



The University of Arizona Global Campus Drug Free Schools and Communities Act Program Report

Introduction

In compliance with the Drug-Free Schools and Communities Act, the University of Arizona Global Campus (“University”) has implemented a program to prevent the illicit use and abuse of drugs and alcohol by students and employees. The Program requires the University to distribute information annually to students and employees concerning the possession, use, or distribution of alcohol and illicit drugs at University administrative offices, at University sponsored events and activities, or while conducting University business. This information includes the standards of conduct relating to the unlawful possession, use, or distribution of illicit drugs and alcohol, health risks associated with the use of illicit drugs and alcohol, resources for obtaining assistance with drug and alcohol abuse, and a summary of legal sanctions for violations of State and Federal law, as well as University disciplinary actions relating to the unlawful possession, use, or distribution of illicit drugs and alcohol.

The University of Arizona Global Campus Drug Free Schools and Communities Act Program Report is sent annually to staff, faculty, and students, and is distributed upon new hire or enrollment throughout the year.

The Drug-Free Schools and Communities Act Program is intended to supplement and not limit the provisions of the Drug-Free Workplace policy with the University as applicable to University employees.

Student Affairs provides an overall coordination of the Drug-Free Schools and Communities Act Program; however, some services are the responsibility of other University departments and staff, including:

Alcohol and Drug Education: Student Affairs, Employee Relations/Human Resources, Employee Assistance Program

Counseling Referrals: Student Affairs, Employee Relations/Human Resources

University Student Disciplinary Actions: Student Rights and Responsibilities Manager

Employee Disciplinary Actions: Human Resources

Standards of Conduct

The following information outlines the University standards of conduct relating to the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees at University administrative offices, or as a part of University-sponsored activities.

University Student Alcohol Use Policy:

All individuals must observe state and federal laws regarding the use, consumption, possession, and distribution of alcohol. The University strictly prohibits the unauthorized use, consumption, possession, and distribution of alcohol by any student, regardless of legal drinking age, at University administrative offices, or at University sponsored events and activities. The University Sanctions section set forth below provide additional explanation of the institution’s disciplinary procedures for students who are found to be in violation of this policy.

Alcohol may be served at certain University events or functions and only to those persons of legal drinking age who can verify their age with identification as required by the state in which the event or function occurs. Written permission must be obtained from the Vice President of Student Affairs, or Clery designee, to serve alcohol and any legally required alcohol permits obtained prior to the function.

University Student Drug Use Policy:

The unlawful possession, use, sale, or distribution of illicit drugs is prohibited at University administrative offices, or at University-sponsored events and activities. Such substances include those drugs listed in the federal Controlled Substances Act. The Student Community Standards section in the Catalog provides additional explanation of the institution's disciplinary procedures for students who are found to be in violation of this policy.

The facilities of the University of Arizona Global Campus are smoke and tobacco free. No smoking, chewing, or dipping is allowed inside any University facility. The University of Arizona Global Campus policy applies to all forms of tobacco and marijuana, including but not limited to paraphernalia, cigarettes, cigars, shisha, pipes, water pipes (hookah), electronic cigarettes, and all forms of smokeless tobacco and marijuana including, but not limited to chew, edibles, snus, snuff, sticks, strips, and orbs.

Employee Drug and Alcohol Policies:

The University prohibits the unlawful manufacture, dispensation, distribution, possession, or use of a controlled substance on its property or as part of any of its activities. The University adheres to state laws including those prohibiting the following activities on campus: providing alcoholic beverages to individuals under 21; possession or consumption of alcoholic beverages by individuals under 21; and distribution, possession, or use of illegal drugs or controlled substances. Employees are subject to all applicable drug and alcohol policies, including policies set forth in the:

[University Staff Manual](#)

[Classified Staff Human Resources Policy Manual](#)

[University Handbook for Appointed Personnel](#)

[Arizona Board of Regents Code of Conduct](#)

[University of Arizona Alcohol Policy and Regulations](#)

Employees policies prohibit:

- Consuming or being under the influence of alcoholic beverages while on duty.
- Distributing narcotics or controlled substances while on duty.
- Possessing or using narcotics or any controlled substance(s) not prescribed for the employee by a physician while on duty.
- Being under the influence of narcotics or any controlled substance(s) not prescribed for the employees by a physician while on duty.

Statement on the Arizona Medical Marijuana Act:

Arizona voters approved the Arizona Medical Marijuana Act in 2010 and the Smart & Safe Arizona Act in 2020. These acts permit individuals to possess and use limited quantities of marijuana. However, because of its obligations under the federal Controlled Substances Act, the University will continue to prohibit marijuana possession and use for any purpose on campus. Employees who violate the policies outlined in the Policy and Prohibition section of this email will continue to be subject to disciplinary action. University policy does not prohibit medical research projects involving marijuana from being conducted on campus as authorized by applicable University or federal authorities, which may include the Food and Drug Administration, the Drug Enforcement Administration, and the National Institute on Drug Abuse.

Legal Sanctions for Students

Local, state, and federal laws prohibit the possession or use of, distribution of, manufacture of, or possession with intent to distribute illicit substance or a counterfeit illicit substance listed in the federal Controlled Substances Act. Discussed in greater detail below, these laws are subject to change by the Arizona State

Legislature, and the United States Congress, as appropriate to their jurisdictions. Specific drugs, amounts, and penalties are described in the Controlled Substances Act, available online at <https://www.dea.gov/drug-information/csa>.

This document provides an overview of alcohol and drug offenses for Arizona. Sanctions under federal, state, and local laws for the unlawful possession or distribution of illicit drugs and alcohol are serious and can range from civil sanctions to criminal convictions including fines and imprisonment.

21 U.S.C.S. 862, Denial of Federal benefits, including student loans, grants, contracts, and professional commercial licenses. Persons convicted of illegal possession may be denied these benefits for up to one year for a first offense and up to five years for second and subsequent offenses. Persons convicted of drug trafficking may be denied these benefits for up to five years for a first offense and up to 10 years for a second offense. Upon a third or subsequent drug trafficking conviction, a person may be permanently ineligible for all Federal benefits.

The following summary sets forth the legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol. Recognizing the global community of the University, all students, faculty, and staff are encouraged to confirm legal sanctions and related information with their local jurisdiction. Please note that a student or employee who violates the policies relating to the possession or distribution of illicit drugs and alcohol of the University is subject both to the sanctions of the University, as well as any applicable criminal sanctions provided by local, state, or federal law.

For Arizona, these penalties include:

The legal drinking age in Arizona is 21.

A person who is under the legal drinking age and who misrepresents the person's age to any person by means of written instrument of identification with the intent to induce a person to sell, serve, give or furnish liquor contrary to law is guilty of a class 1 misdemeanor. A.R.S. § 4-241. In addition to any other penalties prescribed by law, a person shall pay a fine of at least two hundred fifty dollars. A.R.S. § 4-246.

A person who is under the legal drinking age and who solicits another person to purchase, sell, give, serve or furnish spirituous liquor contrary to law is guilty of a class 3 misdemeanor. A.R.S. § 4-241. In addition to any other penalties prescribed by law, a person shall pay a fine of at least two hundred fifty dollars. A.R.S. § 4-246.

A person who is under the legal drinking age and who uses a fraudulent or false written instrument of identification or identification of another person or uses a valid license or identification of another person to gain access to a licensed establishment is guilty of a class 1 misdemeanor. A.R.S. § 4-241. In addition to any other penalties prescribed by law, a person shall pay a fine of at least two hundred fifty dollars. A.R.S. § 4-246.

A person who knowingly influences the sale, giving, or serving of spirituous liquor to a person under the legal drinking age by misrepresenting the age of such person or who orders, requests, receives or procures spirituous liquor from any licensee, employee or other person with the intent of selling, giving or serving it to a person under the legal drinking age is guilty of a class 1 misdemeanor. A.R.S. § 4-241.

It is a class 1 misdemeanor for a person under the legal drinking age (21 years of age) to buy, receive, or have in the person's possession or to consume spirituous liquor. A.R.S. § 4-244.

It is a class 1 misdemeanor for any person to sell, furnish, dispose of or give or cause to be sold, furnished, disposed of or given, to a person under the legal drinking age (21 years of age) any spirituous liquor. A.R.S. § 4-244.

Alcohol violations that qualify as a class 1 misdemeanor are punishable by up to six months in jail, can include a hefty fine, may involve probation, or a combination of these.

A person shall not knowingly possess or use marijuana, possess marijuana for sale, produce marijuana, or transport marijuana for sale. A.R.S. § 13-3405. A person who possesses marijuana weighing less than two pounds is guilty of a class 6 felony, weighing less than four pounds is guilty of a class 5 felony, and weighing over four pounds is guilty of a class 4 felony. The various offenses in this statute range in severity of punishment from a class 6 felony to a class 2 felony with a range of up to 15 years imprisonment. A.R.S. § 13-3405.

A person shall not knowingly possess or use a narcotic drug; possess a narcotic drug for sale; possess equipment or chemicals for the purpose of manufacturing a narcotic drug; manufacture a narcotic drug; administer a narcotic drug to another person; obtain or procure the administration of a narcotic drug by fraud, deceit, misrepresentation or subterfuge; or transport for sale, import into this state, offer to transport for sale or import a narcotic drug. A.R.S. § 13-3408. Violations include a class 4 felony to a class 2 felony with a range of up to 15 years imprisonment. Additionally, a fine of not less than \$2000, or three times the value of the narcotic drugs involved, whichever is greater (up to a statutory maximum) A.R.S. § 13-3408.

It is unlawful for any person to use, or to possess with intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, inject, inhale or otherwise introduce into the human body a drug. "Drug" means any narcotic drug, dangerous drug, marijuana or peyote. "Drug paraphernalia" means all equipment, products and materials of any kind which are used, intended for use or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a drug violation. Violators are guilty of a class 6 felony. A.R.S. § 13-3415.

Additional information on Arizona drug offenses and penalties can be found at A.R.S. § 13-3401 – A.R.S. § 13-3423.

Legal Sanctions for Staff

Local, state, and federal laws make illegal use of drugs and alcohol serious crimes. Conviction can lead to imprisonment, fines, and assigned community service.

- To ensure fair and consistent treatment of all employees who are accused of illegal use of drugs or alcohol, the University will handle all cases that come to its attention within the guidelines of the rules of conduct and disciplinary procedures applicable to employment type, the [ABOR Code of Conduct](#), and, where appropriate, local, state, and federal regulations.
- Employees who violate Arizona Board of Regents or University drug or alcohol policies are subject to University sanctions. Sanctions for employees may include written warning (notification that behavior is not acceptable and must improve), suspension without pay (temporary release from duty without

pay), disciplinary probation (specified timeframe in which improvement is required) and dismissal (termination of employment).

Student employees: Student workers are expected to adhere to the rules of conduct of the University, the Arizona Board of Regents, and the student worker's department. In addition, student workers are subject to the Student Code of Conduct in their capacity as students of the University. Any department may establish additional rules for its student workers which are considered necessary for effective operation of that unit. Failure to meet performance expectations may result in termination of student employment.

Health Risks

The following provides information on the health risks associated with the abuse of alcohol and use of illicit drugs. The Centers for Disease Control and Prevention, as well as the U.S. Drug Enforcement Administration provides information on the effects of alcohol and commonly used drugs and can be referenced on the Centers for Disease Control and Prevention and U.S. Drug Enforcement Administration website at <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm> and <https://www.dea.gov/factsheets> (last visited September 21, 2023).

Alcohol:

Drinking too much can harm your health. Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following: Injuries, such as motor vehicle crashes, falls, drownings, and burns; Violence, including homicide, suicide, sexual assault, and intimate partner violence; Alcohol poisoning, a medical emergency that results from high blood alcohol levels; Risky sexual behaviors, including unprotected sex or sex with multiple partners, which can result in unintended pregnancy or sexually transmitted diseases, including HIV; Miscarriage and stillbirth or [fetal alcohol spectrum disorders \(FASDs\)](#) among pregnant women. Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including: High blood pressure, heart disease, stroke, liver disease, and digestive problems; Cancer of the breast, mouth, throat, esophagus, liver, and colon; Learning and memory problems, including dementia and poor school performance; Mental health problems, including depression and anxiety; Social problems, including lost productivity, family problems, and unemployment; Alcohol dependence, or alcoholism. By not drinking too much, you can reduce the risk of these short- and long-term health risks.

Drugs:

Methamphetamine: Methamphetamine, also known as meth, is a Schedule II stimulant under the Controlled Substances Act, which means that it has a high potential for abuse and a currently acceptable medical use (in FDA-approved products). Meth is a highly addictive drug with potent central nervous system (CNS) stimulant properties. Those who smoke or inject it report a brief, intense sensation, or rush. Oral ingestion or snorting produces a long-lasting high instead of a rush, which reportedly can continue for as long as half a day. Both the rush and the high are believed to result from the release of very high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure. Long-term meth use results in many damaging effects, including addiction. Chronic meth users can exhibit violent behavior, anxiety, confusion, insomnia, and psychotic features including paranoia, aggression, visual and auditory hallucinations, mood disturbances, and delusions — such as the sensation of insects creeping on or under the skin. Such paranoia can result in homicidal or suicidal thoughts. Researchers have reported that as much as 50 percent of the dopamine-producing cells in the brain can be damaged after prolonged exposure to relatively low levels of meth. Taking even small amounts of meth can result in: Increased wakefulness, increased physical activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure, and hyperthermia

(overheating). High doses can elevate body temperature to dangerous, sometimes lethal, levels, and cause convulsions and even cardiovascular collapse and death. Meth use may also cause extreme anorexia, memory loss, and severe dental problems. High doses may result in death from stroke, heart attack, or multiple organ problems caused by overheating.

Cocaine: Cocaine is a Schedule II drug under the Controlled Substances Act, meaning it has a high potential for abuse and has an accepted medical use for treatment in the United States. Cocaine is an intense, euphoria-producing stimulant drug with strong addictive potential. The intensity of cocaine's euphoric effects depends on how quickly the drug reaches the brain, which depends on the dose and method of abuse. Tolerance to cocaine's effects develops rapidly, causing users to take higher and higher doses. Taking high doses of cocaine or prolonged use, such as bingeing, usually causes paranoia. The crash that follows euphoria is characterized by mental and physical exhaustion, sleep, and depression lasting several days. Following the crash, users experience a craving to use cocaine again. Physiological effects of cocaine include increased blood pressure and heart rate, dilated pupils, insomnia, and loss of appetite. The widespread abuse of highly pure street cocaine has led to many severe adverse health consequences such as: Irregular heartbeat, ischemic heart conditions, sudden cardiac arrest, convulsions, strokes, and death. In some users, the long-term use of inhaled cocaine has led to a unique respiratory syndrome, and chronic snorting of cocaine has led to the erosion of the upper nasal cavity.

Heroin: Heroin is a Schedule I narcotic under the Controlled Substances Act meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Heroin is a highly addictive drug and it is a rapidly acting opioid. Heroin can be injected, smoked, or sniffed/snorted. Because it enters the brain so rapidly, heroin is particularly addictive, both psychologically and physically. Heroin users report feeling a surge of euphoria or "rush," followed by a twilight state of sleep and wakefulness. One of the most significant effects of heroin use is addiction. With regular heroin use, tolerance to the drug develops. Once this happens, the person must use more heroin to achieve the same intensity. As higher doses of the drug are used over time, physical dependence and addiction to the drug develop. Effects of heroin use include: Drowsiness, respiratory depression, constricted pupils, nausea, a warm flushing of the skin, dry mouth, and heavy extremities. Because heroin users do not know the actual strength of the drug or its true contents, they are at a high risk of overdose or death. The effects of a heroin overdose are: Slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death.

Marijuana: Marijuana is a Schedule I substance under the Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Although some states within the United States have allowed the use of marijuana for medicinal purpose, it is the U.S. Food and Drug Administration that has the federal authority to approve drugs for medicinal use in the U.S. To date, the FDA has not approved a marketing application for any marijuana product for any clinical indication. Consistent therewith, the FDA and DEA have concluded that marijuana has no federally approved medical use for treatment in the U.S. and thus it remains as a Schedule I controlled substance under federal law. Marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis sativa plant. Marijuana contains over 480 constituents. THC (delta-9-tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect. When marijuana is smoked, the 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. 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.

Ecstasy or MDMA (also known as Molly): MDMA is a Schedule I drug under the Controlled Substances Act, meaning it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. MDMA acts as both a stimulant and hallucinogen, producing an energizing effect, distortions in time and perception, and enhanced enjoyment of tactile experiences. MDMA mainly affects brain cells that use the chemical serotonin to communicate with each other. Serotonin helps to regulate mood, aggression, libido, sleep, and sensitivity to pain. Clinical studies suggest that MDMA may increase the risk of long-term, perhaps permanent, problems with memory and learning. Some unwanted psychological effects include: Confusion, anxiety, depression, paranoia, sleep problems, and drug craving. Users of MDMA experience many of the same effects and face many of the same risks as users of other stimulants such as cocaine and amphetamines. These include increased motor activity, alertness, heart rate, and blood pressure. Some unwanted physical effects include muscle tension, tremors, involuntary teeth clenching, muscle cramps, nausea, faintness, chills, sweating, and blurred vision. Studies suggest chronic use of MDMA can produce damage to the serotonin system. In high doses, MDMA can interfere with the body's ability to regulate temperature. On occasions, this can lead to a sharp increase in body temperature (hyperthermia), resulting in liver, kidney, and cardiovascular system failure, and death. Because MDMA can interfere with its own metabolism (that is, its breakdown within the body), potentially harmful levels can be reached by repeated drug use within short intervals.

Rohypnol: Rohypnol® is a Schedule IV substance under the Controlled Substances Act. Rohypnol® is not approved for manufacture, sale, use, or importation to the United States. However, it is legally manufactured and marketed in other countries. Penalties for possession, trafficking, and distribution involving one gram or more are the same as those of a Schedule I drug. Rohypnol is a trade name for flunitrazepam, a central nervous system (CNS) depressant that belongs to a class of drugs known as benzodiazepines. Like other benzodiazepines, Rohypnol produces sedative-hypnotic, anti-anxiety, and muscle relaxant effects. Rohypnol is also referred to as a "date rape" drug and is misused to physically and psychologically incapacitate victims targeted for sexual assault. The drug is usually placed in the alcoholic drink of an unsuspecting victim to incapacitate them and prevent resistance to sexual assault. The drug leaves the victim unaware of what has happened to them. Like other benzodiazepines, Rohypnol slows down the functioning of the CNS producing: Drowsiness (sedation), sleep (pharmacological hypnosis), decreased anxiety, and amnesia (no memory of events while under the influence of the substance). Rohypnol can also cause: Increased or decreased reaction time, impaired mental functioning and judgment, confusion, aggression, and excitability. Rohypnol causes muscle relaxation. Adverse physical effects include: Slurred speech, loss of motor coordination, weakness, headache, and respiratory depression. Rohypnol also can produce physical dependence when taken regularly over a period of time. High doses of Rohypnol, particularly when combined with CNS depressant drugs such as alcohol and heroin, can cause severe sedation, unconsciousness, slow heart rate, and suppression of respiration that may be sufficient to result in death.

GHB: GHB is a Schedule I controlled substance, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Gamma-Hydroxybutyric acid (GHB) is another name for the generic drug sodium oxybate. GHB and its analogues are misused for their euphoric and calming effects and because some people believe they build muscles and cause weight loss. GHB and its analogues are also misused for their ability to increase libido, suggestibility, passivity, and to cause amnesia (no memory of events while under the influence of the substance) — traits that make users vulnerable to sexual assault and other criminal acts. Use of GHB produces Central Nervous System (CNS) depressant effects including: Euphoria, drowsiness, decreased anxiety, confusion, and memory impairment. GHB can also produce both visual hallucinations and — paradoxically — excited and aggressive behavior. GHB greatly increases the CNS depressant effects of alcohol and other depressants. Low doses of GHB produce nausea. At high doses, GHB overdose can result in: Unconsciousness, seizures, slowed heart rate, greatly slowed breathing, lower body temperature, vomiting, nausea, coma, and death. Regular use of GHB can lead to addiction and withdrawal that includes: Insomnia, anxiety, tremors, increased heart rate and blood pressure, and occasional psychotic thoughts. GHB overdose can cause death.

Ketamine: Ketamine is a schedule III non-narcotic substance under the Controlled Substances Act. It currently has accepted medical uses for short-term sedation and anesthesia. Ketamine is a dissociative anesthetic that has some hallucinogenic effects. It distorts perceptions of sight and sound and makes the user feel disconnected and not in control. Ketamine can induce a state of sedation (feeling calm and relaxed), immobility, relief from pain, and amnesia (no memory of events while under the influence of the drug). It is abused for its ability to produce dissociative sensations and hallucinations. Ketamine has also been used to facilitate sexual assault. Ketamine can make users unresponsive to stimuli. When in this state, users experience: Involuntarily rapid eye movement, dilated pupils, salivation, tear secretions, and stiffening of the muscles and possible nausea. An overdose can cause unconsciousness and dangerously slowed breathing.

LSD: LSD is a Schedule I substance under the Controlled Substances Act. LSD is a potent hallucinogen that has a high potential for abuse and currently has no accepted medical use in treatment in the United States. LSD is abused orally. During the first hour after ingestion, users may experience visual changes with extreme changes in mood. While hallucinating, the user may suffer impaired depth and time perception accompanied by distorted perception of the shape and size of objects, movements, colors, sound, touch, and the user's own body image. The ability to make sound judgments and see common dangers is impaired, making the user susceptible to personal injury. It is possible for users to suffer acute anxiety and depression after an LSD "trip" and flashbacks have been reported days, and even months, after taking the last dose. The physical effects include: Dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. Overdose effects include: Longer, more intense "trip" episodes. Serious psychological harm can occur after administration, including fear, depression, anxiety, and paranoia, and can be long-lasting. Death after LSD use is rare.

Oxycodone: Oxycodone products are in Schedule II narcotic under the Controlled Substances Act. Oxycodone is a semi-synthetic narcotic analgesic and historically has been a popular drug of abuse among the narcotic abusing population. Oxycodone is abused orally, inhaled as vapor, or used intravenously. Euphoria and feelings of relaxation are the most common effects of oxycodone on the brain, which explains its high potential for abuse. Physiological effects of oxycodone include pain relief, sedation, respiratory depression, constipation, papillary constriction, and cough suppression. Extended or chronic use of oxycodone containing acetaminophen may cause severe liver damage. Overdose effects include extreme drowsiness, muscle weakness, confusion, cold and clammy skin, pinpoint pupils, shallow breathing, slow heart rate, fainting, coma, and possible death.

Fentanyl: Fentanyl is a Schedule II narcotic under the United States Controlled Substances Act of 1970. Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Illicitly produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in fake pills, mimicking pharmaceutical drugs such as oxycodone. Fentanyl, similar to other commonly used opioid analgesics (e.g., morphine), produces effects such as relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of a triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.

Psilocybin: Psilocybin is a Schedule I substance under the Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. Psilocybin comes from certain types of psilocybe mushrooms. Psilocybin is metabolized in the body to the active drug psilocyn, also present in many of the same mushrooms. Psilocybin mushrooms are ingested orally. They may also be brewed as a tea or added to other foods to mask their bitter flavor. The physical effects include: Nausea, vomiting, muscle weakness, and lack of coordination. The psychological consequences of psilocybin use include hallucinations and an inability to discern fantasy from reality. Panic reactions and a psychotic-like episode also may occur, particularly if a user ingests a high dose. Effects of overdose include: Longer, more intense “trip” episodes, challenging experiences (physical and emotional), psychosis, and possible death. Abuse of psilocybin mushrooms could also lead to poisoning if one of the many varieties of poisonous mushrooms is incorrectly identified as a psilocybin-containing mushroom.

Drug or Alcohol Counseling, Treatment or Rehabilitation

The University provides supportive services, intervention, and resources related to drug and alcohol use and abuse for students and staff. University employee services are coordinated through Human Resources and the employee assistance counseling program. University student services are coordinated through Student Affairs Student Advocate HELpline. The University disseminates informational materials, education programs, and referrals regarding the use of alcohol and/or an illicit substance.

For employees dealing with unhealthy substance use, the University offers resources to help. Life & Work Connections [Employee Assistance Counseling](#) (EAC) provides free and confidential short-term counseling and related resources for drug and/or alcohol misuse to benefits-eligible employees nationwide, their dependents and members of their household. Supervisor consultations are available with [Senior Human Resource Partners](#) to guide supervisors if a University policy has been violated. In addition, state and University health plans cover rehabilitation services for substance use disorders. Employees can speak with a primary care physician or their [health carrier's member services department](#) to learn more. If you need to request accommodations for condition-related barriers to completing workplace duties, please [contact the Disability Resource Center](#).

All University students may utilize the University of Arizona Global Campus Student Advocate HELpline to identify supportive services and appropriate response to escalated psycho-social issues, including drug and alcohol abuse. When individual students experience escalated circumstances and intervention is appropriate, support services are provided by the Student Advocates through the University of Arizona Global Campus Student Advocate HELpline. Utilizing a case management approach, Student Advocates provide short-term

support and resource identification to include both local and national resources. In this way, Student Advocates address the impact of substance abuse and action plan with students in order to coordinate support and recovery efforts. Additionally, in accordance with the Americans with Disabilities Act (ADA) of 1990, as amended, the University of Arizona Global Campus prohibits discrimination on the basis of a disability. This includes students who have disclosed a previous or current addiction to alcohol and those in recovery from opioid and substance use disorders that substantially limits one or more major life activities. Reasonable accommodations will be granted to students who present appropriate documentation of disability and are otherwise qualified to participate in their specific program of study. Students are responsible for disclosing disability information and requesting accommodation, in accordance with University requirements. Students who need assistance, even on a temporary basis, are encouraged to utilize the services available through the Office of Student Access and Wellness.

The section of the University of Arizona Global Campus website includes contact information on national counseling, treatment, and rehabilitation programs for drug and alcohol resources for students, prospective students, and the community to access in a confidential manner. The information available on the Student Support Services page of the University of Arizona Global Campus website includes the following national toll-free telephone numbers and are provided to assist any member of the University who may require assistance in dealing with a drug or alcohol problem:

Addiction Counselor: A resource guide for mental health students and counselors seeking information on mental health issues, signs, and where to find help.

American Council on Alcoholism (800) 527-5344: Addresses alcoholism as a treatable disease through public education, information, intervention, and referral.

Al-Anon (888) 425-2666: Helps families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend.

The National Institute on Drug Abuse Hotline (877)-643-2644: Provides information, support, treatment options, and referrals to local rehab centers for any drug or alcohol problem.

Hotlines/Help Lines:

24 Hour National Alcohol & Substance Abuse Information Center (800) 784-6776

Enforcement

The University seeks to uphold their drug and alcohol-related policies and laws and will impose disciplinary sanctions against those students and/or employees who violate said policies and laws consistent with local, State, or Federal law.

Enforcement of the Drug and Alcohol policies at the University is facilitated by the Student Affairs, and Human Resources/Employee Relations. As part of the disciplinary process, the University may also request that the student or employee complete a rehabilitation program.

Students

The University seeks to uphold their drug and alcohol-related policies and laws and would impose disciplinary sanctions against students who violate said policies and laws consistent with local, State or Federal law.

Disciplinary sanctions for students can include but are not limited to deferred enrollment, apology letters, educational projects, informational session, written warnings, recommendation for future consequences, emergency administrative leave, suspension, and expulsion. Enforcement of the Student Drug and Alcohol policies at the University is facilitated by Student Affairs. A focus on educational and intervention support opportunities remain a priority of the University for students navigating the Student Conduct process.

Employees

Enforcement of the Employee Drug and Alcohol policies at the University is facilitated by Human Resources-Employee Relations. Sanctions for employees can include coaching, mandatory EAC referral, and corrective action up to and including termination. In addition, some employees may choose to voluntarily resign. Employees may self-refer or have a Human Resource's referral to the Employee Assistance Counseling for assistance in dealing with the use of alcohol or a controlled substance. Human Resources-Employee Relations manages employee corrective action. Human Resources reviews each situation on a case-by-case basis to determine next steps. The findings of each communicated situation are reviewed against past precedents and recommended sanctions are imposed consistent with those comparisons.

The University shall not take adverse action under this policy against any employee who complies with the requirements of and successfully completes a Rehabilitation Program. Participation in a Rehabilitation Program, however, shall not preclude the University from taking any adverse employment action against an employee during the Rehabilitation Program based on the employee's failure to comply with any requirement of the Rehabilitation Program, including any action by the employee to invalidate a test sample provided by the employee pursuant to the Rehabilitation Program.

Conclusion

It is the intent of the University to provide a drug-free, healthy, safe, and secure academic environment. This information is very important, and we encourage you to read it carefully. The information presented in this report is available at <http://www.uagc.edu/DFSCA>. You may also request a paper copy of this Report by responding to studentaffairs@uagc.edu, and a copy will be mailed to you.

This message and the information contained within is in compliance with the Drug Free Workplace Act of 1988 and the Drug Free Schools and Communities Act of 1989 ("Act"), which states, "no institution of higher education shall be eligible to receive funds or any other form of financial assistance under any federal program, including participation in any federally funded or guaranteed student loan program," unless it has adopted and implemented a program to prevent the use of illicit drugs and abuse of alcohol by students and employees. The Act requires the annual distribution of the above information to students and employees.