# Bellevue College Drug and Alcohol Prevention Program Quarterly Notification | 2023-2024

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# Distribution of the Drug and Alcohol Prevention Program Quarterly Notification

As a requirement of the Drug-Free Schools and Communities Act (DFSCA) [EDGAR Part 86] regulations, Bellevue College is to distribute and ensure receipt of the below policy/information to all students, staff, and faculty on an annual basis. Bellevue College is required to inform all students and employees of the standards of conduct, laws pertaining to illicit drugs and alcohol, the health risks thereof, possible disciplinary sanctions relating to illicit drugs and alcohol, and a list of available resources for addressing illicit drug and alcohol use through the distribution of the Drug and Alcohol Prevention Program (DAAPP).

In order to account for changes in employment and enrollment, Bellevue College will distribute the DAAPP on a quarterly basis to ensure compliance with the DFSCA. Each quarter, an email will be sent to all Bellevue College employees and students containing an explanation and a link to the DAAPP. Additionally, the DAAPP can be located at any time on the Bellevue College Public Safety website.

Questions concerning this policy and/or alcohol and other drug programs, interventions, and policies may be directed to the Public Safety Director, Ross Villegas, at <a href="mailto:ross.villegas@bellevuecollege.edu">ross.villegas@bellevuecollege.edu</a> or (425) 564-5710.

### **Policy Statements**

#### Students

**Prohibited Student Conduct** 

The Student Conduct Code (<u>WAC 132H-126-100</u>) prohibits the use of alcohol, drug and tobacco except as permitted by law.

- **Alcohol**: Use, possession, manufacture, or distribution of alcoholic beverages or paraphernalia (except as expressly permitted by college policies, and federal, state, and local laws), or public intoxication on college premises or at college-sponsored events. Alcoholic beverages may not, in any circumstance, be used by, possessed by, or distributed to any person not of legal age.
- **Drugs**: The use, possession, production, delivery, sale, or being under the influence of any prescription drug or possession of drug paraphernalia, including anabolic steroids, androgens, or human growth hormones as defined in chapter 69.41 RCW, or any other controlled substance under chapter 69.50 RCW, except as prescribed for a student's use by a licensed practitioner.
- Marijuana: The use, possession, growing, delivery, sale, or being visibly under the influence of
  marijuana or the psychoactive compounds found in marijuana and intended for human
  consumption, regardless of form, or the possession of marijuana paraphernalia on college
  premises or college-sponsored events. While state law permits the recreational use of
  marijuana, federal law prohibits such use on college premises or in connection with college
  activities.

Tobacco, electronic cigarettes and related products: The use of tobacco, electronic cigarettes, and related products is prohibited in any building owned, leased, or operated by the college or in any location where such use is prohibited, including twenty-five feet from entrances, exits, windows that open, and ventilation intakes of any building owned, leased, or operated by the college. Related products include, but are not limited to, cigarettes, pipes, bidi, clove cigarettes, water pipes, hookahs, chewing tobacco, and snuff.

Students found responsible for violating these polices may be subject to a warning through dismissal from the college and denial of future registration. The Student Conduct Code ("Code") may be found under the WAC (Washington Administrative Code) <u>WAC 132H-126</u>. The Code includes definitions, jurisdictions, student standards, procedures and violations of campus policies. A student can appeal a disciplinary action by filing a written notice of appeal with the conduct review officer within twenty-one days of service of the student conduct officer's decision. More information about the appeal process is found in WAC 132H-126.

#### **Employees**

Bellevue College intends to provide a drug-free, healthful, safe, and secure work and educational environment. Each employee is expected to report to work in an appropriate mental and physical condition to perform his/her assigned duties. Each student is expected to be in an appropriate mental and physical condition to participate fully in the learning process.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in or on Bellevue College owned or controlled property, or while conducting Bellevue College business, is prohibited. Violation of this policy will be reason for appropriate personnel action, or for mandatory evaluation/treatment for substance abuse. Any personnel actions and student violations will be processed in accordance with state regulations, bargaining unit agreements, student conduct code, or other appropriate policies of the college. Any disciplinary action for employees or students will be decided on a case-by-case basis depending upon the specific circumstances.

Employees must report any conviction under a criminal drug statute for violations occurring in or on property owned or controlled by Bellevue College or while conducting Bellevue College business. An employee shall report any such conviction to their supervisor within five (5) days after the conviction. Bellevue College must report the conviction to the appropriate federal grant/contracting agency within ten (10) days after having received notice that a person employed under a federally-sponsored grant or contract has any drug statute conviction or violation occurring in the workplace.

Bellevue College recognizes drug abuse and/or dependency to be a health, safety, and security problem. Employees needing assistance with problems related to drug or alcohol abuse are encouraged to use the State Employee Advisory Service and/or employee medical insurance plans, as appropriate. Conscientious efforts to seek such help will not jeopardize employment.

The board of trustees of Community College District VIII recognizes alcoholism, alcohol abuse, chemical dependency, and other health and related behavioral problems as treatable conditions which repeatedly and continually interfere with an employee's ability to perform their job. A college employee having these conditions will be given the same consideration and offer of assistance presently extended to employees having other illnesses.

### Alcohol and Drug Resources

#### Internal Resources

- Bellevue College Counseling Center The Counseling Center offers free and confidential mental
  health counseling to registered BC students. Services are available in-person and remote and in
  a variety of languages. The Counseling Center is located on the second floor of the Student
  Success Center building (U- Building). To schedule an appointment, complete an online
  scheduling form, email counseling@bellevuecollege.edu, call 425-564-5747, or visit their front
  desk. Visit their website for more information. https://www.bellevuecollege.edu/counseling
- Employee Assistance Program (877) 313-4455 The Washington State Employee Assistance
   Program (EAP) supports public employees and/or family members to help identify and resolve
   personal concerns that may affect job performance. Services available to all covered employees
   and/or family members include counseling, work/life, 24/7 support and awareness, education
   and resources. <a href="https://des.wa.gov/services/employee-assistance-program/employees">https://des.wa.gov/services/employee-assistance-program/employees</a>

#### **Education Resources**

- Alcohol Drug Helpline <a href="http://www.adhl.org/">http://www.adhl.org/</a>
- Find an AA meeting <a href="http://www.aa.org/pages/en\_US/find-aa-resources">http://www.aa.org/pages/en\_US/find-aa-resources</a>
- Rethinking Drinking: Alcohol & Your Health <a href="https://www.rethinkingdrinking.niaaa.nih.gov/">https://www.rethinkingdrinking.niaaa.nih.gov/</a>

#### External Resources

- Eastside Intergroup (425) 454-9192 (24-hour hotline) Address: 13401 Bel-Red Rd. Bellevue 98005 https://www.eastsideintergroup.org/
- Alcoholics Anonymous http://www.aa.org
- Al-anon (support for those affected by alcohol use) <a href="http://www.al-anon.org">http://www.al-anon.org</a>
- Narcotics Anonymous: <a href="http://www.na.org">http://www.na.org</a>
- Betty Ford Clinic, Bellevue, WA (877) 773-6180 Outpatient Drug Rehab and Mental Health Center https://www.hazeldenbettyford.org/locations/bellevue
- Hotel California By the Sea Bellevue Treatment Center (425) 516-7144
   <a href="https://www.hotelcaliforniabythesea.com/washington/">https://www.hotelcaliforniabythesea.com/washington/</a>

# Drug Descriptions and Health Risks

Cannabis (Marijuana/Po	t/Weed)	
•	the hemp plant, Cannabis sativa. The main psychoactive (mind-altering) delta-9-tetrahydrocannabinol, or THC.	
Commercial Names	Various brand names in states where the sale of marijuana is legal	
Common Forms	Greenish-gray mixture of dried, shredded leaves, stems, seeds, and/or flowers; resin (hashish) or sticky, black liquid (hash oil)	
Common Ways Taken	Smoked, Vaped, eaten (mixed in food or brewed as tea)	
DEA Schedule	1	
<b>Possible Health Effects</b>		
Short-Term	Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety.	
Long-Term	Mental health problems, chronic cough, frequent respiratory infections.	
Other Health-Related Issues	THC vaping products mixed with the filler Vitamin E acetate (and possibly other chemicals) has led to serious lung illnesses and deaths. Pregnancy: babies born with problems with attention, memory, and problem solving.	
In Combination with Alcohol	Increased heart rate, blood pressure; further slowing of mental processing and reaction time.	
Withdrawal Symptoms	Irritability, trouble sleeping, decreased appetite, anxiety.	
Treatment Options	, , , , , , , , , , , , , , , , , , , ,	
Medications	There are no FDA-approved medications to treat marijuana addiction.	
Behavioral Therapies	Cognitive-behavioral therapy (CBT) Contingency management, or motivational incentives Motivational Enhancement Therapy (MET) Behavioral treatments geared to adolescents Mobile medical application: reSET®	

<b>Central Nervous Sy</b>	stem Depressants (Benzos)	
Commercial Names	Barbiturates: pentobarbital (Nembutal®); Benzodiazepines: alprazolam (Xanax®), chlorodiazepoxide (Librium®), diazepam (Valium®), lorazepam (Ativan®), triazolam (Halicon®); Sleep Medications: eszopiclone (Lunesta®), zaleplon (Sonata®), zolpidem (Ambien®)	
Common Forms	Pill, capsule, liquid	
Common Ways Taken	Swallowed, injected, snorted	
DEA Schedule	Barbiturates (2,3,4); Benzodiazepines & Sleep Medications (4)	
Possible Health Effects		
Short-Term	Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.	
Long-Term	Unknown.	
Other Health- Related Issues	Sleep medications are sometimes used as date rape drugs. Risk of HIV, hepatitis, and other infectious diseases from shared needles.	

In Combination with Alcohol	Further slows heart rate and breathing, which can lead to death.
Withdrawal	Must be discussed with a health care provider; barbiturate withdrawal can cause
Symptoms	a serious abstinence syndrome that may even include seizures.
<b>Treatment Options</b>	
Medications	There are no FDA-approved medications to treat addiction to prescription
	sedatives; lowering the dose over time must be done with the help of a health
	care provider.
Behavioral	More research is needed to find out if behavioral therapies can be used to treat
Therapies	addiction to prescription sedatives.
Cocaine (Coke/Crac	k)
Commercial	Cocaine hydrochloride topical solution (low dose anesthetic used in certain
Names	medical procedures)
Common Forms	White powder, whitish rock crystal
Common Ways	Snorted, smoked, injected
Taken	
DEA Schedule	2
Possible Health Effe	ects
Short-Term	Narrowed blood vessels; enlarged pupils; increased body temperature, heart
	rate, and blood pressure; headache; abdominal pain and nausea; euphoria;
	increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent
	behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart
	attack; stroke, seizure, coma.
Long-Term	Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from
	snorting; infection and death of bowel tissue from decreased blood flow; poor
	nutrition and weight loss; lung damage from smoking.
Other Health-	Pregnancy: premature delivery, low birth weight, deficits in self-regulation and
Related Issues	attention in school-aged children prenatally exposed. Risk of HIV, hepatitis, and
	other infectious diseases from shared needles.
In Combination	Greater risk of cardiac toxicity than from either drug alone.
with Alcohol	
Withdrawal	Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams,
Symptoms	slowed thinking and movement, restlessness.
Treatment Options	
Medications	There are no FDA-approved medications to treat cocaine addiction.
Behavioral	Cognitive-behavioral therapy (CBT)
Therapies	Contingency management, or motivational incentives, including vouchers
	The Matrix Model
	Community-based recovery groups, such as 12-Step programs
	Mobile medical application: reSET®
Gamma-hydroxybutyrate (GHB)	
Commercial	Gamma-hydroxybutyrate or sodium oxybate (Xyrem®)
Names	
<b>Common Forms</b>	Colorless liquid, white powder

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Common Ways Taken	Swallowed (often combined with alcohol or other beverages)
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DEA Schedule	-
Possible Health Effe	
Short-Term	Euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breathing, lower body temperature, seizures, coma, death.
Long-Term	Unknown.
Other Health- Related Issues	Sometimes used as a date rape drug.
In Combination with Alcohol	Nausea, problems with breathing, greatly increased depressant effects.
Withdrawal Symptoms	Insomnia, anxiety, tremors, sweating, increased heart rate and blood pressure, psychotic thoughts.
<b>Treatment Options</b>	
Medications	Benzodiazepines.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat GHB addiction.
Heroin	
Commercial Names	No commercial uses
Common Forms	White or brownish powder, or black sticky substance known as "black tar heroin"
Common Ways Taken	Injected, smoked, snorted
DEA Schedule	1
Possible Health Effe	ects
Short-Term	Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate.
Long-Term	Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease; pneumonia.
Other Health- Related Issues	Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Dangerous slowdown of heart rate and breathing, coma, death.
Withdrawal Symptoms	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey").
Treatment Options	
Medications	Methadone Buprenorphine Naltrexone (short- and long-acting forms)
Behavioral Therapies	Contingency management, or motivational incentives  12-Step facilitation therapy  Mobile medical application: reSET-O™ used in conjunction with treatment that includes buprenorphine and contingency management

Inhalants	
Commercial	Various household products. Amyl nitrite (a prescription solution) is used to
Names	relieve pain of angina attacks (chest pain).
Common Forms	Paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter fluids, correction fluids, permanent markers, electronics cleaners and freeze sprays, glue, spray paint, hair or deodorant sprays, fabric protector sprays, aerosol computer cleaning products, vegetable oil sprays, butane lighters, propane tanks, whipped cream aerosol containers, refrigerant gases, ether, chloroform, halothane, nitrous oxide, prescription nitrites
Common Ways Taken	Inhaled through the nose or mouth
DEA Schedule	Not scheduled
Possible Health Effe	ects
Short-Term	Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking.  Nitrites: enlarged blood vessels, enhanced sexual pleasure, increased heart rate, brief sensation of heat and excitement, dizziness, headache.
Long-Term	Liver and kidney damage; bone marrow damage; limb spasms due to nerve
	damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing. Nitrites: increased risk of pneumonia.
Other Health-	Pregnancy: low birth weight, bone problems, delayed behavioral development
Related Issues	due to brain problems, altered metabolism and body composition.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Nausea, tremors, irritability, problems sleeping, and mood changes.
<b>Treatment Options</b>	
Medications	There are no FDA-approved medications to treat inhalant addiction.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat inhalant addiction.
Ketamine	
Commercial Names	Ketalar®, a surgical anesthetic; SpravatoTM (esketamine), prescribed for treatment resistant depression used under strict medical supervision; Ketaset, a surgical anesthesia used by veterinarians
Common Forms	Liquid, white powder
Common Ways Taken	When misused: Injected, snorted, smoked (powder added to tobacco or marijuana cigarettes), swallowed; Prescription formulas are injections or nasal sprays.
DEA Schedule	3
Possible Health Effe	
Short-Term	Problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion; loss of memory; raised blood pressure; unconsciousness; dangerously slowed breathing.

Long-Term	Ulcers and pain in the bladder; kidney problems; stomach pain; depression; poor
	memory.
Other Health-	Sometimes used as a date rape drug. Risk of HIV, hepatitis, and other infectious
Related Issues	diseases from shared needles.
In Combination	Increased risk of adverse effects.
with Alcohol	
Withdrawal	Unknown.
Symptoms	
<b>Treatment Options</b>	
Medications	There are no FDA-approved medications to treat addiction to ketamine or other
	dissociative drugs.
Behavioral	More research is needed to find out if behavioral therapies can be used to treat
Therapies	addiction to dissociative drugs.
Kratom	
Commercial	None
Names	
Common Forms	Fresh or dried leaves, powder, liquid, gum
Common Ways	Chewed (whole leaves); eaten (mixed in food or brewed as tea); occasionally
Taken	smoked
DEA Schedule	Not scheduled
Possible Health Effe	
Short-Term	Nausea, dizziness, itching, sweating, dry mouth, constipation, increased
Short-reini	urination, loss of appetite.
	Low doses: increased energy, sociability, alertness.
Long-Term	High doses: sedation, euphoria, decreased pain.  Anorexia, weight loss, insomnia, skin darkening, dry mouth, frequent urination,
Long-Term	constipation. Hallucinations with long-term use at high doses in some users.
Other Health-	Unknown.
Related Issues	OTIKITOWIT.
In Combination	Unknown.
with Alcohol	OTIKNOWII.
	Musels ashes incompia hastility aggression emotional changes runny pass
Withdrawal	Muscle aches, insomnia, hostility, aggression, emotional changes, runny nose,
Symptoms	jerky movements.
Treatment Options	
Medications	No clinical trials have been conducted on medications for kratom addiction.
Behavioral	More research is needed to find out if behavioral therapies can be used to treat
Therapies	addiction to kratom.
LSD (Acid)	
Commercial	No commercial uses
Names	
Common Forms	Tablet; capsule; clear liquid; small, decorated squares of absorbent paper that
	liquid has been added to
Common Ways	Swallowed, absorbed through mouth tissues (paper squares)
Taken	
DEA Schedule	1

Possible Health Effe	octs
Short-Term	Rapid emotional swings; distortion of a person's ability to recognize reality, think
Short-renn	rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness; loss of appetite; tremors; enlarged pupils.
Long-Term	Frightening flashbacks (called Hallucinogen Persisting Perception Disorder
Long Term	[HPPD]); ongoing visual disturbances, disorganized thinking, paranoia, and mood swings.
Other Health-	Unknown.
Related Issues	OTIKITOWIT.
In Combination with Alcohol	Unknown.
Withdrawal	Unknown.
Symptoms	
<b>Treatment Options</b>	
Medications	There are no FDA-approved medications to treat addiction to LSD or other hallucinogens.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.
merapies	addiction to nandemogens.
MDMA (Ecstasy/Mo	•
Commercial Names	No commercial uses; is being researched as therapy for Post-Traumatic Stress Disorder (PTSD) under strict medical supervision.
<b>Common Forms</b>	Colorful tablets with imprinted logos, capsules, powder, liquid
Common Ways Taken	Swallowed, snorted
DEA Schedule	1
Possible Health Effe	cts
Short-Term	Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death.
Long-Term	Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness; less interest in sex.
Other Health- Related Issues	Unknown.
In Combination with Alcohol	MDMA decreases some of alcohol's effects. Alcohol can increase plasma concentrations of MDMA, which may increase the risk of neurotoxic effects.
Withdrawal Symptoms	Fatigue, loss of appetite, depression, trouble concentrating.
Treatment Options	
Medications	There is conflicting evidence about whether MDMA is addictive. There are no FDA-approved medications to treat MDMA addiction.
Behavioral Therapies	More research is needed to find out if behavioral therapies can be used to treat MDMA addiction.
Mescaline (Peyote)	
Commercial Names	No commercial uses

Common Forms	Fresh or dried buttons, capsule
Common Ways Taken	Swallowed (chewed or soaked in water and drunk)
	1
DEA Schedule	
Possible Health Effe	
Short-Term	Enhanced perception and feeling; hallucinations; euphoria; anxiety; increased body temperature, heart rate, blood pressure; sweating; problems with movement.
Long-Term	Unknown.
Other Health- Related Issues	Unknown.
In Combination with Alcohol	Unknown.
Withdrawal Symptoms	Unknown.
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to mescaline or other hallucinogens.
Behavioral	There are no FDA-approved medications to treat addiction to mescaline or other
Therapies	hallucinogens.
	•
Methamphetamine	
Commercial Names	Desoxyn® used to treat Attention Deficit Hyperactivity Disorder.
Common Forms	White powder or pill; crystal meth looks like pieces of glass or shiny blue-white "rocks" of different sizes
Common Ways Taken	Swallowed, snorted, smoked, injected
DEA Schedule	2
Possible Health Effe	ects
Short-Term	Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat.
Long-Term	Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems, intense itching leading to skin sores from scratching.
Other Health-	Pregnancy: premature delivery; separation of the placenta from the uterus; low
Related Issues	birth weight; lethargy; heart and brain problems. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination	Masks the depressant effect of alcohol, increasing risk of alcohol overdose; may
with Alcohol	increase blood pressure.
Withdrawal	Depression, anxiety, tiredness.
Symptoms	
<b>Treatment Options</b>	
Medications	There are no FDA-approved medications to treat methamphetamine addiction.
Behavioral	Cognitive-behavioral therapy (CBT)
Therapies	Contingency management, or motivational incentives The Matrix Model

	42 Chan facilitation the answer
	12-Step facilitation therapy
	Mobile medical application: reSET®
	14 II
	Medicines—Dextromethorphan (DXM)
Commercial	Various (many brand names include "DM")
Names	
Common Forms	Syrup, capsule
Common Ways	Swallowed
Taken	
DEA Schedule	Not scheduled
Possible Health Eff	
Short-Term	Cough relief; euphoria; slurred speech; increased heart rate and blood pressure;
	dizziness; nausea; vomiting.
Long-Term	Unknown.
Other Health-	Breathing problems, seizures, and increased heart rate may occur from other
Related Issues	ingredients in cough/cold medicines.
In Combination	Unknown.
with Alcohol	
Withdrawal	Unknown.
Symptoms	
Treatment Options	
Medications	There are no FDA-approved medications to treat addiction to dextromethorphan.
Behavioral	More research is needed to find out if behavioral therapies can be used to treat
Therapies	addiction to dextromethorphan.
Therapies	addiction to dextromethorphan.
Over-the-Counter I	Medicines—Loperamide
Commercial	Imodium®, an OTC medication for diarrhea
Names	Integration year of the mean and mean and mean
<b>Common Forms</b>	Tablet, capsule, or liquid
Common Ways	Swallowed
Taken	
DEA Schedule	Not scheduled
Possible Health Effe	ects
Short-Term	Controls diarrhea symptoms. In high does, can produce euphoria. May lessen
	cravings and withdrawal symptoms of other drugs.
Long-Term	Unknown.
Other Health-	Fainting, stomach pain, constipation, loss of consciousness, cardiovascular
Related Issues	toxicity, pupil dilation, drowsiness, dizziness, and kidney failure from urinary
	retention.
In Combination	Unknown.
with Alcohol	
Withdrawal	Severe anxiety, vomiting, and diarrhea.
Symptoms	
<b>Treatment Options</b>	
Medications	There are no FDA-approved medications to treat loperamide addiction.
Medications	There are no FDA-approved medications to treat loperamide addiction.

Therapies used to treat addiction to loperamide. Contingency management, or motivational incentives  PCP (Angel Dust)  Commercial No commercial uses  Names  Common Forms Common Ways Taken DEA Schedule 1,2 Possible Health Effects  Short-Term Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low dosses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.  Long-Term Memory loss, problems with speech and thinking, loss of appetite, anxiety.  Other Health-Relather and the self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles.  Unknown.  Withdrawal Symptoms Treatment Options  Medications There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Prescription Opioids (Oxy/Percs)  Commercial  Names  Worthing (Dialudid*): Meperidine (Demerol*): Methadone (Dolophine*), Methadose*): Morphine (Duramorph*), MS Contin*): Oxycodone (OxyContin*), Percodan*), Percocet*, and others): Oxymorphone (Oplaudid*): Meperidine (Demerol*): Methadone (Dolophine*), Methadose*): Morphine (Duramorph*), MS Contin*): Oxycodone (OxyContin*), Percodan*), Percocet*, and others): Oxymorphone (Opana*)  Common Forms  Long-Term  Injected, swallowed, mixed with soda and flavorings, snorted, injected  Therapier injected, swallowed, mixed with soda and flavorings, snorted, injected  Taken  Dea Schedule  2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term  Increased risk of overdose or addiction if misused.  Other Health-Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Daharianal	The same halo viewel they was that have halved tweet addiction to have in way, ha
Contingency management, or motivational incentives  PCP (Angel Dust)  Commercial No commercial uses Names  Common Forms White or colored powder, tablet, or capsule; clear liquid Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)  DEA Schedule 1,2  Possible Health Effects  Short-Term Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.  Long-Term Memory loss, problems with speech and thinking, loss of appetite, anxiety.  Other Health-Related Issues In Combination with Alcohol Withdrawal Symptoms  Treatment Options Medications There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Prescription Opioids (Oxy/Percs) Commercial Names  Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Opionie,*), Percoan*, Percocet*, and others); Oxymorphone (Opana*)  Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet Common Ways Taken  DEAS Schedule 2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects Short-Term Increased risk of overdose or addiction if misused. Other Health-Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Behavioral	The same behavioral therapies that have helped treat addiction to heroin may be
PCP (Angel Dust) Commercial Names  White or colored powder, tablet, or capsule; clear liquid Common Forms White or colored powder, tablet, or capsule; clear liquid Common Ways Taken or marijuana) DEA Schedule 1,2 Possible Health Effects Short-Term Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death. Long-Term Memory loss, problems with speech and thinking, loss of appetite, anxiety. PCP has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles. Unknown. Withdrawal Symptoms Treatment Options Medications There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Prescription Opioids (Oxy/Percs) Commercial Names  Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*, Methadose*); Morphine (Duramorph*, MS Contin*); Oxycodone (OxyContin*, Percodan*), Percocet*, and others); Oxymorphone (Opana*)  Common Forms Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository, dispersible tablet Uning-Term Uncased risk of overdose or addiction if misused. Other Health- Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	inerapies	·
Commercial Names         No commercial uses           Common Forms         White or colored powder, tablet, or capsule; clear liquid           Common Ways Taken         Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)           DEA Schedule         1,2           Possible Health Effects         Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing; rate; increased blood pressure and heart rate; shallow breathing; face rendess and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.           Long-Term         Memory loss, problems with speech and thinking, loss of appetite, anxiety.           Other Health-Related Issues         PCP has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles.           In Combination with Alcohol         Withdrawal Symptoms           Treatment Options         Headaches, increased appetite, sleepiness, depression.           Symptoms         Treatment Options           Medications         There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.           Behavioral Therapies         More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.           Prescription Opioids (Oxy/Percs)         Codeine, Fentanyl (Actiq*, Dur		Contingency management, or motivational incentives
Commercial Names         No commercial uses           Common Forms         White or colored powder, tablet, or capsule; clear liquid           Common Ways Taken         Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)           DEA Schedule         1,2           Possible Health Effects         Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing; rate; increased blood pressure and heart rate; shallow breathing; face rendess and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.           Long-Term         Memory loss, problems with speech and thinking, loss of appetite, anxiety.           Other Health-Related Issues         PCP has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles.           In Combination with Alcohol         Withdrawal Symptoms           Treatment Options         Headaches, increased appetite, sleepiness, depression.           Symptoms         Treatment Options           Medications         There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.           Behavioral Therapies         More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.           Prescription Opioids (Oxy/Percs)         Codeine, Fentanyl (Actiq*, Dur	DOD (4 l D l)	
Names   White or colored powder, tablet, or capsule; clear liquid   Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)   1.2   Possible Health Effects   Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.   Memory loss, problems with speech and thinking, loss of appetite, anxiety.   Other Health—Per has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles.   Unknown.   Withdrawal   Headaches, increased appetite, sleepiness, depression.   Symptoms   Treatment Options   Medications   There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.   More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.   Prescription Opioids (Oxy/Percs)   Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*), Methadose*); Morphine (Duramorph*, MS Contin*); Oxycodone (OxyContin*, Percodan*), Percocet*, and others); Oxymorphone (Opan*)   Percocet*, and others); Oxymorphone (Opan*)   Common Ways   Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet   Injected, swallowed, mixed with soda and flavorings, snorted, injected   Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet   Injected, swallowed, mixed with soda and flavorings, snorted, injected   Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository;		Management of the second of th
Common Forms Common Ways Taken DEA Schedule 1,2 Possible Health Effects Short-Term Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.  Long-Term Memory loss, problems with speech and thinking, loss of appetite, anxiety.  Other Health—Related Issues In Combination with Alcohol Withdrawal Symptoms Treatment Options Medications There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral Thereapies  Codeine, Fentanyl (Actiq', Duragesic', Sublimaze'); Hydrocodone or dihydrocodeinone (Vicodin'', Norco'', Zohydro'', and others); Hydromorphone (Dilaudid''); Meperidine (Demerol''); Methadone (Dolophine'', Methadose''); Morphine (Duramorph'', MS Contin''); Oxycodone (OxyContin'', Percodan'', Percocert'', and others); Oxymorphone (Opana'')  Common Forms Taken  DEA Schedule  2 (Codeine, Fentanyl (Actiq', Duragesic', Sublimaze'); Hydrocodone or dihydrocodeinone (Vicodin'', Norco'', Zohydro'', and others); Hydromorphone (Dilaudid''); Meperidine (Demerol''); Methadone (Dolophine'', Methadose''); Morphine (Duramorph'', MS Contin''); Oxycodone (OxyContin''', Percodan'', Percocert'', and others); Oxymorphone (Opana'')  Long-Term  DEA Schedule  2 (Codeine, 2,3,5) (Morphine 2,3)  Possible Health Effects Short-Term  Increased risk of overdose or addiction if misused.  Other Health—		No commercial uses
Common Ways Taken		MICE and a decided and the second an
Taken DEA Schedule 1,2  Possible Health Effects  Short-Term Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.  Long-Term Memory loss, problems with speech and thinking, loss of appetite, anxiety.  Other Health-Related Issues  In Combination with Alcohol  Withdrawal Symptoms  Treatment Options  Medications There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Prescription Opioids (Oxy/Percs)  Commercial Names Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*, Methadose*); Morphine (Duramorph*, MS Contin*); Oxycodone (OxyContin*, Percodan*, Percocet*, and others); Oxymorphone (Opana*)  Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet  Injected, swallowed, mixed with soda and flavorings, snorted, injected  Taken  DEA Schedule 2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death. Long-Term  Other Health-		
DEA Schedule Possible Health Effects Short-Term Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.  Long-Term Memory loss, problems with speech and thinking, loss of appetite, anxiety. PCP has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles. Unknown. With Alcohol Withdrawal Symptoms Treatment Options Medications There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Prescription Opioids (Oxy/Percs) Commercial Names  dihydrocodeinone (Vicodin®, Norco®, Zohydro®, and others); Hydromorphone (Dilaudid®); Meperidine (Demerol®); Methadone (Dolophine®, Methadose®); Morphine (Duramorph®, MS Contin®); Oxycodone (OxyContin®, Percodan®, Percocet®, and others); Oxymorphone (Opana®)  Common Forms Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet Injected, swallowed, mixed with soda and flavorings, snorted, injected Taken  DEA Schedule 2 (Codeine 2,3,5) (Morphine 2,3) Possible Health Effects Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death. Long-Term Other Health-	_	
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Other Health-Related Issues diseases from shared needles.  In Combination with Alcohol  With Alcohol  Withdrawal Symptoms  Treatment Options  Medications  Medications  More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Behavioral Therapies  More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Prescription Opioids (Oxy/Percs)  Commercial Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*, Methadose*); Morphine (Duramorph*, MS Contin*); Oxycodone (OxyContin*, Percodan*, Percocet*, and others); Oxymorphone (Opana*)  Common Forms  Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet  Common Ways  Taken  DEA Schedule  2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.  Long-Term Uncreased risk of overdose or addiction if misused.  Other Health-		one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.
Related Issues diseases from shared needles.  In Combination with Alcohol  Withdrawal Symptoms  Treatment Options  Medications There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Prescription Opioids (Oxy/Percs)  Commercial Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*, Methadose*); Morphine (Duramorph*), MS Contin*); Oxycodone (OxyContin*, Percodan*), Percocet*, and others); Oxymorphone (Opana*)  Common Forms Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet  Common Ways Injected, swallowed, mixed with soda and flavorings, snorted, injected  Taken DEA Schedule 2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.  Long-Term Increased risk of overdose or addiction if misused.  Other Health-	Long-Term	Memory loss, problems with speech and thinking, loss of appetite, anxiety.
In Combination with Alcohol  Withdrawal Symptoms  Treatment Options  Medications  There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Prescription Opioids (Oxy/Percs)  Commercial Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*, Methadose*); Morphine (Duramorph*, MS Contin*); Oxycodone (OxyContin*, Percodan*, Percocet*, and others); Oxymorphone (Opana*)  Common Forms  Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet  Injected, swallowed, mixed with soda and flavorings, snorted, injected  Taken  DEA Schedule 2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.  Long-Term Increased risk of overdose or addiction if misused.  Other Health-	Other Health-	
with Alcohol         Withdrawal Symptoms         Headaches, increased appetite, sleepiness, depression.           Treatment Options           Medications         There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.           Behavioral Therapies         More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.           Prescription Opioids (Oxy/Percs)           Commercial Names         Codeine, Fentanyl (Actiq®, Duragesic®, Sublimaze®); Hydrocodone or dihydrocodeinone (Vicodin®, Norco®, Zohydro®, and others); Hydromorphone (Dilaudid®); Meperidine (Demerol®); Methadone (Dolophine®, Methadose®); Morphine (Duramorph®, MS Contin®); Oxycodone (OxyContin®, Percodan®, Percocet®, and others); Oxymorphone (Opana®)           Common Forms         Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet           Common Ways Taken         Injected, swallowed, mixed with soda and flavorings, snorted, injected           DEA Schedule         2 (Codeine 2,3,5) (Morphine 2,3)           Possible Health Effects         Short-Term         Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.           Long-Term         Increased risk of overdose or addiction if misused.           Other Health-         Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Related Issues	diseases from shared needles.
Withdrawal Symptoms  Treatment Options  Medications  There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Prescription Opioids (Oxy/Percs)  Commercial Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*, Methadose*); Morphine (Duramorph*, MS Contin*); Oxycodone (OxyContin*, Percodan*, Percocet*, and others); Oxymorphone (Opana*)  Common Forms  Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet  Common Ways Taken  DEA Schedule  2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.  Long-Term Increased risk of overdose or addiction if misused.  Other Health-	In Combination	Unknown.
Treatment Options  Medications  There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Prescription Opioids (Oxy/Percs)  Commercial Codeine, Fentanyl (Actiq®, Duragesic®, Sublimaze®); Hydrocodone or dihydrocodeinone (Vicodin®, Norco®, Zohydro®, and others); Hydromorphone (Dilaudid®); Meperidine (Demerol®); Methadone (Dolophine®, Methadose®); Morphine (Duramorph®, MS Contin®); Oxycodone (OxyContin®, Percodan®, Percocet®, and others); Oxymorphone (Opana®)  Common Forms  Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet  Common Ways Taken  DEA Schedule 2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.  Long-Term Increased risk of overdose or addiction if misused.  Other Health-	with Alcohol	
Treatment Options  Medications There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.  Behavioral Therapies More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.  Prescription Opioids (Oxy/Percs)  Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*, Methadose*); Morphine (Duramorph*, MS Contin*); Oxycodone (OxyContin*, Percodan*, Percocet*, and others); Oxymorphone (Opana*)  Common Forms Tablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tablet  Common Ways Taken  DEA Schedule 2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death. Long-Term Increased risk of overdose or addiction if misused.  Other Health- Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Withdrawal	Headaches, increased appetite, sleepiness, depression.
MedicationsThere are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.Behavioral TherapiesMore research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.Prescription Opioids (Oxy/Percs)Codeine, Fentanyl (Actiq*, Duragesic*, Sublimaze*); Hydrocodone or dihydrocodeinone (Vicodin*, Norco*, Zohydro*, and others); Hydromorphone (Dilaudid*); Meperidine (Demerol*); Methadone (Dolophine*, Methadose*); Morphine (Duramorph*, MS Contin*); Oxycodone (OxyContin*, Percodan*, Percocet*, and others); Oxymorphone (Opana*)Common FormsTablet, capsule, liquid; Lozenge, sublingual tablet, film, buccal tablet; suppository; dispersible tabletCommon WaysInjected, swallowed, mixed with soda and flavorings, snorted, injectedDEA Schedule2 (Codeine 2,3,5) (Morphine 2,3)Possible Health EffectsPain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.Long-TermIncreased risk of overdose or addiction if misused.Other Health-Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Symptoms	
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suppository; dispersible tablet  Common Ways Taken  DEA Schedule  2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term  Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.  Long-Term  Increased risk of overdose or addiction if misused.  Other Health-  Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Names	(Dilaudid®); Meperidine (Demerol®); Methadone (Dolophine®, Methadose®); Morphine (Duramorph®, MS Contin®); Oxycodone (OxyContin®, Percodan®,
Taken  DEA Schedule 2 (Codeine 2,3,5) (Morphine 2,3)  Possible Health Effects  Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.  Long-Term Increased risk of overdose or addiction if misused.  Other Health- Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Common Forms	suppository; dispersible tablet
Possible Health Effects Short-Term Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death. Long-Term Increased risk of overdose or addiction if misused. Other Health- Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	•	Injected, swallowed, mixed with soda and flavorings, snorted, injected
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Long-TermIncreased risk of overdose or addiction if misused.Other Health-Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Possible Health Effe	ects
Long-TermIncreased risk of overdose or addiction if misused.Other Health-Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.	Short-Term	Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.
	Long-Term	·
Related Issues	Other Health- Related Issues	Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.

	Older adults: higher risk of accidental misuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain.  Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Dangerous slowing of heart rate and breathing leading to coma or death.
Withdrawal Symptoms	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.
Treatment Options	
Medications	Methadone Buprenorphine Naltrexone (short- and long-acting)
Behavioral	The same behavioral therapies that have helped treat addiction to heroin are
Therapies	used to treat prescription opioid addiction.
Prescription Stimul	ants (Speed)
Commercial	Amphetamine (Adderall®) Methylphenidate (Concerta®, Ritalin®)
Names	,, ,, ,, ,, ,
Common Forms	Tablet, capsule, Liquid, tablet, chewable tablet
Common Ways Taken	Swallowed, snorted, smoked, injected, chewed
DEA Schedule	2
Possible Health Effe	
Short-Term	Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages. High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.
Long-Term	Heart problems, psychosis, anger, paranoia.
Other Health- Related Issues	Risk of HIV, hepatitis, and other infectious diseases from shared needles.
In Combination with Alcohol	Masks the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure.
Withdrawal Symptoms	Depression, tiredness, sleep problems.
<b>Treatment Options</b>	
Medications	There are no FDA-approved medications to treat stimulant addiction.
Behavioral Therapies	Behavioral therapies that have helped treat addiction to cocaine or methamphetamine may be useful in treating prescription stimulant addiction. Mobile medical application: reSET®
Psilocybin (Magic N	Aushrooms/Shrooms)
Commercial	No commercial uses; being researched as therapy for treatment-resistant
Names	depression under strict medical supervision.
Common Forms	Fresh or dried mushrooms with long, slender stems topped by caps with dark gills

Common Ways	Swallowed (eaten, brewed as tea, or added to other foods)				
Taken	Swallowed (eater), brewed as tea, or added to other roods)				
DEA Schedule	1				
Possible Health Effects					
Short-Term Hallucinations, altered perception of time, inability to tell fantasy from reality,					
Short-renn	panic, muscle relaxation or weakness, problems with movement, enlarged				
	pupils, nausea, vomiting, drowsiness.				
Long-Term	Risk of flashbacks and memory problems.				
Other Health-	Risk of poisoning if a poisonous mushroom is accidentally used.				
Related Issues	Nisk of poisoning if a poisonous mushi oom is accidentally used.				
In Combination	May decrease the perceived effects of alcohol.				
with Alcohol	ivialy accrease the perceived effects of alcohol.				
Withdrawal	Unknown.				
Symptoms					
Treatment Options					
Medications	It is not known whether psilocybin is addictive. There are no FDA-approved				
	medications to treat addiction to psilocybin or other hallucinogens.				
Behavioral	More research is needed to find out if psilocybin is addictive and whether				
Therapies	behavioral therapies can be used to treat addiction to this or other				
-	hallucinogens.				
Rohypnol® (Flunitra	azepam/Roofies)				
Commercial	Flunitrazepam, Rohypnol®				
Names					
Common Forms	Tablet				
Common Ways	Swallowed (as a pill or as dissolved in a drink), snorted				
Taken					
DEA Schedule	IV** - Rohypnol® is not approved for medical use in the United States; it is				
	available as a prescription sleep aid in other countries				
Possible Health Effe					
Short-Term	Drowsiness, sedation, sleep; amnesia, blackout; decreased anxiety; muscle				
	relaxation, impaired reaction time and motor coordination; impaired mental				
	functioning and judgment; confusion; aggression; excitability; slurred speech;				
Long Town	headache; slowed breathing and heart rate.				
Long-Term	Unknown.				
Other Health- Related Issues	Unknown.				
In Combination	Sovere codation, unconsciousness, and slaved heart rate and broathing, which				
with Alcohol	Severe sedation, unconsciousness, and slowed heart rate and breathing, which can lead to death.				
Withdrawal	Headache; muscle pain; extreme anxiety, tension, restlessness, confusion,				
Symptoms	irritability; numbness and tingling of hands or feet; hallucinations, delirium,				
Symptoms	convulsions, seizures, or shock.				
Treatment Options					
Medications	There are no FDA-approved medications to treat addiction to Rohypnol® or other				
	prescription sedatives.				
Behavioral	More research is needed to find out if behavioral therapies can be used to treat				
Therapies	addiction to Rohypnol® or other prescription sedatives.				
	71				

6.1.				
Salvia				
Commercial	Sold legally in most states as Salvia divinorum			
Names	Fusik as deied leaves			
Common Forms	Fresh or dried leaves			
Common Ways	Smoked, chewed, or brewed as tea			
Taken	No. Colon J. Lad			
DEA Schedule	Not Scheduled			
(but labeled drug of concern by DEA and illegal in some states)				
Possible Health Effe				
Short-Term	Short-lived but intense hallucinations; altered visual perception, mood, body			
Long Town	sensations; mood swings, feelings of detachment from one's body; sweating.			
Long-Term	Unknown.			
Other Health-	Unknown.			
Related Issues	Unknown			
In Combination with Alcohol	Unknown.			
Withdrawal	Unknown.			
Symptoms	OHKHOWH.			
Treatment Options				
Medications	It is not known whether salvia is addictive. There are no FDA-approved			
Medications	medications to treat addiction to salvia or other dissociative drugs.			
Behavioral	More research is needed to find out if salvia is addictive, but behavioral			
Therapies	therapies can be used to treat addiction to dissociative drugs.			
Therapies	therapies can be used to treat addiction to dissociative drugs.			
Steroids (Anabolic)				
Commercial	Nandrolone (Oxandrin®), oxandrolone (Anadrol®), oxymetholone (Anadrol-			
Names	50®), testosterone cypionate (Depo-testosterone®)			
Common Forms	Tablet, capsule, liquid drops, gel, cream, patch, injectable solution			
Common Ways	Injected, swallowed, applied to skin			
Taken	The state of the s			
DEA Schedule	3			
Possible Health Effe				
Short-Term	Builds muscles, improved athletic performance. Acne, fluid retention			
	(especially in the hands and feet), oily skin, yellowing of the skin, infection.			
Long-Term	Kidney damage or failure; liver damage; high blood pressure, enlarged heart,			
	or changes in cholesterol leading to increased risk of stroke or heart attack,			
	even in young people; aggression; extreme mood swings; anger ("roid rage");			
	extreme irritability; delusions; impaired judgment.			
Other Health-	Males: shrunken testicles, lowered sperm count, infertility, baldness,			
Related Issues	development of breasts.			
	Females: facial hair, male-pattern baldness, enlargement of the clitoris,			
	deepened voice.			
	Adolescents: stunted growth.			
	Risk of HIV, hepatitis, and other infectious diseases from shared needles.			
In Combination	Increased risk of violent behavior.			
with Alcohol				

Marila I.a. al	Maria de la composición del composición de la composición de la composición del composición de la composición del composición de la composición del composic			
Withdrawal	Mood swings; tiredness; restlessness; loss of appetite; insomnia; lowered sex			
Symptoms	drive; depression, sometimes leading to suicide attempts.			
Treatment Options				
Medications	Hormone therapy			
Behavioral	More research is needed to find out if behavioral therapies can be used to			
Therapies	treat steroid addiction.			
Synthetic Cannabin	oids (K2/Spice)			
Commercial	No commercial uses, but new formulations are sold under various names to			
Names	attract young adults. Many formulations have been outlawed.			
Common Forms	Dried, shredded plant material that looks like potpourri and is sometimes sold			
	as "incense"			
Common Ways	Smoked, swallowed (brewed as tea)			
Taken				
DEA Schedule	1			
Possible Health Effe	l <del>-</del>			
Short-Term	Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety,			
	paranoia; increased blood pressure.			
Long-Term	Unknown.			
Other Health-	Use of synthetic cannabinoids has led to an increase in emergency room visits			
Related Issues	in certain areas.			
In Combination	Unknown.			
with Alcohol	OTIKNOWII.			
	Handashan antisks daggering inital-like			
Withdrawal	Headaches, anxiety, depression, irritability.			
Symptoms				
Treatment Options				
Medications	There are no FDA-approved medications to treat K2/Spice addiction.			
Behavioral	More research is needed to find out if behavioral therapies can be used to			
Therapies	treat synthetic cannabinoid addiction.			
_ ·	es (Bath Salts/Flakka)			
Commercial	No commercial uses for ingested "bath salts." No relation to "Epsom salt," sold			
Names	as a bath product.			
Common Forms	White or brown crystalline powder sold in small plastic or foil packages labeled			
	"not for human consumption" and sometimes sold as jewelry cleaner; tablet,			
	capsule, liquid			
Common Ways	Swallowed, snorted, injected			
Taken				
DEA Schedule	I; Some formulations have been banned by the DEA			
Possible Health Effe				
Short-Term	Increased heart rate and blood pressure; euphoria; increased sociability and			
	sex drive; paranoia, agitation, and hallucinations; violent behavior; sweating;			
	nausea, vomiting; insomnia; irritability; dizziness; depression; panic attacks;			
	reduced motor control; cloudy thinking.			
Long-Term	Death.			
Other Health-	Risk of HIV, hepatitis, and other infectious diseases from shared needles.			
Related Issues				

In Combination	Unknown.			
with Alcohol				
Withdrawal	Depression, anxiety.			
Symptoms				
Treatment Options				
Medications	There are no FDA-approved medications to treat addiction to synthetic cathinones.			
Behavioral	Cognitive-behavioral therapy (CBT)			
Therapies	Contingency management, or motivational incentives			
	Motivational Enhancement Therapy (MET)			
	Behavioral treatments geared to teens			
Tobacco/Nicotine a	and Vaping			
Commercial	Multiple brand names			
Names				
Common Forms	cigarettes, vaping devices, e-cigarettes, cigars, bidis, hookahs, kreteks			
	Smokeless tobacco: snuff, spit tobacco, chew			
Common Ways	Smoked, snorted, chewed, vaporized			
Taken				
DEA Schedule	Not Scheduled			
Possible Health Effe				
Short-Term	Increased blood pressure, breathing, and heart rate. Exposes lungs to a variety of chemicals. Vaping also exposes lungs to metallic vapors created by heating the coils in the device.			
Long-Term	Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.			
Other Health- Related Issues	Nicotine: in teens it can affect the development of brain circuits that control attention and learning.			
	Tobacco products: Use while pregnant can lead to miscarriage, low birth weight, stillbirth, learning and behavior problems.			
	Vaping products: Some are mixed with the filler Vitamin E acetate and other chemicals, leading to serious lung illnesses and deaths.			
In Combination with Alcohol	Unknown.			
Withdrawal	Irritability, attention and sleep problems, depression, increased appetite.			
Symptoms				
Treatment Options				
Medications	Bupropion (Zyban®)			
	Varenicline (Chantix®)			
Behavioral	Nicotine replacement (gum, patch, lozenge)			
Therapies	Cognitive-behavioral therapy (CBT) Self-help materials			
ilierapies	Mail, phone, and internet quitting resources			
	man, phone, and internet quitting resources			

## Policies and Legal Sanctions Regarding Alcohol and Other Drugs Bellevue College Policies

#### 4500 Drug-Free Environment

Bellevue College intends to provide a drug-free, healthful, safe, and secure work and educational environment. Each employee is expected to report to work in an appropriate mental and physical condition to perform his/her assigned duties. Each student is expected to be in an appropriate mental and physical condition to participate fully in the learning process.

The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in or on Bellevue College owned or controlled property, or while conducting Bellevue College business, is prohibited. Violation of this policy will be reason for appropriate personnel action, or for mandatory evaluation/treatment for substance abuse. Any personnel actions and student violations will be processed in accordance with state regulations, bargaining unit agreements, student conduct code, or other appropriate policies of the college. Any disciplinary action for employees or students will be decided on a case-by-case basis depending upon the specific circumstances.

Employees must report any conviction under a criminal drug statute for violations occurring in or on property owned or controlled by Bellevue College or while conducting Bellevue College business. An employee shall report any such conviction to her/his supervisor within five (5) days after the conviction. Bellevue College must report the conviction to the appropriate federal grant/contracting agency within ten (10) days after having received notice that a person employed under a federally-sponsored grant or contract has any drug statute conviction or violation occurring in the workplace.

Bellevue College recognizes drug abuse and/or dependency to be a health, safety, and security problem. Employees needing assistance with problems related to drug or alcohol abuse are encouraged to use the State Employee Advisory Service and/or employee medical insurance plans, as appropriate. Conscientious efforts to seek such help will not jeopardize employment.

The board of trustees of Community College District VIII recognizes alcoholism, alcohol abuse, chemical dependency, and other health and related behavioral problems as treatable conditions which repeatedly and continually interfere with an employee's ability to perform his/her job. A college employee having these conditions will be given the same consideration and offer of assistance presently extended to employees having other illnesses.

#### WAC 132H-126-100 Prohibited student conduct

The college may impose disciplinary sanctions against a student who commits or attempts to commit, or aids, abets, incites, encourages, or assists another person to commit the following acts of misconduct:

- 6) Alcohol. Use, possession, manufacture, or distribution of alcoholic beverages or paraphernalia (except as expressly permitted by college policies, and federal, state, and local laws), or public intoxication on college premises or at college-sponsored events. Alcoholic beverages may not, in any circumstance, be used by, possessed by, or distributed to any person not of legal age.
- (19) Cannabis or other drugs.
- (a) Cannabis. The use, possession, growing, delivery, sale, or being visibly under the influence of cannabis or the psychoactive compounds found in cannabis and intended for human consumption, regardless of form, or the possession of cannabis paraphernalia on college premises or college-

sponsored events. While state law permits the recreational use of cannabis, federal law prohibits such use on college premises or in connection with college activities. (b) Drugs. The use, possession, production, delivery, sale, or being under the influence of any prescription drug or possession of drug paraphernalia, including anabolic steroids, androgens, or human growth hormones as defined in chapter 69.41 RCW, or any other controlled substance under chapter 69.50 RCW, except as prescribed for a student's use by a licensed practitioner.

#### State of Washington Legal Sanctions for Alcohol and Drug Offenses

#### RCW 46.61.502 Driving under the influence

- (1) A person is guilty of driving while under the influence of intoxicating liquor, marijuana, or any drug if the person drives a vehicle within this state: (a) And the person has, within two hours after driving, an alcohol concentration of 0.08 or higher as shown by analysis of the person's breath or blood made under RCW 46.61.506; or (b) The person has, within two hours after driving, a THC concentration of 5.00 or higher as shown by analysis of the person's blood made under RCW 46.61.506; or (c) While the person is under the influence of or affected by intoxicating liquor, marijuana, or any drug; or (d) While the person is under the combined influence of or affected by intoxicating liquor, marijuana, and any drug.
- (2) The fact that a person charged with a violation of this section is or has been entitled to use a drug under the laws of this state shall not constitute a defense against a charge of violating this section.
- (3)(a) It is an affirmative defense to a violation of subsection (1)(a) of this section, which the defendant must prove by a preponderance of the evidence, that the defendant consumed a sufficient quantity of alcohol after the time of driving and before the administration of an analysis of the person's breath or blood to cause the defendant's alcohol concentration to be 0.08 or more within two hours after driving. The court shall not admit evidence of this defense unless the defendant notifies the prosecution prior to the omnibus or pretrial hearing in the case of the defendant's intent to assert the affirmative defense. (b) It is an affirmative defense to a violation of subsection (1)(b) of this section, which the defendant must prove by a preponderance of the evidence, that the defendant consumed a sufficient quantity of marijuana after the time of driving and before the administration of an analysis of the person's blood to cause the defendant's THC concentration to be 5.00 or more within two hours after driving. The court shall not admit evidence of this defense unless the defendant notifies the prosecution prior to the omnibus or pretrial hearing in the case of the defendant's intent to assert the affirmative defense.
- (4)(a) Analyses of blood or breath samples obtained more than two hours after the alleged driving may be used as evidence that within two hours of the alleged driving, a person had an alcohol concentration of 0.08 or more in violation of subsection (1)(a) of this section, and in any case in which the analysis shows an alcohol concentration above 0.00 may be used as evidence that a person was under the influence of or affected by intoxicating liquor or any drug in violation of subsection (1)(c) or (d) of this section. (b) Analyses of blood samples obtained more than two hours after the alleged driving may be used as evidence that within two hours of the alleged driving, a person had a THC concentration of 5.00 or more in violation of subsection (1)(b) of this section, and in any case in which the analysis shows a THC concentration above 0.00 may be used as evidence that a person was under the influence of or affected by marijuana in violation of subsection (1)(c) or (d) of this section.
- (5) Except as provided in subsection (6) of this section, a violation of this section is a gross misdemeanor.

(6) It is a class B felony punishable under chapter 9.94A RCW, or chapter 13.40 RCW if the person is a juvenile, if: (a) The person has three or more prior offenses within ten years as defined in RCW 46.61.5055; or (b) The person has ever previously been convicted of: (i) Vehicular homicide while under the influence of intoxicating liquor or any drug, RCW 46.61.520(1)(a); (ii) Vehicular assault while under the influence of intoxicating liquor or any drug, RCW 46.61.522(1)(b); (iii) An out-of-state offense comparable to the offense specified in (b)(i) or (ii) of this subsection; or (iv) A violation of this subsection (6) or RCW 46.61.504(6).

RCW 46.61.503 Driver under twenty-one consuming alcohol or marijuana—Penalties

- (1) Notwithstanding any other provision of this title, a person is guilty of driving or being in physical control of a motor vehicle after consuming alcohol or marijuana if the person operates or is in physical control of a motor vehicle within this state and the person: (a) Is under the age of twenty-one; and (b) Has, within two hours after operating or being in physical control of the motor vehicle, either: (i) An alcohol concentration of at least 0.02 but less than the concentration specified in RCW 46.61.502, as shown by analysis of the person's breath or blood made under RCW 46.61.506; or (ii) A THC concentration above 0.00 but less than the concentration specified in RCW 46.61.502, as shown by analysis of the person's blood made under RCW 46.61.506.
- (2) It is an affirmative defense to a violation of subsection (1) of this section, which the defendant must prove by a preponderance of the evidence, that the defendant consumed a sufficient quantity of alcohol or marijuana after the time of driving or being in physical control and before the administration of an analysis of the person's breath or blood to cause the defendant's alcohol or THC concentration to be in violation of subsection (1) of this section within two hours after driving or being in physical control. The court shall not admit evidence of this defense unless the defendant notifies the prosecution prior to the earlier of: (a) Seven days prior to trial; or (b) the omnibus or pretrial hearing in the case of the defendant's intent to assert the affirmative defense.
- (3) No person may be convicted under this section for being in physical control of a motor vehicle and it is an affirmative defense to any action pursuant to RCW 46.20.308 to suspend, revoke, or deny the privilege to drive, if, prior to being pursued by a law enforcement officer, the person has moved the vehicle safely off the roadway.
- (4) Analyses of blood or breath samples obtained more than two hours after the alleged driving or being in physical control may be used as evidence that within two hours of the alleged driving or being in physical control, a person had an alcohol or THC concentration in violation of subsection (1) of this section.
- (5) A violation of this section is a misdemeanor.

RCW 46.61.504 Physical control of vehicle under the influence

(1) A person is guilty of being in actual physical control of a motor vehicle while under the influence of intoxicating liquor or any drug if the person has actual physical control of a vehicle within this state: (a) And the person has, within two hours after being in actual physical control of the vehicle, an alcohol concentration of 0.08 or higher as shown by analysis of the person's breath or blood made under RCW 46.61.506; or (b) The person has, within two hours after being in actual physical control of a vehicle, a THC concentration of 5.00 or higher as shown by analysis of the person's blood made under RCW 46.61.506; or (c) While the person is under the influence of or affected by intoxicating liquor or any

drug; or (d) While the person is under the combined influence of or affected by intoxicating liquor and any drug.

- (2) The fact that a person charged with a violation of this section is or has been entitled to use a drug under the laws of this state does not constitute a defense against any charge of violating this section. No person may be convicted under this section and it is an affirmative defense to any action pursuant to RCW 46.20.308 to suspend, revoke, or deny the privilege to drive if, prior to being pursued by a law enforcement officer, the person has moved the vehicle safely off the roadway.
- (3)(a) It is an affirmative defense to a violation of subsection (1)(a) of this section which the defendant must prove by a preponderance of the evidence that the defendant consumed a sufficient quantity of alcohol after the time of being in actual physical control of the vehicle and before the administration of an analysis of the person's breath or blood to cause the defendant's alcohol concentration to be 0.08 or more within two hours after being in such control. The court shall not admit evidence of this defense unless the defendant notifies the prosecution prior to the omnibus or pretrial hearing in the case of the defendant's intent to assert the affirmative defense. (b) It is an affirmative defense to a violation of subsection (1)(b) of this section, which the defendant must prove by a preponderance of the evidence, that the defendant consumed a sufficient quantity of marijuana after the time of being in actual physical control of the vehicle and before the administration of an analysis of the person's blood to cause the defendant's THC concentration to be 5.00 or more within two hours after being in control of the vehicle. The court shall not admit evidence of this defense unless the defendant notifies the prosecution prior to the omnibus or pretrial hearing in the case of the defendant's intent to assert the affirmative defense.
- (4)(a) Analyses of blood or breath samples obtained more than two hours after the alleged being in actual physical control of a vehicle may be used as evidence that within two hours of the alleged being in such control, a person had an alcohol concentration of 0.08 or more in violation of subsection (1)(a) of this section, and in any case in which the analysis shows an alcohol concentration above 0.00 may be used as evidence that a person was under the influence of or affected by intoxicating liquor or any drug in violation of subsection (1)(c) or (d) of this section. (b) Analyses of blood samples obtained more than two hours after the alleged being in actual physical control of a vehicle may be used as evidence that within two hours of the alleged being in control of the vehicle, a person had a THC concentration of 5.00 or more in violation of subsection (1)(b) of this section, and in any case in which the analysis shows a THC concentration above 0.00 may be used as evidence that a person was under the influence of or affected by marijuana in violation of subsection (1)(c) or (d) of this section.
- (5) Except as provided in subsection (6) of this section, a violation of this section is a gross misdemeanor.
- (6) It is a class C felony punishable under chapter 9.94A RCW, or chapter 13.40 RCW if the person is a juvenile, if: (a) The person has three or more prior offenses within ten years as defined in RCW 46.61.5055; or (b) The person has ever previously been convicted of: (i) Vehicular homicide while under the influence of intoxicating liquor or any drug, RCW 46.61.520(1)(a); (ii) Vehicular assault while under the influence of intoxicating liquor or any drug, RCW 46.61.522(1)(b); (iii) An out-of-state offense comparable to the offense specified in (b)(i) or (ii) of this subsection; or (iv) A violation of this subsection (6) or RCW 46.61.502(6).

RCW 66.44.270 Furnishing liquor to minors—Possession, use—Penalties—Exhibition of effects—Exceptions

- (1) It is unlawful for any person to sell, give, or otherwise supply liquor to any person under the age of twenty-one years or permit any person under that age to consume liquor on his or her premises or on any premises under his or her control. For the purposes of this subsection, "premises" includes real property, houses, buildings, and other structures, and motor vehicles and watercraft. A violation of this subsection is a gross misdemeanor punishable as provided for in chapter 9A.20 RCW.
- (2)(a) It is unlawful for any person under the age of twenty-one years to possess, consume, or otherwise acquire any liquor. A violation of this subsection is a gross misdemeanor punishable as provided for in chapter 9A.20 RCW. (b) It is unlawful for a person under the age of twenty-one years to be in a public place, or to be in a motor vehicle in a public place, while exhibiting the effects of having consumed liquor. For purposes of this subsection, exhibiting the effects of having consumed liquor means that a person has the odor of liquor on his or her breath and either: (i) Is in possession of or close proximity to a container that has or recently had liquor in it; or (ii) by speech, manner, appearance, behavior, lack of coordination, or otherwise, exhibits that he or she is under the influence of liquor. This subsection (2)(b) does not apply if the person is in the presence of a parent or guardian or has consumed or is consuming liquor under circumstances described in subsection (4), (5), or (7) of this section.
- (3) Subsections (1) and (2)(a) of this section do not apply to liquor given or permitted to be given to a person under the age of twenty-one years by a parent or guardian and consumed in the presence of the parent or guardian. This subsection shall not authorize consumption or possession of liquor by a person under the age of twenty-one years on any premises licensed under chapter 66.24 RCW.
- (4) This section does not apply to liquor given for medicinal purposes to a person under the age of twenty-one years by a parent, guardian, physician, or dentist.
- (5) This section does not apply to liquor given to a person under the age of twenty-one years when such liquor is being used in connection with religious services and the amount consumed is the minimal amount necessary for the religious service.
- (6) This section does not apply to liquor provided to students under twenty-one years of age in accordance with a special permit issued under RCW 66.20.010(12).
- (7)(a) A person under the age of twenty-one years acting in good faith who seeks medical assistance for someone experiencing alcohol poisoning shall not be charged or prosecuted under subsection (2)(a) of this section, if the evidence for the charge was obtained as a result of the person seeking medical assistance. (b) A person under the age of twenty-one years who experiences alcohol poisoning and is in need of medical assistance shall not be charged or prosecuted under subsection (2)(a) of this section, if the evidence for the charge was obtained as a result of the poisoning and need for medical assistance.
- (c) The protection in this subsection shall not be grounds for suppression of evidence in other criminal charges.
- (8) Conviction or forfeiture of bail for a violation of this section by a person under the age of twenty-one years at the time of such conviction or forfeiture shall not be a disqualification of that person to acquire a license to sell or dispense any liquor after that person has attained the age of twenty-one years.

#### RCW 66.44.150 Buying liquor illegally

If any person in this state buys alcoholic beverages from any person other than a person authorized by the board to sell alcoholic beverages, he or she is guilty of a misdemeanor.

#### RCW 66.44.160 Illegal possession, transportation of alcoholic beverages

Except as otherwise provided in this title, any person who has or keeps or transports alcoholic beverages other than those purchased from the board, a state liquor store, or some person authorized by the board to sell them, shall be guilty of a violation of this title.

#### RCW 66.44.210 Obtaining liquor for ineligible person

Except in the case of liquor administered by a physician or dentist or sold upon a prescription in accordance with the provisions of this title, no person shall procure or supply, or assist directly or indirectly in procuring or supplying, liquor for or to anyone whose permit is suspended or has been canceled.

#### RCW 69.04.009 "Drugs"

The term "drug" means (1) articles recognized in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States, or official national formulary, or any supplement to any of them; and (2) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or other animals; and (3) articles (other than food) intended to affect the structure or any function of the body of human beings or other animals; and (4) articles intended for use as a component of any article specified in clause (1), (2), or (3); but does not include devices or their components, parts, or accessories.

#### RCW 69.04.010 "Device"

The term "device" (except when used in RCW 69.04.016 and in RCW \* 69.04.040(10), \*\* 69.04.270, 69.04.690, and in RCW 69.04.470 as used in the sentence "(as compared with other words, statements, designs, or devices, in the labeling)") means instruments, apparatus, and contrivances, including their components, parts and accessories, intended

- (1) for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or other animals; or
- (2) to affect the structure or any function of the body of human beings or other animals.

#### RCW 66.28.210 Keg registration—Requirements of purchaser

- (1) Except as provided in subsection (2) of this section, any person who purchases the contents of kegs or other containers containing four gallons or more of malt liquor, or purchases or leases the container shall: (a) Sign a declaration and receipt for the keg or other container or beverage in substantially the form provided in RCW 66.28.220;(b) Provide one piece of identification pursuant to \*RCW 66.16.040; (c) Be of legal age to purchase, possess, or use malt liquor; (d) Not allow any person under the age of twenty-one to consume the beverage except as provided by RCW 66.44.270; (e) Not remove, obliterate, or allow to be removed or obliterated, the identification required under rules adopted by the board; (f) Not move, keep, or store the keg or its contents, except for transporting to and from the distributor, at any place other than that particular address declared on the receipt and declaration; and (g) Maintain a copy of the declaration and receipt next to or adjacent to the keg or other container, in no event a distance greater than five feet, and visible without a physical barrier from the keg, during the time that the keg or other container is in the purchaser's possession or control.
- (2) A person who purchases the contents of a keg or other container containing four gallons or more of malt liquor from a domestic brewery licensed under RCW 66.24.240 or a microbrewery licensed under

RCW 66.24.244, or who purchases or leases a keg or other container that will hold four gallons or more of liquid from such a domestic brewery or microbrewery, is not subject to this section except for the requirements in subsection (1)(c) and (d) of this section.

(3) A violation of this section is a gross misdemeanor. For an exhaustive list of Washington state alcohol and drug laws and penalties, visit the Revised Code of Washington and view Titles 46.61 Rules of the Road and 66 Alcohol Beverage Control.

#### RCW 69.04.040 Prohibited acts

The following acts and the causing thereof are hereby prohibited:

- (1) The sale in intrastate commerce of any drug, device, or cosmetic that is adulterated or misbranded.
- (2) The adulteration or misbranding of any drug, device, or cosmetic in intrastate commerce.
- (3) The receipt in intrastate commerce of any drug, device, or cosmetic that is adulterated or misbranded, and the sale thereof in such commerce for pay or otherwise.
- (4) The introduction or delivery for introduction into intrastate commerce of any new drug in violation of RCW 69.04.570.
- (5) The dissemination within this state, in any manner or by any means or through any medium, of any false advertisement.
- (6) The refusal to permit (a) entry and the taking of a sample or specimen or the making of any investigation or examination as authorized by RCW 69.04.780; or (b) access to or copying of any record as authorized by RCW 69.04.810.
- (7) The refusal to permit entry or inspection as authorized by RCW 69.04.820.
- (8) The removal, mutilation, or violation of an embargo notice as authorized by RCW 69.04.110.
- (9) The giving of a guaranty or undertaking in intrastate commerce, referred to in RCW 69.04.080, that is false.
- (10) The alteration, mutilation, destruction, obliteration, or removal of the whole or any part of the labeling of a drug, device, or cosmetic, or the doing of any other act with respect to a drug, device, or cosmetic, or the labeling or advertisement thereof, which results in a violation of this chapter.
- (11) The using in intrastate commerce, in the labeling or advertisement of any drug, of any representation or suggestion that an application with respect to such drug is effective under section 505 of the federal act or under RCW 69.04.570, or that such drug complies with the provisions of either such section.

#### RCW 69.04.060 Criminal penalty for violations

Except as otherwise provided in this chapter, any person who violates any provision of RCW 69.04.040 is guilty of a misdemeanor and shall on conviction thereof be subject to the following penalties:

(1) A fine of not more than two hundred dollars; or

(2) If the violation is committed after a conviction of such person under this section has become final, imprisonment for not more than thirty days, or a fine of not more than five hundred dollars, or both such imprisonment and fine.

#### RCW 69.04.070 Additional penalty

Notwithstanding the provisions of RCW 69.04.060, a person who violates RCW 69.04.040 with intent to defraud or mislead is guilty of a misdemeanor and the penalty shall be imprisonment for not more than ninety days, or a fine of not more than one thousand dollars, or both such imprisonment and fine.

#### RCW 69.04.080 Avoidance of penalty

No person shall be subject to the penalties of RCW 69.04.060:

- (1) For having violated RCW 69.04.040(3), if he or she establishes that he or she received and sold such article in good faith, unless he or she refuses on request of the director to furnish the name and address of the person in the state of Washington from whom he or she received such article and copies of all available documents pertaining to his or her receipt thereof; or
- (2) For having violated RCW 69.04.040 (1), (3), or (4), if he or she establishes a guaranty or undertaking signed by, and containing the name and address of, the person in the state of Washington from whom he or she received such article in good faith, to the effect that such article complies with this chapter; or
- (3) For having violated RCW 69.04.040(5), if he or she establishes a guaranty or undertaking signed by, and containing the name and address of, the person in the state of Washington from whom he or she received such advertisement in good faith, to the effect that such advertisement complies with this chapter; or
- (4) For having violated RCW 69.04.040(9), if he or she establishes that he or she gave such guaranty or undertaking in good faith and in reliance on a guaranty or undertaking to him or her, which guaranty or undertaking was to the same effect and was signed by, and contained the name and address of, a person in the state of Washington.

RCW 69.04.410 Drugs—Adulteration by harmful substances A drug or device shall be deemed to be adulterated

- (1) if it consists in whole or in part of any filthy, putrid, or decomposed substance; or
- (2) if it has been produced, prepared, packed, or held under insanitary conditions whereby it may have been contaminated with filth, or whereby it may have been rendered injurious to health; or
- (3) if it is a drug and its container is composed in whole or in part of any poisonous or deleterious substance which may render the contents injurious to health; or
- (4) if it is a drug and it bears or contains, for purposes of coloring only, a coal tar color other than one that is harmless and suitable for use in drugs for such purposes, as provided by regulations promulgated under section 504 of the federal act.

RCW 69.04.420 Drugs—Adulteration for failure to comply with compendium standard If a drug or device purports to be or is represented as a drug the name of which is recognized in an official compendium, and its strength differs from, or its quality or purity falls below, the standard set forth in such compendium, it shall be deemed to be adulterated. Such determination as to strength,

quality or purity shall be made in accordance with the tests or methods of assay set forth in such compendium or prescribed by regulations promulgated under section 501(b) of the federal act. No drug defined in an official compendium shall be deemed to be adulterated under this section because it differs from the standard of strength, quality, or purity therefor set forth in such compendium, if its difference in strength, quality, or purity from such standard is plainly stated on its label. Whenever a drug is recognized in both the United States pharmacopoeia and the homeopathic pharmacopoeia of the United States, it shall be subject to the requirements of the United States pharmacopoeia unless it is labeled and offered for sale as a homeopathic drug, in which case it shall be subject to the provisions of the homeopathic pharmacopoeia of the United States and not to those of the United States pharmacopoeia.

RCW 69.04.430 Drugs—Adulteration for lack of represented purity or quality If a drug or device is not subject to the provisions of RCW 69.04.420 and its strength differs from, or its purity or quality falls below, that which it purports or is represented to possess, it shall be deemed to be adulterated.

RCW 69.04.440 Drugs—Adulteration by admixture or substitution of ingredients A drug shall be deemed to be adulterated if any substance has been (1) mixed or packed therewith so as to reduce its quality or strength or (2) substituted wholly or in part therefor.

#### RCW 69.04.740 Regulations to conform with federal regulations

The purpose of this chapter being to promote uniformity of state legislation with the federal act, the director is hereby authorized (1) to adopt, insofar as applicable, the regulations from time to time promulgated under the federal act; and (2) to make the regulations promulgated under this chapter conform, insofar as practicable, with those promulgated under the federal act.

#### RCW 69.04.750 Hearings

Hearings authorized or required by this chapter shall be conducted by the director or his or her duly authorized representative designated for the purpose.

#### RCW 69.04.761 Hearing on proposed regulation—Procedure

The director shall hold a public hearing upon a proposal to promulgate any new or amended regulation under this chapter. The procedure to be followed concerning such hearings shall comply in all respects with chapter 34.05 RCW (Administrative Procedure Act) as now enacted or hereafter amended.

#### RCW 69.04.770 Review on petition prior to effective date

The director shall have jurisdiction to review and to affirm, modify, or set aside any order issued under \*RCW 69.04.760, promulgating a new or amended regulation under this chapter, upon petition made at any time prior to the effective date of such regulation, by any person adversely affected by such order.

#### RCW 69.04.780 Investigations—Samples—Right of entry—Verified statements

The director shall cause the investigation and examination of food, drugs, devices, and cosmetics subject to this chapter. The director shall have the right (1) to take a sample or specimen of any such article, for examination under this chapter, upon tendering the market price therefor to the person having such article in custody; and (2) to enter any place or establishment within this state, at reasonable times, for the purpose of taking a sample or specimen of any such article, for such examination.

The director and the director's deputies, assistants, and inspectors are authorized to do all acts and things necessary to carry out the provisions of this chapter, including the taking of verified statements. Such department personnel are empowered to administer oaths of verification on the statements.

#### RCW 69.04.790 Owner may obtain part of sample

Where a sample or specimen of any such article is taken for examination under this chapter, the director shall, upon request, provide a part thereof for examination by any person named on the label of such article, or the owner thereof, or his or her attorney or agent; except that the director is authorized, by regulation, to make such reasonable exceptions from, and to impose such reasonable terms and conditions relating to, the operation of this section as he or she finds necessary for the proper administration of the provisions of this chapter.

#### RCW 69.04.800 Access to records of other agencies

For the purpose of enforcing the provisions of this chapter, pertinent records of any administrative agency of the state government shall be open to inspection by the director.

#### RCW 69.04.810 Access to records of intrastate carriers

For the purpose of enforcing the provisions of this chapter, carriers engaged in intrastate commerce, and persons receiving drugs, devices, or cosmetics in intrastate commerce or holding such articles so received, shall, upon the request of the director, permit the director at reasonable times, to have access to and to copy all records showing the movement in intrastate commerce of any drug, device, or cosmetic, or the holding thereof during or after such movement, and the quantity, shipper, and consignee thereof; and it shall be unlawful for any such carrier or person to fail to permit such access to and the copying of any such records so requested when such request is accompanied by a statement in writing specifying the nature or kind of drug, device, or cosmetic to which such request relates: PROVIDED, that evidence obtained under this section shall not be used in a criminal prosecution of the person from whom obtained: PROVIDED FURTHER, That carriers shall not be subject to the other provisions of this chapter by reason of their receipt, carriage, holding, or delivery of drugs, devices, or cosmetics in the usual course of business as carriers.

#### RCW 69.04.820 Right of entry to factories, warehouses, vehicles, etc.

For the purpose of enforcing the provisions of this chapter, the director is authorized (1) to enter, at reasonable times, any factory, warehouse, or establishment subject to this chapter, or to enter any vehicle being used to transport or hold drugs, devices, or cosmetics in intrastate commerce; and (2) to inspect, at reasonable times, such factory, warehouse, establishment, or vehicle and all pertinent equipment, finished and unfinished materials, containers, labeling, and advertisements therein.

#### RCW 69.04.830 Publication of reports of judgments, orders and decrees

The director may cause to be published from time to time reports summarizing all judgments, decrees, and court orders which have been rendered under this chapter, including the nature of the charge and the disposition thereof.

#### RCW 69.04.840 Dissemination of information

The director may cause to be disseminated information regarding food, drugs, devices, or cosmetics in situations involving, in the opinion of the director, imminent danger to health or gross deception of, or fraud upon, the consumer. Nothing in this section shall be construed to prohibit the director from

collecting, reporting, and illustrating the results of his or her examinations and investigations under this chapter.

#### RCW 69.04.850 Construction—1945 c 257

This chapter and the rules adopted hereunder shall be so interpreted and construed as to effectuate its general purpose to secure uniformity with federal acts and regulations relating to adulterating, misbranding and false advertising of drugs, devices, and cosmetics.

#### RCW 69.04.880 Civil penalty

Whenever the director finds that a person has committed a violation of a provision of this chapter, the director may impose upon and collect from the violator a civil penalty not exceeding one thousand dollars per violation per day. Each and every such violation shall be a separate and distinct offense. Imposition of the civil penalty shall be subject to a hearing in conformance with chapter 34.05 RCW.

#### Federal Legal Sanctions

The possession, use, or distribution of illicit drugs is prohibited by federal law. Strict penalties are enforced for drug convictions, including mandatory prison terms for many offenses. The following information, although not complete, is an overview of federal penalties for first convictions. All penalties are doubled for any subsequent drug conviction(s).

#### Federal Penalties for Alcohol Offenses

18 U.S.C. 1952: Anyone who travels in interstate or foreign commerce or uses the mail or any facility in interstate or foreign commerce, with the intent to: (a) distribute the proceeds of any unlawful activity; or (b) commit any crime of violence to further any unlawful activity; or (c) otherwise promote, manage, establish, carry on, or facilitate the promotion, management, establishment or carrying on, of any unlawful activity, may be subject to the following penalties: individuals found guilty of conduct related to paragraphs (a) or (c) may be fined up to \$10,000, and/or imprisoned for up to five years. Individuals found guilty of conduct related to paragraph (b) may be fined up to \$10,000, and/or imprisoned for up to 20 years. If death results from the conduct, imprisonment may be for any period of years up to life in prison. For the purposes of this paragraph, "unlawful activity" includes any business enterprise involving liquor on which the Federal excise tax has not been paid.

#### **Federal Drug Trafficking Penalties**

Penalties for federal drug trafficking convictions vary according to the quantity of the controlled substance involved in the transaction as seen in the charts below. If death or serious bodily injury result from the use of a controlled substance which has been illegally distributed, the person convicted on federal charges of distributing the substance faces mandatory life sentence and fines ranging up to \$8 million. Penalties for federal drug trafficking convictions vary according to the quantity of the controlled substance involved in the transaction. The following list is a sample of the range and severity of federal penalties imposed for first convictions. Penalties for subsequent convictions are twice as severe. Persons convicted on federal charges of drug trafficking within 1,000 feet of a University (21 USC 845a) face penalties of prison terms and fines which are twice as high as the regular penalties for the offense, with a mandatory prison sentence of at least 1 year.

#### Federal Legal Sanctions for Alcohol and Drug Offenses

The possession, use, or distribution of illicit drugs is prohibited by federal law. Strict penalties are enforced for drug convictions, including mandatory prison terms for many offenses. The following

information is an overview of federal penalties for first convictions. All penalties are doubled for any subsequent drug conviction(s).

#### 18 U.S.C. 1952 Federal Penalties for Alcohol Offenses

Anyone who travels in interstate or foreign commerce or uses the mail or any facility in interstate or foreign commerce, with the intent to: (a) distribute the proceeds of any unlawful activity; or (b) commit any crime of violence to further any unlawful activity; or (c) otherwise promote, manage, establish, carry on, or facilitate the promotion, management, establishment or carrying on, of any unlawful activity, may be subject to the following penalties: individuals found guilty of conduct related to paragraphs (a) or (c) may be fined up to \$10,000, and/or imprisoned for up to five years. Individuals found guilty of conduct related to paragraph (b) may be fined up to \$10,000, and/or imprisoned for up to 20 years. If death results from the conduct, imprisonment may be for any period of years up to life in prison. For the purposes of this paragraph, "unlawful activity" includes any business enterprise involving liquor on which the Federal excise tax has not been paid.

#### **Federal Drug Trafficking Penalties**

Penalties for federal drug trafficking convictions vary according to the quantity of the controlled substance involved in the transaction as seen in the charts below. If death or serious bodily injury result from the use of a controlled substance which has been illegally distributed, the person convicted on federal charges of distributing the substance faces mandatory life sentence and fines ranging up to \$8 million. Penalties for federal drug trafficking convictions vary according to the quantity of the controlled substance involved in the transaction. The following list is a sample of the range and severity of federal penalties imposed for first convictions. Penalties for subsequent convictions are twice as severe. Persons convicted on federal charges of drug trafficking within 1,000 feet of a University (21 USC 845a) face penalties of prison terms and fines which are twice as high as the regular penalties for the offense, with a mandatory prison sentence of at least 1 year.

20 U.S.C. 1091: Students convicted under federal or state law for the sale or possession of drugs will have their federal financial aid eligibility suspended. This includes all federal grants, loans, federal work study programs, and more. Students convicted of selling drugs will be ineligible for two years from the date of the first conviction, and indefinitely for the second offense. Those who lose eligibility can regain eligibility by successfully completing an approved drug rehabilitation program.

21 U.S.C. 845(a): Persons convicted on federal charges of drug trafficking within 1,000 feet of a university face penalties of prison terms and fines which are twice as high as the regular penalties for the offense, with a mandatory prison sentence of at least 1 year.

#### **Federal Drug Possession Penalties**

21 U.S.C. 844(a): 1st Conviction: May be sentenced to a term of imprisonment of not more than 1 year, and shall be fined a minimum of \$1,000, or both. After 1 prior drug conviction: Shall be sentenced to a term of imprisonment for not less than 15 days but not more than 2 years, and shall be fined a minimum of \$2,500. After 2 or more prior drug convictions: Shall be sentenced to a term of imprisonment for not less than 90 days but not more than 3 years, and shall be fined a minimum of \$5,000. Special sentencing 23 provisions for possession of crack cocaine: Shall be imprisoned not less than 5 years and not more than 20 years, and fined a minimum of \$1,000 if: (a) 1st conviction and the amount of crack possessed exceeds 5 grams; or (b) 2nd crack conviction and the amount of crack possessed exceeds 3 grams; or (c) 3rd or subsequent possession and the amount of crack possessed exceeds 1 gram.

21 U.S.C. 853(a)(2) and 881 (a)(7): 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.

21 U.S.C. 881(a)(4): Forfeiture of vehicles, boats, aircraft or any other conveyance used to transport or conceal a controlled substance.

21 U.S.C. 853a: Denial of Federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, up to 1 year for first offense, up to 5 years for second and subsequent offenses.

18 U.S.C. 922(g): Ineligible to receive or purchase a firearm. Miscellaneous: Revocation of certain Federal licenses and benefits, e.g. pilot licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies.

Federal Trafficking Penalties				
Drug Schedule	Quantity	Penalties	Quantity	Penalties
Cocaine (Schedule II)	500 – 4999 grams mixture	First Offense: Not less than 5 years and	5 kgs or more mixture	First Offense: Not less than 10 years and not more than life. If death or serious injury not less
Cocaine Base (Schedule II)	28 – 279 grams mixture	not more than 40 years. If death or	280 grams or more mixture	than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an
Fentanyl (Schedule II)	40 – 399 grams mixture	serious injury not less than 20 or more	grams or more mixture	individual.
Fentanyl Analogue (Schedule I)	10 – 99 grams mixture	than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual.	grams or more mixture	
Heroin (Schedule I)	100 – 999 grams mixture	Second Offense: Not less than 10	1 kg or more mixture	Second Offense: Not less than 20 years, and not more than life. If death or serious injury life
LSD (Schedule I)	1 – 9 grams mixture	years, and not more than life. If death	10 grams or more mixture	imprisonment. Fine of not more than \$20 million if an individual, \$5 million if not an individual.
Methamphetamine (Schedule II)	5 – 49 grams pure or 50 – 499 grams mixture	or serious injury life imprisonment. Fine of not more than \$8 million if an	50 grams or more pure or 500 more mixture	2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual. \$75 million if not an individual.
PCP (Schedule II)	10 – 99 grams pure or 100 – 999	individual, \$50 million if not an individual.	100 grams or more pure or 1	

	grams mixture	kg or more mixture		
Penalties				
Other Schedule I and II (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	First Offense: Not more than 20 years. If death or serious injury, not less than 20 years, or more than life. Fine \$1 million if an individual, \$5 million if not an individual.  Second Offense: Not more than 30 years. If death or serious injury,		
Flunitrazepam (Schedule IV)	1 gram	life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.		
Other Schedule III drugs	Any amount	First Offense: Not more than 10 years. If death or serious injury, not less than 15 years. Fine \$500,000 if an individual, \$2.5 million if not an individual.  Second Offense: Not more than 20 years. If death or serious injury, not more than 30 years. Fine not more than \$1 million if an individual, \$5 million if not an individual.		
All other Schedule IV drugs	Any amount	<b>First Offense:</b> Not more than 5 years. Fine not more than \$250,000 if an individual, \$1 million if not an individual.		
Flunitrazepam (Schedule IV)	Other than 1 gram or more	<b>Second Offense:</b> Not more than 10 years. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.		
All Schedule V drugs	Any amount	First Offense: Not more than 1 year. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.  Second Offense: Not more than 4 years. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.		

Federal Trafficking Penalties – Marijuana				
Drug	Quantity	1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense	
Marijuana (Schedule 1)	1000 kg or more marijuana mixture; or 1000 or more marijuana plants	Not less than 10 years or more than life. If death or serious bodily injury, not less than 20 years, or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	Not less than 20 years or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.	
Marijuana (Schedule 1)	100 kg to 999kg or more marijuana mixture; or 100 to 999 or more marijuana plants	Not less than 5 years or more than 40 years. If death or serious bodily injury. Not less than 20 years. Or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 years, or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.	
Marijuana (Schedule 1)	More than 10kgs hashish;	Not more than 20 years. If death or serious bodily	Not more than 30 years. If death or serious bodily	

	50 to 99kg marijuana mixture. More than 1 kg hashish oil; 50 to 99 marijuana plants	injury, not less than 20 years, or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule 1)	Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight)	Not more than 5 years. Fine not more than \$250, 000, \$1 million if other than an individual.	Not more than 10 years. Find \$500,000 if an individual, \$2 million if other than an individual.
Hashish (Schedule 1)	10kgs or less		
Hashish Oil (Schedule 1)	1kg or less		

Questions concerning the Drug and Alcohol Prevention Program (DAAP) may be directed to the Public Safety Director, Ross Villegas, at <a href="mailto:ross.villegas@bellevuecollege.edu">ross.villegas@bellevuecollege.edu</a> or (425) 564-5710.