

2017-2019

Biennial Review Report:  
Drug and Alcohol  
Abuse Prevention  
Program



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October 7, 2020

To whom it may concern:

The federal Education Department General Administrative Regulations (EDGAR) Part 86 require, as condition of receiving funds or any other form of financial assistance under any federal program, Columbia Gorge Community College (CGCC) must certify that it has adopted and implemented a program "to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees" both on the college's premises and as part of any of its activities, in order to comply with the Drug-Free Schools and Campuses Regulations.

In preparation of such certification, I have verified that CGCC is including all mandatory components as identified in EDGAR Part 86, Subpart B, Sec. 86.100: 1) annually notifying each employee and student, in writing, of standards of conduct; a description of appropriate sanctions for violation of federal, state, and local law and campus policy; a description of health risks associated with alcohol and other drug use; and a description of available treatment programs, 2) has developed a sound method for distributing annual notification information to every student and staff member each year, and 3) has prepared a biennial report on the effectiveness of our Drug and Alcohol Abuse Prevention Program and the consistency of sanction enforcement.

The report of the results of the biennial review are contained within this document. I have reviewed and approve of this report.

Respectfully,

A handwritten signature in black ink, appearing to read "Marta Yera Cronin".

Marta Yera Cronin, Ed.D.  
President

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Dr. Marta Cronin, *President*

400 East Scenic Drive | The Dalles, OR 97058  
541.506.6103 OFFICE LINE | [president@cgcc.edu](mailto:president@cgcc.edu) EMAIL

# Columbia Gorge Community College

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## Drug and Alcohol Abuse Prevention Program Description

Columbia Gorge Community College has implemented a DAAPP to prevent the abuse of alcohol and use or distribution of illicit drugs both by CGCC students and employees, both on its premises and as a part of any of its activities. CGCC is committed to maintaining a drug-free institution to create a safe and healthful campus and work environment and to assist its students and employees who may have problems with drugs or alcohol. In compliance with the Drug Free Schools and Campuses Act, the College provides and distributes to the campus community information covering the following areas:

- Standards of conduct related to drugs and alcohol for students and employees
- Disciplinary and legal sanctions for students and employees in violation of policy
- Description of the health risks associated with illicit drug use and alcohol abuse
- Description of drug and alcohol programs/resources that are available to students and employees

Additionally, CGCC has continued ongoing education efforts to train students and employees on alcohol and other drug abuse issues on college campuses. Our ongoing efforts include the dissemination of brochures and posters throughout our campus locations, that inform on the dangers, health risks, and legal repercussions of drug and alcohol abuse. A copy of several of the brochures have been included with this report, see Appendix A. Student Services staff provide and distribute this information on campus by posting on college bulletin boards and stocking information rack locations.

The College continues to provide education to staff and students through Safe Colleges. Safe Colleges is an online training solution that provides access to drug and alcohol abuse prevention material for both employees and students. Currently these trainings are mandatory for employees and incentivized for students. The software tracks student and employee completion. Information about SafeColleges and the drug and alcohol trainings they provide can be found here, <https://www.safecolleges.com/courses/alcohol-awareness-for-students/> and <https://www.safecolleges.com/courses/drug-awareness-and-abuse/>.

CGCC supports an environment with alcohol-free options by creating and marketing alcohol free events and activities through our Student Life programs. These opportunities include participation in a variety of student clubs, associated student government, honors societies, and guest lecturer/speaker series. The college also actively promotes and disseminates information to students on opportunities to volunteer in our community. By supporting and developing activities for students that provide for an alcohol-free environment, CGCC actively contributes to the milieu for student success.

## Biennial Review Responsible Offices and Officials

The Vice President of Student Services is the administrator responsible for ensuring completion of a biennial review of the DAAP Program and the associated report. The Dean of Students/Title IX Coordinator and the Student Support Services Coordinator also have supporting responsibilities related to the biennial review, the report, and the delivery of program services and components.

While the above positions have the duty for ensuring completion of the biennial review and associated report, the College utilizes existing campus task forces to assist in these efforts. Involving campus departments and employees beyond the responsible positions helps ensure representatives with direct connection to and knowledge of the DAAPP program and its impact on the campus contribute to adequate assessment and appropriate program improvements. This biennial report was supported by the CGCC Leadership Council and Behavioral Assessment Team. Members of these groups include personnel across multiple departments and disciplines, including the President's Office, Instructional Services, Library, Bookstore, Advising, Mental Health Services, Disability Services, Student Life, Admissions, Student Outreach, Institutional Assessment, and Information Technology.

As is included in the future recommendations later in this report, future DAAP Program biennial reviews will work with the Behavioral Assessment Team, who will invite additional representatives as needed or required. By working with this group to assist in the review, there will be greater assurance that staff, faculty, students, and community members are involved in the assessment of our DAAP Program.

Finally, as part of the review process, the administrative staff responsible for the biennial review completed the Part 86 Compliance Checklist that is available in the US Department of Education's Guide for University and College Administrators for Complying with the Drug-Free Schools and Campuses Regulations. A copy of the completed checklist for CGCC is included as Appendix B.

## Biennial Review Purpose Statement

The biennial review of our DAAP Program serves two primary purposes. First, to determine the effectiveness of our program and to make necessary changes. And second, to ensure that violations of student and employee standards of conduct are enforced consistently. This information is contained later within this report.



## Annual Distribution Procedures

Annually, employees and students are made aware of the CGCC Drug and Alcohol Abuse Prevention Program via their individual CGCC email account. This email includes links to the CGCC webpage that outlines the college drug and alcohol policies with additional links to reference documents, resources, prevention information, etc. A copy of the employee email can be found in Appendix C, and a copy of the student email is provided as Appendix D.

Student email distribution is sent annually after the enrollment period for fall term has closed, ensuring that all credit seeking students for the term are captured in the data set. In subsequent terms additional student data sets are pulled after the close of the term registration period and compared with the data set from the prior term, these students are then sent the annual DAAPP distribution email. This ensures that all credit seeking students throughout the year are provided annual notice regarding the CGCC DAAPP. Additionally, information on the DAAPP and related policies are included in the CGCC mandatory online new student orientation, our optional face-to-face new student orientation, and during our welcome week events at both campus locations. Face-to-face new student orientations are provided the week prior to the start of fall, winter, and spring terms.

Employee distribution is provided via CGCC email each Fall. To ensure that this information is also provided to new employees, the Human Resources Office also sends the DAAPP email notification to employees as part of the onboarding for each new hire and provides information at scheduled faculty and staff inservices/trainings. In this manner, CGCC ensures compliance with annual notification for all employees, including those newly hired throughout the year.

## Policies and Guidance

CGCC has developed policy, administrative rules, and handbooks that describe our code of conduct for both employees and students. Together these guidelines direct the campus culture away from the abuse of illicit drugs and the abuse of alcohol.

The College prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances and alcohol by employees, students, and visitors on College premises or as part of any College activity. Areas where the use is prohibited include: student campus activities, classrooms, school parking lots, roadways, leisure activity areas, and all offices or work areas considered college property.

In compliance with federal regulations Columbia Gorge Community College has taken steps to ensure a drug-free workplace. Should an employee be found to be in violation of policy in the workplace, under any criminal drug statute violation, will be subject to disciplinary action.

Employees convicted of any criminal drug statute violation occurring in the workplace must notify the employer no later than five days after the conviction. Those employees that wish to seek help for drug or alcohol related problems are encouraged to coordinate benefits through the Human Resources office or may seek referral assistance through their supervisor. Please reference the Drug-Free Workplace document for more information, see Appendix E.

The College responds to alcohol abuse and illegal drug activity by employees or students on a case-by-case basis. Details of each case are taken into consideration along with the outcome of any legal action against the individual. In addition to any penalties under federal and state law, employees and students found to be in violation of this policy may be subject to disciplinary sanctions consistent with the CGCC Student Handbook/Code of Conduct, <https://www.cgcc.edu/files/student-services/Student-Handbook.pdf>, and provisions of federal, state, and local laws. Sanctions imposed by the College can range from a warning or disciplinary action up to and including termination of employment or expulsion from school. Other potential sanctions may include referral for prosecution and may require participation in approved drug and/or alcohol abuse assistance or rehabilitation program. Additionally, the law requires the College to report to a federal agency any employee convicted of violating a criminal drug statute if the employee is involved in work supported by that federal agency.

#### Reference Documents:

Administrative Rule: PDF AR 070.011.000, see

<https://www.cgcc.edu/sites/cgcc.us/files/board-of-education/Policies/070.011.000%20-%20Drug%20%26%20Alcohol%20Administrative%20Rule%20031115.pdf>.

Board Policy 30.A: Student Conduct, Violations, #13 & #14, see

<https://www.cgcc.edu/policies/30a-student-rights-responsibilities-and-conduct>.

Board Policy 70.B: Employee Code of Conduct, see

<https://www.cgcc.edu/policies/70b-employee-code-conduct>.

#### State of Oregon Sanctions

##### *Alcohol*

**Minor in Possession:** Any attempt to purchase or be in possession of alcohol by a person under 21 years is a class B violation. Penalties set forth in ORS 471.430

(<https://www.oregonlaws.org/ors/471.430>)

For the purposes of the Oregon Driving Under the Influence of Intoxicants statutes, for a person under 21 years of age, any amount of alcohol in the blood constitutes being under the influence of intoxicating liquor (class A misdemeanor).

##### *Marijuana*

Delivery for consideration (selling, dealing, or bartering): Class B felony  
Delivery not for consideration (less than one ounce): Class A misdemeanor  
Delivery not for consideration (less than 5 grams): Violation  
Unlawful possession (less than one ounce): Violation  
Unlawful possession (more than one ounce): Class B felony

### *Controlled Substances*

In Oregon, penalties for possession and distribution are determined by the Controlled Substance Schedule on which the drug appears. Examples from the drug schedules appear below. (note: Most drugs appear on the same federal and state schedule).

Schedule I: Heroin, LSD, Ecstasy, Peyote, Mescaline, Psilocybin

Manufacture or distribution: Class B felony

Unlawful possession: Class A felony

Schedule II: Opium, Cocaine, Methamphetamine, Amphetamine, PCP

Manufacture or Distribution: Class B felony

Unlawful possession: Class C felony

Schedule III: Depressants, Vicodin, Anabolic Steroids, Codeine, Testosterone

Manufacture or distribution: Class C felony

Unlawful possession: Class A misdemeanor

Schedule IV: Valium, Xanax, Phenobarbital

Manufacture or distribution: Class B felony

Unlawful possession: Class C misdemeanor

Schedule V: Other less dangerous prescription drugs/small amounts of some drugs

Manufacture or distribution: Class C misdemeanor

Unlawful possession: Violation

For more information on State Laws and Sanctions, please refer directly to [Oregon ORS 475.752 – 475.935](https://www.oregonlegislature.gov/bills_laws/ors/ors475.html): [https://www.oregonlegislature.gov/bills\\_laws/ors/ors475.html](https://www.oregonlegislature.gov/bills_laws/ors/ors475.html)

### Federal Sanctions

The federal system establishes sanctions for possession and distribution of a controlled substance, based on the schedule of the drug and the amount involved. In addition, the statutory sanctions for possession and distribution are subject to the “Sentencing Guidelines for U.S. Courts.” Imposition of the guidelines may lead to higher offense levels and, thus, stricter penalties than otherwise indicated. Courts must make adjustments in the offense level for victim-related considerations, the defendant’s role in the offense, multiple counts, obstruction, and acceptance of responsibility, Finally, the guidelines establish sentences for each offense based on the defendant’s criminal history. Federal penal sanctions range from manufacture, distribution, or trafficking of large amounts of heroin, cocaine, PCP, methamphetamine, Schedule I and II hallucinogens, marijuana, hashish, or any of their derivatives (30 years to life, regardless of the defendant’s criminal history) to possession of any Schedule III-V drug if the defendant has the lowest level of criminal history (0-4 months).

Further, if serious injury or death results from the crime, minimums of up to 10 years (serious injury) and 20 years (death) plus a fine of up to \$4 million may be added. These penalties may be doubled for defendants with past felony drug convictions. Finally, penal sanctions in the federal system are “real time” with reductions in sentences only for good behavior.

For a more detailed list of offenses and sanctions please visit, <https://www.deadiversion.usdoj.gov/21cfr/21usc/index.html>, Part D: Offenses and Penalties

### Health Risks

Substance abuse may result in a wide array of serious health and behavioral problems. Alcohol and drugs are toxic to the human body. In addition to the problem of toxicity, contaminant poisonings often occur with illegal drug use. HIV infection with intravenous drug use is a prevalent hazard. Acute health problems may include heart attack, stroke, and sudden death, which can occur for first time cocaine users. Long lasting effects caused by drug and alcohol abuse can cause problems such as disruption of normal heart rhythm, high blood pressure, leaks of blood vessels in the brain, bleeding and destruction of brain cells, possible memory loss, infertility, impotency, immune system impairment, kidney failure, cirrhosis of the liver, and pulmonary damage. Drug use during pregnancy may result in fetal damage and birth defects causing hyperactivity, neurological abnormalities, and developmental difficulties.

Additional health risks can include:

Alcohol	toxic psychosis, physical dependence, neurological and liver damage, fetal alcohol syndrome, impaired judgment
Amphetamines and Methamphetamines (Adderall) uppers, speed, crank	loss of appetite, delusions, hallucinations, heart problems, hypertension, irritability, insomnia, toxic psychosis, rebound depression
Barbiturates barbs, bluebirds, blues	severe withdrawal symptoms, possible convulsions, toxic psychosis, depression, physical dependence, impaired judgment
Benzodiazepines (Valium, Xanax, Ativan, Dalmane, Rohypnol) benzos, downers, sleepers, tranqs, roofies	impaired judgment, sedation, panic reaction, seizures, psychological dependence, physical dependence
Cocaine & Cocaine freebase coke	loss of appetite, depression, weight loss, seizure, heart attack, stroke, hypertension, psychosis, chronic cough, nasal passage injury, hallucinations

Codeine	physical dependence, constipation, loss of appetite, lethargy, respiratory depression
Heroin H, junk, smack	physical dependence, constipation, loss of appetite, lethargy, respiratory depression
Inhalants amines, gas, laughing gas, poppers, snappers	psychological dependence, psychotic reactions, confusion, frozen airway, sudden death
LSD Acid	may intensify existing psychosis, panic reactions, can interfere with psychological adjustment and social functioning, insomnia, flashbacks
MDA, MDMA, MOMA ecstasy, xtc	same as LSD, sleeplessness, nausea, confusion, increased blood pressure, sweating, paranoia
Marijuana (THC, cannabis) pot, grass, dope, weed, joints	bronchitis, conjunctivitis, mood swings, paranoia, lethargy, impaired concentration
Mescaline (peyote cactus) mesc, peyote	may intensify existing psychosis, hallucinations at high dose
Methaqualone Ludes	coma, convulsions
Morphine M, morf	physical dependence, constipation, loss of appetite, lethargy
PCP crystal, tea, angel dust	psychotic behavior, violent acts, psychosis, hallucinations at high dose
Psilocybin magic mushrooms, shrooms	may intensify existing psychosis
Steroids roids, juice	cholesterol imbalance, acne, baldness, anger management problems, masculinization of women, breast enlargement in men, premature fusion of long bones preventing attainment of normal height, atrophy of reproductive organs, impotence, reduced fertility, stroke, hypertension, congestive heart failure, liver damage, depression

For more information on the effects of specific substances visit, <https://www.dea.gov/druginfo/factsheets.shtml> and/or <https://www.samhsa.gov/atod>

## Drug and Alcohol Assistance and Resources

### Prevention

In order to prevent drug and alcohol abuse, it is important to stay informed. Click on the links below to learn more about preventing substance abuse and warning signs that you or someone you know may have a problem. If you think you may have a problem, take one of the screenings below and talk to a professional about your concerns. Local and national resources are listed below.

- <https://www.samhsa.gov/prevention>
- <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts> - lists common drugs, health risks and effects and prevention information
- <https://www.recoveryconnection.com/prevent-drug-addiction/>
- <https://www.helpguide.org/articles/addiction/drug-abuse-and-addiction.htm>

### Screening Resources:

- [www.Drugscreening.org](http://www.Drugscreening.org)
- [www.Alcoholscreening.org](http://www.Alcoholscreening.org)

Students needing assistance for drug and alcohol related concerns are encouraged to consult with the Student Support Services Coordinator or other trusted professional about their needs and possible referrals to agencies, counselors or programs in the community or directly contact one of the local or national resources listed below.

An employee may seek referral for assistance directly through the College's Employee Assistance Program (EAP), consulting with a trusted supervisor, department chief, union representative and/or through their medical insurance plans, whichever is applicable according to the employee's status, and/or directly contact the resources listed above. Requests for assistance are encouraged and will not be considered alone as grounds for dismissal. Such requests will not, however, excuse violation of this policy or other conduct related to drug or alcohol abuse.

### Assessing Enforcement and Consistency

The table below documents the number of infractions for both students and employees. The data was provided by the Dean of Students, who oversees student conduct processes on campus; and the Director of Human Resources, who oversees employee conduct processes for the College.

	Student Alcohol Infractions	Student Drug Infractions	Employee Alcohol Infractions	Employee Drug Infractions
2017-2019	0	0	0	0

Due to the fact that there have been no documented instances of student conduct or employee conduct violations related to the Colleges' drug and alcohol policies within the last two years, the particulars of each offense, the mitigating or aggravating circumstances, nor the dispositions could be compared across cases.

CGCC has taken additional measures to ensure consistency in sanctions across cases by updating and ensuring availability of the Student Handbook/Code of Conduct. This document is available on the CGCC website at, <https://www.cgcc.edu/files/student-services/Student-Handbook.pdf> and can be provided in hard copy upon request.

Another effort to support the detection of drug and alcohol violations on our campus was made by an extensive overhaul of the College's Drug and Alcohol Prevention Program website during the last biennial review, which can be viewed at, <https://www.cgcc.edu/about/DAAPP>. Both of these resources are addressed and included in our mandatory new student online orientation.

Also, during the 2016-2017 academic year the College's Student Services Division hired a full-time mental health counselor to provide services to the college community. This position is a licensed mental health professional in the state of Oregon, and contributes to the college's ability to detect alcohol and other drug related issues and provide individuals and the college with support.

The lack of reported instances alone cannot be taken as evidence supporting an absence of alcohol abuse or illicit drug use within our student or employee population. However, without documented instances of violations, the ability to measure consistency in the enforcement of said violations becomes non-applicable.

#### Assessing Policy and Program Effectiveness

To assess the effectiveness of the DAAP Program and related policies, CGCC uses both indirect and direct assessment efforts. Indirect assessment methods included an analysis of behavioral assessment referrals and campus conduct violations for both students and employees. The direct assessment effort was completed through analyzing data collected from the Healthy Minds Study completed in Winter of 2018. We did not elect to convene a student focus group

for this cycle, but may do so again in the future. A copy of the focus group questionnaire has been included in this report as Appendix G.

	Student Alcohol Infractions	Student Drug Infractions	Employee Alcohol Infractions	Employee Drug Infractions	Alcohol/Drug Behavior Assessment Team Referrals
2017-2019	0	0	0	0	0

The above table presents the number of instances of documented alcohol and/or drug related infractions and referrals. While this indirect assessment appears to support the effectiveness of the CGCC DAAP Program as it demonstrates low levels of potential consequences stemming from high levels of use and abuse, there is reason to interpret this data with some caution. Potential reasons for few instances of infractions and referrals could also be an indicator of a lack of knowledge on how to report and/or refer observed instances on campus.

The direct assessment method used in addition to the indirect effort, was the completion of the Healthy Minds Study. The survey summary showed self-reported drug use to be fairly low in most areas. Highest areas of reported use in the last 30 days at the time of the survey were Marijuana (22%) and Alcohol, where 43% reported consuming 4-5 or more drinks in a row once or twice a week, and another 16% reported this same level of use 3-10 times a week, within a the prior two week period.

In addition, as a part of our review efforts, each recommendation from the previous biennial cycle was reviewed and evaluated for completion, continuation, and assessed for continued relevance, and some new goals were identified and added in the sections below.

The student focus group completed during the last biennial review continues to inform our efforts, practices and assessment of the DAAPP program.

The information collected from the focus group highlighted the many opportunities CGCC has to improve our current DAAP Program efforts and activities. Included below are a purposeful sample of some of the questions and responses that provided meaningful feedback in the assessment of the effectiveness of our DAAP Program:

**Question: Are you familiar with the rules are on campus related to the use of drugs/alcohol?**

- Students believed there was a zero tolerance policy, but did not know for sure.
- None of the students were aware of any formal policy or rule.

**Question: Do you know what the consequences are for being caught with drugs/alcohol on campus as a student?**



- *Students made assumptions that you could be expelled but did not know what the policy was.*

**Question: Where would you find the college rules related to Drug and Alcohol use/abuse?**

- *Most students not aware of the existence of the Student Handbook*
- *Most students did not remember seeing the Handbook email*
- *Many students did not use their student email (about 50-50)*

**Question: What would you do if you saw someone on campus who was visibly impaired?**

- *Students were not sure how to identify*
- *Notify a professor*

**Question: What is the BAT team?**

- *Students were able to identify that there were posters in the bathrooms but had not read them*

**Question: How many of you are familiar with the Drug and Alcohol brochures provided by the college?**

- *4 of 9 students were familiar*

**Question: Is everyone here aware of at least one school-sponsored activity they might participate in?**

- *Only student clubs and organizations were mentioned*

**Question: How many can name a volunteer activity available to students?**

- *Only one student was aware of these opportunities*

**Question: Do you feel like alcohol/drug abuse is a problem at CGCC?**

- *Students all said no*
- *One student said most non-college members in her peer group were using drugs, but those attending college were less likely to have a serious drug problem, and either did not use drugs or used marijuana/alcohol recreationally but not to excess*

What we have learned is that although the College is presenting students with information in multiple modalities and meeting the letter of the federal requirements, the spirit of the federal guidelines are to ensure an effective program that aligns with the cultural norms and local student needs. While we have improved efforts to communicate broadly and provide information since this focus group, we know that we still struggle to get the attention of the students and make those communications more memorable, meaningful or impactful.

This data provided by our student focus groups continues to guide the development of the ongoing goals and supporting activities of the DAAPP program.

Ongoing Goals and Supporting Activities

The CGCC DAAP Program has seven ongoing goals to focus our efforts and guide our assessment of program effectiveness. Below are the seven goals:

**Goal 1:** Students and employees are aware of the CGCC DAAP Program, with specific knowledge regarding college codes of conduct, sanctions and repercussions, and health risks associated with alcohol abuse and illicit drug use.

**Supporting Activity:** Annually distribute to all employees and students.

**Supporting Activity:** Include DAAP Program information in the mandatory online new student orientation, the new student day orientation events, and the welcome week activities.

**Supporting Activity:** Continue to update/improve DAAP Program website content.

**Supporting Activity:** Continue to update and distribute Student Handbook.

**Goal 2:** Students and employees are aware of the support resources available, with specific knowledge regarding on-campus resources, community resources, and how to refer concerning situations to appropriate administrators at the college.

**Supporting Activity:** Maintain support resource information material in student access areas, brochure racks, and campus bulletin boards.

**Supporting Activity:** Create and continually update a resource website accessible from the DAAPP webpage and include link in DAAPP communications and documents.

**Goal 3:** Students and employees participate in alcohol abuse and illicit drug use awareness and prevention trainings.

**Supporting Activity:** Mandated SafeColleges online trainings for all employees (Course descriptions for the employee course is available here, <https://www.safecolleges.com/courses/drug-free-workplace/>).

**Supporting Activity:** Incentivized SafeColleges online trainings for students (Course descriptions for the alcohol student course is available here, <https://www.safecolleges.com/courses/alcohol-awareness-for-students/>, and the student drug course is available here, <https://www.safecolleges.com/courses/drug-awareness-and-abuse/>).

**Goal 4:** DAAP Program elements are based upon research supported effectiveness or best practices and informed by data collected through local needs assessments; such data should include analysis of the use of and perceptions of alcohol and illicit drugs.

**Supporting Activity:** Conduct student focus groups. This has been done in the past and will continue as needs or requirements arise.

**Supporting Activity:** Continue to provide full-time employee position for a licensed mental health professional with administrative responsibilities in supporting the DAAP Program.

**Goal 5:** Institutional support for the DAAP Program includes collaboration with community resources, agencies, and external professionals.

**Supporting Activity:** Continue to consult and collaborate with county prevention departments on awareness campaigns, educational events and/or data collection opportunities.

**Goal 6:** Create and promote campus activities, social events, co-curricular activities, and community-based volunteer opportunities that support an alcohol and drug-free environment.

**Supporting Activity:** Continue established annual health and wellness day that promotes healthy activities and disseminates DAAP Program information.

**Supporting Activity:** Continue to plan, promote and clearly advertise student life programming as “drug and alcohol free” events.

**Goal 7:** Model a continuous improvement framework in the management and delivery of the DAAP Program.

**Supporting Activity:** Complete the DAAP Program Biennial Review as required.

### Recommendations for Improving and/or Revising DAAPP Program

The following are seven recommendations for improving and/or revising the CGCC DAAP Program. These recommendations are a result of the entire biennial review that has been presented in this report.

**Recommendation #1:** Strengthen/renew partnerships with local county prevention offices to coordinate education and awareness events and activities. In the future, potentially develop a student and an employee direct assessment survey on the perceptions and use of alcohol and illicit drugs and complete the second assessment of the healthy minds study in 2021-22 as planned.

**Recommendation #2:** Create and distribute a one page informational document to students at OnTrack 1 appointments that includes description of and how to access information on DAAPP, Student Handbook, Safety and Security Report, and Consumer Notifications, and other relevant programs.

**Recommendation #3:** Work to establish an additional information rack inside or near the library now that the Student Life Center is no longer accessible to the general student population.

**Recommendation #4:** Continue to promote Safe Colleges and provide incentives for training completions.

**Recommendation #5:** Creation of a Health and Wellness Club that could further support DAAPP efforts have proved difficult. Will continue to revisit this initiative as opportunity arises.

**Recommendation #6:** Move collaborative efforts of DAAP Program assessment and review to the Behavioral Assessment Team for more consistency.

**Recommendation #7:** Work to maintain and ensure currency of state sanction information, in order to provide most up to date information.

\*\*\*\*\*

*A special thank you to all the staff, students, faculty, and community members who assisted in the assessment, development, and review of the CGCC 2017-2019 Biennial Review and Report.*



# STAYING SOBER

*Recovery is Possible*

*Here are a few more tips for staying sober:*

- **Live in the now.** You can't change what happened in the past or control what will happen in the future. Just do your best right now.
- **Don't test your willpower.** Get rid of all of the alcohol, even the special occasion bottles or those reserved for guests.
- **Embrace change.** Change can be good, especially when you're becoming a better person because of it.
- **Let go of resentment.** This includes resentment of yourself and of anyone else. Forgive.
- **Don't live in fear of relapsing.** Worrying and getting anxious about slipping into bad habits is just as dangerous for your sobriety as actually relapsing. Focus on your strength.

## Relapsing

**Know Your Triggers**  
Relapse can be common for recovering alcoholics due to how the brain has been permanently altered. Don't let this intimidate you, though. If you can understand what leads to a relapse, you can take the necessary steps to avoid or minimize the thing that makes you want to drink. Different people will be triggered to relapse by different things, but there are some common emotions that can lead to a relapse: Fear, frustration, depression, stress or anxiety can lead to a relapse when alcohol has been previously used to deal with those emotions. Being aware of these emotions and learning different ways to cope with them can keep you from using alcohol as a coping mechanism. People can also trigger you to drink, especially people who used to drink with you or encourage your abuse. It may be necessary to remove them from your life if it puts your sobriety at stake. Avoid going to places like bars, clubs or parties where alcohol is served if it will tempt you to drink while you're still trying to recover.

## It Happened...

**But It's Time to Move On**  
Relapsing as a drug or alcohol addict is pretty common, but it is not a lack of willpower or determination on your part! It happened, so now it's time to get back on track. As with any chronic illness like asthma or diabetes, a relapse just means it's time to get back to treatment—whether that's back to seeing your doctor for a different prescription or (more likely) returning to therapy sessions. If you've avoided going to a support group, ask a friend or family member to come with you to hold you accountable. Talk to someone about what you think caused your relapse so you can learn how to resist it better next time.

Whatever you do, please know that relapse doesn't mean failure, it's an opportunity for growth. You may feel like you failed, but you need to forgive yourself. Relapse may be a part of your recovering journey, but it's not a reason to give up on your sobriety.

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## How Hard Can It Be?

If you've ever suffered from a drug or alcohol addiction and are currently clean or even on your way to get clean, congratulations! Cleansing all of the drugs or alcohol from your system and detoxing your body can be an arduous task by itself. Staying sober is a tremendous effort that takes time, determination, and a desire for a better life—otherwise, you'd never commit to getting sober in the first place. On a deeper level, it also requires you to know that addiction is a legitimate, physical disease, so if you slip up, know that you're not alone and that you can have a whole system of support ready for you.

In addition to any sort of medication therapy, your doctor may prescribe to help you stay sober, many treatment centers recommend behavioral or group therapy—usually to help treat the underlying causes of addiction. Most professionals agree that in order to be effective, pharmacological treatments have to be integrated with other forms of addiction rehabilitation like behavioral therapy, individual or group psychotherapy, behavior-modification strategies, twelve-step programs, or residential treatment facilities. Many people turn to alcohol when they're depressed or angry, and without dealing with those deeper psychological issues, medication alone isn't always going to be the most effective way to stay sober.

## What to Do?

### What are My Treatment Options?

Because things like alcohol or drugs directly affect your brain, there's no such thing as "just getting over it" or "willing the addiction away."

If you or your doctor thinks you could benefit from substance-abuse treatment, there are plenty of options for you. The U.S. Department of Health and Human Services has a helpline to get some advice on how to proceed: 1-800-622-HELP (4357).



## What is Addiction?

Addiction is a valid disease, not a lack of self-discipline or resolve. Characterized by compulsive involvement with a rewarding stimulus—like alcohol, drugs, gambling or sex—despite any adverse consequences, addiction is a complex issue that many people deal with. Alcohol is the most commonly abused addictive substance in the United States, with approximately 17.6 million people suffering with alcohol addiction.



## Why does this happen?

Referred to as the nucleus accumbens, the reward center is the portion of the brain in which addiction occurs. When a person does a pleasurable activity like spending time with friends or exercising, their brain releases dopamine—which makes them feel happy. The reason you don't become physically addicted to simple pleasurable activities like spending time with friends is because your brain isn't chemically altered as is the case with drugs or alcohol.

### "Maybe It Won't Be So Bad Next Time"

Alcohol floods the brain's reward center with dopamine, which is how people who may have become violently ill when they tried alcohol for the first time can still become addicted. The influx of dopamine motivates that person to repeat the action, and the overstimulation of the nucleus accumbens causes an intense, gratifying feeling that can lead to compulsively consuming alcohol. Soon, the brain adjusts to the extra levels of dopamine by making less of it on its own or by reducing the cell's ability to respond to it.

### "It Just Doesn't Affect Me Like It Used to..."

This is how people become tolerant to alcohol, and why the same amount that may have gotten them drunk the first time may not have the same effect weeks or months down the line. Eventually, they may try drinks with higher alcohol contents to get the same effect, and before they know it, they are physically addicted to alcohol.

## Don't Worry Be Happy!

Being happy—truly happy with your life—may seem impossible at first. Maybe that's the reason you started drinking in the first place. Or why you feel that alcohol is the only thing that makes life seem better. Studies show, however, that people who are happier tend to stay sober longer. Here are some things that will strengthen your chances for remaining sober:

- Meaningful Relationships and Commitment. Having hundreds of friends doesn't matter as much as having close, personal, deep relationships with other people.
- Giving and Serving Others. Make time to give back and to do things for others with nothing expected in return. Volunteering is a great way to connect to other people and your community.
- Staying Healthy. Regular exercise, eating healthier food and sleeping better all contribute to a healthier lifestyle, which is great for your sobriety.
- Reaching for a Goal or Trying a New Hobby. Find something that you can work at and try to master. Whether it is a creative outlet like learning to play an instrument, or it's a physical activity like riding a horse, it should be something that challenges you but doesn't overwhelm you.
- Spirituality, Religion or a Higher Power. There have been studies that show people who are a part of an organized religion or show commitment to a higher power consider themselves to be happier than people who don't have any spiritual connection. Furthermore, many different traditions of faith—Buddhism, Christianity, Muslims and more—all demonstrate some sort of meditation, which is linked with feelings of well-being and happiness.
- Sharing Your Strengths and Best Qualities. Happiness is strongly linked to self-knowledge, not self-criticism. Don't be your harshest critic.
- Be Optimistic and Grateful. Feelings like sadness, anger, and disappointment are all normal human emotions. However, people who are generally happier manage to find opportunities in difficult or negative situations.



### Tanner's Story A Lifelong Battle

Tanner had a pretty rough life growing up, and no one could really fault him for it. His mother had never really been around because of her heroin habit, and his father was in and out of jail for beating them. Pushed around from foster home to foster home, Tanner never felt happy. Violent and sometimes callous, Tanner pushed away pretty much anyone who tried to get close to him—until he met Valerie. Valerie was the one person who could take his abuse and give it right back. She'd tell him he was better than that, and that he deserved to be happy like everyone else. She tried to be there for him the best way she knew how, but it never seemed like enough. Tanner had experimented with drugs as a teenager and had even spent some time in jail, and his life seemed to be going in a downward spiral.

Years later, after basically hitting rock bottom and becoming addicted to heroin, Tanner seemed to finally get his act together. He had cut ties with everyone from his past that might drag him down—everyone except Valerie. She helped him find a rehabilitation center and visited as often as she could. They both knew exactly how long it had been since his last injection, and Tanner knew how strong the desire for heroin was, even after 3 years. He knew he would have to always fight for his sobriety.



# ADDICTION

## Test Yourself

- Which of the following are things a person can become addicted to?
  - Nicotine
  - Alcohol
  - Drugs
  - Gambling
- The cerebellum is considered the brain's reward center.
  - True
  - False
- What chemical in the brain is responsible for reinforcing a pleasurable act?
  - Dopamine
  - Endorphin
  - Serotonin
  - Glutamate
- Which of the following statements is TRUE?
  - A person who starts using drugs as a 40-year old is more likely to relapse than a person who started as a 16-year old.
  - People with physical illnesses like heart disease, diabetes, or asthma are more likely to develop a substance abuse disorder because they use alcohol to deal with these larger issues.
  - People who suffered abuse or a negative home life as a child may be more likely to develop a substance abuse problem.
  - Genetics play little to no part in determining whether or not a person will develop an addiction.
- Detox is the process of flushing out all of the drugs or alcohol from your system so that treatment may begin.
  - True
  - False

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ANSWERS:  
1.E 2.B 3.A 4.C 5.A

**Break CYCLE**  
with us

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## It Can Be Beaten

## So Why? Even If It Feels Right

**What is Addiction?**  
Addiction is a legitimate disease, not a lack of willpower or resolve. Characterized by compulsive involvement with a particular rewarding stimulus, despite any adverse consequences, addiction is a complex issue that many people deal with. Just a couple of examples of what people can become addicted to include, but are not limited to, alcohol, nicotine, drugs, sex and gambling.



## Drug Addiction

### How Does It Happen?

Drug addiction occurs in the brain's reward center, also known as the nucleus accumbens. When a person does a pleasurable activity, like spending time with friends or exercising, their brain releases dopamine—which makes them feel happy. Drugs bombard the brain's reward center with dopamine, which is how people who may have become sick when they tried drugs for the first time can still become addicted.

The influx of dopamine motivates that person to repeat the action, and the overstimulation of the nucleus accumbens causes an intense, gratifying high that can lead someone to compulsively take a drug. Soon, the brain adjusts to the extra levels of dopamine by making less of it on its own or by reducing the cells' ability to respond to it. This is how tolerance begins, and why the same amount of a drug that got a person high initially may not have the same effect over time. Eventually, they may try more of the drug or a different, higher potency drug, to get that same effect.

## Who's at Risk? What about Me?

Anyone can become addicted to something, especially when it comes to drugs or alcohol. However, there are a lot of different factors to consider what may cause an individual to develop an addiction:

- **Age:** Younger people and adolescents' brains are not as developed as an adult's, thereby making them more vulnerable to addiction. Not only are teenagers more likely to begin using drugs than adults, they're less resistant to treatment and more likely to relapse.
- **Genetics:** Research shows that genetic factors, along with social and other psychological factors, are associated with addiction. Roughly half of a person's risk for developing an addiction is attributed to their genetic makeup.
- **Psychological:** People with mental health disorders like depression, anxiety, ADHD, or PTSD are more likely to develop substance abuse disorders because many of these people attempt to use drugs or alcohol to deal with their larger problems.
- **Environmental:** People with adverse childhood experiences—like abuse or household dysfunction—are more likely to not only suffer with substance abuse but also other health, social and behavioral problems throughout their lifespan.

## Getting Help

### Treatment Options

Because things like alcohol or drugs directly affect your brain, there's no such thing as "just getting over it" or "will-ing the addiction away." Most professionals agree that in order to be effective, pharmacological treatments have to be integrated with other forms of addiction rehabilitation, like behavioral therapy, individual or group psychotherapy, behavior modification strategies, twelve-step programs, or residential treatment facilities. In other words, you can't just take a prescription pill and expect the addiction to just disappear. You also, unfortunately, can't just go to therapy and expect a cure, particularly because of how your brain may have been affected with the substance abuse.

Ultimately, addiction is a chronic disease, much like diabetes, asthma or heart disease, and treatment may never really offer a "cure." People who are recovering from an addiction may be at risk for relapse for their entire lives, but research shows that combining addiction medications with therapy ensures the best chances for success. Talk to your doctor so that they may make a tailored approach to treat your specific drug or alcohol abuse.

## Find a Topical Treatment Center Near You.

If you or your doctor think you could benefit from substance abuse treatment, there are plenty of options for you. The U.S. Department of Health and Human Services has a helpline to get some advice on how to proceed: 1-800-622-HELP (4357).

Addiction treatment services are often covered by health insurance, and the Mental Health Parity and Addiction Equity Act ensures that co-pays, deductibles, etc. are not more restrictive for mental health and addiction benefits than they are for medical and surgical benefits.

## What is Treatment Like?

The most common first step for treatment is detox, which is where all of the drugs are removed from your system. This is important because your mental ability for treatment is impaired when drugs are involved. You may experience a variety of physical and emotional withdrawal symptoms, like depression, anxiety, restlessness, nausea, chills, or sleeplessness. Just know that treatment centers are experienced in helping you get through this process, and keeping you safe. Depending on what you're addicted to, you may even get some medications to help you feel better through drug withdrawal, making it easier to stop using.

## What to Do if Someone You Love Has an Addiction.

If someone comes to you for help, they have taken a monumental step in recovery. If they are resistant to help, you can at least try to offer support by trying to convince them to talk to their doctor. There are over 3,500 physicians in the United States who specialize in addiction, so get some information about one that is close to you and leave it with your friend or loved one. Emphasize to them that it takes a lot of courage for them to reach out for help. Let them know that their addiction can be beaten. People recover every day from addiction, so let them know they are not alone.







## Alcohol and Pregnancy/ Breastfeeding

### Put Your Baby First

Most women in the United States understand the risks of drinking alcohol while pregnant. But what if you're not pregnant? Alcohol can still cause major damage to your sexual reproduction organs. Men who abuse alcohol are likely to suffer from erectile dysfunction and infertility. Women can also experience infertility, as well as inconsistent menstruation cycles.

Women who drink while pregnant put their unborn babies at unnecessary risk. Fetal Alcohol Syndrome (FAS) is the most common preventable cause of mental impairment. Physical abnormalities include stunted growth and facial deformities. Learning difficulties, emotional problems, and even death are other possible side effects of FAS. Since there is no determined "safe amount" a woman can drink while pregnant, she should not drink at all during her pregnancy if she wishes to avoid harming the baby by alcohol.

Women should also avoid drinking if they are currently breastfeeding. Alcohol seeps into the mammary glands, and can be passed through the breast milk to the baby. Since babies' digestive tracts are much more under-developed than an adult's, they are much more susceptible and vulnerable to alcohol poisoning.

### Test Yourself

- Which of the following is a standard drink?
  - 5 ounce glass of beer
  - Margarita with 1.5 ounces of tequila
  - 12 ounce glass of wine
  - Rum and Coke with 3 ounces of rum
- How long does it take for alcohol to completely pass through your system?
  - 90 seconds
  - 60 minutes
  - 3 hours
  - 2 days
- What organ is mostly responsible for breaking down alcohol?
  - Liver
  - Brain
  - Skin
  - Heart
- FAS can cause a lifetime of problems with learning, memory, attention and problem-solving.
  - True
  - False
- Having a drink while breastfeeding can pass alcohol into your baby's system.
  - True
  - False

# WOMEN AND ALCOHOL



*Ladies' Night (more)*

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STRAIGHT TALK

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## What's a "Drink" Anyway?

What is considered a "drink" and how does the human body break it down?

Typically, a standard drink is one that contains about 14 grams of alcohol.

- 12 ounces of beer (5% alcohol content)
- 5 ounces of wine (12% alcohol content)
- 1.5 ounces of distilled spirits (40% alcohol content)

As alcohol is consumed, your body

immediately begins breaking it down. It only takes approximately 90 seconds for alcohol to begin affecting your brain, and on average, it takes your liver a whole hour to break

down one drink before it can be eliminated.

Because your liver is doing most of the work in breaking it down, your liver is the organ that is most affected by alcohol, but other organs that are affected include the brain, pancreas, heart, bones and skin.

When alcohol passes through the digestive tract, it is dispersed in the water in the body. People are made of approximately 70% water, but as a rule, men weigh more than women. This means that pound for pound, men have more water in their bodies than women. Therefore, a woman's brain, liver and other organs are more exposed to alcohol and its negative side effects.



## History Lesson

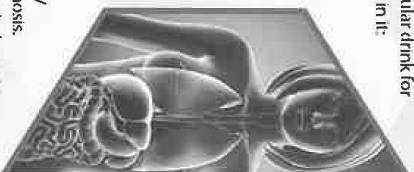
### Alcohol Habits of Women

Historically, women have consumed less alcohol than men. In much of the early 20th century, it was taboo for a woman to be seen drinking in public, even in small moderation. In recent years, that number has changed to reflect women are drinking just as often as men. However, women tend to drink more wine and distilled spirits than beer, which have higher alcohol content. Many women also favor mixed drinks, which can have anywhere from one to five different types of alcohol. A Long Island Iced Tea is generally considered a popular drink for women, and it has 5 different types of liquor in it: tequila, vodka, light rum, triple sec and gin!

### Subsequent Health Risks

As the number of women drinking has risen, as has the amount of alcohol content consumed, so have the subsequent health problems. Some problems that affect both men and women, but perhaps affect women differently, include:

- **Liver Disease:** Alcohol causes the liver to become slightly inflamed, but heavy drinking can cause steatosis (fatty liver), alcoholic hepatitis, fibrosis or cirrhosis. Women are more likely to develop alcoholic hepatitis (severe liver inflammation) and are more likely to die from cirrhosis (where the liver becomes so full of scar tissue that it can't function properly).
- **Brain Disease:** Alcohol interferes with the way the brain communicates with the rest of the body, and it can even affect the way the brain looks and works. Some studies have shown that women are more vulnerable to alcohol-induced brain damage than men.
- **Cancer:** Heavy drinking increases the risk for certain cancers, particularly in the digestive tract. Women are also at a higher risk for breast cancer, especially those who have as little as one drink a day, are postmenopausal, or have a family history of breast cancer.
- **Heart Disease:** Heart disease is the leading cause of death in women. Alcohol is a vasodilator, which means it makes your blood thinner and affects your heart's ability to pump it throughout your body. Women are more susceptible to alcohol-related heart disease than men.



## Sandra's Story

Thursday night rolled around, and it was Sandra's office tradition that all of the women go out for drinks together every Thursday night for Ladies' Night. Sandra and her co-workers had gone out every week since Sandra started with the company 5 years ago, and she really enjoyed the camaraderie she felt with the other women. They also got together on weekends sometime and would drink together. Sandra also had a drink with dinner at least three nights a week. No one ever got belligerently drunk at Ladies' Night, and everyone made sure to find a safe way home if they were still feeling too tipsy to drive by the end of the night. They always just had a really fun time together as they let loose from their demanding positions. Sandra had a few drinks and decided it was time to take a cab home.

The next morning, Sandra noticed some pain in her abdomen, but she assumed it was just cramps and tried to ignore it. She didn't feel hungover, but she certainly didn't feel well. Around lunch time, the pain hadn't subsided at all, so Sandra decided to take a lunch break at the urgent care. "Something is just not right," she thought to herself. When the doctor examined her abdomen, excruciating pain radiated her body. "Let me run a few tests," the doctor said confidently. "It's probably nothing." It wasn't nothing. Sandra's liver was inflamed and scarred. "How did this happen? I don't have a drinking problem!" cried Sandra. The doctor explained that women are more susceptible to alcohol than men, and even though Sandra never drank excessively in a single sitting, her consistent drinking over time had damaged her liver to dangerous levels.

## you TAKE MY BREATH AWAY

### Tobacco and Your Lungs

**Asthma** Emphysema. Lung cancer. Do these sound fun to you? When you smoke, or are even around people who smoke, you're putting your lungs at a tremendous risk. It starts with just coughs, wheezing, and asthma. As your immune system weakens, the coughing gets worse. Soon after, your lungs become so scarred and damaged, and you develop emphysema or COPD (Chronic Obstructive Pulmonary Disease). Tar, nicotine, and many of the other deadly chemicals found in cigarettes or smokeless tobacco just collect on your lungs until they're unrecognizable.

### your APPEARANCE

People may not be able to see your black, diseased lungs or your blood that's full of clots, but they still may be able to tell you use tobacco just by looking at you. In addition to your teeth that may be full of yellow stains or even missing altogether, your skin is a good indicator, whether or not you smoke. Smoking causes you to have dry, wrinkly skin because of the lack of oxygen. Smoking damages your blood vessels, which in turn diminishes the amount of oxygen that can travel throughout your body. Even though your skin is actually your largest organ, your body focuses on getting as much oxygen as it can to your brain to keep you alive. Because oxygen and other vitamins aren't getting to your skin, it'll start to sag and wrinkle.

The same thing goes for your fingernails. It only takes a few months for your fingernails to turn yellow. This is due to two reasons: lack of oxygen and the nicotine and tar that's in the cigarette. As you hold the cigarette, bits of tar and other chemicals will gradually make your fingernails look yellow and crusty.

Tobacco is the cause for all of these awful side effects, don't let it affect you! Don't even start using tobacco. It's just not worth it.



## HOW DOES TOBACCO AFFECT YOUR BODY?

### Let's test your knowledge.

1. What is the main component in tobacco that makes it addictive?  
a. Dopamine  
b. THC  
c. Nicotine  
d. Triglycerides
2. Secondhand smoking is only responsible for 340 deaths each year in the United States, so it's not really worth being concerned over.  
a. True  
b. False
3. Heart attacks and strokes can be caused by tobacco use because smoking can damage blood vessel cells and can make blood more likely to clot.  
a. True  
b. False
4. Cigarettes contain poisonous ingredients, such as:  
a. Arsenic  
b. Ammonia  
c. Formaldehyde  
d. All of the above
5. Which of the following is NOT an effect from smoking?  
a. Increased risk of stroke  
b. Difficulty Breathing  
c. Whiter teeth  
d. Wrinkling skin



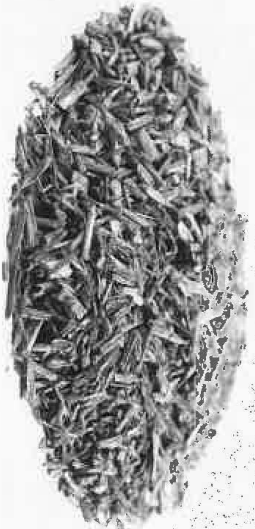
## TOBACCO AND YOUR BODY

ANSWERS: 1. c. 2. b. 3. a. 4. d. 5. c

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CAUSE AND EFFECT

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## EFFECTS ON YOUR BRAIN

One of the major components in tobacco—whether it's being smoked, chewed, or even sniffed—is nicotine. Nicotine is very addictive, and as you use tobacco, the nicotine immediately courses through your body and into your brain. It then causes your brain to release a chemical called dopamine. Our brains already produce dopamine on their own, especially when we do something fun that we enjoy. The problem with tobacco is that it makes your brain produce more dopamine, so eventually you don't make enough of it on your own. Dependence to nicotine can begin pretty quickly, and not long after, you become addicted. As you need the tobacco to feel happy or relaxed, your brain becomes tolerant to the dopamine released, so you may be more likely to try harder drugs. Another deadly side effect of tobacco use on your brain is the increased chance of having a stroke. A stroke happens when blood can't get to your brain either because something is blocking the blood vessel or the blood vessel has burst. Paralysis, weak muscles, difficulty speaking, memory loss and death are all possible side effects of a stroke. You may ask, "Well, what does smoking have to do with strokes?" Very simply—a lot. Smoking can cause a lot of smaller problems that may eventually lead to a stroke. These "small" problems that are caused by smoking are:

- High levels of triglycerides, which are a type of fat found in blood
- Damaged cells that line the blood vessels, making them more likely to burst
- Higher levels of buildup plaque (fat, cholesterol, calcium and more), which can cause a blockage
- "Sticky" blood—blood becomes more likely to clump, which can also cause a blockage

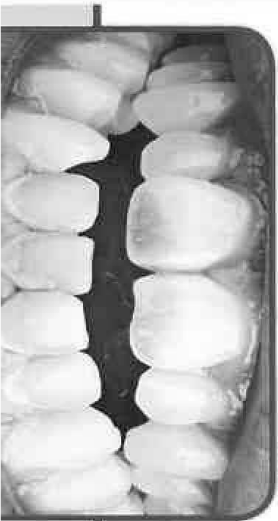
## your heart

Think "sticky blood" and damaged blood vessels only damage the brain through strokes? Think again. Your heart is an extremely important organ, and it's only job is to pump blood. Just as you're more likely to suffer from a stroke because of smoking, you're also more likely to have a heart attack. Cigarette and cigar smoke deplete the oxygen in your blood, which makes your heart have to work even harder to pump oxygenated blood throughout your body. That extra strain on your heart can be devastating, and experts say that smoking is the number one preventable cause of heart disease. Even secondhand smoke—breathing in cigarette smoke from someone else's cigarette—is extremely dangerous and is the culprit in nearly 34,000 deaths from coronary heart disease every year. People who may never have lit up in their life but are around those who do, either through their family members or their jobs, are at serious risk.

"Lucky for me, I just chew tobacco. That won't put me at risk for heart disease because I'm not dealing with any smoke." Wrong! Even smokeless tobacco can raise your blood pressure and heart rate. Long term use can put you at the same risk of a heart attack as smoking cigarettes.

## Effects on your mouth, throat and esophagus

Cigars, cigarettes, and smokeless tobacco all have way more chemicals than just nicotine in them. Cigarettes, for example, have over 7,000 chemicals like ammonia, arsenic and formaldehyde. Ammonia is used in cleaning fluids, arsenic is a chemical found in rat poison, and formaldehyde is used to embalm dead bodies. Do you really want to be ingesting that? Those chemicals cause your teeth to become yellow and rotten, and your breath begins to smell like something died in there. Eventually your teeth may even fall out completely. You also put yourself at risk for gum disease and cancers of the lips, mouth, or throat. Smokeless tobacco like chewing tobacco and snus are predominantly responsible because they come into direct contact with your mouth.



## LIFETIME OF REGRETS

### Linda's Story

Linda had spent her entire life around people who used tobacco. Her dad smoked a cigar after dinner every night, her mother smoke cigarettes throughout the day, and her brother practically had a spit cup glued to his hand for his chew tobacco. When she was 13, she decided she wanted to try smoking like her mom. As she picked up her first cigarette from the cigarette carton, she thought, "Maybe I shouldn't. My mom's always complaining about how she can't breathe very well." She mulled it over for a moment longer but then finally took her first inhale. She was used to the smell, but the smoke as it filled her lungs caused her to choke a little. She coughed a few times but took another hit. When her mother walked in, she half expected her to be upset and to snatch it out of her hand. Her mother only asked her for a lighter.

Twenty years passed, and Linda was at her dead-end job that she didn't really enjoy, but it helped barely pay the bills and support her smoking habit. She woke up one day, and with a cigarette in one hand and a cup of coffee in the other, she sat on her back porch before she had to get ready for the day. Walking up the stairs to her bathroom made her feel exhausted, and she began to feel lightheaded as she couldn't seem to get enough air. After she finally made it upstairs to her vanity, she looked at her reflection. While she was only 33, she could've easily passed for a 60 year old. Her teeth were a greyish yellow, and her skin was full of deep wrinkles and creases. She began to try to justify that they were just laugh lines—that she had lived a full life full of laughter. When she really thought about it though, she realized her life was mediocre. After paying her bills, almost every dollar she earned went to buying cigarettes, all of her relationships failed because of her smoking habits, and those wrinkles, her yellow teeth, and even her yellow fingernails were all indicative of a life that could've been so much more. "Is it too late for me?" she began to cry to herself as she struggled to catch her breath.

## NOT USED AS INTENDED

### Vaping Marijuana

For smokers, have gotten more creative with the electronic cigarette. Since cannabis can come in a wax or liquid form, it's more difficult just by looking at the cigarette whether or not the user is vaping marijuana or just the e-cig cartridges. The almost odorless vapor also makes it harder to detect, the trend is rapidly growing among teenagers. At a study done at Yale University, over 3,800 high school students across five Connecticut high schools were surveyed by researchers. Approximately 30% (or 1,140 individuals) admitted to vaping marijuana, but just under 19% of 722 students used an e-cigarette to smoke the cannabis. If that's just in five high schools in one state, just think of how many people are vaping marijuana throughout the entire country!

The scary part about this trend is that this form of marijuana is much stronger than the regular dried marijuana plant. Wax or liquid cannabis contains between 50-90% THC—the drug's main mind-altering chemical, whereas the amount in dried marijuana is much less. Here are a few of the unpleasant side effects that are magnified when vaping marijuana:

- Memory loss and trouble concentrating
- Panic attacks
- Paranoid
- Trouble sleeping
- Increased risk of several types of cancer
- Weakened immune system
- Greater risk of having unprotected sex
- Increased heart rate

## FALSE ADVERTISEMENT

The makers of e-cigarettes and other vape pens originally claimed to help users quit smoking, but the truth is that they are attracting more young people to start. They're marketed towards teens and young adults, rather than older adults who may have previously been smoking for longer. Many teens think using e-cigarettes makes them look cool and sophisticated, but the truth is they're just putting themselves at risk.



## THE TRUTH ABOUT GETTING HIGH WITH E-CIGARETTES

Test your knowledge of e-cigarettes and marijuana by answering the following True or False questions.

1. It's easy to tell when someone is vaping marijuana because the smell is just as strong as when they smoke it.  
a. True      b. False
2. Wax or liquid marijuana has the same percentage of THC as dried marijuana.  
a. True      b. False
3. E-cigarettes are easy to buy.  
a. True      b. False
4. There's no flame in an e-cig.  
a. True      b. False
5. Marijuana use can alter brain development, especially if a person starts using while they're still young.  
a. True      b. False



NOT SO SAFE TO VAPE

Answers

1. B 2. B 3. A 4. A 5. A

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STAY SAFE SERIES

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## WHY...AREN'T E-CIGARETTES FOR TEENAGE?

You're out with your friends when one of them pulls out the strange, barrel-shaped object. It looks almost like an ink pen but then he starts smoking it. You're curious, so you ask him what it's all about. He tells you that it's an e-cig and that it gives you the same buzz that cigarettes give you, and you can get them from online or even stores. His favorite thing to do, however, is to put marijuana in it. He pulls out some from a little bag in his pocket and says, "You definitely have to try this. It's better for you because it's vapor, not smoke. He offers it to you, so you try it. Big mistake!

Electronic cigarettes, more commonly known as e-cigs or e-cigarettes, are battery operated devices that are designed to look and feel like an everyday cigarette. The majority of these devices use refillable cartridges, called e-liquids, which are filled with flavors and dangerous chemicals. There's a growing trend, though, with teens using e-cigarettes to smoke marijuana.

Many people mistakenly believe that e-cigarettes are safer than regular cigarettes because you're not inhaling any smoke from the burned tobacco or marijuana (as is the case with the traditional cigarette or blunt). You still, however, are exposing yourself to the same chemicals that are found in marijuana when smoked in joint.

### HOW DO THEY WORK?

E-cigs are meant to resemble regular cigarettes, but they also have some brands that look like pipes. The main difference between a regular cigarette or a joint and an e-cig is that you don't need a flame to start smoking on e-cig. E-cigarettes are powered by battery and contain a vaporization chamber and a cartridge. The user inhales just like they would a regular cigarette, and the vaporization chamber heats the liquid nicotine or marijuana wax, which changes into a flavored vapor.



## NOT SO SAFE 5 Things You Need to Know about E-Cigarettes and Marijuana

Using marijuana with electronic cigarettes is said to be a cleaner, healthier option to traditional marijuana, but is this really the case? Here are some important things to know about vaping marijuana.

1. Parents and teachers should be hyperaware to what teens are smoking. The smell of vaping marijuana isn't as strong as smoking it, so it's harder to detect. The appearance of hash oil and e-liquids are also very similar, so it could potentially be out in plain sight.
2. Studies have shown that more and more teens are trying marijuana through vaping. Since marijuana is a gateway drug, those same teens may be more likely to try harder drugs.
3. Concentrates of marijuana that go into e-cigs contain up to 90% THC. Marijuana flowers contain approximately 20%. Since the amount of the psychoactive agent is so much higher in an e-cig, many people report having terrible side effects like passing out, extreme paranoia, and nerve-racking anxiety.
4. Marijuana is addictive, even when it's being vaped. With a higher potency in the e-cig, users are even more likely to become addicted to cannabis.
5. Heavy marijuana use as a teenager can affect the way your brain works. Humans' brains are constantly developing, up until mid-20s. High potency marijuana use through vaping has shown to result in poor memories and brain abnormalities in adults who started heavy marijuana use as teenagers.

## GABE'S STORY

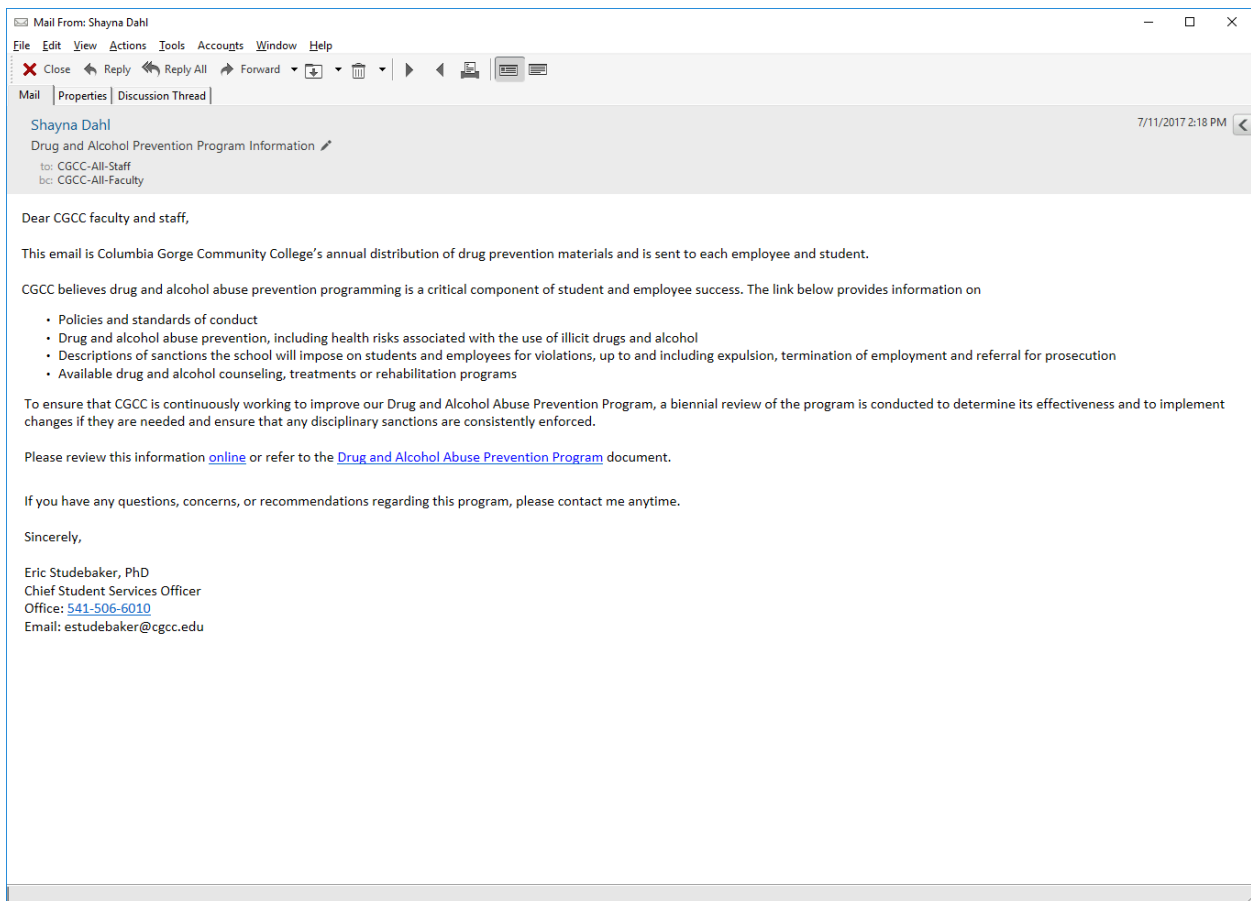
Gabe was a good kid who did okay in school, and never got into trouble. His parents and teachers had warned him since he was young about the dangers of smoking, and to be honest, he just wasn't interested in ever trying a cigarette because he hated the smell. One night, he went out with some friends to go see a movie, and his friend Mitchell pulled out a strange metal pen. "Woolf, are you smoking in here?" he asked, alarmed as he saw what looked like smoke coming from it. "No," she laughed. "I'm vaping marijuana. Want to try?"

At first, Gabe refused, but after some pressuring from the other kids at the group, he decided to try it. Although the high was unlike anything he ever experienced and he was actually kind of stoned, he didn't want to seem like a baby in front of his friends, especially Mitchell. The movie was already great, so he hit the highest level of THC in the bowl of weed Gabe even more anxious and paranoid. As the movie continued on the big screen, sticking their unsuspecting wagers, Gabe began to hallucinate that they were all around him, not as a delight, creative began to heat outside of the window. Gabe's heart began to pound and cold sweat ran down his face. He was now in a full-blown panic attack and just couldn't calm down. Other moviegoers went to complain to the management, and Gabe and his entire group were escorted out for disturbing the theater. Finally, hours later, he was finally calm enough to realize, "I'm definitely never trying that again!"

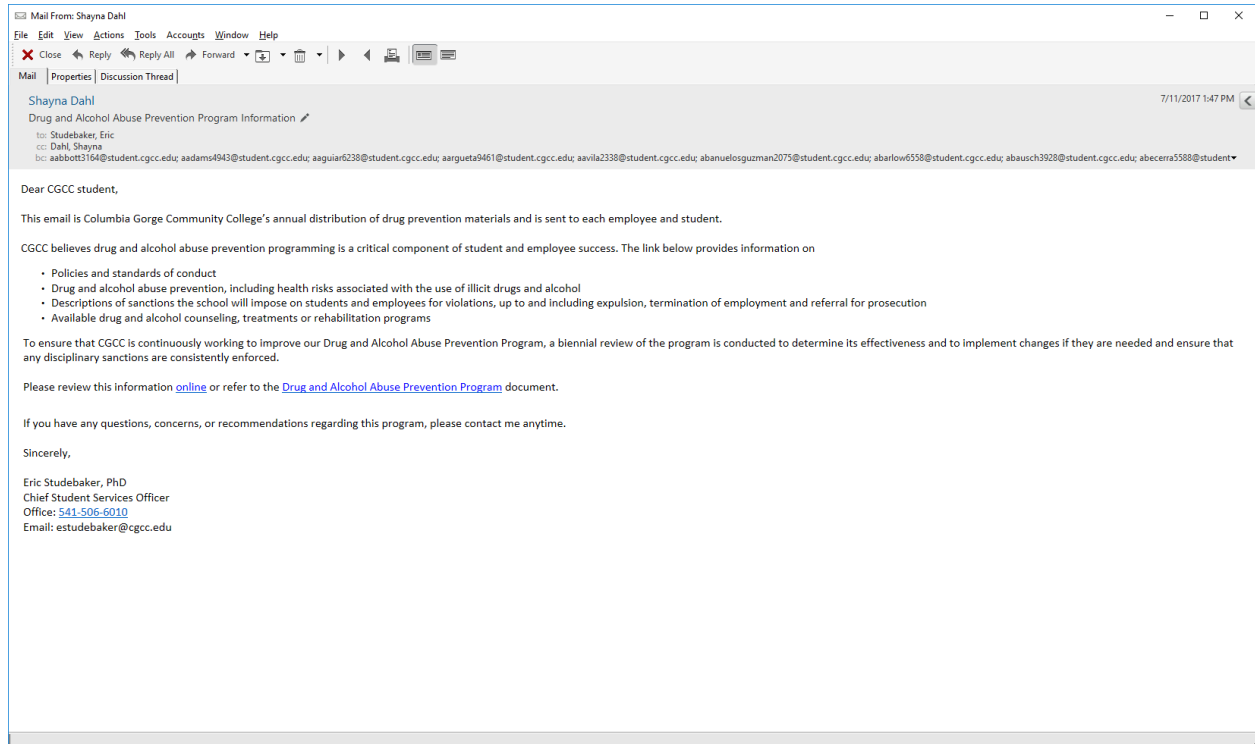


## Appendix B: Part 86 Compliance Checklist

## Appendix C: DAAPP Employee Email Notification Template



## Appendix D: DAAPP Student Email Notification Template





## Drug-Free Workplace

Columbia Gorge Community College is a drug-free campus and workplace. Enforcement of the college drug and alcohol policy is part of the crime prevention strategy. It is a violation of policy for students or staff to possess, consume, be perceptively under the influence of or furnish alcoholic beverages on college controlled property or at college or student organization functions.

### **Board of Education Policy**

The manufacture, distribution, dispensing, possession, or use of alcoholic beverages, intoxicants, or controlled substances not medically prescribed, or being under the influence of these substances to any degree by any employee, in or about the college buildings or on the college premises, or while performing any duties for the college, is prohibited. If the employee is not dismissed, suspension may be imposed in combination with a requirement to complete a drug or alcohol treatment and rehabilitation program.

Any employee convicted of a violation occurring in the work place, under any criminal drug statute violation, will be subject to disciplinary action. Such action may include probation, unpaid suspension, dismissal, or agreement to participate satisfactorily in a drug abuse assistance or rehabilitation program.

Employees convicted of any criminal drug statute violation occurring in the work place must notify the employer no later than five days after the conviction.

### **Definitions**

1. Under the influence is defined as (a) a reasonable suspicion based on articulable observations concerning such circumstances as the work performance, appearance (including, for example, the noticeable odor of an alcoholic beverage), behavior, or speech of the employee, or being involved in an accident on company premises which results in physical injury or property damage, and/or (b) any noticeable or perceptible impairment of the employee's mental or physical faculties.
2. Controlled substances are defined as all forms of narcotics, depressants, stimulants, hallucinogens, and cannabis, whose sale, purchase, transfer, use or possession is prohibited or restricted by law.
3. Over-the-counter drugs are those which are generally available without a prescription from a medical doctor and are limited to those drugs which are capable of impairing the judgment of an employee to safely perform his or her duties.
4. Prescription drugs are defined as those drugs which are used in the course of medical treatment and have been prescribed and authorized for use by a licensed practitioner/physician or dentist.

5. Work place and work hours include college facilities and any location where an officially designated college function is being conducted or at which an employee is officially representing the college. Working hours similarly include regular hours of work including breaks and meal periods, and those times when an employee is attending an officially designated college function or when an employee is officially representing the college.

6. Employee: This term applies to anyone on the college payroll, including student employees.

### **Exclusions**

1. This policy does not prohibit appropriate use of physician-prescribed drugs or over-the-counter drugs necessary to the employees' health which do not interfere with job performance.

2. This prohibition does not apply to reasonable use of alcoholic beverages when offered in connection with the college's official social or professional functions, which occur at the end of or after the employee's work day so that the employee does not return to work. Such activities are governed by State OLCC regulation which requires the college to closely monitor consumption.

### **Employee Assistance**

Employees may seek referral assistance through their supervisor in connection with alcohol or drug-related problems. Drug and alcohol counseling and rehabilitation are available through the college's Employee Referral Procedures and/or through the medical insurance plans, whichever is applicable according to the employee's status.

1. Reasonable efforts will be made to handle such requests confidentially.

2. Requests for assistance are encouraged and will not be considered alone as grounds for dismissal.

3. Such requests will not, however, excuse violation of the actions prohibited under Board policy

## Appendix F: Healthy Minds Study Summary Data

### HEALTH BEHAVIORS AND LIFESTYLE

#### Drug use

Over the past 30 days, have you used any of the following drugs? (Select all that apply)

22%	Marijuana
0%	Cocaine (any form, including crack, powder, or freebase)
0%	Heroin
0%	Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed
1%	Benzodiazepenes
0%	Methamphetamines (also known as speed, crystal meth, or ice)
0%	Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed
0%	Ecstasy
0%	Other drugs without a prescription
78%	No, none of these

#### Binge drinking

The following questions ask about how much you drink. A "drink" means any of the following:

- A 12-ounce can or bottle of beer
- A 4-ounce glass of wine
- A shot of liquor straight or in a mixed drink

During the last two weeks, how many times have you had 4 (female), 5 (male), 4 or 5 (other gender) or more drinks in a row? (among those with any alcohol use)



#### Exercise

In the past 30 days, about how many hours per week on average did you spend exercising? (include any exercise of moderate or higher intensity, where "moderate intensity" would be roughly equivalent to brisk walking or bicycling)



