

OSU INSTITUTE OF TECHNOLOGY
POLICY & PROCEDURES

Drug Free Campus	1-018 ADMINISTRATION July 2014
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POLICY

- 1.01 The Drug Free Schools and Communities Act Amendments of 1989 require an institution of higher education to certify to the U.S. Department of Education, that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees in order to remain eligible for federal financial assistance of any kind.
- 1.02 The Drug-Free Workplace Act passed by Congress in 1988 requires federal contractors and grantees to certify to the contracting or granting agency that they will provide a drug-free workplace. This policy is adopted in order to comply with this statutory directive.
- 1.03 As set forth in local, state, and federal laws, the rules and regulations of OSU Institute of Technology (OSUIT) prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees in buildings, facilities, grounds, or other property owned and/or controlled by OSUIT or as part of university activities.

DEFINITIONS

Workplace – OSUIT owned or controlled property or the site for performance of work.

Controlled Substance – Cocaine, marijuana, opiates, amphetamines and any other substance designated a “controlled substance” in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).

Criminal Drug Statue – A federal or non-federal criminal statute involving the manufacture, distribution, use or possession of any controlled substance.

Conviction – A finding of guilt (including judicial acceptance of a plea of nolo contendere) or imposition of sentence, or both, by a judicial body determining violations of federal or non-federal criminal drug statutes.

Employee – Shall include OSUIT faculty, administrative and professional staff, classified staff, adjuncts and student appointments.

University Activities – Any activity on or off campus sanctioned by OSUIT.

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PROCEDURES

- 2.01 In support of this anti-drug abuse legislation, it is the policy of OSUIT to establish and maintain appropriate compliance by:
- A. Publishing and distributing to all employees a written statement regarding this controlled substance prohibition in the workplace, with descriptions of disciplinary actions which may be taken against employees for violation of such prohibition. See Exhibit A, attached hereto.
 - B. Establishing a drug-free awareness program.
 - C. Imposing appropriate administrative disciplinary action on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted or who has otherwise violated this policy.
 - D. Making a good-faith continuous effort to maintain a drug-free workplace through the implementation of the requirements set forth in the Drug-Free Workplace Act.

2.02 Internal Sanctions

Any student or employee found at any time to have violated the drug-free workplace policy may be disciplined by OSUIT even when the violation has not resulted in a criminal conviction. Employees may also be temporarily suspended if such is deemed necessary to protect the best interest and safety of the university, its components and participants. As an alternative to disciplinary action, the university may require satisfactory participation in a drug abuse assistance or rehabilitation program as a condition to continued employment. The drug abuse assistance/rehabilitation program shall be one that has been previously approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency.

- A. Failure of an employee to report his/her criminal drug statute conviction for a violation in the workplace within five days of the conviction is grounds for dismissal of that employee.
- B. For staff employees, appropriate and established leave policies will be followed for the purposes of such treatment and rehabilitation. For student employees and faculty, drug rehabilitation leave will be determined on an individual basis.
- C. Where necessary because of conviction and incarceration, decisions relative to suspension or dismissal or the granting of leave for treatment will be determined individually.

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2.03 External Sanctions

- A. Local, state, and federal laws provide for a variety of legal sanctions for the unlawful possession and distribution of illicit drugs and alcohol. These sanctions include, but are not limited to, incarceration and monetary fines.
- B. Federal law provides rather severe penalties for distributing or dispensing, or possessing with the intent to distribute or dispense a controlled substance, and penalties of a less severe nature for simple possession of a controlled substance. The type and quantity of the drug, whether the convicted person has any prior convictions, and whether death or previous injury resulted from use of the drug in question (this, however, is not a factor in a case of simple possession) all affects the sentence. For more information contact Campus Police or the District Attorney's office.

2.04 The university Employee Assistance Program may be contacted for preliminary counsel and advice regarding chemical dependency problems and referral to approved chemical dependence treatment agencies.

2.05 Drug/Alcohol Counseling and Rehabilitation Programs

The Campus Counselor will provide drug/alcohol counseling to students and employees, respectively. Should these programs not meet an individual's needs, there are other programs in the community or nearby. A list of such programs, their location and phone number is maintained in the above-referenced office. Seeking help from, being referred to or from these services is confidential, and will not, alone, result in disciplinary action. Upon occasion, mandatory drug/alcohol counseling may be required as a condition of continued employment. Individual privacy will, of course, be maintained in any counseling/rehabilitation process. In addition, the following toll free, hotline numbers may be used for help or advice:

Program	Phone Number	Hours of Operation
Employee Assistance Program (ComPsych Guidance Resources Program)	1-855-850-2397	7 Days a Week 24 Hours a Day
National Institution on Drug Abuse Information and Referral Line	1-800-662-HELP	M-F, 8:30 a.m. - 4:30 p.m.
The National Federal of Parents for Drug-Free Youth	1-800-554-KIDS	M-F, 8:00 a.m. - 5:00 p.m.
Just Say No Foundation	1-800-258-2766	
National Council on Alcoholism	1-800-622-2255	7 Days a Week 24 Hours a Day

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Program	Phone Number	Hours of Operation
National Drug Abuse Hotline	1-800-241-9746	
Cocaine Helpline	1-800-COCAINE	
Reach-Out Hotline(alcohol, drug crisis intervention, mental health and referral)	1-800-522-9054	

OTHER

3.01 Health Risks

Alcohol and other drug use represent serious threats to health and the quality of life. Thousands of people die each year from drug-related accidents or health problems. With most drugs it is probable that users will develop psychological and physical dependence. The general categories of drugs and their effects are as follows:

Alcohol - short-term effects include behavioral changes, impairment of judgment and coordination, greater likelihood of aggressive acts, respiratory depression, irreversible physical and mental abnormalities in newborns (fetal alcohol syndrome) and death. Long-term effects of alcohol abuse include damage to the liver, heart and brain, ulcers, gastritis, malnutrition, delirium tremors, and cancer. Alcohol combined with other barbiturates/depressants can prove to be a deadly mixture.

Amphetamines/Stimulants - (speed, uppers, crank, caffeine, etc.) speed up the nervous system which can cause increased heart and breathing rates, higher blood pressure, decreased appetite, headaches, blurred vision, dizziness, sleepiness, anxiety, hallucinations, paranoia, depression, convulsions and death due to a stroke or heart failure.

Anabolic Steroids - seriously affect the liver, cardiovascular, and reproductive systems.

These drugs may cause sterility in males and females, as well as impotency in males.

Barbiturates/Depressants - (downers, Quaaludes, Valium, etc.) slows down the central nervous system which can cause decreased heart and breathing rates, lower blood pressure, slowed reactions, confusion, distortion of reality, convulsion, respiratory depression, coma, and death. Depressants combined with alcohol can be lethal.

Cocaine/Crack - stimulates the central nervous system and is extremely addictive; both psychologically and physically. Effects include dilated pupils, increased heart rate, and elevated blood pressure, and insomnia, loss of appetite, hallucinations, paranoia, seizures,

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and death due to cardiac arrest or respiratory failure.

Hallucinogens - (PCP, angel dust, LSD, etc.) interrupt the functions of the part of the brain which controls the intellect and instincts. May result in self-inflicted injuries, impaired coordination, dulled senses, incoherent speech, depression, anxiety, violent behavior, paranoia, hallucinations, increased heart rate and blood pressure, convulsions, coma, and heart and lung failure.

Cannabis - (marijuana, hashish, hash, etc.) impairs short-term memory, comprehension, concentration, coordination, and motivation. May also, cause paranoia and psychosis. Marijuana smoke contains more cancer-causing agents than tobacco smoke. The way, in which marijuana is smoked, deeply inhaled and held in the lungs for a long period, enhances the risk of getting cancer. Combined with alcohol, marijuana can produce a dangerous multiplied effect.

Narcotics - (smack, horse, Demerol, Percodan, etc.) - initially produce feelings of euphoria often followed by drowsiness, nausea, and vomiting. An overdose may result in convulsions, coma, and death. Tolerance develops rapidly and dependence is likely. Using contaminated syringes to inject such drugs may result in AIDS.

Tobacco/Nicotine - some tens of thousands of people in the United States die each year from smoking-related coronary heart disease. Some 30% of the cancer deaths each year are linked to smoking. Lung, larynx, esophagus, bladder, pancreas and kidney cancers strike smokers at increased rates. Emphysema and chronic bronchitis are ten times more likely among smokers.

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