

Drug and Alcohol Policy

The campus is committed to the development and implementation of a comprehensive drug and alcohol-free program to create a cost-effective, safe, and healthy workplace and school. Therefore, the campus has adopted a “Drug and Alcohol-Free Program” in compliance with the Drug-Free Workplace Act of 1988 and the Drug-Free Schools and Communities Act Amendment of 1989 (including Section 22, Drug-Free Schools and Campuses). This program is consistent with guidelines developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is intended to cover both employees of the institution and students who are attending classes and working in clinical rotation sites and other campus-arranged workplace experiences. Use or possession of alcohol and illegal use or possession of illicit controlled drugs or being under the influence of these substances while on campus premises or while engaged in institution-sponsored activities is prohibited.

Standards of Conduct

- Consumption of alcohol is prohibited on all campus and externship/clinical sites.
- Drug usage, other than over-the-counter drugs and prescription medications used in accordance with a doctor’s prescription, is prohibited while serving as an employee or student representative of the Institution, whether on- or off-campus.
- The unlawful use, possession, manufacture, or distribution of controlled substances on any campus or externship/clinical site is strictly prohibited.
- The operation of any vehicle or machinery for institution business or training while under the influence of alcohol or drugs is strictly prohibited.
- The sale of drugs or alcohol on any campus or externship/clinical site is prohibited.
- The campus reserves the right to conduct drug and/or alcohol testing for pre-employment/enrollment, reasonable suspicion, and post-accident. In the case of an employee or student with a prior violation for drugs or alcohol those individuals will be subject to random screening, and they will be notified of that condition.

Note: The term “Campus” also encompasses any school sanctioned activity/function.

Sanctions

Legal

The Institution will comply with all federal, state, and local laws and policies regarding the abuse of alcohol and other drugs by its employees and students. In addition to disciplinary sanctions imposed by the institution, all employees and students should be aware that federal, state, and some local laws treat illegal possession, use, sale/distribution, or manufacturing of drugs or alcohol as serious crimes that can lead to imprisonment, fines, and assigned community service. Resulting convictions can prevent a person from entering certain fields of employment and may have to be listed on employment applications.

The possession, use, or distribution of illegal drugs is prohibited by federal law. There are strict penalties for drug convictions, including mandatory prison terms for many offenses. For a listing of federal offenses, penalties and sanctions, visit the Department of Justice / U.S. Drug Enforcement

Administration- Office of Diversion Control website at <https://www.ecfr.gov/current/title-21/chapter-II>

Institutional

Sanctions the Institution will impose:

- Any employee or student found consuming alcohol or drugs on any campus or externship/clinical site shall be subject to disciplinary action.
- Any employee or student found using, possessing, manufacturing, or distributing illegal drugs or transferring alcohol or drugs during normal working/school hours on any campus or externship/clinical site shall be subject to disciplinary action.
- Consistent with the Drug-Free Workplace Law, as a condition of employment, all employees are required to abide by the terms of this policy and notify Human Resources of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- Compliance with this policy is considered a condition of employment and/or acceptance for study; therefore, if an employee or student violates this policy, discipline will be assessed accordingly, and the individual could be subject to termination or expulsion or referral for prosecution.
- In all cases, the Institution abides by local, state, and federal sanctions regarding unlawful possession of drugs in prohibited areas and/or the use of alcohol. Any drug identified by the law as illegal is included in this program, as are legal prescription drugs used in a manner contrary to a doctor's prescription.

Counseling/Treatment

The Institution supports programs aiding in the prevention of substance abuse. Students and employees are encouraged to seek assistance for substance abuse problems. Many health insurance plans include drug, alcohol, and mental health services. If you need help in finding a treatment center, the Federal Substance Abuse & Mental Health Services Administration (SAMHSA) offers a free service to help locate a facility. The toll-free Treatment Referral Hotline can be reached 24 hours a day, 7 days a week: 1-800-622-HELP (4357). Their treatment facility location can be accessed online at <https://www.samhsa.gov/find-treatment>.

Data and Health Risks

The entire section listed below comes directly from samhsa.gov, 2025

Alcohol

Data:

- Among people aged 12 or older, the percentage who used alcohol in the past month decreased from 47.4 percent (or 132.5 million people) in 2021 to 44.4 percent (or 129.1 million people) in 2025. Percentages also decreased from 2021 to 2025 for people in each age group. For example, the percentage of young adults aged 18 to 25 who used alcohol in the past month decreased from 50.9 percent (or 17.0 million people) in 2021 to 46.2 percent (or 16.7 million people) in 2025. In 2025, the percentage of people who used alcohol in the past month was higher among adults aged 26 or older (48.4 percent or 110.9

million people) than among young adults aged 18 to 25 (46.2 percent or 16.7 million people). The percentage was lowest among adolescents aged 12 to 17 (5.9 percent or 1.5 million people). Excessive alcohol use can increase a person's risk of stroke, liver cirrhosis, alcoholic hepatitis, cancer, and other serious health conditions.

- Excessive alcohol use can also lead to risk-taking behavior, including driving while impaired. The [Centers for Disease Control and Prevention](#) reports that 29 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver daily.

Opioids

Data:

- Opioids are a group of chemically similar drugs that include heroin and prescription opioids, such as hydrocodone (e.g., Vicodin®), oxycodone (e.g., OxyContin®), codeine, and morphine. In this report, opioid misuse includes the misuse of prescription opioids or the use of heroin. Respondents were not counted as having misused opioids in the past year if they reported only the misuse of other prescription pain relievers, and the other pain relievers they misused in the past year were all nonopioids. In this report, opioid misuse does not include use of illegally made fentanyl (IMF).
- Among people aged 12 or older in 2025, 2.4 percent (or 7.1 million people) misused opioids in the past year (Figure 28 and Table A.10B). The vast majority of these people who misused opioids in the past year misused prescription opioids, but they did not use heroin. Specifically, 6.9 million people misused prescription opioids in the past year, of whom 6.5 million people did not use heroin. An estimated 382,000 people misused prescription opioids and used heroin in the past year.
- Opioid use, specifically injection drug use, is a risk factor for contracting HIV, Hepatitis B, and Hepatitis C. The [CDC](#) reports that people who inject drugs accounted for 9 percent of HIV diagnoses in the United States in 2016.
- According to the [Centers for Disease Control and Prevention's Understanding the Epidemic](#), an average of 130 Americans die every day from an opioid overdose.

Marijuana

Data:

- Among people aged 12 or older, the percentage who used marijuana in the past year increased from 19.0 percent (or 53.2 million people) in 2021 to 21.2 percent (or 61.6 million people) in 2025. The percentage also increased among adults aged 26 or older, from 17.3 percent (or 38.2 million people) in 2021 to 20.6 percent (or 47.2 million people) in 2025. Percentages decreased from 2021 to 2025 for both adolescents aged 12 to 17 and young adults aged 18 to 25. For example, the percentage of adolescents aged 12 to 17 who used marijuana in the past year decreased from 10.9 percent (or 2.8 million people) in 2021 to 8.7 percent (or 2.2 million people) in 2025.
- In 2025, the percentage of people who used marijuana in the past year was highest among young adults aged 18 to 25 (33.7 percent or 12.2 million people), followed by adults aged 26 or older (20.6 percent or 47.2 million people), then by adolescents aged 12 to 17 (8.7 percent or 2.2 million people).
- Marijuana can impair judgment and distort perception in the short term and can lead to memory impairment in the long term.
- Marijuana can have significant health effects on youth and pregnant women.

Emerging Trends in Substance Misuse:

Emerging drugs are mind-altering substances that have become more common in recent years. They may be sold in drug markets or at convenience stores and online. Since 2013, the United Nations Office on Drugs and Crime has identified more than 1,000 emerging drugs worldwide.

These substances, which include designer drugs and new psychoactive substances, come from many sources. Some were first developed as potential treatments or research chemicals. Others originate in illicit labs and are created to mimic the effects of drugs regulated under the Controlled Substances Act. These emerging substances often produce similar effects and/or are chemically similar to illegal or prescription opioids, stimulants, benzodiazapines (“benzos”), or other existing types of drugs.

People may seek out these drugs for recreation or use them to self-medicate without medical supervision. They may also be added to other drugs without a buyer knowing it. As a result, the health effects of emerging drugs are largely unknown, potentially posing a public health threat and contributing to the overdose crisis.

NIDA conducts research on specific emerging drugs through its Designer Drug Research Unit and through support for the National Drug Early Warning System (NDEWS), which detects early signals of potential drug epidemics. NDEWS uses traditional surveillance methods like drug-related emergency calls, and newer tools like wastewater analysis and tracking of social media trends.

Review and Distribution

This policy will be reviewed biennially (in even-numbered years) to determine its effectiveness. During the review, an analysis of the effectiveness of the methodology will be reviewed in addition to the sanctions imposed therein. The policy will be distributed to employees and students on an annual basis by October 1st. Employees and students will receive email notification annually from the Campus President or their designee.