

**COLLEGE OF SOUTHERN IDAHO  
JUNIOR COLLEGE DISTRICT**

**BOARD OF TRUSTEES MEETING  
MONDAY, SEPTEMBER 17, 1990**

**CSI PRESIDENT'S BOARD ROOM**

**5:30 p.m.**

**A G E N D A**

**MINUTES**

**TREASURER'S REPORT:**

Kimberly Road Property/Scott-Polar

**OLD AND NEW BUSINESS**

Drug Free Workplace

Athletic Department

Budget Presentation FY1992

President's Council

COLLEGE OF SOUTHERN IDAHO  
JUNIOR COLLEGE DISTRICT  
BOARD OF TRUSTEES MEETING  
SEPTEMBER 17, 1990

CALL TO ORDER: 5:30 p.m.      PRESIDING: LeRoy Craig

ATTENDING: Trustees: LeRoy Craig, Bill Babcock, Dr. Charles Lehrman,  
Dr. Thad Scholes, and Donna Brizee

College Administration: Gerald R. Meyerhoeffer, President  
Karl L. Black, Secretary/Treasurer  
Robert Alexander, College Attorney  
Dr. Mike Glenn, Assistant to the President  
Dr. Roy Strawser, Academic Dean  
Dr. Orval Bradley, Vocational Dean  
Herb McCully, Acting Physical Plant Director  
Annette Jenkins, Public Information Officer

CSI Faculty: Karl Kleinkopf, Ben Stroud, Jim Walker,  
Shawn Davis, Rick Neill, and Keith Ferrell

MINUTES OF AUGUST 20, 1990, were approved as written on MOTION  
by Dr. Scholes. Affirmative vote unanimous.

KIMBERLY ROAD PROPERTY: Karl Black reported that the sale of the  
Kimberly Road property had been completed.

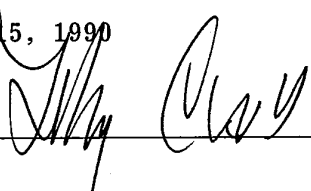
PRESIDENT'S REPORT: President Meyerhoeffer presented the attached  
policy statement for on-campus renters.

DRUG AND ALCOHOL POLICY: Keith Ferrell presented the attached  
policy on a drug-free campus. The policy was approved  
on MOTION by Dr. Scholes.

ATHLETICS: Ben Stroud, Shawn Davis, Jim Walker, Rick Neill, Fred  
Trenkle, and Karl Kleinkopf all gave reports on their  
respective programs and athletics in general. Rick Neill  
expressed the need for an athletic track. It was  
announced that Jim Dawson is serving as the academic  
advisor for the athletes.

ADJOURNMENT was declared at 7:04 p.m.

  
\_\_\_\_\_  
Karl L. Black, Secretary-Treasurer

APPROVED: October 15, 1990  
  
\_\_\_\_\_  
Chairman

## Recap--Rental Policies

On Tuesday, August 28, President Meyerhoeffer and Mike Glenn suggested the following rental procedures for CSI campus. This will be done with the anticipation of occupancy of Wings I and II of the Southern Idaho Development Center as well as the Quality Assurance Laboratory.

1. Regular CSI policy concerning food will prevail in the SIDC. There will not be any food served in the SIDC until after Wing II is built and possible use of the lobby is so reviewed.
2. University of Idaho, ISU, LCSC, Region IV, and Quality Assurance Lab can use the library services the same as any other CSI employee. Incubator tenants are encouraged to purchase a \$10 community card.
3. A minimum towel fees will be charged to University of Idaho, ISU, LCSC, Region IV, and Quality Assurance Lab for using the gymnasium and its facilities. This fee is consistent with that of other CSI employees.
4. CSI Fine Arts productions, museum activities, etc.: Region IV, University of Idaho, ISU, LCSC and Quality Assurance will be treated as regular CSI employees.
5. Any renter can schedule food service with Marriott the same as any other division of CSI.
6. Utilization of CSI rooms and facilities: Region IV, University of Idaho, ISU, LCSC, and Quality Assurance renters will all be able to schedule the use of CSI facilities in the same manner and process that is currently being followed by any othe CSI entity.
7. The College of Southern Idaho will provide normal custodial services and utilities to Region IV, University of Idaho, ISU, LCSC and incubator clients.
8. The print shop services will be available to all renters at a cost of materials plus labor fee.
9. CSI credit class--the University of Idaho, ISU, LCSC, and Region IV will all be treated as CSI faculty and staff when taking CSI credit classes.
10. Incubator clients, Region IV, University of Idaho, ISU, and LCSC will receive postal services similar to that of other divisions at CSI.
11. Region IV, University of Idaho, LCSC, ISU, and the Quality Assurance Lab will be able to attend athletic events in the same manner as CSI faculty and staff.

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## SECTION I

### THE COLLEGE OF SOUTHERN IDAHO DRUG FREE CAMPUS STATEMENT

#### General Statement:

The purpose of this policy, and the programs listed, is to work toward the prevention of substance abuse in the college community. Goals are to (1) present factual and accurate information regarding drug and alcohol use, misuse, and abuse; (2) offer alternative behaviors; (3) maintain a drug free workplace; and (4) provide leadership in the dissemination of information. Through efforts in this area, the college wishes to encourage the creation of an educational environment for its students conducive to making conscientious and healthful decisions when they are faced with the difficult choices associated with the use of legal and illegal drugs and alcohol and to provide a better working environment for members of the college community, students, faculty, and staff. It is the intention of the college to make drug and alcohol awareness and education an important part of the social and academic aspects of campus life.

#### Standard of Conduct:

It is the philosophy of the College of Southern Idaho that the use, possession, manufacture, or distribution of alcohol and/or illicit drugs or to be under the influence of such by the faculty, staff, or student population, on the campus grounds or at any activity sponsored by the college is not conducive to the learning process and is therefore prohibited. Anyone not adhering to this regulation will be subject to sanctions as described in sections two (2) and/or five (5) of this document.

*unlawful*

## SECTION II

### DESCRIPTION OF LEGAL SANCTIONS RE: UNLAWFUL POSSESSION, USE OR DISTRIBUTION OF DRUGS OR ALCOHOL

The College of Southern Idaho located in Twin Falls, Idaho, is covered by numerous local, state and federal statutes which deal with the possession, use, or distribution of drugs or alcohol.

The State law, which is also adopted and enforced locally, has some following examples with regard to alcohol:

Section 23-505 Idaho Code - is our open container law which makes it a misdemeanor to transport an open container of beer or alcohol.

Section 23-612 Idaho Code - States that any person who possesses or consumes beer, wine, or other alcoholic beverage on school property is guilty of a misdemeanor.

Section 23-603 Idaho Code - Provides that any person who sells, gives, or furnishes alcohol to any person under 19 shall be guilty of a misdemeanor. Second offense is a felony.

Section 49-2446 Idaho Code - States that it is a misdemeanor to present fake ID when purchasing alcohol. In addition to the misdemeanor penalties, the drivers license will be suspended for 90 days.

Section 19-1502 Idaho Code - Provides that any person underage who shall possess or use any alcoholic beverage shall be subject to a fine up to \$300, up to 30 days in jail, and suspension of drivers license for up to one year.

Idaho has also adopted the uniform Controlled Substances Act. This law is very comprehensive and may be read in its entirety at Sections 37-2701 through 37-2751. Those 50 sections list and schedule every substance that is controlled and provides specific penalties for possession, use, or distribution of each substance. These laws are extremely tough and provide for harsh fines and prison terms.

Section 37-2732 Idaho Code - Provides that any person who possesses, manufactures, or delivers any of the listed substances is guilty of a felony and subject to a prison term up to life in prison and a \$25,000 fine.

The Uniform Substances Act is far too voluminous to set forth specifically. This law as well as the others enumerated are enforced by local, county, and state law enforcement personnel.

### Federal Trafficking Penalties

APPENDIX A.

CSA	PENALTY		Quantity	DRUG	Quantity	PENALTY	
	2nd Offense	1st Offense				1st Offense	2nd Offense
I and II	Not less than 10 years. Not more than life.  If death or serious injury, not less than life.	Not less than 5 years. Not more than 40 years.	10-99 gm or 100-999 gm mixture	METHAMPHETAMINE	100 gm or more or 1 kg or more mixture	If death or serious injury, not less than 20 years. Not more than life.	If death or serious injury, not less than life.
			100-999 gm mixture	HEROIN	1 kg or more mixture		
			500-4,999 gm mixture	COCAINE	5 kg or more mixture		
	5-49 gm mixture	COCAINE BASE	50 gm or more mixture				
	10-99 gm or 100-999 gm mixture	PCP	100 gm or more or 1 kg or more mixture				
	1-10 gm mixture	LSD	10 gm or more mixture				
Fine of not more than \$4 million individual, \$10 million other than individual.	Fine of not more than \$2 million individual, \$5 million other than individual.	40-399 gm mixture	FENTANYL	400 gm or more mixture	Fine of not more than \$4 million individual, \$10 million other than individual.	Fine of not more than \$8 million individual, \$20 million other than individual.	
		10-99 gm mixture	FENTANYL ANALOGUE	100 gm or more mixture			
	Drug	Quantity	First Offense		Second Offense		
	*Others*	Any	Not more than 20 years. If death or serious injury, not less than 20 years, not more than life. Fine \$1 million individual, \$5 million not individual.		Not more than 30 years. If death or serious injury, life. Fine \$2 million individual, \$10 million not individual.		
III	All	Any	Not more than 5 years. Fine not more than \$250,000 individual, \$1 million not individual.		Not more than 10 years. Fine not more than \$500,000 individual, \$2 million not individual.		
IV	All	Any	Not more than 3 years. Fine not more than \$250,000 individual, \$1 million not individual.		Not more than 6 years. Fine not more than \$500,000 individual, \$2 million not individual.		
V	All	Any	Not more than 1 year. Fine not more than \$100,000 individual, \$250,000 not individual.		Not more than 2 years. Fine not more than \$200,000 individual, \$500,000 not individual.		

\*Law as originally enacted states 100 gm. Congress requested to make technical correction to 1 kg. \*Does not include marijuana, hashish, or hash oil. (See separate chart)

### Federal Trafficking Penalties - Marijuana

As of November 18, 1988

Quantity	Description	First Offense	Second Offense
1,000 kg or more; or 1,000 or more plants	Marijuana Mixture containing detectable quantity*	Not less than 10 years, not more than life. If death or serious injury, not less than 20 years, not more than life. Fine not more than \$4 million individual, \$10 million other than individual.	Not less than 20 years, not more than life. If death or serious injury, not less than life. Fine not more than \$8 million individual, \$20 million other than individual.
100 kg to 1,000 kg; or 100-999 plants	Marijuana Mixture containing detectable quantity*	Not less than 5 years, not more than 40 years. If death or serious injury, not less than 20 years, not more than life. Fine not more than \$2 million individual, \$5 million other than individual.	Not less than 10 years, not more than life. If death or serious injury, not less than life. Fine not more than \$4 million individual, \$10 million other than individual.
50 to 100 kg	Marijuana	Not more than 20 years. If death or serious injury, not less than 20 years, not more than life. Fine \$1 million individual, \$5 million other than individual.	Not more than 30 years. If death or serious injury, life. Fine \$2 million individual, \$10 million other than individual.
10 to 100 kg	Hashish		
1 to 100 kg	Hashish Oil		
50-99 plants	Marijuana		
Less than 50 kg	Marijuana	Not more than 5 years. Fine not more than \$250,000, \$1 million other than individual.	Not more than 10 years. Fine \$500,000 individual, \$2 million other than individual*
Less than 10 kg	Hashish		
Less than 1 kg	Hashish Oil		

\*Includes Hashish and Hashish Oil

(Marijuana is a Schedule I Controlled Substance)

**Federal Penalties and Sanctions for Illegal Possession of a Controlled Substance**

**21 U.S.C. 844(a)**

1st conviction: Up to 1 year imprisonment and fined at least \$1,000 but not more than \$100,000, or both.

After 1 prior drug conviction: At least 15 days in prison, not to exceed 2 years and fined at least \$2,500 but not more than \$250,000, or both.

After 2 or more prior drug convictions: At least 90 days in prison, not to exceed 3 years and fined at least \$5,000 but not more than \$250,000, or both.

Special sentencing provisions for possession of crack cocaine: Mandatory at least 5 years in prison, not to exceed 20 years and fined up to \$250,000, or both, if:

(a) 1st conviction and the amount of crack possessed exceeds 5 grams.

(b) 2nd crack conviction and the amount of crack possessed exceeds 3 grams.

(c) 3rd or subsequent crack conviction 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. (See special sentencing provisions re: crack)

**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. 844a**

Civil fine of up to \$10,000 (pending adoption of final regulations).

**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.

Note: These are only Federal penalties and sanctions. Additional State penalties and sanctions may apply.

**Appendix B**

Note: This appendix will not be codified in the Code of Federal Regulations.

This appendix contains a description of health risks associated with

substances covered by the Controlled Substances Act (21 U.S.C. 811), and is taken from a Department of Justice publication entitled *Drugs of Abuse* (1989 Edition). The appendix also includes a summary of health risks associated with alcohol, as described in *What Works: Schools Without Drugs* (1989 Edition), a Department of Education publication.

Persons interested in acquiring the publications or in obtaining subsequent editions in the future should contact the Superintendent of Documents, Washington, DC 20402, for *Drugs of Abuse*; and *Schools Without Drugs*, Pueblo, CO 81009, for *What Works: Schools Without Drugs*.

The Department of Education is providing this information as an example of the minimum level of information that IHEs may provide to their students and employees in order to comply with the requirement in § 86.100(a)(3) of these regulations relating to the distribution of the health risks associated with the use of illicit drugs and the abuse of alcohol. The Secretary considers this information as meeting the requirements of the regulations, but IHEs are not precluded from distributing additional or more detailed information. If an IHE distributes this information in future years, it should use the most current editions of *Drugs of Abuse* and *Schools Without Drugs* that are available.

BILLING CODE 4000-01-M



**SECTION III**  
**HEALTH RISK**  
**FROM ALCOHOL AND DRUG ABUSE**

Alcohol

Definitions: One drink = 1 1/2 oz. of 80 proof whisky  
5 to 6 oz. of wine  
10 - 12 oz. of beer

Abuse = 3 or more drinks per session  
three or more times per week

Ethyl alcohol is the substance in beer, wine, and whiskey which produces intoxication, and is considered to be in the same chemical class as tranquilizers and barbiturates. Alcohol is a depressant that acts on the central nervous system like an anesthetic, and is an irritant to all tissue it comes in contact with. The continued abuse of drinking alcohol over an extended period of time will greatly affect the health of the individual. Much of the physical damage will be irreversible and will occur before pain and discomfort will warn the individual that something is wrong. The following list of effects from drinking alcohol is by no means conclusive, but does include the most common physical ailments an individual can expect to experience.

Effects of Moderate Drinking:

- \*Flushing
- \*Dizziness
- \*Impairment of  
Reflexes  
Coordination  
Memory  
Judgement

Effects of Larger Quantities:

- \*Staggering
- \*Slurred Speech
- \*Double Vision
- \*Dulling of Senses
- \*Sudden Mood Changes
- \*Unconsciousness
- \*Dulling of Sense

Effects of Abusive Drinking Over a Long Period of Time:

- \*Atrophy of frontal lobe of the brain causing cognitive sickness.
- \*Permanent damage to nervous system.
- \*Cirrhosis of the liver.
- \*Cancer.
- \*Weakening of muscles and bone marrow.
- \*Lowered resistance to all types of infectious diseases.
- \*Heart disease.
- \*Irritates gastrointestinal system.
- \*Can cause gastritis, ulcers, and pancreatitis.
- \*Atrophy of the testicles in men and external genitalia in women.
- \*Prevents normal development of fetus.
- \*High blood pressure.
- \*Premature aging.
- \*Death.

## ALCOHOL DEPENDENCY SELF TEST

### Early Stages of Alcohol Dependency

1. Do you frequently drink alcohol to help you relax or get high?
2. Do you frequently drink more alcohol than you initially intended?
3. Are you drinking alcohol more often and in larger quantities than in previous months or years?
4. Does it take more drinks to get the same pleasant feelings than in the past months or years?
5. Has your family, friends, or employer expressed concern to you about your drinking?
6. Do you downplay your drinking or deny that you have a drinking problem when talking to others?
7. Do you ever say to others, "I can quit anytime I want to?"
8. Do you stop drinking for a period of time to prove you are right?
9. Have you been told by friends or family that you act bizarre and exhibit anti-social behavior when you are drinking?
10. Do you continue to drink even though you know you are hurting your friends and family?
11. Do you continue to drink even though you know it is harming your health?
12. Do you ever blame other people, your employer, or other problems in your life for your drinking behavior?

### Late Stages of Alcohol Dependency

1. Do you hide alcohol at home or work?
2. Have you had trouble with the law or been involved in an automobile accident as a result of drinking?
3. Has your doctor advised you to quit drinking?
4. Do you frequently drink in the morning?
5. Have you lost time at work or lost a job because of your drinking?
6. Do you experience withdrawal symptoms (trembling, confusion, convulsions, delirium, hallucinations, etc.) when you quit drinking?
7. Has your spouse or lover threatened to leave you if you don't stop drinking?
8. Have you been told that you are withdrawn or appear depressed?

**IF YOU ANSWERED YES TO THREE OR MORE QUESTIONS, IT IS VERY LIKELY YOU HAVE AN ALCOHOL DEPENDENCY PROBLEM.**

## DRUGS

A drug is a chemical substance that effects both the body and mind. This document will examine only those drugs that are most commonly abused because of their psychoactive capabilities. These drugs differ from others because of their potential for physical harm to the user. It is particularly important that we know the basic facts about the drugs of abuse so that we can understand the possible tragic effects of drug misuse on both mind and body.

### Wide Range of Effects

The effect of any drug is related to:

- \*The expectations of the user.
- \*The setting in which the use takes place.
- \*The amount of drug taken.
- \*How often it is taken.
- \*The way it is taken.
- \*The user's personality.
- \*The body weight of the user.

Drugs can have vastly different effects upon different people because drugs can release or distort individual personality traits that are ordinarily controlled. One person may become angry; another happy; others disoriented, frightened, confused, or depressed. Even the same person taking the same dose of a drug on a subsequent occasion may have an entirely different reaction. The user reacts to the setting in which the drug is taken, to the people around him or her, and to their mood. As these factors change, they may alter the drug's effects.

## SEDATIVE-HYPNOTICS

Sedative-hypnotics depress or slow down the body's functions. When taken in small doses they can be beneficial for the relief of anxiety, irritability, and tension, and for promoting sleep in people who suffer from insomnia. Sedative-hypnotics are referred to as tranquilizers, sleeping pills, or sedatives.

### COMMON SEDATIVE-HYPNOTICS

#### Barbiturates

secobarbital (Seconal)  
pentobarbital (Nembutal)

#### Benzodiazepines

diazepam (Valium)  
chlordiazepoxide (Librium)  
chlorazepate (Tranxene)

#### Others

methaqualone (Quaalude)  
ethchlorvynol (Placidyl)  
chloral hydrate (Noctec)  
meproamate (Miltown)

## **EFFECTS**

Sedative-hypnotics produce symptoms similar to alcohol intoxication with no detection of alcohol odor on the breath. Small amounts produce calmness and relax muscles. Higher doses may produce a temporary sense of well-being; they may also produce mood depression and apathy. Users often exhibit impaired judgment, slurred speech, and loss of motor coordination. Larger doses can cause unconsciousness and death.

## **DEPENDENCE AND TOLERANCE**

Regular use over a long period of time may result in tolerance, which means people have to take larger and larger doses to get the same effects. The person who is unaware of the dangers of increasing dependence will often increase the daily dose up to ten or twenty times the recommended level. Abrupt cessation or reduction of high-dose sedative-hypnotics intake may result in physical withdrawal symptoms ranging from restlessness, insomnia and anxiety, to convulsions and death.

## **ALCOHOL AND SEDATIVE-HYPNOTICS IN COMBINATION**

The use of sedative-hypnotics in conjunction with alcohol is extremely dangerous. The use of these drugs with alcohol or other drugs that slow down the body enhances their effects and produces unpredictable or bizarre responses. This combination may produce a state of drowsiness, stupor, depression, possible coma and death.

## **OVERDOSE SYMPTOMS**

The symptoms of severe sedative-hypnotics poisoning are coma, a cold clammy skin, a weak and rapid pulse, and a slow or rapid but shallow respiration. Death will follow if the reduced respiration and low blood pressure are not counteracted by proper medical treatment.

## **DRUG TAKING DURING PREGNANCY**

Mothers who abuse sedative-hypnotic drugs during pregnancy may put their babies at risk of being born physically dependent on the drugs. These babies may show withdrawal symptoms shortly after birth. Sedative abuse may also cause birth defects and behavioral problems in babies born to these women.

*Nearly one-third of all reported drug-related deaths (suicides and accidental drug poisonings) are related to Barbiturate overdose. Barbiturate withdrawal can be more serious than heroin withdrawal.*

## CANNABIS

Cannabis is plant with the botanical name of Cannabis sativa. The active psychoactive ingredient, delta-9-tetrahydrocannabinol, or THC, is obtained from the amber colored resin of the flowering tops and leaves of the plant. It is the THC content which determines the potency of the plant. The THC content is controlled by plant strain, climate, soil conditions, and harvesting.

### FORMS

#### Marijuana

Marijuana consists of the dried particles of flowering tops and leaves of the Cannabis plant. It is usually rolled into cigarettes (joints) or is smoked in a pipe.

#### Hashish

Hashish may be green, light or dark brown, or black in color. It is made by taking the resin from the leaves and flowering tops of the marijuana plant, which are collected, dried and then compressed into a variety of shapes. Hashish is generally more potent than marijuana, and may contain five to ten times as much THC. Hashish is usually smoked in a special pipe.

#### Hashish Oil

Hashish oil is produced by a process of repeated extraction of cannabis plant materials to yield a dark viscous liquid, containing up to 50 percent THC. A few drops of hashish oil is usually added to marijuana cigarettes or is smoked in a special pipe.

### EFFECTS

Most users experience an increase in heart and pulse rate, reddening of the eyes, and dryness in the mouth. Feelings of euphoria, relaxation, altered sense of identity, reduced short-term memory, slowed reflexes, and an altered sense of time are reported by most users. The effects are felt within minutes and may linger for two or three hours.

### ADVERSE EFFECTS

Tests have shown that marijuana can be harmful to the lungs because users often inhale the unfiltered smoke deeply and hold it in their lungs as long as possible. Marijuana smoke contains some of the same harmful ingredients as tobacco that cause cancer and emphysema. Tolerance and psychological dependence can occur.

## COCAINE

Cocaine is a stimulant which provides users with a feeling of exhilaration and well-being similar to the effects of amphetamines. The substance is extracted from the leaves of the South American coca plant (*Erythroxylon Coca*), and has been used for centuries for refreshment, relief of fatigue, and to fight off the pain of hunger by peasant laborers. In recent times it has enjoyed a history of fame because of its use by the "jet set" and the belief that it was relatively harmless. We now know that cocaine is a very dangerous, dependency producing drug.

### DIFFERENT FORMS OF THE DRUG

#### Cocaine Hydrochlorine

Cocaine Hydrochlorine most often appears as a crystalline white powder, although it often contains larger pieces called "rocks." Powdered cocaine is usually sniffed or "snorted" into the nose. Some cocaine users inject the drug into a muscle or vein with a syringe.

#### Crack

Crack is made by chemically converting powdered cocaine to a purified, altered substance more suitable for smoking. Crack appears on the street as small lumps or shavings with a porcelain texture. Smoking crack produces a shorter and more intense high because smoking allows high doses of cocaine to reach the brain almost instantly.

### EFFECTS

Within minutes cocaine will produce a feeling of self-confidence, loss of stress and appetite, euphoria, and talkativeness. The drug dilates the pupils and causes a narrowing of blood vessels, increases blood pressure, heart rate, breathing, and body temperature. Cocaine can cause chest pain, heart attack or heart failure, and cause disturbances of the brain's electrical signals or brain seizures. Cocaine, even in small amounts can cause coma and death.

### HEAVY USE

Cocaine psychosis, characterized by hallucinations and paranoid fears, can occur with heavy use of the drug. Other psychological problems such as impaired thinking, depression, short tempers, panic attacks, and partial or total break with reality have occurred.

***Cocaine is a highly addictive drug (many drug experts believe it is more addictive than heroin). Some people can become addicted to cocaine after using the drug only a few times. Smoking crack greatly increases this risk.***

## OPIATES

Opiates are drugs that relieve pain and induce sleep. The opiates are referred to as narcotics, which include opium and its active components, morphine and codeine. Narcotics also include heroin, which is a potent chemical derivative of morphine. Other synthetic chemicals such as methadone, which has a morphine-like action, is considered part of the narcotic family.

### HEROIN

Heroin accounts for about 90% of the narcotic addiction problem in this country. Pure heroin appears as a white powder with a bitter taste. Most street heroin may vary in color from white to dark brown because of impurities in manufacturing or the presence of additives. Heroin is usually dissolved in water and then injected.

### EFFECTS

Opiates such as heroin produce relaxation, pinpoint pupils and reduced vision, together with drowsiness, apathy, decreased physical activity, nausea, and constipation. When the drugs are injected, the user feels an immediate "rush." These effects will usually last from 2 to 4 hours. The euphoria generally decreases as physical dependence develops.

### DANGERS

Physical dangers depend on the drug used, its source, and the way it is used. An overdose can result in death when someone unknowingly takes too much of a narcotic. Most of the dangers are caused by unsterile needles (AIDS, hepatitis, liver disease, tetanus), drug contamination, or combining the drug with other substances. Death can occur from overdose.

### DEPENDENCY

Opiates (especially heroin) are very dangerous, highly addictive drugs. Heroin withdrawal symptoms include fever, nausea, vomiting, convulsions, and diarrhea lasting from 36 to 72 hours. Once physical withdrawal ends, a very difficult psychological craving period begins. Methadone is often used in the treatment of heroin addicts. When used in prescribed doses, it can help relieve the physical craving for heroin and prevent withdrawal symptoms. Although methadone is also addictive, when used in a supervised maintenance program it can allow a heroin addict to lead a relatively normal life.

## STIMULANTS

Stimulants are drugs which stimulate the central nervous system, reaction producing an increase in alertness and physical activity. The most widely known and used stimulants are nicotine in tobacco, and caffeine which is found in coffee, tea, cola, and other beverages. There are more powerful stimulants that because of their potential for dependence are available only through prescription or illicit manufacture.

### COMMONLY ABUSED STIMULANTS

- \*Amphetamine
- \*Dextroamphetamine
- \*Methamphetamine

### EFFECTS

Amphetamines result in a temporary sense of exhilaration, superabundant energy, hyperactivity, sleeplessness and loss of appetite. The user may also experience dry mouth, sweating, dizziness, blurred vision, headache, irritability, anxiety, and apprehension. Large doses can make the user feel excited and talkative, as well as a false sense of self-confidence and power. Very large doses can cause rapid or irregular heartbeat, tremors, loss of coordination, and possible physical collapse.

### DEPENDENCE AND TOLERANCE

People who occasionally take small amounts of amphetamines orally to fight fatigue or to get high usually don't experience any problems. However, many people who take low doses over a sustained period of time report psychological dependence or the feeling that they need to use the drug to get by. These people often keep on taking the drug to avoid the "down" mood they experience when the drug's effects wear off. Heavy use can result in high tolerance to the drug as well as physical and psychological dependence.

### CAUTION:

*Amphetamines should not be taken by people who have a history of heart disease, hypertension, hypothyroidism, glaucoma, or are allergic.*

### THE UP/DOWN CYCLE

Some people who take amphetamines try to combat the insomnia resulting from extended periods of drug taking by taking sleeping pills or alcohol. Users will take amphetamines in the morning and sleeping pills or alcohol at night continuing the up/down cycle. The up/down cycle interferes with normal body processes and can lead to mental and physical illness.

### TOXIC EFFECTS

Amphetamines, even in small infrequent doses can cause circulatory and cardiac disturbances, convulsions and coma. Heavy frequent doses can cause what is known as amphetamine psychosis. People in this state experience paranoia, hallucinations and delusions, and sometimes exhibit bizarre, violent behavior.



## **LONG-TERM USE**

Long-term heavy use of amphetamines can lead to skin disorders, malnutrition, ulcers, and various diseases resulting from vitamin deficiencies. Continued heavy use of the drug can produce brain damage, resulting in speech and thought disturbances. In addition, users who inject amphetamines intravenously can contract serious and life-threatening infections from use of non-sterile equipment and solutions.

## **"LOOK-ALIKE" STIMULANTS**

"Look-alike" drugs were developed in the 1970s to mimic the effects of stimulants. They used to be widely available through mail order houses. The drugs were manufactured to look like real stimulants in some cases, and contained legal over-the-counter ingredients such as caffeine, ephedrine, and phenylpropanolamine. These drugs can have the same adverse effects as amphetamines when taken in large amounts. In recent years, sales of these drugs have been restricted or banned altogether.

## HALLUCINOGENS

Hallucinogens (psychedelics) are substances capable of distorting perceptions, sensations, self-awareness and emotions. Hallucinogens occur in both natural and synthetic form. The effects of hallucinogens vary depending on dose, quality of the drug, the personality of the user, and the conditions under which the drug is taken. The same person may have different reactions on different occasions.

### COMMONLY ABUSED HALLUCINOGENS

#### Synthetic Forms

##### **LSD**

LSD is synthesized from a substance obtained from ergot, a fungus that grows on rye and other grains. The drug is a clear, odorless, tasteless substance appearing on the street in the form of tablets, thin squares of gelatin, or impregnated paper.

##### **DMT, MDA, STP, MDMA, and other "Designer" Drugs**

Some of the newer synthetic drugs on the streets today are referred to as "Designer" drugs. One of the more popular drugs, Ecstasy, has received a lot of attention lately. The drug is reported to produce a feeling of well-being, warmth, and confidence. Little is known about the long-term effects of this drug so its safety is doubtful.

#### Natural Forms

##### **Mescaline**

The primary active ingredient of the peyote cactus is the hallucinogen mescaline. It comes from the fleshy parts or buttons of the peyote plant which are dried and either eaten or taken in liquid form. The effects are similar to LSD, but are of a milder nature. Adverse side effects include tremors, nausea and vomiting.

##### **Psilocybin**

This hallucinogen is derived from the psilocybin mushroom (often called the "magic mushroom"). Its effects are similar to mescaline and LSD, but last only a few hours.

### EFFECTS

Hallucinogens cause changes in time and space perception, delusions, hallucinations, and alter mood. Users may feel several different emotions at once or swing rapidly from one emotion to another. Under the influence of hallucinogens, pupils dilate, and body temperature and blood pressure rise. Users also experience sweating, loss of appetite, sleeplessness, dry mouth and tremors. Unpredictable flashback episodes can occur days or months after the last dose.

### LOSS OF CONTROL

Hallucinogens (especially LSD) can cause a user to experience a bad psychological reaction to the drug. The drugs can cause a user to experience panic, confusion,

anxiety, and feelings of helplessness and loss of control. Users may speak of seeing sounds and hearing colors. All of these changes can be frightening, thus causing panic. Hallucinogens may also impair judgment, leading to rash decisions and accidents. People who are under the influence of a hallucinogen should be watched closely, reassured, and upset as little as possible.

#### HEAVY USE

Heavy users of LSD sometimes develop signs of organic brain damage, such as impaired memory and attention span, mental confusion, and difficulty with abstract thinking. These changes in mental functions are not present in all cases.

#### DEPENDENCE

Hallucinogens apparently have no dependency producing qualities.

\*\*\*\*\*  
*\* Hallucinogens are unpredictable in their effects each time they are used.\**  
\*\*\*\*\*

### INHALANTS

Inhalants are a group of diverse breathable substances that produce psychoactive effects when the vapors are sniffed. Since inhalants are legal compounds sold for legitimate purposes, most people do not normally think of them as drugs. Almost anything in an aerosol can is a likely possibility for abuse.

#### DIFFERENT FORMS OF INHALANTS

##### Aerosols

spray paints  
vegetable oil spray  
hair spray

##### Anesthetics

nitrous oxide  
halothane

##### Solvents

model airplane glue  
nail polish remover  
lighter fluids  
cleaning fluids  
gasoline

##### Others

##### **Amyl Nitrite**

Amyl Nitrite was originally produced to aid heart patients who suffer from angina. the substance is a clear, yellowish liquid sold in a cloth covered sealed capsule. When broken, the capsule makes a snapping sound, thus the nickname "poppers" or "snappers." Amyl Nitrite causes a drop in blood pressure, increases heart rate, and dilates the blood vessels producing a flushing sensation as well as lightheadedness.

##### **Butyl Nitrite**

Butyl Nitrite is packaged in small bottles and marketed as "room deodorizers" or "liquid incense." Sold under names such as "Locker Room," "Rush," etc., the substance produces a high from the inhalation of the vapors which may last a few seconds to several minutes. The drug has been widely used by members of the "gay" community to postpone orgasm.

## **EFFECTS**

Almost all inhalants slow down the body's functions producing a slight euphoria and flushing. At low doses, users may feel stimulated; at higher doses, users may feel less inhibited and less in control. The user usually remains high for a short period of time, but the high can last for several hours if the substance is used repeatedly.

## **ADVERSE EFFECTS**

Initially, most users experience nausea, sneezing, coughing, nosebleeds, tiredness, lack of coordination, and a loss of appetite. High doses can produce loss of self-control, violent behavior, unconsciousness, or death.

## **LONG-TERM USE**

Long-term use of some inhalants can cause damage to the liver, kidneys, blood, bone marrow and nervous system. In addition, long-term use can cause physical dysfunctions such as muscle fatigue, drastic weight loss, impairment of vision and memory, and salt imbalance.

## **TOLERANCE AND DEPENDENCE**

Tolerance and psychological dependence can occur.

*High doses of inhalants can cause death from suffocation.*

## SECTION IV

### TREATMENT SERVICES AVAILABLE

The College of Southern Idaho's philosophy pertaining to the use and abuse of alcohol and drugs is in agreement with the disease concept and does not adhere to the common belief that alcoholism is the result of a flawed moral character. However, like many serious illnesses, a disease left untreated will greatly interfere with the individual's performance. As a result, it is expected that any individual identifying the symptoms of the disease of alcoholism or drug addiction within themselves will seek treatment prior to administrative intervention.

The Magic Valley is fortunate to have an abundance of programs available in which an individual can anonymously seek and receive treatment. The following is an outline of treatment programs within the Magic Valley, and their services offered.

#### MAGIC VALLEY TREATMENT PROGRAMS

**NAME:** Alcohol and Drug Awareness Program (ADAP)  
**LOCATION:** College of Southern Idaho  
**CONTACT:** Counseling Center, CSI, (208) 733-9554, ext. 255  
**SERVICE:** Educational Material - literature, videos, lectures.  
Counseling and Referral - The ADAP program is not a treatment program but does offer counseling to assist individuals in the evaluation process pertaining to disease severity and the referral to appropriate treatment program.  
Support in recovery - ADAP does offer counseling and support groups for individuals working recovery programs.  
**COST** - No cost.

**NAME:** Fellowship Hall  
**LOCATION:** 801 Second Avenue North, Twin Falls, ID 83301  
**CONTACT:** (208) 736-0918  
**SERVICES:** Will have information on most 12-step support groups within the Magic Valley, such as:  
\*Alcoholics Anonymous (AA)  
\*Al-Anon  
\*Narcotics Anonymous (NA)  
\*Adult Children Anonymous (ACA)  
\*Adult Children of Alcoholic (ADOA)  
\*Co-Dependency Anonymous (CODA)  
\*Emotions Anonymous (EA)  
\*Sex Anonymous (SA)  
\*Overeaters Anonymous (OA)  
**COST** - \*12 Step support groups - donations only.  
\*Fellowship Hall - First 30 days free, then \$7.50 per month.

**NAME:** Alcoholics Anonymous  
**LOCATION:** 801 Second Avenue North, Twin Falls, ID 83301 (Fellowship Hall)  
**CONTACT:** (208) 733-8300  
**SERVICES:** 12 Step Program  
**COST:** Donations only.

MAGIC VALLEY TREATMENT PROGRAMS  
Continued

NAME: Port of Hope  
LOCATION: 425 Second Avenue North, Twin Falls, ID 83301  
CONTACT: (208) 734-5180  
SERVICES: Note: The Port of Hope is a state supported facility with a fee structure based on an individual's income. Fees will range from 100% down to 10%. The cost figures given indicate the full amount. The following services falling under this fee structure will have the words (sliding scale) after the cost figure.

Adult Inpatient Treatment:  
30 day program COST - \$2250 (sliding scale)

Adult Outpatient Treatment:  
Evenings only - One individual and one group session per week for up to one year.  
Individual Session - \$45 (sliding scale)  
Group Session - \$20 (sliding scale)

Adult Couples Outpatient Treatment:  
Evenings only - One individual and one group session per week up to one year.  
Group Session - \$20 per session (sliding scale)  
Individual Session - \$45 per session (sliding scale)

Adolescence Inpatient Treatment: (ages 13 - 17)  
60 days - COST - \$4500 (sliding scale)

Adolescence Outpatient Treatment:  
One individual and one group session per week for indefinite period of time - COST - Individual session \$45 (sliding scale)  
Note: If parents are not involved in the treatment process, then the service is free.

Kids Who Care Program (ages 4 to 18)  
This program is for children living within any form of dysfunctional family system. One group meeting each week for 8 weeks. COST - Free

Individual Assessment and Evaluation for Chemical Dependency  
2 hours in length  
COST - Adults - \$45 (sliding scale)/Adolescence - Free

Outreach Centers  
Burley (208) 678-4760 Hailey (208) 788-2808  
Each outpatient center provides:  
\*Assessments and evaluation for chemical dependency - COST \$45 (sliding scale)  
\*Individual outpatient program - COST - \$20 per session (sliding scale)  
\*Group outpatient program - COST - \$20 per session (sliding scale)

**MAGIC VALLEY TREATMENT PROGRAMS**  
**Continued**

**NAME:** Canyon View Hospital  
**LOCATION:** 288 Shoup Avenue West, Twin Falls, ID 83301  
**PHONE:** (208) 734-6760  
**SERVICES:** \*28 day Inpatient Treatment Program  
includes 4-day family program - COST - \$7200

Outpatient Treatment Program  
\*includes 10 individual and group sessions over a 3-month period  
COST - \$45 per hour

Interventions - COST - No cost

Detoxification Program  
\*3 to 5 days depending on individual  
COST - approximately \$1000

Inpatient Relapse Therapy Program  
7 to 14 days - COST - approximately \$2500

Dual Diagnosis  
Assessment and treatment of individuals suffering from both emotional disorders and chemical dependency.  
COST - Varies

Codependency Groups  
Meets one night each week for indefinite period of time  
COST - \$10 per session

**NAME:** Walker Center  
**LOCATION:** 1120 Montana Street, Gooding, ID 83330  
**PHONE:** (208) 934-8461 or 1 800-227-4190 (in Idaho)  
**SERVICES:** Inpatient treatment - 28 days in length  
COST - \$8600 (includes up to 2 years of aftercare)

Outpatient treatment  
Housed in Twin Falls Office at 219 Shoshone Street North  
(208) 734-4200  
Treatment consists of group and individual therapy 4 nights per week for 8 weeks  
COST - \$2500 (Cost includes up to 1 year of aftercare)

Family Program  
3 days of lectures, films, and group therapy.  
COST - \$300 for family of 5 or less members; \$500 for family of 6 or more members.

ROPES Course  
1 day of experiential therapy on the weekend; therapy is actual participation on their rope course - COST \$100 for Aftercare Groups - minimum of \$200 for outside groups depending on size

**MAGIC VALLEY TREATMENT PROGRAMS**  
**Continued**

**NAME:** Walker Center - Continued

**YURTS RETREAT PROGRAM**

Friday evening to Sunday noon (or as scheduled) location is in South Hills and topic will be according to group preference but on various addictive issues. COST - \$125 per person.

**Interventions**

Free if it results in treatment; if not, then \$200 fee.

**Assessments and evaluations**

COST - Free

**Aftercare**

Group therapy one night per week for 1 to 2 years

COST - included in fee for inpatient and outpatient treatment

**NAME:** Life Center

**LOCATION:** Elkhorn at Sun Valley, ID 83354

**PHONE:** (208) 622-5433 or 1-800-624-7890

**SERVICES:** Inpatient treatment

28 days in length - COST - \$8500

**Outpatient treatment**

4 to 5 hours per day/5 days per week for 4 weeks

COST - varies dependent on individual's program

**Aftercare**

2 hours group session 1 night per week for 16 weeks

Individual sessions as needed

COST - \$400

**Interventions**

COST - Free

**Assessments and Evaluation**

COST - Free



## SECTION V

### SANCTIONS FOR VIOLATION OF THE ALCOHOL AND DRUG FREE CAMPUS POLICY

The College of Southern Idaho encourages faculty and staff members who become aware of persons with substance abuse problems to assist these individuals in seeking help. The college will provide counseling to the extent that current services are available and to the extent that these services can meet individual needs. In the event that these services cannot meet individual needs, referrals will be made to off-campus agencies. Costs for services by off-campus agencies shall not be the responsibility of the college, however, some of these treatment costs are covered by the college health insurance.

The College of Southern Idaho cannot be responsible for the personal lives and decisions of faculty, staff, and students, however, if the use and abuse of alcohol and/or drugs threatens disruption of the learning process appropriate action will be taken. Penalties including, but not limited to warning letters placed in personnel files, substance abuse evaluation, treatment, suspension without pay, and termination for faculty and staff and expulsion for students may be imposed.

If the college identifies an individual whose behavior may be attributed to substance abuse, it may require that individual to undergo an evaluation and pursue subsequent treatment if such is indicated. It is the responsibility of the individual to cooperate in his or her treatment. Discipline up to and including dismissal may occur if there is no noticeable improvement in behavior or if the individual continues to violate alcohol and/or drug policies. Allowance will be made for time off for recovery and for medical and counseling services in accordance with sick leave policies. Strict confidentiality of related records will be maintained in all matters related to referral and treatment.

An employee convicted of a criminal violation occurring in the workplace involving a controlled substance must notify his/her supervisor and the Personnel office within 5 days of the conviction. The Director of Personnel is required to inform the appropriate federal agency of this conviction within 10 days of the employee's notification. Further, the college will, with regard to such an employee:

- (1) Take appropriate disciplinary action, and/or
- (2) require such an employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.

**The College of Southern Idaho is committed to maintaining a drug free workplace.**