

UNIVERSITY OF HARTFORD

2016

Drug Free School & Campus Act Notification



University of Hartford

9/29/2016

University of Hartford

Drug Free School & Campus Act Policy

The Drug Free Schools and Campuses Regulations (34 CFR Part 86) of the Drug-Free Schools and Communities Act (DFSCA) require an institution of higher education (IHE) such as the University of Hartford to certify it has implemented programs to prevent the abuse of alcohol and use or distribution of illicit drugs both by the University of Hartford students and employees both on its premises and as a part of any of its activities. At a minimum each institution of higher education must annually distribute the following in writing to all students and employees:

- Standards of conduct that clearly prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;
- A description of the legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol;
- A description of any drug or alcohol counseling, treatment, or rehabilitation or reentry programs that are available to employees or students; and
- A clear statement that the institution will impose sanctions on students and employees and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct.

The law further requires that the institution conduct a biennial review of its program with the following objectives:

- Determining the effectiveness of the policy and implementing changes to the alcohol and other drug programs if they are needed; and
- To ensure that the sanctions developed are enforced consistently.

The biennial review must also include a determination as to:

- The number of drug- and alcohol-related violations and fatalities occurring on the campus or as part of their activities that are reported to campus officials; and
- The number and types of sanctions the IHEs impose on students or employees as a result of such violations or fatalities.

Standards of Conduct for Employees

6.15 Drug-Free and Alcohol-Free Workplace

1. Policy

The University subscribes to the guidelines recommended by the State of Connecticut's Department of Higher Education for the elimination of drug and alcohol abuse in the educational environment. The University also subscribes to the requirements of the Federal Drug-Free Workplace Act of 1988 and the Federal Drug-Free Schools and Communities Amendments of 1989.

2. Prohibitions

The manufacture, distribution, dispensing, possession or use of controlled substances is prohibited on the campus and properties of the University of Hartford.

The unsanctioned/unlawful manufacture, distribution, dispensing, possession or use of alcoholic beverages is prohibited on the campus and properties of the University of Hartford. University employees are expected to comply with all laws and regulations governing alcoholic beverages, including laws prohibiting the furnishing or serving of alcoholic beverages to minors.

3. Certifications/Notifications

- a. Any University employee receiving a federal grant and/or contract greater than \$25,000 will be required to certify that they will conform to the Drug-free and Alcohol-free Workplace Policy. (See sample statement.)
- b. Any person receiving funds through a federal grant and/or contract totaling \$25,000 or more who is convicted of a drug offense in the workplace shall notify the University within five days of conviction. The University is required to notify the funding agency of the conviction within 10 days of receiving such notice from the employee, or of otherwise receiving actual notice of such conviction.

4. Sanctions

In cases where an individual is found to be in violation of this policy, the University will take one of the following actions within 30 days of receiving notice:

- a. take appropriate disciplinary action, up to and including termination and/or criminal prosecution; or
- b. 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. The University's EAP may serve this function (See also **5.13, Employee Assistance Program**).

In accordance with the Federal Drug-Free Workplace Act of 1988, it is the University's policy to work actively to ensure a drug-free workplace. The Act applies to any employee directly engaged in the performance of work pursuant to the provisions of a grant or contract from the federal government and its departments.

The University will not tolerate the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace. Individuals not in compliance with this policy are in violation of various controlled substance laws and are subject to criminal prosecution.

Under the Act, any person convicted of a drug offense in the workplace must notify the University within five days. The University is required to notify the funding agency within 10 days after receiving notice from an employee of a conviction, or otherwise receiving actual notice of such conviction.

Within 30 days of receiving notice, the University must take one of the following actions with respect to any employee so convicted:

- a. take appropriate disciplinary action, up to and including termination and/or criminal prosecution; or
- b. require such 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.

Federal Penalties and Sanctions for Illegal Trafficking of a Controlled Substance

The Controlled Substances Act (1970) places all substances regulated under federal law into one of five schedules based on the substance's medical use, potential for abuse, and safety or dependence liability.

Federal Trafficking Penalties (Source: DEA Federal Trafficking Penalties)

Federal Trafficking Penalties for Schedules I, II, III, IV, and V (except Marijuana)				
Schedule	Substance/Quantity	Penalty	Substance/Quantity	Penalty
II	Cocaine 500-4999 grams mixture	First Offense: Not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	Cocaine 5 kilograms or more mixture	First Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 20 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
II	Cocaine Base 28-279 grams mixture		Cocaine Base 280 grams or more mixture	
II	Fentanyl 40-399 grams mixture		Fentanyl 400 grams or more mixture	
I	Fentanyl Analogue 10-99 grams mixture		Fentanyl Analogue 100 grams or more mixture	
I	Heroin 100-999 grams mixture		Heroin 1 kilogram or more mixture	
I	LSD 1-9 grams mixture		LSD 10 grams or more mixture	
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture	
II	PCP 10-99 grams pure or 100-999 grams mixture		PCP 100 grams or more pure or 1 kilogram or more mixture	

Substance/Quantity	Penalty
Any Amount Of Other Schedule I & II Substances	First Offense: 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 not an individual.
Any Drug Product Containing Gamma Hydroxybutyric Acid	Second Offense: 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 or less	
Any Amount Of Other Schedule III Drugs	First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: 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.
Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
Any Amount Of All Schedule V Drugs	First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.

Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances	
Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants	First Offense: 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. Second Offense: 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 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants	First Offense: 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. Second Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50million if other than an

	individual.
Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants	First Offense: 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. Second Offense: 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.
Hashish More than 10 kilograms	
Hashish Oil More than 1 kilogram	
Marijuana less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight)	First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual. Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.
1 to 49 marijuana plants	
Hashish 10 kilograms or less	
Hashish Oil 1 kilogram or less	

Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance

Sentencing Provisions (21 U.S.C. 844(a))

- 1st conviction: Up to 1 year imprisonment and fined at least \$1,000 but not more than \$100,000, or both.
- After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500 but not more than \$250,000, or both.
- After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000 but not more than \$250,000, or both.
- Special sentencing provision for possession of crack cocaine: Mandatory at least 5 years in prison, not to exceed 20 years and fined up to \$250,000, or both, if:
 - 1st conviction and the amount of crack possessed exceed 5 grams.
 - 2nd crack conviction and the amount of crack possessed exceeds 3 grams
 - 3rd or subsequent crack conviction and the amount of crack possessed exceeds 1gram.

Forfeitures

- Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment. (See special sentencing provisions re: crack) 21 U.S.C. 853(a)(2) and 881(a)(7)
- Forfeiture of vehicles, boats, aircraft or any other conveyance used to transport or conceal a controlled substance. 21 U.S.C. 881(a)(4)

Denial of Federal Benefits

- Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to one year for first offense, up to five years for second and subsequent offenses. 21 U.S.C. 853a

Miscellaneous

- Ineligible to receive or purchase a firearm. Revocation of certain Federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies. Note: These are only Federal penalties and sanctions.

CONNECTICUT DRUG POSSESSION CRIMES AND OFFENSES

It is illegal for any person to possess or have under his or her control any narcotic, hallucinogenic, or other controlled substance unless otherwise authorized by law (e.g., controlled substances obtained pursuant to a prescription). The penalty for personal drug possession in Connecticut depends on a number of different factors, including the amount and type of drug, where the criminal act takes place, and whether the criminal act was a first or repeat offense.

For drug possession offenses, the statutorily authorized penalties range from (1) a \$150 fine for a first offense of possession of less than ½ ounce of marijuana to (2) up to 25 years imprisonment, up to a \$250,000 fine, or both for three or more convictions for possession of narcotics. Penalties for drug possession crimes are generally enhanced when they occur within 1,500 feet of a school or licensed day care center. Table 1 below shows the drug possession offenses, the Connecticut General Statutes citation for each offense, and the authorized penalties.

The law generally prohibits prosecuting a person for possessing drugs solely on discovery of evidence arising from efforts to seek medical assistance for a drug overdose (see [CGS § 21a-279\(g\)](#)).

The possession of less than ½ ounce of marijuana is not a crime, but is punishable by fines (and other penalties in certain circumstances). Also, under specified conditions, the law provides protections from prosecution or other penalties related to marijuana for medical marijuana patients, their primary caregivers, and their doctors ([CGS § 21a-408](#) et seq). For more information on Connecticut's medical marijuana program, including the recently approved regulations for the program, see the Department of Consumer Protection's (DCP) website: <http://www.ct.gov/dcp/mmp>. For information on DCP's Drug Control Division (such as information on controlled substances practitioner registration), see the division's website: www.ct.gov/dcp/drugcontrol.

Table 1: Drug Possession

<i>Offense Descriptions</i>	<i>Authorized Penalties</i>
Less than ½ oz. marijuana	First offense: \$150 fine
Cite: CGS § 21a-279a	Subsequent offenses: \$200 to \$500 fine (three-time violators must

	<p>attend drug education, at their own expense)</p> <p>Violators follow the procedures the law sets for infractions (e.g., they can pay the fine by mail) (CGS § 51-164n)</p> <p>60-day suspension of the driver's license or nonresident operating privileges of anyone under age 21 who is convicted of a violation (if the person does not have a license, he or she is ineligible for one for 150 days after meeting all licensing requirements) (CGS § 14-111e)</p> <p>Burden of proof is preponderance of the evidence (rather than beyond a reasonable doubt) (CGS § 51-164n(i))</p>
<p>Narcotics (i.e., heroin, cocaine, and crack)</p> <p>Cite: CGS § 21a-279(a)</p>	<p>First offense: up to 7-year prison term, up to a \$50,000 fine, or both</p> <p>Second offense: up to 15-year prison term, up to a \$100,000 fine, or both</p> <p>Subsequent offenses: up to 25-year prison term, up to a \$250,000 fine, or both</p> <p>Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-279(e))</p>
<p>At least 4 oz. of marijuana or any quantity of other hallucinogens</p> <p>Cite: CGS § 21a-279(b)</p>	<p>First offense: up to 5-year prison term, up to a \$2,000 fine, or both. Effective October 1, 2013, the penalty is a class D felony, punishable by up to 5-year prison term, up to a \$5,000 fine, or both (PA 13-258, § 88).</p> <p>Subsequent offenses: up to 10-year prison term, up to a \$5,000 fine, or both. Effective October 1, 2013, the penalty is a class C felony, punishable by 1- to 10-year prison term, up to a \$10,000 fine, or both (PA 13-258, § 88).</p> <p>Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-279(e))</p>
<p>Any other illegal drug or at least ½ oz. but less than 4 oz. of marijuana</p> <p>Cite: CGS § 21a-279(c)</p>	<p>First offense: up to 1-year prison term, up to a \$1,000 fine, or both</p> <p>Subsequent offenses: up to 5-year prison term, up to a \$3,000 fine, or both. Effective October 1, 2013, the penalty is a class D felony, punishable by up to 5-year prison term, up to a \$5,000 fine, or both (PA 13-258, § 88).</p> <p>Alternative sentence for subsequent offenses: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-279(e))</p>
<p>Possession of ½ oz. or more of marijuana or any quantity of other illegal drugs within 1,500 feet of (1) an elementary or secondary school by someone who is not attending the school or (2) a licensed day care center identified as such by a sign posted in a conspicuous place</p>	<p>Mandatory 2-year prison term running consecutively to the prison term imposed for the underlying possession crime</p> <p>Judge can depart from this sentence under certain circumstances (see below)*</p>

Cite: [CGS § 21a-279\(d\)](#)

* Judges can impose less than the mandatory minimum sentence when no one was hurt during the crime and the defendant (1) did not use or attempt or threaten to use physical force; (2) was unarmed; and (3) did not threaten to use or suggest that he or she had a firearm, other deadly weapon (e.g., a switchblade knife), or other instrument that could cause death or serious injury. Defendants must show good cause and can invoke these provisions only once. Judges must state at sentencing hearings their reasons for (1) imposing the sentence and (2) departing from the mandatory minimum ([CGS § 21a-283a](#)).

CONNECTICUT DRUG SALE CRIMES

It is illegal for anyone to manufacture, distribute, sell, prescribe, dispense, compound, transport with intent to sell or dispense, possess with intent to sell or dispense, offer, give, or administer to another any controlled substance, except as otherwise authorized by law. As with possession, the penalty for these actions depends on a number of different factors. These include the amount and type of drug, where the criminal act takes place, whether the offender is addicted to drugs, the offender's age, the buyer's age, and whether the criminal act was a first or repeat offense.

There are mandatory minimum prison terms for several crimes involving drug sales or related actions, although a judge can depart from the mandatory minimum for certain crimes under certain circumstances. The penalties are generally enhanced when the crimes occur within 1,500 feet of a school, licensed day care center, or public housing project.

Table 2 shows the drug sale crimes, the Connecticut General Statutes citation for each offense, and the authorized penalties.

Table 2: Drug Sales

<i>Offense Descriptions</i>	<i>Authorized Penalties</i>
Sale by a nonaddicted person of at least 1 oz. of heroin or methadone; ½ oz. of cocaine or crack; or 5 mg. of LSD Cite: CGS § 21a-278(a)	Mandatory minimum 5- to 20-year prison term with a possible maximum term of life imprisonment Judge can suspend the mandatory minimum if, at the time of the offense, the person (1) was under age 18 or (2) had significantly impaired mental capacity Judge can depart from the mandatory sentence under certain other circumstances (see below)*
Sale by a nonaddicted person of at least 1 kg. of marijuana or any amount of narcotics, amphetamines, or other hallucinogens Cite: CGS § 21a-278(b)	First offense: mandatory minimum 5- to 20-year prison term Subsequent offenses: mandatory minimum 10- to 25- year prison term Judge can suspend the mandatory minimum if, at the time of the offense, the person (1) was under age 18 or (2) had significantly impaired mental capacity Judge can depart from the mandatory sentence under certain other circumstances (see below)*
Sale by nonaddicted adult of drugs to a minor at least two years younger	Mandatory 2-year prison term running consecutively to prison term imposed for the underlying crime

Cite: CGS § 21a-278a(a)	
Sale of illegal drugs within 1,500 feet of (1) an elementary or secondary school, (2) a licensed day care center identified as such by a sign posted in a conspicuous place, or (3) a public housing project Cite: CGS § 21a-278a(b)	Mandatory 3-year prison term running consecutively to prison term imposed for the underlying crime Judge can depart from this sentence under certain circumstances (see below)*
Hiring or persuading a minor to sell illegal drugs in violation of the laws prohibiting illegal drug sales Cite: CGS § 21a-278a(c)	Mandatory 3-year prison term running consecutively to prison term imposed for the underlying drug sale crime
Sale of any narcotics or hallucinogens other than marijuana Cite: CGS § 21a-277(a)	First offense: up to 15-year prison term, up to a \$50,000 fine, or both Second offense: up to 30-year prison term, up to a \$100,000 fine, or both Subsequent offenses: up to 30-year prison term, up to a \$250,000 fine, or both Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-277(d))
Sale of any other illegal drug Cite: CGS § 21a-277(b)	First offense: up to 7-year prison term, up to a \$25,000 fine, or both Subsequent offenses: up to 15-year prison term, up to a \$100,000 fine, or both Alternative sentence: up to 3-year indeterminate prison term with conditional release by correction commissioner (CGS § 21a-277(d))

* Judges can impose less than the mandatory minimum sentence under the same circumstances as described above for certain drug possession offenses (see the footnote under Table 1).

CONNECTICUT DRUG PARAPHERNALIA CRIMES AND OFFENSES

It is illegal for anyone to use or possess with intent to use drug paraphernalia for various drug-related purposes (e.g., growing, preparing, ingesting, or inhaling controlled substances). It is also illegal to deliver, possess with intent to deliver, or manufacture with intent to deliver drug paraphernalia knowing, or under circumstances where one reasonably should know, that it will be used for the same purposes. These actions are generally subject to criminal misdemeanor penalties. If the actions are done in connection with less than ½ ounce of marijuana, they are punishable as infractions, not crimes.

Penalties for the drug paraphernalia crimes described above are generally enhanced when they occur within 1,500 feet of a school by someone who is not a student there.

As with drug possession, the law generally prohibits prosecuting a person for possessing drug paraphernalia solely on discovery of evidence arising from efforts to seek medical assistance for a drug overdose (see [CGS § 21a-267\(e\)](#)).

The law also prohibits the knowing possession of drug paraphernalia in a drug factory situation for the unlawful mixing, compounding, or otherwise preparing of any amount of a controlled substance for

purposes of violating drug laws. This is a felony, and there is a mandatory minimum prison term if a minor is hired or otherwise used to commit the offense.

The law's definition of “drug paraphernalia” lists several specific examples (see [CGS § 21a-240\(20\)\(A\)](#)). The law also sets out factors courts or other authorities must consider when determining whether an object or material is drug paraphernalia (see [CGS § 21a-270](#)).

Table 3: Drug Paraphernalia

Offense Descriptions	Authorized Penalties
<p>Use, possess with intent to use, or deliver, possess with intent to deliver, or manufacture with intent to deliver, in connection with less than ½ oz. of marijuana</p> <p>Cite: CGS § 21a-267(d)</p>	<p>Infraction (punishable by fines of between \$35 and \$90, plus a surcharge and additional fee based on the amount of the fine; the current total amount due for violating § 21a-267(d) is \$136)</p> <p>60-day suspension of the driver's license or nonresident operating privileges of anyone under age 21 who is convicted of this infraction (if the person does not have a license, he or she is ineligible for one for 150 days after meeting all licensing requirements) (CGS § 14-111e)</p> <p>Burden of proof is preponderance of the evidence (rather than beyond a reasonable doubt) (CGS § 51-164n(h))</p>
<p>Use or possess with intent to use in connection with ½ oz. or more of marijuana or any amount of another controlled substance</p> <p>Cite: CGS § 21a-267(a)</p>	<p>Class C misdemeanor, punishable by up to three months in prison, up to a \$500 fine, or both</p>
<p>Deliver, possess with intent to deliver, or manufacture with intent to deliver in connection with ½ oz. or more of marijuana or any amount of another controlled substance</p> <p>Cite: CGS § 21a-267(b)</p>	<p>Class A misdemeanor, punishable by up to 1-year prison term, up to a \$2,000 fine, or both</p>
<p>Commit the above acts in connection with ½ oz. or more of marijuana or any amount of another controlled substance, within 1,500 feet of an elementary or secondary school by someone who is not attending the school</p> <p>Cite: CGS § 21a-267(c)</p>	<p>Mandatory 1-year prison term running consecutively to prison term imposed for the underlying crime</p> <p>Judge can depart from this sentence under certain circumstances (see below)*</p>
<p>Knowing possession of drug paraphernalia in drug factory situation</p> <p>Cite: CGS § 21a-277(c) (see CGS § 21a-255(b))</p>	<p>First offense: up to 2-year prison term, up to a \$1,000 fine, or both</p> <p>Subsequent offense: up to 10-year prison term, up to a \$10,000 fine, or both</p>
<p>Hiring or persuading a minor to possess drug paraphernalia in drug factory situation</p> <p>Cite: CGS § 21a-278a(c)</p>	<p>Mandatory 3-year prison term running consecutively to prison term imposed for the underlying crime</p>

Connecticut Alcohol possession laws & Penalties

It is a crime for a person under 21 years old (minor) to procure, possess, or transport alcohol. Penalties for procuring, possessing, or transporting alcohol are an infraction for a first offense and up to \$500 for a second offense. It is a crime to sell or furnish alcohol to a minor. Penalties for selling or furnishing alcohol to a minor include a fine up to \$1,000 and/or imprisonment up to one year. It is a crime to misrepresent one's age, possess a false identification card, use someone else's identification card, forge or alter an identification card, or loan an identification card to another for the purpose of obtaining alcohol. For more information please see Connecticut General Statute §30.

Health Risks Associated with Illicit Drug Use¹

The *Controlled Substances Act* (CSA) places all substances which were in some manner regulated under existing federal law into one of five schedules. This placement is based upon the substance's medical use, potential for abuse, and safety or dependence liability. A description of each schedule is included below:

Schedule I

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.
- Examples of Schedule I substances include heroin, gamma hydroxybutyric acid (GHB), lysergic acid diethylamide (LSD), marijuana, and methaqualone.

Schedule II

- The drug or other substance has a high potential for abuse.
- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- Abuse of the drug or other substance may lead to severe psychological or physical dependence.
- Examples of Schedule II substances include morphine, phencyclidine (PCP), cocaine, methadone, hydrocodone, fentanyl, and methamphetamine.

Schedule III

- The drug or other substance has less potential for abuse than the drugs or other substances in Schedules I and II.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

¹ The information in this section is taken from the U.S. Department of Justice's 2015 publication "Drugs of Abuse." Students and employees are strongly encouraged to review this publication for more detailed information regarding the health risks associated with alcohol and illicit drug use and abuse. The full publication is available online at: https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf.

- Anabolic steroids, codeine and hydrocodone products with aspirin or Tylenol®, and some barbiturates are examples of Schedule III substances.

Schedule IV

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.
- Examples of drugs included in Schedule IV are alprazolam, clonazepam, and diazepam.

Schedule V

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substances may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.
- Cough medicines with codeine are examples of Schedule V drugs.

The Controlled Substances Act (CSA) regulates five classes of drugs:

- Narcotics,
- Depressants,
- Stimulants,
- Hallucinogens and
- Anabolic steroids.

Each class has distinguishing properties, and drugs within each class often produce similar effects. However, all controlled substances, regardless of class, share a number of common features.

All controlled substances have abuse potential or are immediate precursors to substances with abuse potential. With the exception of anabolic steroids, controlled substances are abused to alter mood, thought, and feeling through their actions on the central nervous system (brain and spinal cord). Some of these drugs alleviate pain, anxiety, or depression. Some induce sleep and others energize.

Though some controlled substances are therapeutically useful, the “feel good” effects of these drugs contribute to their abuse. The extent to which a substance is reliably capable of producing intensely pleasurable feelings (euphoria) increases the likelihood of that substance being abused.

The following chart summarizes each class’s legal status, effects on the mind, effects on the body and effects of overdose.

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
<p>Narcotics Also known as “opioids,” the term “narcotic” comes from the Greek word for “stupor” and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as “narcotics,” today “narcotic” refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is “opioid.” Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl.</p>	<p>Narcotics/opioids are controlled substances that vary from Schedule I to Schedule V, depending on their medical usefulness, abuse potential, safety, and drug dependence profile. Schedule I narcotics, like heroin, have no medical use in the U.S. and are illegal to distribute, purchase, or use outside of medical research.</p>	<p>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 drugs’ abuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy.</p> <p>Use can create psychological dependence. Long after the physical need for the drug has passed, the addict may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapse is common if there are not changes to the physical environment or the behavioral motivators that prompted the abuse in the first place.</p>	<p>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</p> <p>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.</p> <p>Physical dependence is a consequence of chronic opioid use, and withdrawal takes place when drug use is discontinued. The</p>	<p>Overdoses of narcotics are not uncommon and can be fatal. Physical signs of narcotics/opioid overdose include: Constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
			intensity and character of the physical symptoms experienced during withdrawal are directly related to the particular drug used, the total daily dose, the interval between doses, the duration of use and the health and personality of the user.	
<p>Stimulants Stimulants speed up the body's systems. this class of drugs includes: Prescription drugs such as amphetamines [Adderall[®] and dexedrine[®]], methylphenidate [Concerta[®] and Ritalin[®]], diet aids [such as didrex[®], Bontril[®], Preludin[®], Fastin[®], Adipex P[®], ionomin[®], and Meridia[®]] and illicitly produced drugs such as methamphetamine, cocaine, and methcathinone.</p>	<p>A number of stimulants have no medical use in the United States but have a high potential for abuse. These stimulants are controlled in Schedule I. Some prescription stimulants are not controlled, and some stimulants like tobacco and caffeine don't require a prescription — though society's recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking.</p> <p>Stimulant chemicals in over-the-counter products, such as ephedrine and pseudo-ephedrine can be</p>	<p>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".</p> <p>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.</p>	<p>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.</p> <p>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,</p>	<p>In overdose, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
	<p>found in allergy and cold medicine. As required by The Combat Methamphetamine Epidemic Act of 2005, a retail outlet must store these products out of reach of customers, either behind the counter or in a locked cabinet. Regulated sellers are required to maintain a written or electronic form of a logbook to record sales of these products. In order to purchase these products, customers must now show a photo identification issued by a state or federal government. They are also required to write or enter into the logbook: their name, signature, address, date, and time of sale. In addition to the above, there are daily and monthly sales limits set for customers.</p>	<p>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.</p> <p>Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a “crash.”</p>	<p>vomiting, and abdominal cramps.</p>	
<p>Depressants Depressants will put you to sleep, relieve anxiety and muscle spasms, and prevent seizures.</p>	<p>Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances</p>	<p>Depressants used therapeutically do what they are prescribed for: to put you to sleep, relieve anxiety and muscle spasms, and prevent</p>	<p>Some depressants can relax the muscles. Unwanted physical effects include: Slurred speech, loss of motor coordination,</p>	<p>High doses of depressants or use of them with alcohol or other drugs can slow heart rate and breathing enough to cause death.</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
<p>Barbiturates are older drugs and include butalbital (Fiorina®), phenobarbital, Pentothal®, Seconal® and Nembutal®. You can rapidly develop dependence on and tolerance to barbiturates, meaning you need more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects. Some examples are Valium®, Xanax®, Halcion®, Ativan®, Klonopin® and Restoril®. Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Ambien® and Sonata® are sedative-hypnotic medications approved for the short-term treatment of</p>	<p>Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol® is not manufactured or legally marketed in the United States.</p>	<p>seizures They also: Cause amnesia, leaving no memory of events that occur while under the influence, reduce your reaction time, impair mental functioning and judgment, and cause confusion. Long-term use of depressants produces psychological dependence and tolerance.</p>	<p>weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing</p> <p>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.</p>	

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
<p>insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone (Quaalude®), and the illicit drug GHB.</p>				
<p>Hallucinogens Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood. Hallucinogens include:</p> <ul style="list-style-type: none"> • Ecstasy/MDMA • K2 /Spice • Ketamine • LSD • Peyote & Mescaline • Psilocybin • Marijuana/Cannabis (addressed as its own class in this table) 	<p>Many hallucinogens are Schedule I under the Controlled Substances Act, meaning that they have 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.</p>	<p>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</p>	<p>Physiological effects include elevated heart rate, increased blood pressure, and dilated pupils.</p>	<p>Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material. A severe overdose of PCP and ketamine can result in: respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
		become less intense.		
<p>Marijuana/Cannabis</p> <p>Marijuana is classified in the Controlled Substances Act as a hallucinogen. 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.</p>	<p>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.</p> <p>Marinol, a synthetic version of THC, the active ingredient found in the marijuana plant, can be prescribed for the control of nausea and vomiting caused by chemotherapeutic agents used in the treatment of cancer and to stimulate appetite in AIDS patients. Marinol is a Schedule III substance under the Controlled Substances Act.</p>	<p>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 cell. 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</p>	<p>Short-term physical effects from marijuana use may include: Sedation, blood shot eyes, increased heart rate, coughing from lung irritation, increased appetite, and decreased blood pressure Like tobacco smokers, marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system. Because marijuana contains toxins and carcinogens, marijuana smokers increase their risk of cancer of the head, neck, lungs, and respiratory tract. 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</p>	<p>No death from overdose of marijuana has been reported.</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
		<p>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:</p> <ul style="list-style-type: none"> • 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 	appetite	

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
		<p>except at high doses</p> <ul style="list-style-type: none"> • 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 <p>Researchers have also found an association between marijuana use and an increased risk of depression, an increased risk and earlier onset of schizophrenia, and other psychotic disorders, especially for teens that have a genetic predisposition.</p>		
Steroids	Anabolic steroids are	Case studies and scientific	A wide range of adverse	Anabolic steroids are not

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
<p>Anabolic steroids are synthetically produced variants of the naturally occurring male hormone testosterone that are abused in an attempt to promote muscle growth, enhance athletic or other physical performance, and improve physical appearance. Testosterone, nandrolone, stanozolol, methandienone, and boldenone are some of the most frequently abused anabolic steroids.</p>	<p>Schedule III substances under the Controlled Substances Act. Only a small number of anabolic steroids are approved for either human or veterinary use. Steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.</p>	<p>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.</p>	<p>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.</p> <p>In adolescents, anabolic steroid use can stunt the ultimate height that an individual achieves.</p> <p>In boys, steroid use can cause early sexual development, acne, and stunted growth.</p> <p>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.</p> <p>In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the</p>	<p>associated with overdoses. The adverse effects a user would experience develop from the use of steroids over time.</p>

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
			<p>male breast tissue, sterility, and an increased risk of prostate cancer.</p> <p>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.</p> <p>Abusers who inject steroids run the risk of contracting various infections due to non-sterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in non-sterile 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. Abusers may also develop endocarditis, a bacterial</p>	

Class of Substance	Legal Status in the United States	Effects on the Mind	Effects on the Body	The Effects of Overdose
			infection that causes a potentially fatal inflammation of the heart lining.	

Health Risks Associated with Alcohol Abuse

The consequences associated with alcohol abuse among college students are far reaching. According to the National Institute on Alcohol Abuse and Alcoholism, “Students who engage in risky drinking may experience blackouts (i.e., memory loss during periods of heavy drinking); fatal and nonfatal injuries, including falls, drowning, and automobile crashes; illnesses; missed classes; unprotected sex that could lead to a sexually transmitted disease or an unwanted pregnancy; falling grades and academic failure; an arrest record; accidental death; and death by suicide. In addition, college students who drink to excess may miss opportunities to participate in the social, athletic, and cultural activities that are part of college life.”²

The risks are not just limited to students. The Centers for Disease Control and Prevention identifies the following short-term and long-term health risks related to alcohol use and abuse:³

Short-Term Health Risks

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, drowning, 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. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV.
- Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women.

Long-Term Health Risks

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.

² Taken from:

http://www.collegedrinkingprevention.gov/niaacollegematerials/panel01/highrisk_04.aspx

³ These health risks have been reproduced verbatim from the CDC's “Fact Sheets-Alcohol Use and Your Health” which is available here: <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

Support Systems and Resources For Students

Students with alcohol or drug-related problems are encouraged to seek the help of Counseling and Psychological Services and/or the Health Education and Wellness Center. Counseling and Wellness staff are experienced in working with issues of substance use and abuse and can provide direct assistance, as well as provide information about off-campus assessments, treatment facilities, and area support groups.

While the University will hold students accountable for violations of the AOD Policies within our student code of conduct, it is also committed to supporting any student who makes the responsible decision to address his or her substance use. Students should feel confident in knowing that University staff and faculty will support any student who is struggling to address his or her substance use. This support may include referrals to Counseling and Psychological Services, Health Education and Wellness Center, Health Services, educational programming or intervention plans off campus to assist a student in meeting his or her goals.

The University of Hartford offers the following alcohol and other drugs services for students:

- Brief Alcohol Screening in College Students (BASICS) one-on-one brief intervention programs
- E-CHECK-UP: on-line screening assessment tool for both alcohol and marijuana use, followed up with a on-on-one meeting with Wellness staff
- Educational presentations for groups and classes
- Hawk Life: supportive, safe social group for students in recovery, those trying to reduce substance use, and student-allies of substance-free living

Community Resources:

- When student interest is shown, support is given for national programs in the area such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA), Adult Children Of Alcoholics (ACOA), and Al-Anon.
- <https://www.ct-aa.org/home/>
- <http://ctna.org>
- <https://ct-aca.org>
- <http://www.ctalanon.org>
- Community Health Services, Hartford: <http://www.chshartford.org>
- Wheeler Clinic, Hartford: <https://www.wheelerclinic.org>