
15719 Crabbs Branch Way,  
Rockville, MD 20855  
301-670-6161

Montgomery General Hospital Addiction and Mental Health  
Center 18101 Prince Philip Dr. Olney, MD 20832  
[www.medstarmontgomery.org](http://www.medstarmontgomery.org) 301-774-8800

Montgomery Recovery Services 14636 Rothgeb Dr.  
Rockville, MD 20850 [www.montgomeryrecovery.com](http://www.montgomeryrecovery.com) 301-762-  
5300

Narcotics Anonymous  
Group for narcotics abusers 800-317-3222 DC and MD [www.na.org](http://www.na.org)

Drug and Alcohol Abuse Treatment Resources and Clinical Services

New Beginnings at Potomac Valley Nursing and Wellness Center  
1235 Potomac Valley Rd. Rockville, MD 20850  
[www.potomacvalley.com](http://www.potomacvalley.com) 301-762-0700

OACES Corp.  
416 Hungerford Dr. Suite 209  
Rockville, MD 20850 301-762-1383

Prince George's County Cheverly Health Center 3003  
Hospital Dr.  
Cheverly, MD 20785  
301-583-5920

## SELF-HELP GROUPS

Alcoholics Anonymous

Self-help group for alcoholic and alcohol abusers

202-966-9115 (DC, MD, VA) [www.aa-dc.org](http://www.aa-dc.org)

Suburban Hospital Behavioral Health 6001 Montrose Rd.

Rockville, MD 20852 301-896-3100

Adventist Healthcare

11890 Healing Way

Silver Spring, MD 20904 [www.adventisthealthcare.com](http://www.adventisthealthcare.com)

240-637-4000

Drug and Alcohol Abuse Treatment Resources and Clinical Services

**To:** Montgomery College Employees

**From:** Krista Leitch Walker, Interim Chief Human Resources Officer

**Subject:** **2019 Drug and Alcohol Abuse Prevention Biennial Review Now Available**

**Date:** December 17, 2019

Please be aware that in accordance with the Drug-Free Schools and Communities Act, the Montgomery College 2019 Drug and Alcohol Abuse Prevention Biennial Review is now available. The report covers information for academic years 2017-2018 and 2018-2019 and is accessible on the College website under [HEOA/Student Consumer Information-Health and Safety Information](#).

The report contains the following information about Montgomery College's Drug and Alcohol Abuse Prevention programs for both students and employees:

- Educational events concerning the effects of drug and alcohol abuse
- Policy statement, notification process, and sanctions
- Health risks associated with drug/alcohol abuse
- Review of the effectiveness of Montgomery College's programs for drug and alcohol abuse prevention

For more information on the Drug and Alcohol Abuse Prevention Program for employees, please see the [Drug and Alcohol Abuse Prevention Biennial Review](#) report or contact Ms. Rowena D'Souza, Risk Management Coordinator / HIPAA Privacy Official at [rowena.dsouza@montgomerycollege.edu](mailto:rowena.dsouza@montgomerycollege.edu).

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**To:** Montgomery College Employees

**From:** Krista Leitch Walker, Interim Chief Human Resources Officer

**Subject:** **Montgomery College Drug and Alcohol Abuse Prevention Program  
Drug-Free Schools and Communities Act Disclosure**

**Date:** September 19, 2019

Montgomery College is required under the Drug-Free Schools and Communities Act to annually notify employees about our Drug and Alcohol Abuse Prevention program.

Montgomery College's commitment to drug and alcohol abuse prevention is underscored by the following policy #31005 adopted on May 15, 1989 by the College Board of Trustees.

- I. The Board of Trustees is committed to the education of students, employees, and community members regarding substance abuse prevention, detection, and treatment services; to the continuation of a collegewide substance abuse prevention program and other ongoing efforts that will foster such education; and to the maintenance of a drug-free environment throughout the College.
- II. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited at Montgomery College.
- III. College employees and students are subject to appropriate disciplinary action for violation of this policy, in accordance with College policies and procedures regarding employee discipline and discharge and in accordance with the student code of conduct.
- IV. The College president is authorized to establish procedures to implement this policy.

Per 31005CP, II, the following standards of conduct are applicable to employees:

- A. Employees should report for work fit for duty and free of any adverse effects of illegal drugs or alcohol. This does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their physicians about the medication's effect on their fitness for duty and the ability to work safely and promptly disclose restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions to supervisors, but should do so to the HIPAA Privacy Official in the Office of Human Resources and Strategic Talent Management.
- B. Employees may be required to undergo a medical examination pursuant to College Policy 31105—Medical Examinations when the employee's observable behavior creates a reasonable belief that the employee cannot perform the essential job functions or that the employee poses a threat to the health and safety of the employee or others, or to College property, as a result of the effects of drugs or alcohol.

C. The unlawful manufacture, sale, distribution, dispensing, possession or use of controlled substances, and the unlawful use or abuse (e.g., being intoxicated) of alcohol by anyone on College property (including any facilities leased or used by the College) or in College vehicles is prohibited. The use of alcohol by anyone under 21 years of age or the abuse of alcohol by anyone at any College sponsored or supervised activity off campus is also prohibited.

D. Notification of Criminal Conviction

1. As required by the Drug-Free Workplace Act of 1988, the Drug-Free Schools and Communities Act Amendments, the Maryland Higher Education Commission's Policies Concerning Drug and Alcohol Abuse Control, and as a condition of employment, employees must abide by the terms of this procedure and notify the Office of Human Resources and Strategic Talent Management in writing, of any criminal drug statute conviction for a violation occurring on or off Montgomery College property, no later than five calendar days after such conviction. Lack of compliance with these requirements may subject the employee to immediate disciplinary action, up to and including discharge.
2. Upon receipt of notification of a conviction, the College will take the following actions as required by law:
  - a. Notify the appropriate federal agencies of such convictions, and
  - b. Take appropriate personnel action against the employee, up to and including discharge; and/or
  - c. Require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state or local health, law enforcement, or other appropriate agency.

E. Consequences of Alcohol and Drug Abuse

1. The unlawful manufacture, distribution, use, sale, or possession (e.g., on the person or in a desk, or vehicle) of illegal drugs or of opened alcohol while on the job or on College leased or owned property is an offense punishable by discharge and may result in criminal prosecution. Any illegal drugs found will be turned over to the appropriate law enforcement agency.
2. The illegal use or abuse of alcohol on campus or as a part of any College activity whether on College leased or owned property is prohibited in accordance with all applicable Federal, State and local laws and the Drug and Alcohol Abuse Prevention Policy. In addition to possible prosecution under the aforementioned laws, employees who violate the prohibitions of this policy are subject to College imposed disciplinary sanctions consistent with applicable procedures and regulations. Sanctions may include, but need not be limited to, suspension, discharge, or referral to appropriate authorities for prosecution. Any disciplinary sanction imposed may also include the completion of an appropriate rehabilitation program as a condition of reinstatement or continued employment.

### Health Risks of Alcohol Abuse

For information about the health risks of alcohol abuse, click [here](#).

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### Health Risks Associated with the Use of Illicit Drugs

For a description of health risks associated with the use of illicit drugs and abuse of alcohol see attachment. For additional information click [here](#).

You may also access free, confidential assistance through the **Faculty Staff Assistance Program** [guidanceresources.com](http://guidanceresources.com) or call 844-236-2668 (TDD: 800-697-0353). To register use Organization Web ID: MCC.

### Drug and Alcohol Abuse Treatment Resources and Clinical Services

For information about national and local resources available for drug and alcohol abuse treatment, please see attachment.

For more information on the Drug and Alcohol Abuse Prevention Program for Employees, please see the [Drug and Alcohol Abuse Prevention Biennial Review report](#) or contact Ms. Rowena D'Souza, Risk Management Coordinator / HIPAA Privacy Official at [rowena.dsouza@montgomerycollege.edu](mailto:rowena.dsouza@montgomerycollege.edu).

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**Appendix A:  
Disclosure Notifications:  
b. Students**

Office of the Senior Vice President for Student Affairs

**To:** Montgomery College Students  
**From:** Dr. Monica Brown, Senior Vice President for Student Affairs  
**Subject:** **Drug-Free Schools and Communities Act Disclosure**  
**Date:** September 25, 2020

Montgomery College is required under the Drug-Free Schools and Communities Act to annually notify students about our Drug and Alcohol Abuse Prevention program.

### **Policy and Sanctions**

Montgomery College's commitment to drug and alcohol abuse prevention is underscored by the following policy adopted on May 15, 1989 by the College Board of Trustees:

- I. The Board of Trustees is committed to the education of students, employees, and community members regarding substance abuse prevention, detection, and treatment services; to the continuation of a collegewide substance abuse prevention program and other ongoing efforts which foster such education; and to the maintenance of a drug-free environment throughout the College.
- II. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited at Montgomery College.
- III. College employees and students are subject to appropriate disciplinary action for violation of this policy, in accordance with College policies and procedures regarding employee discipline and discharge and in accordance with the student code of conduct.
- IV. The President is authorized to establish procedures to implement this policy.

Students are responsible, as citizens, for knowing about and complying with the provisions of federal, state, and local law regarding illegal substances. Any student who possesses, uses, or sells alcoholic beverages or illegal drugs is subject to College disciplinary action. Additionally, prosecution and punishment by civil authorities may occur, through enforcement of Maryland and Federal laws. This includes enforcement of [Maryland's underage drinking law](#).

The College will initiate its own disciplinary proceedings against a student when the alleged conduct is deemed a violation of College policies and procedures. Penalties will be imposed by the College in accordance with procedural safeguards applicable to disciplinary actions against students. Penalties range from written warning to expulsion from Montgomery College. In accordance with Board policy, students are subject to disciplinary action as set forth in the [student code of conduct](#).

## Heroin and Opioid Education and Community Action Act of 2017

The Maryland legislature passed the Heroin and Opioid Education and Community Action Act of 2017 (HB 1082) which was signed into law by Governor Larry Hogan in June 2017. The law will combat the opioid epidemic by increasing treatment access, prevention efforts, and public awareness and education. The new law requires public schools, including higher education institutions, to provide addiction and prevention education programs on substance use disorders and train personnel to respond to an opioid overdose. Please review the Act in detail at the following link:

<http://mgaleg.maryland.gov/2017RS/bills/hb/hb1082f.pdf>

See also, [Heroin and Opioid Awareness & Prevention Toolkit](#) and [substance abuse resources](#).

### Health Risks of Alcohol Abuse

For information concerning the health risks of alcohol abuse, click [here](#).

### \*Health Risks Associated with the Use of Illicit Drugs

For the health risks associated with the use of illicit and controlled drugs, please see the attached document.

### \*Drug and Alcohol Abuse Treatment Resources and Clinical Services

For information about national and local resources available for drug and alcohol abuse treatment, please see the attached document.

For more information on the Drug and Alcohol Abuse Prevention Program for Students, see the [2019 Drug and Alcohol Abuse Prevention Program Biennial Review report](#) or contact Janee McFadden, interim collegewide dean for student engagement and Takoma Park/Silver Spring student affairs.

\*Attachments

## DRUG AND ALCOHOL RESOURCES AND CLINICAL SERVICES

### Montgomery College Faculty/Staff Assistance Program

[www.guidanceresources.com](http://www.guidanceresources.com)

TDD:800-697-0353

Call: 844-236-2668

WebID: MCC

Available 24/7

### Montgomery County Department of Health and Human Services

*Behavioral Health – Addiction Services*

255 Rockville Pike #145

Rockville, MD 20850

240-777-1770 (or) 240-777-4710

*Behavioral Health – Outpatient Addiction Services*

240-777-1680

<http://www.montgomerycountymd.gov/>

### Mental Health Association of Montgomery County

1000 Twinbrook Parkway

Rockville, MD 20851

301-738-9697 – Youth Hotline

301-738-2255 – General Hotline

### Crisis Center

1301 Piccard Drive

Rockville, MD 20850

240-777-4000

Available 24 hours a day, 7 days per week

## NATIONAL HOTLINES

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*Information and referral 24 hour*

1- 800-ALCOHOL (252-6465)

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DESCRIPTION OF HEALTH RISKS ASSOCIATED WITH THE USE OF ILLICIT DRUGS AND ABUSE OF ALCOHOL

**Controlled Substances - Uses & Effects**

Classification	Drug Name	Common or Brand	Dependence		Potential		Acute Effects	Health Risks and Effects of Long-term Use*	Overdose Effects
			Physical	Psychological	Psychological	Psychological			
ALCOHOL	Ethanol	Beer Wine Distilled Liquor	High High High	High High High High	High High High High	High High High High	<ul style="list-style-type: none"> <li>Lowered Inhibitions</li> <li>Impaired Judgement, Vision</li> <li>Loss of Motor Skills, Coordination</li> <li>Slurred Speech</li> </ul>	<ul style="list-style-type: none"> <li>Hypertension</li> <li>Liver Damage</li> <li>Cardiovascular Disease</li> <li>Toxic Psychosis</li> <li>Neurologic Damage</li> <li>Addiction with Severe Withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>Coma</li> <li>Possible Death</li> </ul>
NARCOTICS	<sup>1</sup> Opium Morphine Codeine <sup>1</sup> Heroin Meperidine Other	<sup>2</sup> Paregoric, Dover S Power <sup>2</sup> Morphine <sup>2</sup> Tylenol W/Codeine, Robitussin Heroin <sup>2</sup> Demerol, Pethadol <sup>2</sup> Dilaudid, Lentine, Percodan	High High High High High High High High	High High High High High High High High	High High High High High High High High	High High High High High High High High	<ul style="list-style-type: none"> <li>Euphoria, Drowsiness</li> <li>Respiratory Depression</li> <li>Constricted Pupils</li> <li>Nausea, Vomit</li> <li>Analgesia (Pain Relief)</li> </ul>	<ul style="list-style-type: none"> <li>Loss of Appetite</li> <li>Constipation</li> <li>Risk of AIDS &amp; Hepatitis from I.V. Drug Use</li> </ul>	<ul style="list-style-type: none"> <li>Shallow Perspiration</li> <li>Clammy Skin</li> <li>Convulsions, Coma</li> <li>Possible Death</li> <li>May be Toxic if Mixed with Alcohol</li> </ul>
DEPRESSANTS	Chloral Hydrate Barbiturates	<sup>2</sup> Noctec, Somnos <sup>2</sup> Nembutal, Phonobarbitol, Seconal, Tuinol	Moderate High	Moderate High	Moderate High	Moderate High	<ul style="list-style-type: none"> <li>Slurred Speech</li> <li>Disorientation</li> <li>Drunken Behavior Without the Odor of Alcohol</li> <li>Euphoria</li> <li>Lowered Inhibitions</li> <li>Loss of Motor Skills</li> <li>Relaxation, Depression</li> <li>Hallucinations</li> </ul>	<ul style="list-style-type: none"> <li>Addiction with Withdrawal</li> <li>Toxic Psychosis</li> <li>Weak, Rapid Pulse</li> <li>Hallucinations</li> <li>Nausea</li> <li>Seizures</li> <li>Insomnia</li> <li>Blackouts</li> <li>Anxiety</li> <li>Tremors</li> <li>Dizziness</li> <li>Loss of Peripheral Vision</li> </ul>	<ul style="list-style-type: none"> <li>Shallow Respiration</li> <li>Cold, Clammy Skin</li> <li>Blackout</li> <li>Coma</li> <li>Possible Death</li> <li>May be Toxic if mixed with Alcohol</li> </ul>
	Gamma Hydroxybutric Acid	Date Rape Drug, Liquid Ecstasy, Cherymeth,	Moderate-High	High	Moderate-High	High	<ul style="list-style-type: none"> <li>Euphoria</li> <li>Lowered Inhibitions</li> <li>Loss of Motor Skills</li> <li>Relaxation, Depression</li> <li>Hallucinations</li> </ul>	<ul style="list-style-type: none"> <li>Addiction with Withdrawal</li> <li>Toxic Psychosis</li> <li>Weak, Rapid Pulse</li> <li>Hallucinations</li> <li>Nausea</li> <li>Seizures</li> <li>Insomnia</li> <li>Blackouts</li> <li>Anxiety</li> <li>Tremors</li> <li>Dizziness</li> <li>Loss of Peripheral Vision</li> </ul>	<ul style="list-style-type: none"> <li>Shallow Respiration</li> <li>Cold, Clammy Skin</li> <li>Blackout</li> <li>Coma</li> <li>Possible Death</li> <li>May be Toxic if mixed with Alcohol</li> </ul>
	Gamma Butyrolactone Glutethimide Ketamine Methaqualone Tranquilizers	GBL <sup>2</sup> Doriden Special K, K <sup>2</sup> Optimil, Parest, Quaalude, Sopor <sup>2</sup> Equanil, Valium, Tranxene Serax, Xanax, Rohyphal, Dalmane, Dormate, Placidyl, Valmid	Unknown High Unknown High Moderate	Unknown High Unknown High Moderate	Unknown High Unknown High Moderate	Unknown High Unknown High Moderate	Unknown High Unknown High Moderate	<ul style="list-style-type: none"> <li>Slurred Speech</li> <li>Disorientation</li> <li>Drunken Behavior Without the Odor of Alcohol</li> <li>Euphoria</li> <li>Lowered Inhibitions</li> <li>Loss of Motor Skills</li> <li>Relaxation, Depression</li> <li>Hallucinations</li> </ul>	<ul style="list-style-type: none"> <li>Addiction with Withdrawal</li> <li>Toxic Psychosis</li> <li>Weak, Rapid Pulse</li> <li>Hallucinations</li> <li>Nausea</li> <li>Seizures</li> <li>Insomnia</li> <li>Blackouts</li> <li>Anxiety</li> <li>Tremors</li> <li>Dizziness</li> <li>Loss of Peripheral Vision</li> </ul>
STIMULANTS	<sup>1</sup> Cocaine <sup>1</sup> Amphetamine	Cocaine Hydrochloride <sup>2</sup> Benzedrine, Biphemamine, Desoxyn, Dexedrine	Possible Possible	High High	Possible Possible	High High	<ul style="list-style-type: none"> <li>Feeling of Well-Being</li> <li>Excitation, Euphoria</li> <li>Increased Alertness</li> <li>Increased Blood Pressure, Pulse</li> <li>Insomnia, Appetite Loss</li> </ul>	<ul style="list-style-type: none"> <li>Delusions, Hallucinations (Toxic Psychosis)</li> <li>Possible Organ/Tissue Damage</li> </ul>	<ul style="list-style-type: none"> <li>Agitation</li> <li>Temperature Increase</li> <li>Hallucinations</li> <li>Convulsions</li> <li>Heart Attack, Stroke</li> <li>High Blood Pressure</li> <li>Loss of Consciousness</li> <li>Seizures</li> </ul>
	Phenmetrazine Methylphenidate Other	<sup>2</sup> Preludin <sup>2</sup> Ritalin <sup>2</sup> Cylert, Didrex, Pre-Sate, Sanorex, Voranil Ecstasy, MDMA	Possible Possible Possible	High High High	Possible Possible Possible	High High High	<ul style="list-style-type: none"> <li>Feeling of Well-Being</li> <li>Excitation, Euphoria</li> <li>Increased Alertness</li> <li>Increased Blood Pressure, Pulse</li> <li>Insomnia, Appetite Loss</li> </ul>	<ul style="list-style-type: none"> <li>Delusions, Hallucinations (Toxic Psychosis)</li> <li>Possible Organ/Tissue Damage</li> </ul>	<ul style="list-style-type: none"> <li>Agitation</li> <li>Temperature Increase</li> <li>Hallucinations</li> <li>Convulsions</li> <li>Heart Attack, Stroke</li> <li>High Blood Pressure</li> <li>Loss of Consciousness</li> <li>Seizures</li> </ul>
	Methylenedioxy-methamphetamine		Low	High	Low	High	High	<ul style="list-style-type: none"> <li>Feeling of Well-Being</li> <li>Excitation, Euphoria</li> <li>Increased Alertness</li> <li>Increased Blood Pressure, Pulse</li> <li>Insomnia, Appetite Loss</li> </ul>	<ul style="list-style-type: none"> <li>Delusions, Hallucinations (Toxic Psychosis)</li> <li>Possible Organ/Tissue Damage</li> </ul>
HALLUCINOGENICS	<sup>1</sup> LSD <sup>1</sup> Mescaline <sup>1</sup> Psilocybin <sup>1</sup> MDA <sup>1</sup> PCP	Acid, Lysergic Acid Peyote, Peyote Buttons, Mescalitor Magic Mushrooms, Shrooms Angel Dust, Crystal, Cernylan (Veterinary)	Low Low Low Low Unknown Unknown	Unknown Unknown Unknown Unknown	Low Low Low Low Unknown Unknown	Unknown Unknown Unknown Unknown	<ul style="list-style-type: none"> <li>Dilated Pupils</li> <li>Increased Blood Pressure, Pulse</li> <li>Delusions/Hallucinations</li> <li>Distorted Perception of Time, Space, and Reality</li> </ul>	<ul style="list-style-type: none"> <li>Hallucinogens, Especially LSD, may Intensify Existing Psychosis</li> <li>Possible Violent Behavior</li> </ul>	<ul style="list-style-type: none"> <li>Intense Bad Trips</li> <li>Psychosis</li> <li>Possible Sudden Death</li> </ul>
	Airplane Glue Lighter Fluid Aerosols Spray Paints Paint Thinner Gasoline Poppers	Active Ingredient: Toluene Active Ingredient: Naphalene Active Ingre.: Chloropluorocarbon Active Ingre.: Petroleum Distillate Active Ingre.: Petroleum Distillate Active Ingre.: Petroleum Distillate Active Ingre.: Amyl/butyl Nitrite	Unknown Unknown Unknown Unknown Unknown Unknown	Unknown Unknown Unknown Unknown Unknown Unknown	Unknown Unknown Unknown Unknown Unknown Unknown	Unknown Unknown Unknown Unknown Unknown Unknown	<ul style="list-style-type: none"> <li>Slurred Speech</li> <li>Drunken Behavior</li> <li>Impaired Judgement</li> <li>Poor Coordination</li> </ul>	<ul style="list-style-type: none"> <li>Hallucinations</li> <li>Possible Damage to Bone Marrow, Lungs, Kidneys, Liver, Heart, Brain, Eyes</li> </ul>	<ul style="list-style-type: none"> <li>Unconsciousness</li> <li>Coma</li> <li>Possible Toxic Reaction</li> <li>Possible Sudden Death</li> </ul>
CANNABIS	<sup>1</sup> Marijuana <sup>1</sup> Hashish <sup>1</sup> Hash Oil	Grass, Pot, Weed, Dope Hash	Low Low Low Low	Moderate Moderate Moderate	Low Low Low Low	Moderate Moderate Moderate	<ul style="list-style-type: none"> <li>Tachycardia, Reddened Eyes</li> <li>Euphoria, Profound Humor</li> <li>Altered Time/Space Perception</li> <li>Short-Term Memory Loss</li> <li>Increased Appetite</li> </ul>	<ul style="list-style-type: none"> <li>Cardiovascular Damage as with Smoking Tobacco</li> </ul>	<ul style="list-style-type: none"> <li>Insomnia, Hyperactivity</li> <li>Panic Attacks, Paranoia</li> <li>Possible Toxic Reaction if Treated w/other Chemicals</li> </ul>
TOBACCO	Nicotine	Cigarettes Cigars	Moderate Moderate	High High	Moderate Moderate	High High	<ul style="list-style-type: none"> <li>Relaxation</li> <li>Stimulation</li> </ul>	<ul style="list-style-type: none"> <li>Cardiovascular Disease</li> <li>Respiratory Illness</li> </ul>	<ul style="list-style-type: none"> <li>Possible Death at very High Dosage Levels</li> </ul>

\* Alcohol and other drug use during pregnancy increases risk of physical harm to fetus

<sup>2</sup> Psychoactive drug effects refer to use at a greater than prescribed therapeutic dosage level

<sup>1</sup> Additional risk of harm from toxic impurities in street drugs

**To:** Montgomery College Students

**From:** Dr. Monica Brown, Senior Vice President for Student Affairs

**Subject:** **2019 Drug and Alcohol Abuse Prevention Biennial Review Now Available**

**Date:** December 17, 2019

Please be aware that in accordance with the Drug-Free Schools and Communities Act, the Montgomery College 2019 Drug and Alcohol Abuse Prevention Biennial Review is now available. The report covers information for academic years 2017-2018 and 2018-2019 and is accessible on the College website under [HEOA/Student Consumer Information-Health and Safety Information](#).

The report contains the following information about Montgomery College's Drug and Alcohol Abuse Prevention programs for both students and employees:

- Educational events concerning the effects of drug/alcohol abuse
- Policy statement, notification process, and sanctions
- Health risks associated with drug and alcohol abuse
- Review of the effectiveness of Montgomery College's programs for drug and alcohol abuse prevention

For more information on the Drug and Alcohol Abuse Prevention Program for students, please see the [Drug and Alcohol Abuse Prevention Biennial Review](#) report or contact [Dr. Clemmie Solomon](#), collegewide dean of student engagement and Takoma Park/Silver Spring campus dean of student affairs.

**To:** Montgomery College Students  
**From:** Dr. Monica Brown, Senior Vice President for Student Affairs  
**Subject:** **Drug-Free Schools and Communities Act Disclosure**  
**Date:** September 19, 2019

Montgomery College is required under the Drug-Free Schools and Communities Act to annually notify students about our Drug and Alcohol Abuse Prevention program.

### **Policy and Sanctions**

Montgomery College's commitment to drug and alcohol abuse prevention is underscored by the following policy adopted on May 15, 1989 by the College Board of Trustees:

- V. The Board of Trustees is committed to the education of students, employees, and community members regarding substance abuse prevention, detection, and treatment services; to the continuation of a collegewide substance abuse prevention program and other ongoing efforts that will foster such education; and to the maintenance of a drug-free environment throughout the College.
- VI. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited at Montgomery College.
- VII. College students and employees are subject to appropriate disciplinary action for violation of this policy, in accordance with College policies and procedures regarding employee discipline and discharge and in accordance with the student code of conduct.
- VIII. The College president is authorized to establish procedures to implement this policy.

Students are responsible, as citizens, for knowing about and complying with the provisions of federal, state, and local law regarding illegal substances. Any student who possesses, uses, or sells alcoholic beverages or illegal drugs is subject to College disciplinary action. Additionally, prosecution and punishment by civil authorities may occur, through enforcement of Maryland and Federal laws. This includes enforcement of [Maryland's underage drinking law](#).

The College will initiate its own disciplinary proceedings against a student when the alleged conduct is deemed a violation of College policies and procedures. Penalties will be imposed by the College in accordance with procedural safeguards applicable to disciplinary actions against students. Penalties range from written warning to expulsion from enrollment. In accordance with Board policy, students are subject to disciplinary action as set forth in the [student code of conduct](#).



## **Heroin and Opioid Education and Community Action Act of 2017**

The Maryland legislature passed the Heroin and Opioid Education and Community Action Act of 2017 (HB 1082) which was signed into law by Governor Larry Hogan in June 2017. The law will combat the opioid epidemic by increasing treatment access, prevention efforts, and public awareness and education. The new law requires public schools, including higher education institutions, to provide addiction and prevention education programs on substance use disorders and train personnel to respond to an opioid overdose. Please review the Act in detail at the following link: [http://mgaleg.maryland.gov/2017RS/chapters\\_noln/Ch\\_573\\_hb1082E.pdf](http://mgaleg.maryland.gov/2017RS/chapters_noln/Ch_573_hb1082E.pdf).

See also, [Heroin and Opioid Awareness & Prevention Toolkit](#) and [substance abuse resources](#).

### Health Risks of Alcohol Abuse

For information concerning the health risks of alcohol abuse, click [here](#).

### \*Health Risks Associated with the Use of Illicit Drugs

For the health risks associated with the use of illicit and controlled drugs, please see the attached document.

### \*Drug and Alcohol Abuse Treatment Resources and Clinical Services

For information about national and local resources available for drug and alcohol abuse treatment, please see the attached document.

For more information on the Drug and Alcohol Abuse Prevention Program for Students, see the [2017 Drug and Alcohol Abuse Prevention Program Biennial Review report](#) or contact Dr. Clemmie Solomon, collegewide dean of student engagement and Takoma Park/Silver Spring campus dean of student affairs.

\*Attachments

## DRUG AND ALCOHOL RESOURCES AND CLINICAL SERVICES

### Montgomery College Faculty/Staff Assistance Program

[www.guidanceresources.com](http://www.guidanceresources.com)

TDD: 800-697-0353

Call: 844-236-2668

WebID: MCC

Available 24/7

### Montgomery County Department of Health and Human Services

*Behavioral Health – Addiction Services*

255 Rockville Pike #145

Rockville, MD 20850

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ALCOHOL	Ethanol	Beer Wine Distilled Liquor	High High High	High High High	U. Inhibitions D. Impaired Judgement, Vision E. Loss of Motor Skills, Coordination F. Slurred Speech	U. Inhibitions D. Impaired Judgement, Vision E. Loss of Motor Skills, Coordination F. Slurred Speech	H. Hypertension I. Liver Damage J. Cardiovascular Disease K. Toxic Psychosis L. Neurologic Damage M. Addiction with Severe Withdrawal	• Coma • Possible Death	
NARCOTICS	<sup>1</sup> Opium Morphine Codeine <sup>1</sup> Heroin Meperidine Other	<sup>2</sup> Paregoric, Dover S Power <sup>2</sup> Morphine <sup>2</sup> Tylenol W/Codeine, Robitussin Heroin <sup>2</sup> Demerol, Pethadol <sup>2</sup> Dilaudid, Lentine, Percodan	High High High High High High	High High High High High High	• Euphoria, Drowsiness • Respiratory Depression • Constricted Pupils • Nausea, Vomit • Analgesia (Pain Relief)	• Euphoria, Drowsiness • Respiratory Depression • Constricted Pupils • Nausea, Vomit • Analgesia (Pain Relief)	• Loss of Appetite • Constipation • Risk of AIDS & Hepatitis from I.V. Drug Use	• Shallow Perspiration • Clammy Skin • Convulsions, Coma • Possible Death • May be Toxic if Mixed with Alcohol	
DEPRESSANTS	Chloral Hydrate Barbiturates  Gamma Hydroxybutric Acid  Gamma Butyrolactone Glutethimide Ketamine Methaqualone Tranquilizers	<sup>2</sup> Noctec, Somnos <sup>2</sup> Nembutal, Phonobarbital, Seconal, Tuinol  Date Rape Drug, Liquid Ecstasy, Cherrymeth,  GBL <sup>2</sup> Doriden Special K, K  <sup>2</sup> Optimil, Parest, Quaalude, Sopor <sup>2</sup> Equanil, Valium, Tranxene Serax, Xanax, Rohyphal, Dalmane, Dormate, Placidyl, Valmid	Moderate High  Moderate-High  Unknown High Unknown High Moderate	Moderate High  High  Unknown High Unknown High High	• Slurred Speech • Disorientation • Drunken Behavior Without the Odor of Alcohol • Euphoria • Lowered Inhibitions • Loss of Motor Skills • Blackouts • Relaxation, Depression • Hallucinations	• Slurred Speech • Disorientation • Drunken Behavior Without the Odor of Alcohol • Euphoria • Lowered Inhibitions • Loss of Motor Skills • Blackouts • Relaxation, Depression • Hallucinations	• Addiction with Withdrawal • Toxic Psychosis • Weak, Rapid Pulse • Hallucinations • Nausea • Seizures • Insomnia • Anxiety • Tremors • Dizziness • Loss of Peripheral Vision  High	• Shallow Respiration • Cold, Clammy Skin • Blackout • Coma • Possible Death • May be Toxic if mixed with Alcohol  High	
STIMULANTS	<sup>1</sup> Cocaine <sup>1</sup> Amphetamine  Phenmetrazine Methylphenidate Other  Methylenedioxy-methamphetamine	Cocaine Hydrochloride <sup>2</sup> Benzedrine, Biphphetamine, Desoxyyn, Dexedrine <sup>2</sup> Preludin <sup>2</sup> Ritalin  <sup>2</sup> Cylert, Didrex, Pre-Sate, Sanorex, Voranil Ecstasy, MDMA	Possible Possible  Possible Possible Possible  Low	High High  High High High  High	• Feeling of Well-Being • Excitation, Euphoria • Increased Alertness • Increased Blood Pressure, Pulse • Insomnia, Appetite Loss	• Feeling of Well-Being • Excitation, Euphoria • Increased Alertness • Increased Blood Pressure, Pulse • Insomnia, Appetite Loss	• Delusions, Hallucinations (Toxic Psychosis) • Possible Organ/Tissue Damage	• Agitation • Temperature Increase • Hallucinations • Convulsions • Heart Attack, Stroke • High Blood Pressure • Loss of Consciousness • Seizures	
HALLUCINOGENICS	<sup>1</sup> LSD <sup>1</sup> Mescaline <sup>1</sup> Psilocybin <sup>1</sup> MDA <sup>1</sup> PCP	Acid, Lysergic Acid Peyote, Peyote Buttons, Mescalitor Magic Mushrooms, Shrooms  Angel Dust, Crystal, Cernylan (Veterinary)	Low Low Low Unknown Unknown	Unknown Unknown Unknown Unknown Unknown	• Dilated Pupils • Increased Blood Pressure, Pulse • Delusions/Hallucinations • Distorted Perception of Time, Space, and Reality	• Dilated Pupils • Increased Blood Pressure, Pulse • Delusions/Hallucinations • Distorted Perception of Time, Space, and Reality	• Hallucinogens, Especially LSD, may Intensify Existing Psychosis • Possible Violent Behavior	• Intense Bad Trips • Psychosis • Possible Sudden Death	
INHALANTS	Airplane Glue Lighter Fluid Aerosols Spray Paints Paint Thinner Gasoline Poppers	Active Ingredient: Toluene Active Ingredient: Naphalene Active Ingred.: Chloroplourocarbon Active Ingred.: Petroleum Distillate Active Ingred.: Petroleum Distillate Active Ingred.: Amyl/butyl Nitrite	Unknown Unknown Unknown Unknown Unknown Unknown Unknown	Unknown Unknown Unknown Unknown Unknown Unknown Unknown	• Slurred Speech • Drunken Behavior • Impaired Judgement • Poor Coordination	• Slurred Speech • Drunken Behavior • Impaired Judgement • Poor Coordination	• Hallucinations • Possible Damage to Bone Marrow, Lungs, Kidneys, Liver, Heart, Brain, Eyes	• Unconsciousness • Coma • Possible Toxic Reaction • Possible Sudden Death	
CANNABIS	<sup>1</sup> Marijuana <sup>1</sup> Hashish <sup>1</sup> Hash Oil	Grass, Pot, Weed, Dope Hash	Low Low Low	Moderate Moderate Moderate	• Tachycardia, Reddened Eyes • Euphoria, Profound Humor • Altered Time/Space Perception • Short-Term Memory Loss • Increased Appetite	• Tachycardia, Reddened Eyes • Euphoria, Profound Humor • Altered Time/Space Perception • Short-Term Memory Loss • Increased Appetite	• Cardiovascular Damage as with Smoking Tobacco	• Insomnia, Hyperactivity • Panic Attacks, Paranoia • Possible Toxic Reaction if Treated w/other Chemicals	
TOBACCO	Nicotine	Cigarettes Cigars	Moderate Moderate	High High	• Relaxation • Stimulation	• Relaxation • Stimulation	• Cardiovascular Disease • Respiratory Illness	• Possible Death at very High Dosage Levels	

\* Alcohol and other drug use during pregnancy increases risk of physical harm to fetus

<sup>2</sup> Psychoactive drug effects refer to use at a greater than prescribed therapeutic dosage level

<sup>1</sup> Additional risk of harm from toxic impurities in street drugs

# **Appendix B:**

## Additional Resources for Community Use and Education

<ul style="list-style-type: none"> <li>▪ The Drug Enforcement Agency (DEA) schedule indicates the drug’s acceptable medical use and its potential for misuse or dependence. The most up-to-date scheduling information can be found on the <a href="#">DEA website</a>.</li> </ul>	<ul style="list-style-type: none"> <li>▪ For information about treatment options for drug addiction, see NIDA’s Treatment pages. For drug use trends, see our Trends and Statistics page.</li> </ul>
<p><b>From the DEA’s Latest Edition of Drugs of Abuse:</b></p> <ul style="list-style-type: none"> <li>▪ Education plays a critical role in preventing substance abuse. Drugs of Abuse, A DEA Resource Guide, is designed to be a reliable resource on the most commonly abused and misused drugs in the United States. This comprehensive guide provides important information about the harms and consequences of drug use by describing a drug’s effects on the body and mind, overdose potential, origin, legal status, and other key facts.</li> <li>▪ Drugs of Abuse also offers a list of additional drug education and prevention resources, including the DEA websites: <ul style="list-style-type: none"> <li>○ <a href="http://www.DEA.gov">www.DEA.gov</a>;</li> <li>○ <a href="http://www.JustThinkTwice.com">www.JustThinkTwice.com</a>, aimed at teenagers;</li> <li>○ <a href="http://www.GetSmartAboutDrugs.com">www.GetSmartAboutDrugs.com</a>, designed for parents, educators, and caregivers; and</li> <li>○ <a href="http://www.operationprevention.com">www.operationprevention.com</a>.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ For more information on alcohol’s effects on the body, please see the <a href="#">National Institute on Alcohol Abuse and Alcoholism’s</a> related web page describing <a href="#">alcohol’s effects on the body</a></li> </ul>

# **Certification Statement**

## CERTIFICATION STATEMENT

In compliance with the Drug-Free Schools and Communities Act (DFSCA) as articulated in the Education Department General Administrative Regulations (EDGAR) Part 86, the undersigned official of Montgomery College certifies that she has reviewed and approved Montgomery College's 2021 Biennial Review.

A handwritten signature in black ink, appearing to read "Charlene M. Duke". The signature is written in a cursive style with a large initial "C".

*Date:* December 23, 2021

President  
Montgomery College