ANNUAL NOTIFICATION

DRUG AND ALCOHOL PREVENTION PROGRAMS

JANUARY 22, 2019
TABLE OF CONTENTS

ANNUAL NOTIFICATION OF THE DRUG AND ALCOHOL ABUSE PREVENTION PROGRAM (DAAPP) ................................................................. 2

STANDARDS OF CONDUCT ........................................................................................................................................................................... 2

  RIGHTS .................................................................................................................................................................................................................. 2

  CAMPUS CONDUCT CODE, CIVIL LAW, AND CIVIL AUTHORITIES ............................................................................................................ 2

  RESPONSIBILITY.................................................................................................................................................................................. 2

    Alcohol .......................................................................................................................................................................................... 2

    Drugs ........................................................................................................................................................................................... 3

    Failure to Comply ........................................................................................................................................................................ 3

    Other Policies ............................................................................................................................................................................. 3

DRUG AND ALCOHOL FREE WORKPLACE ........................................................................................................................................... 3

POLICY REVIEW .................................................................................................................................................................................. 3

ALCOHOL POLICY ................................................................................................................................................................................ 3

DRUG POLICY .................................................................................................................................................................................... 3

DRUG AND ALCOHOL PREVENTION PROGRAMS ........................................................................................................................................... 3

  ALCOHOL AND DRUGS 101 .......................................................................................................................................................... 3

  GENS2215: PEER EDUCATION ........................................................................................................................................................ 3

  GREEN DOT ...................................................................................................................................................................................... 4

  FAILURE TO COMPLY ...................................................................................................................................................................... 4

TIPS (TRAINING FOR INTERVENTION PROCEDURES) ........................................................................................................................................... 4

  NARCAN TRAINING .......................................................................................................................................................................... 4

  RECOVERY HOUSING .................................................................................................................................................................... 4

  LOLL-A-NO-BOOZA ........................................................................................................................................................................ 4

  STEP UP! STOCKTON .................................................................................................................................................................. 4

  HERO CAMPAIGN ........................................................................................................................................................................ 4

TREATMENT SERVICES AVAILABLE ................................................................................................................................................................. 4

LEGAL SANCTIONS .................................................................................................................................................................................. 5

  CHART 1 FEDERAL TRAFFICKING PENALTIES ...................................................................................................................................... 5

  CHART 2 SANCTIONS UNDER NEW JERSEY LAW FOR UNLAWFUL POSSESSION OR DISTRIBUTION OF ILICIT DRUGS AND ALCOHOL ........................................................................................................................................... 7

  CHART 3 SANCTIONS UNDER GALLOWAY TOWNSHIP CODE ........................................................................................................ 8

  CHART 4 COMMONLY ABUSED DRUGS AND HEALTH RISKS ....................................................................................................... 11

HEALTH RISKS .................................................................................................................................................................................... 10

DRUG AND ALCOHOL PROGRAMS ............................................................................................................................................................. 28

  EMPLOYEES ................................................................................................................................................................................... 28

  CURRENTLY ENROLLED STUDENTS .................................................................................................................................................. 28

DISCIPLINARY SANCTIONS ......................................................................................................................................................................... 29

  EMPLOYEES ................................................................................................................................................................................... 29

  CURRENTLY ENROLLED STUDENTS .................................................................................................................................................. 29

OVERSIGHT RESPONSIBILITY ...................................................................................................................................................................... 30

NOTIFICATION OF THE DRUG ABUSE AND ALCOHOL PREVENTION PROGRAM (DAAPP) ................................................................. 30

  STUDENTS ...................................................................................................................................................................................... 30

  EMPLOYEES ................................................................................................................................................................................... 30
DRUG AND ALCOHOL POLICY STATEMENT:

Stockton University recognizes the serious effects of the misuse of lawful drugs, the possession and use of unlawful drugs and the abuse of alcohol on the performance and well-being of its students and employees. While respecting the independence of its community members, the University requires that all members of the campus community comply with local, state, and federal laws, including those that govern the use of alcohol and other drugs. To promote compliance and to support a healthy campus culture, the University has implemented a Drug and Alcohol Prevention Program (DAAPP) to: (a) to provide relevant and effective educational programs about the health risks associated with the abuse of alcohol and other drugs; (b) to articulate common standards for conduct and legal and institutional sanctions for violations; and (c) to provide access to support and resources for students and employees.

The University’s drug and alcohol program is guided by the Drug Free Schools and Campuses Regulations (34 CFR Part 86) of the Drug Free Schools and Communities Act (“DFSCA”). DFSCA requires an institution of higher education such as Stockton University, to certify that it has implemented programs to prevent the abuse of alcohol and to prevent the abuse of alcohol and use, and/or distribution of illicit drugs by student and employees on University premises and as a part of any sanctioned University activities.

I. Annual Notification of the Drug and Alcohol Abuse Prevention Program (DAAPP)

An annual notification will be sent to all students and employees. The notification will include:

A. Standards of conduct that clearly prohibit, at minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees;

B. A description of appropriate legal sanctions for violation of federal, state and local laws for the unlawful possession or distribution of illicit drugs and alcohol;

C. A description of the health risks associated with the abuse of illicit drugs or alcohol use;

D. A list of drug and alcohol programs (evaluations, treatment and counseling) that are available to employees or students;

E. A clear statement that the University will impose disciplinary sanctions on students and employees for violations of the standards of conduct;

F. Identification as to whom will be maintaining the DAAPP document;

G. A description of people that the DAAPP will be sent to (students, employees.)

II. Standards of Conduct

A. Rights. Stockton University recognizes members of the University community as full-fledged citizens bearing the rights and responsibilities of all other members of American society. In support of the University’s mission, these basic rights include freedom to learn, free speech, peaceful assembly, association, and/or protest, and also freedom from personal force, violence, abuse, or threats of the same. As a citizen, each member of the campus community also has the right to organize his or her own behavior, as long as it supports the University’s educational mission and does not violate laws or interfere with the rights of others or the educational process. The University is not a sanctuary from the law, and the University does not stand in loco parentis.

B. Campus Conduct Code, Civil Law, and Civil Authorities. Stockton is dedicated to the dissemination of knowledge, the pursuit of truth, the development of students, and the general well-being of society. The information and Code of Conduct statements enumerated in this policy contain essential principles that promote civil and respectful behavior that are fundamental to a realization of these goals. These principles are expressed through five values: integrity, community, social justice, respect, and responsibility. It is the responsibility of all Stockton community members to know the Code of Conduct, uphold the values, and refrain from prohibited conduct. See Campus Conduct Code Policy File Number I-55.

C. Responsibility: University community members assume personal responsibility for civil conduct to themselves, to others, and to the community. Behaviors that violate this value include but are not limited to:

1. a) Alcohol: Possession, consumption, distribution, or attempted distribution of alcoholic beverages in contravention of federal, state, or local laws or University regulations or knowingly being present at the time of prohibited conduct while on University premises or while on University business.
2. b) Drugs: Unauthorized possession, use, misuse, transfer, distribution or attempted distribution of legal drugs, illegal drugs, prescription drugs, controlled dangerous substances, or drug paraphernalia that are prohibited by state or federal laws or knowingly being present at the time of the prohibited conduct, while on University premises or while on University business. Also prohibited is the use of any legally obtained drug, including alcohol, to the point where such use adversely affects an employee’s job performance.

3. c) Failure to Comply: Refusal to comply with a request, directive, or order from a University official such as campus police officers, members of the University administrative staff or other authorized persons performing their official University duties and responsibilities.

4. d) Other Policies: Violations of established policies, procedures, or regulations officially promulgated by the University and/or the State of New Jersey.

Campus Conduct Code: stockton.edu/policy-procedure/documents/policies/I-55.pdf

POLICY REVIEW
As an institution of higher education whose primary purpose is the pursuit of academic excellence, Stockton University emphasizes development of the whole student, personally, socially and educationally. To that end, the following is an overview of several major University policies that students and all other community members are expected to be acquainted with and abide by. In addition to criminal penalties, University disciplinary action may be imposed against all violators as warranted or appropriate. University policies are based on the philosophy that community life at Stockton must demonstrate a respect for others as well as uphold the laws of the State of New Jersey. To review these policies, and others in full detail, please refer to the University’s Policy and Procedure website at stockton.edu/policy-procedure/index.html.

ALCOHOL POLICY
The University has established a policy regarding the possession, consumption, sale and/or distribution of alcoholic beverages on University property. It follows that the academic mission is at the forefront. Co-curricular and other activities must enhance, and not detract from, academic pursuits of the community. The policy is designed to be consistent with the laws of the State of New Jersey. Violators of the law are subject to University disciplinary procedures and prosecution by local and/or state law enforcement officials. For additional information and/or questions, please contact the Office of Alcohol & Drug Education, located in J-204, or call 609-652-4701. Students can also seek peer support by contacting the Drug & Alcohol Peer Educators located in the Wellness Center, J-204.

DRUG POLICY
All laws at both the state and federal level regarding possession, use, sale and/or distribution of narcotic drugs or controlled dangerous substances apply on campus to all persons. The University has adopted a zero tolerance policy for offenders of these laws and violators will be prosecuted to the fullest extent of the law. For information, contact the Office of Alcohol & Drug Education located in J-204 or call 609-652-4701.

DRUG AND ALCOHOL PREVENTION PROGRAMS
Alcohol & Drug 101: Alcohol & Drug Peer Educators run an Alcohol & Drug 101 class on campus twice during each month during the semesters. The purpose of the class is to educate students on the realities of alcohol and drugs in the college environment. The peer educators cover a number of topics in this class including intoxication rate factors, alcohol poisoning, general information on the realities of drug usage, etc. Students participate in this class through interactive activities regarding their own experiences and knowledge on the topic of alcohol and drugs.

GEN2215: Peer Education-Drugs and Alcohol: Offered annually in the fall and spring semesters, this four credit course is designed for students to gain real world experience in providing alcohol/drug education, intervention, and counseling; and peer education programming on the college campus as well as in the surrounding community. This class provides experience in developing peer education programming on the topics of alcohol and drug education on the college campus. Students will become knowledgeable on relevant alcohol and drug issues such as, drinking & driving, distracted driving, binge drinking, drug abuse, college cultural influences, peer pressure, related interpersonal violence issues, legal issues, and other addictive behaviors. This course also satisfies the prerequisite to becoming a Peer Education leader within the Alcohol and Drug Education Program at Stockton University.
Green Dot Bystander Strategy: A Green Dot is any behavior, choice, word, or attitude that promotes safety for all of us and communicates zero tolerance for violence. Stockton University has several training courses throughout the semester which teach students and employees how to intervene safely to reduce violence and sexual assaults on our campus and at parties where alcohol and drugs are often involved.

TIPS (Training for Intervention Procedures) Training: The Alcohol & Drug Peer Educators, alongside other students on campus, are TIPS trained each year. The training consists of teaching students how to make tough decisions when it comes to alcohol use. The training addresses drinking usage and the risk factors involved. The program is specified for the college community to make it more relatable for students.

Narcan Training: The Alcohol & Drug Peer Educators provide students with the opportunity to become trained in Narcan each year. During this training, a speaker will provide information on how to safely use Narcan in the event of an opiate overdose. With the rise in opiate use, this training has become an important aspect of reducing the amount of lives lost. Each training typically lasts around two hours and discusses the impacts of opiate use, what to expect in case of an emergency opiate overdose and how to intervene effectively.

Recovery Housing: Beginning Fall 2017, Stockton University offers students recovery housing. This housing is aimed at assisting students who are currently in recovery by offering them resources and support. The housing will give students the opportunity to make connections in a healthy, sober, social scene with the assistance of peer support and highly trained licensed addiction specialists. Students within recovery housing will have access to a 12-month housing option, addictions counseling, weekly focused group sessions, evening and weekend programs and events to help them achieve success in their academic pursuits. Step-up Training: Throughout the year, students are offered bystander intervention training through the Step-up programming. This training helps students be proactive in helping others. Step-up’s focus is to raise awareness of helping behaviors, increase motivation to help, develop skills and confidence when responding to problems or concerns and ensure the safety and wellbeing of oneself and others.

Lolla-No-Booza: Lolla-No-Booza is programming hosted yearly by the Alcohol & Drug Peer Educators. This event is held on campus the Thursday before Halloween. The purpose of this event is to provide an entertaining and alcohol- and drug-free event for students. This is an alternative option for students on the most popular drinking night of the year in order to prevent binge drinking and DUIs. The event features games, prizes, live entertainment and food, which is fully funded by donations solicited by the peer educators each year.

Step Up! Stockton: Step Up! is a comprehensive bystander intervention program that teaches: • The 5 Decision Making Steps • Other Factors that Affect Helping, including Perspective Taking • Strategies for Effective Helping • The S.E.E. Model: Safe; Early; Effective • Warning Signs, Action Steps and Resources.

HERO Campaign: The HERO Campaign for Designated Drivers®, seeks to end drunk driving tragedies nationwide by promoting the use of safe and sober designated drivers. Our goal is simple: to register one million designated drivers and make having a designated driver be as automatic as wearing a seatbelt. The HERO Campaign is a federally registered, 501(c)(3) non-profit organization that partners with law enforcement agencies, schools and colleges [Stockton University], bars, taverns and restaurants, the U.S. Navy, professional sports teams, state divisions of highway safety and community chapters across the country.

TREATMENT SERVICES AVAILABLE

Al-Anon. ..............................................................................................................................al-anon.alateen.org
Alcoholics Anonymous AA ........................................................................................................609-641-8855
Atlantic County Atlantic Prevention Resources ................................................................. 609-272-0101
AtlantiCare Behavioral Health ......................................................................................... 609-272-0909
Recovery Centers of America at Lighthouse ................................................................. 800-RECOVERY
Narcotics Anonymous ........................................................................................................ 800-992-0401
Promises New Jersey ........................................................................................................ promises.com, 609-623-0110
III. **Legal Sanctions:** The goal of the sanctions is to reinforce the University’s commitment to a positive and safe learning environment consistent with acceptable social standards, and in accordance with federal, state and local laws.

A. **Federal**

**CHART 1 FEDERAL TRAFFICKING PENALTIES**

<table>
<thead>
<tr>
<th>DRUG/SCHEDULE</th>
<th>QUANTITY</th>
<th>PENALTIES</th>
<th>QUANTITY</th>
<th>PENALTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine (Schedule II)</td>
<td>500–4999 grams mixture</td>
<td>First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than $5 million if an individual, $25 million if not an individual.</td>
<td>5 kgs or more mixture</td>
<td>First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than $10 million if an individual, $50 million if not an individual.</td>
</tr>
<tr>
<td>Cocaine Base (Schedule II)</td>
<td>20–279 grams mixture</td>
<td></td>
<td>380 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>Fentanyl (Schedule II)</td>
<td>40–399 grams mixture</td>
<td></td>
<td>400 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>Fentanyl Analogue (Schedule I)</td>
<td>10–99 grams mixture</td>
<td></td>
<td>100 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>Heroin (Schedule I)</td>
<td>100–999 grams mixture</td>
<td>Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $8 million if an individual, $50 million if not an individual.</td>
<td>1 kg or more mixture</td>
<td>Second Offense: Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual.</td>
</tr>
<tr>
<td>LSD (Schedule I)</td>
<td>1–9 grams mixture</td>
<td></td>
<td>10 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>Methamphetamine (Schedule III)</td>
<td>5–49 grams pure or</td>
<td></td>
<td>50 grams or more pure or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>50–499 grams mixture</td>
<td></td>
<td>500 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>PCP (Schedule II)</td>
<td>10–99 grams pure or</td>
<td></td>
<td>100 grams or more pure or</td>
<td></td>
</tr>
<tr>
<td></td>
<td>100–999 grams mixture</td>
<td></td>
<td>1 kg or more mixture</td>
<td></td>
</tr>
</tbody>
</table>

**PENALTIES**

- **Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid):** Any amount
  - First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual.
  - Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine $2 million if an individual, $10 million if not an individual.

- **Furthetazepam (Schedule II):** 1 gram
  - First Offense: Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than $500,000 if an individual, $2.5 million if not an individual.
  - Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than $1 million if an individual, $3 million if not an individual.

- **Other Schedule IV drugs:** Any amount
  - First Offense: Not more than 5 yrs. Fine not more than $250,000 if an individual, $1 million if not an individual.
  - Second Offense: Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if other than an individual.

- **Furthetazepam (Schedule IV):** Other than 1 gram or more
  - First Offense: Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual.
  - Second Offense: Not more than 4 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.

## FEDERAL TRAFFICKING PENALTIES—MARIJUANA

<table>
<thead>
<tr>
<th>DRUG</th>
<th>QUANTITY</th>
<th>1st OFFENSE</th>
<th>2nd OFFENSE *</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana (Schedule I)</td>
<td>1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants</td>
<td>Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than $10 million if an individual, $50 million if other than an individual.</td>
<td>Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $20 million if an individual, $75 million if other than an individual.</td>
</tr>
<tr>
<td>Marijuana (Schedule I)</td>
<td>100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants</td>
<td>Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than $5 million if an individual, $25 million if other than an individual.</td>
<td>Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $20 million if an individual, $75 million if other than an individual.</td>
</tr>
<tr>
<td>Marijuana (Schedule I)</td>
<td>More than 10 kg hashish; 50 to 99 kg marijuana mixture</td>
<td>Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine $1 million if an individual, $5 million if other than an individual.</td>
<td>Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine $2 million if an individual, $10 million if other than an individual.</td>
</tr>
<tr>
<td>Marijuana (Schedule I)</td>
<td>More than 1 kg of hashish oil; 50 to 99 marijuana plants</td>
<td>Not more than 1 kg of hashish oil; 50 to 99 marijuana plants</td>
<td></td>
</tr>
<tr>
<td>Marijuana (Schedule I)</td>
<td>Less than 50 kilogramm marijuana (but does not include 50 or more marijuana plants regardless of weight)</td>
<td>Not more than 5 yrs. Fine not more than $250,000, $1 million if other than an individual.</td>
<td>Not more than 10 yrs. Fine $500,000 if an individual, $2 million if other than an individual.</td>
</tr>
<tr>
<td>Hashish (Schedule I)</td>
<td>10 kg or less</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hashish Oil (Schedule I)</td>
<td>1 kg or less</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to $20 million if an individual and $75 million if other than an individual.*


---

### Personal Use Amounts

This section of the 1988 Act allows the government to punish minor drug offenders without giving the offender a criminal record if the offender is in possession of only a small amount of drugs. This law is designed to impact the “user” of illicit drugs, while simultaneously saving the government the costs of a full-blown criminal investigation. Under this section, the government has the option of imposing only a civil fine on individuals possessing only a small quantity of an illegal drug. Possession of this small quantity, identified as a “personal use amount,” carries a civil fine of up to $10,000.

### CHART 2

**SANCTIONS UNDER NEW JERSEY LAW FOR UNLAWFUL POSSESSION OR DISTRIBUTION OF ANABOLIC STEROIDS, MARIJUANA, AND HASHISH OR OTHER SUBSTANCES CONTAINING TETRAHYDROCANNABINOLS**

<table>
<thead>
<tr>
<th>Crime</th>
<th>Imprisonment</th>
<th>Fines</th>
<th>Other possible penalties</th>
</tr>
</thead>
</table>
| Crime of 1<sup>st</sup> degree  
Examples:  
Distribution of heroin, cocaine or methamphetamine over 5 ounces; distribution of marijuana over 25 pounds; strict liability for death resulting from use of CDS distributed by actor | Between ten and twenty years allowed; extended term with previous conviction | Varies by substance and other factors; up to $300,000.00 | Community service; drug education and/or treatment, forfeiture of property |
| Crime of 2<sup>nd</sup> degree  
Examples:  
Distribution of LSD less than 100 milligrams; distribution of heroin, cocaine or methamphetamine over ½ ounce but less than 5 ounces; distribution of marijuana over 5 pounds but less than 25 pounds | Between five and ten years allowed; extended term with previous conviction | Varies by substance and other factors; up to $150,000.00 | Community service; drug education and/or treatment, forfeiture of property |
| Crime of 3<sup>rd</sup> degree  
Examples:  
Possession of cocaine, heroin, methamphetamine; possession of CDS classified in Schedule I, II, III, IV, with exceptions; obtaining CDS by fraud; distribution within 1,000 feet of a school | Between three and five years allowed; extended term with previous conviction | Varies by substance and other factors; up to $75,000.00 | Community service; drug education and/or treatment; probation |
| Crime of 4<sup>th</sup> degree  
Examples:  
Possession of marijuana over 50 grams; possession of more than 5 grams of hash | Term not to exceed 18 months is permitted | Varies; up to $25,000.00 | Community service; drug education and/or treatment; probation |
| Disorderly persons offenses  
Examples:  
Possession of marijuana under 50g; possession of drug paraphernalia; possession of alcohol under legal age; distribution of alcohol to minors | Up to 180 days | Not less than $500.00 | Driver’s license suspension if offense committed in a motor vehicle; possible alcohol education or treatment; possible community service; probation |

Source: Compiled July 2018 from NJ legislative statutes, Title 2C and Title 39.

Title 39:4-49.1 Possession of CDS in a motor vehicle by vehicle operator. Conviction can result in 2-year license suspension and not less than $50 fine (non-criminal offense)

**This table does not list all controlled dangerous substances (CDS) possession and distribution offenses. Additional CDS information may be found below.**

**Link to NJ statutes, Title 2C:33 (alcohol), 2C:35 (controlled dangerous substances), 2C:36 (paraphernalia), 2C:43 (sentencing for controlled dangerous substances offenses), Title 39 (traffic offenses):**

http://lis.njleg.state.nj.us/nxt/gateway.dll?f=templates&fn=default.htm&vid=Publish:10.1048/Enu
SANCTIONS UNDER Galloway Township Code


Galloway Township Code, Chapter 99.

Chapter 99

§ 99-7 Consumption of intoxicating beverages restricted.

[Amended 5-3-1983 by Ord. No. 728]

It is hereby prohibited to drink any intoxicating beverage on any sidewalk, street, avenue, highway, public parking lot or private commercial parking lot, unless the same is licensed to permit drinking thereon, whether or not in a motor vehicle or in any motor vehicle not on private property not otherwise referred to herein, within the Township of Galloway, Atlantic County, New Jersey, at any time. [1]

§ 99-9 Violations and penalties.


Any person who shall violate any of the provisions of Article I, II or III of this chapter shall, upon conviction in the Municipal Court of the Township of Galloway, be considered a petty disorderly person and subject to a fine of not more than $2,000, imprisonment for not more than 90 days and/or a period of community service for not more than 90 days, at the discretion of the Judge hearing said violation. Each day that a violation exists shall constitute a separate violation under this section.

§ 99-10 Underage consumption.

It shall be unlawful for any person under the legal age who, without legal authority, knowingly possesses or knowingly consumes an alcoholic beverage on private property.

§ 99-11 Violations and penalties.

[Amended 6-28-2005 by Ord. No. 1609]

Any person violating the provisions of this article shall, in accordance with the provisions of N.J.S.A. 40:48-1.2, as amended, be punished by a fine of $250 for a first offense and $350 for any subsequent offense.

§ 99-14 Age requirement.

A. The purchase or attempted purchase of alcoholic beverages by any person under the age of 21 years of age, whether the same is to be consumed on the premises or not, is hereby prohibited, and any person violating this section shall be deemed a disorderly person.

B. No person 21 years or older shall assist anyone under the age of 21 to purchase alcoholic beverages. Any person violating this section shall be deemed a disorderly person.

C. Any person who misrepresents his/her age to any police officer of the Township of Galloway in connection with the purchase and/or consumption of any alcoholic beverages shall be deemed a disorderly person.
§ 99-15 Use of false documents.

A. Any person under the age of 21 years of age who shall purchase or attempt to purchase any alcoholic beverages in the Township of Galloway by the use of false documents or representations shall be deemed a disorderly person.

B. Any person under the age of 21 years of age who shall have in his/her possession any altered or false document or documents for the purpose of identification and/or establishing the age of said person shall be deemed a disorderly person.

C. Any person who shall permit the use of his/her documents by any person under the age of 21 years of age for the purpose of securing the purchase of alcoholic beverages in the Township of Galloway shall be deemed to be a disorderly person.

§ 99-16 Violations and penalties.

Each and every person violating any of the provisions of this article shall be subject, upon conviction thereof, to a fine not exceeding $500 or imprisonment in the county jail for a term not exceeding 90 days, or both, in the discretion of the court.
IV. Health Risks

Description of Health Risks Associated with use of Illicit Drugs and Abuse of Alcohol

Serious health risks are associated with the use of illicit drugs and alcohol. These health risks are described in Chart 4, which includes information published by the National Institute on Drug Abuse available at drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts (last visited October 29, 2018).

The National Institute on Drug Abuse states that most drugs of abuse can alter a person’s thinking and judgment, leading to health risks, including addiction, drugged driving and infectious disease. Most drugs could potentially harm an unborn baby; pregnancy-related issues are listed in the chart below for drugs where there is enough scientific evidence to connect the drug use to specific negative effects. drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts (last visited October 29, 2018).

Many physical and psychological health risks are associated with the misuse and abuse of alcohol and other substances, including but not limited to the following:

- Accidents due to impaired judgment and coordination.
- Unwanted sexual activity.
- Difficulty with attention and learning.
- Physical and psychological dependence.
- Damage to the brain, pancreas, kidneys, liver, heart and lungs.
- High blood pressure, heart attacks, strokes, and ulcers.
- Birth defects.
- Diminished immune system.
- Death.
**The Drug Enforcement Agency (DEA) schedule indicates the drug’s acceptable medical use and its potential for misuse or dependence. The most up-to-date scheduling information can be found on the [DEA website](https://www.drugabuse.gov).**

### Alcohol

People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people—and throughout history, people have struggled to understand and manage alcohol’s power. Why does alcohol cause people to act and feel differently? How much is too much? Why do some people become addicted while others do not? The National Institute on Alcohol Abuse and Alcoholism is researching the answers to these and many other questions about alcohol. Here’s what is known:

Alcohol’s effects vary from person to person, depending on a variety of factors, including:

- How much you drink
- How often you drink
- Your age
- Your health status
- Your family history

While drinking alcohol is itself not necessarily a problem—drinking too much can cause a range of consequences, and increase your risk for a variety of problems. For more information on alcohol’s effects on the body, please see the National Institute on Alcohol Abuse and Alcoholism’s related web page describing alcohol’s effects on the body.

### Ayahuasca

A hallucinogenic tea made in the Amazon from a DMT-containing plant (*Psychotria viridis*) along with another vine (*Banisteriopsis caapi*) that contains an MAO inhibitor preventing the natural breakdown of DMT in the digestive system, thereby enhancing serotonergic activity. It was used historically in Amazonian religious and healing rituals. For more information, see the Hallucinogens and Dissociative Drugs Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aya, Yage, Hoasca</td>
<td>No commercial uses</td>
<td>Brewed as tea</td>
<td>Swallowed as tea</td>
<td>DMT is Schedule I, but plants containing it are not controlled</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**

Strong hallucinations including altered visual and auditory perceptions; increased heart rate and blood pressure; nausea; burning sensation in the stomach; tingling sensations and increased skin sensitivity.

**Long-term**

Possible changes to the serotonergic and immune systems, although more research is needed.

**Other Health-related Issues**

Unknown.

**In Combination with Alcohol**

Unknown.

**Withdrawal Symptoms**

Unknown.

**Treatment Options**

**Medications**

It is not known whether ayahuasca is addictive. There are no FDA-approved medications to treat addiction to ayahuasca or other hallucinogens.

**Behavioral Therapies**

More research is needed to find out if ayahuasca is addictive and, if so, whether behavioral therapies are effective.
### Central Nervous System Depressants

Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems. For more information, see the [Misure of Prescription Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names (Common)</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candy, Downers, Sleeping Pills, Tranks</td>
<td>Benzodiazepines: alprazolam (Xanax®), chlorodiazepoxide (Librium®), diazepam (Valium®), lorazepam (Ativan®), triazolam (Halicon®)</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, snorted</td>
<td>IV</td>
</tr>
<tr>
<td>Forget-me Pill, Mexican Valium, R2, Roche, Roofies, Roofinol, Rope, Rophies</td>
<td>Sleep Medications: eszopiclone (Lunesta®), zaleplon (Sonata®), zolpidem (Ambien®)</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, snorted</td>
<td>IV</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**  
Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.

**Long-term**  
Unknown.

**Other Health-related Issues**  
Sleep medications are sometimes used as date rape drugs.  
Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**  
Further slows heart rate and breathing, which can lead to death.

**Withdrawal Symptoms**  
Must be discussed with a health care provider; barbiturate withdrawal can cause a serious abstinence syndrome that may even include seizures.

#### Treatment Options

**Medications**  
There are no FDA-approved medications to treat addiction to prescription sedatives; lowering the dose over time must be done with the help of a health care provider.

**Behavioral Therapies**  
More research is needed to find out if behavioral therapies can be used to treat addiction to prescription sedatives.
### Cocaine
A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. For more information, see the Cocaine Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, Toot</td>
<td>Cocaine hydrochloride topical solution (anesthetic rarely used in medical procedures)</td>
<td>White powder, whitish rock crystal</td>
<td>Snorted, smoked, injected</td>
<td>II</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
- Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior; panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.

**Long-term**
- Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss; lung damage from smoking.
- Other Health-related Issues
  - Pregnancy: premature delivery, low birth weight, deficits in self-regulation and attention in school-aged children prenatally exposed.
  - Risk of HIV, hepatitis, and other infectious diseases from shared needles.
- In Combination with Alcohol
  - Greater risk of cardiac toxicity than from either drug alone.
- Withdrawal Symptoms
  - Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed movement, restlessness.

#### Treatment Options
- Medications
  - There are no FDA-approved medications to treat cocaine addiction.
- Behavioral Therapies
  - Cognitive-behavioral therapy (CBT)
  - Contingency management, or motivational incentives, including vouchers
  - The Matrix Model
  - Community-based recovery groups, such as 12-Step programs
  - Mobile medical application: reSET*

---

### DMT
A synthetic drug producing intense but relatively short-lived hallucinogenic experiences; also naturally occurring in some South American plants (See Ayahuasca). For more information, see the Hallucinogens and Dissociative Drugs Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMT, Dimitri</td>
<td>No commercial uses</td>
<td>White or yellow crystalline powder</td>
<td>Smoked, injected</td>
<td>I</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
- Intense visual hallucinations, depersonalization, auditory distortions, and an altered perception of time and body image, usually peaking in about 30 minutes when drank as tea. Physical effects include hypertension, increased heart rate, agitation, seizures, dilated pupils.

**Long-term**
- Unknown

**Other Health-related Issues**
- At high doses, cardiac and respiratory arrest have occurred.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Unknown.

#### Treatment Options
- **Medications**
  - It is not known whether DMT is addictive. There are no FDA-approved medications to treat addiction to DMT or other hallucinogens.
- **Behavioral Therapies**
  - More research is needed to find out if DMT is addictive and, if so, whether behavioral therapies are effective.
### GHB

A depressant approved for use in the treatment of narcolepsy, a disorder that causes daytime "sleep attacks."

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>G, Georgia Home Boy, Goop, Grieving Bodily Harm, Liquid Ecstasy, Liquid X, Soap, Scoop</td>
<td>Gamma-hydroxybutyrate or sodium oxybate (Xyrem*)</td>
<td>Colorless liquid, white powder</td>
<td>Swallowed (often combined with alcohol or other beverages)</td>
<td>I</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

- **Short-term:** Euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breathing, lower body temperature, seizures, coma, death.
- **Long-term:** Unknown.
- **Other Health-related issues:** Sometimes used as a date rape drug.
- **In Combination with Alcohol:** Nausea, problems with breathing, greatly increased depressant effects.
- **Withdrawal Symptoms:** Insomnia, anxiety, tremors, sweating, increased heart rate and blood pressure, psychotic thoughts.

**Treatment Options**

- **Medications:** Benzodiazepines
- **Behavioral Therapies:** More research is needed to find out if behavioral therapies can be used to treat GHB addiction.

### Hallucinogens

Drugs that cause profound distortions in a person’s perceptions of reality, such as ketamine, LSD, mescaline (peyote), PCP, psilocybin, salvia, DMT, and ayahuasca. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

### Heroin

An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants. For more information, see the [Heroin Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse With OTC cold medicine and antihistamine: Cheese</td>
<td>No commercial uses</td>
<td>White or brownish powder, or black sticky substance known as &quot;black tar heroin&quot;</td>
<td>Injected, smoked, snorted</td>
<td>I</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

- **Short-term:** Euphoria; dry mouth; itching; nausea; vomiting; anaesthesia; slowed breathing and heart rate.
- **Long-term:** Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease.
- **Other Health-related issues:** Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
- **In Combination with Alcohol:** Dangerous slowdown of heart rate and breathing, coma, death.
- **Withdrawal Symptoms:** Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps (“cold turkey”).

**Treatment Options**

- **Medications:**
  - Methadone
  - Buprenorphine
  - Naltrexone (short- and long-acting forms)
- **Behavioral Therapies:**
  - Contingency management, or motivational incentives
  - 12-Step facilitation therapy
### Inhalants

Sovents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids; also nitrites (e.g., amyl nitrite), which are prescription medications for chest pain. For more information, see the Inhalants Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poppers, snappers,</td>
<td>Various</td>
<td>Paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter</td>
<td>Inhaled through the nose or mouth</td>
<td>Not scheduled</td>
</tr>
<tr>
<td>whippets, laughing</td>
<td></td>
<td>fluids, correction fluids, permanent markers, electronics cleaners and freeze</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gas</td>
<td></td>
<td>sprays, glue, spray paint, hair or deodorant sprays, fabric protector</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>sprays, aerosol computer cleaning products, vegetable oil sprays, butane</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>lighters, propane tanks, whipped cream aerosol containers, refrigerant</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>gases, ether, chloroform, halothane, nitrous oxide</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**

Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking.

Nitrites: enlarged blood vessels, enhanced sexual pleasure, increased heart rate, brief sensation of heat and excitement, dizziness, headache.

**Long-term**

Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing.

Nitrites: increased risk of pneumonia.

**Other Health-related Issues**


**In Combination with Alcohol**

Unknown.

**Withdrawal Symptoms**

Nausea, tremors, irritability, problems sleeping, and mood changes.

#### Treatment Options

**Medications**

There are no FDA-approved medications to treat inhalant addiction.

**Behavioral Therapies**

More research is needed to find out if behavioral therapies can be used to treat inhalant addiction.
### Ketamine

A dissociative drug used as an anesthetic in veterinary practice. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. For more information, see the [Hallucinogens and Dissociative Drug Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ketamine, K, Spacial K, Vitamin K</td>
<td>Ketalar®</td>
<td>Liquid, white powder</td>
<td>Injected, snorted, smoked (powder added to tobacco or marijuana cigarettes), swallowed</td>
<td>III</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
Problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion; loss of memory; raised blood pressure; unconsciousness; dangerously slowed breathing.

**Long-term**
Ulcers and pain in the bladder; kidney problems; stomach pain; depression; poor memory.

**Other Health-related Issues**
Sometimes used as a date rape drug. Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
Increased risk of adverse effects.

**Withdrawal Symptoms**
Unknown.

#### Treatment Options

**Medications**
There are no FDA-approved medications to treat addiction to ketamine or other dissociative drugs.

**Behavioral Therapies**
More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.

---

### Khat

Pronounced “cot,” a shrub (*Catha edulis*) found in East Africa and southern Arabia; contains the psychoactive chemicals cathinone and cathine. People from African and Arabian regions (up to an estimated 20 million worldwide) have used khat for centuries as part of cultural tradition and for its stimulant-like effects.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abyssinian Tea, African Salad, Catha, Chat, Kat, Qat</td>
<td>No commercial uses</td>
<td>Fresh or dried leaves</td>
<td>Chewed, brewed as tea</td>
<td>Cathinone is a Schedule I drug, making khat use illegal, but the khat plant is not controlled</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
Euphoria, increased alertness and arousal, increased blood pressure and heart rate, depression, paranoia, headaches, loss of appetite, insomnia, fine tremors, loss of short-term memory.

**Long-term**
Gastrointestinal disorders such as constipation, ulcers, and stomach inflammation; and increased risk of heart attack.

**Other Health-related Issues**
In rare cases associated with heavy use: psychotic reactions such as fear, anxiety, grandiose delusions (fantastical beliefs that one has superior qualities such as fame, power, and wealth), hallucinations, and paranoia.

**In Combination with Alcohol**
Unknown.

**Withdrawal Symptoms**
Depression, nightmares, low blood pressure, and lack of energy.

#### Treatment Options

**Medications**
It is not known whether khat is addictive. There are no FDA-approved medications to treat addiction to khat.

**Behavioral Therapies**
More research is needed to find out if khat is addictive and, if so, whether behavioral therapies are effective.
### Kratom

A tropical deciduous tree (*Mitragyna speciosa*) native to Southeast Asia, with leaves that contain many compounds, including mitragynine, a psychotropic (mind-altering) opioid. Kratom is consumed for mood-lifting effects and pain relief and as an aphrodisiac. For more information, see the [Kratom DrugFacts](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herbal Speedball, Biak-biak,</td>
<td>None</td>
<td>Fresh or dried leaves,</td>
<td>Chewed (whole leaves); eaten (mixed in food or</td>
<td>Not</td>
</tr>
<tr>
<td>Ketum, Kaheam, Ithang, Thom</td>
<td></td>
<td>powder, liquid, gum</td>
<td>brewed as tea); occasionally smoked</td>
<td>scheduled</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
- Nausea, dizziness, itching, sweating, dry mouth, constipation, loss of appetite.
- Low doses: increased energy, sociability, alertness.
- High doses: sedation, euphoria, decreased pain.

**Long-term**
- Anorexia, weight loss, insomnia, skin darkening, constipation. Hallucination and paranoia with long-term use at high doses.

**Other Health-related Issues**
- Unknown.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Muscle aches, insomnia, hostility, aggression, emotional changes, runnynose, jerky movements.

#### Treatment Options

**Medications**
- No clinical trials have been conducted on medications for kratom addiction.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat addiction to kratom.

### LSD

A hallucinogen manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. LSD is an abbreviation of the scientific name *lysergic acid diethylamide*. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acid, Blotter, Blue Heaven,</td>
<td>No commercial</td>
<td>Tablet; capsule; clear</td>
<td>Swallowed, absorbed through mouth tissues (paper</td>
<td>1</td>
</tr>
<tr>
<td>Cubes, Microdot, Yellow</td>
<td>uses</td>
<td>liquid; small, decorated</td>
<td>squares)</td>
<td></td>
</tr>
<tr>
<td>Sunshine</td>
<td></td>
<td>paper that liquid</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>has been added to</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
- Rapid emotional swings; distortion of a person’s ability to recognize reality, think rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness; loss of appetite; tremors; enlarged pupils.

**Long-term**
- Frightening flashbacks (called Hallucinogen Persisting Perception Disorder [HPPD]); ongoing visual disturbances, disorganized thinking, paranoia, and mood swings.

**Other Health-related Issues**
- Unknown.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Unknown.

#### Treatment Options

**Medications**
- There are no FDA-approved medications to treat addiction to LSD or other hallucinogens.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.
Marijuana (Cannabis)

Marijuana is made from the hemp plant, *Cannabis sativa*. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC. For more information, see the *Marijuana Research Report*.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blunt, Bud, Dope, Ganja, Grass, Green, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Trees, Weed; Hashish: Boom, Gangster, Hash, Hemp</td>
<td>Various brand names in states where the sale of marijuana is legal</td>
<td>Greenish-gray mixture of dried, shredded leaves, stems, seeds, and/or flowers; resin (hashish) or sticky, black liquid (hash oil)</td>
<td>Smoked, eaten (mixed in food or brewed as tea)</td>
<td>I</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**
Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety.

**Long-term**
Mental health problems, chronic cough, frequent respiratory infections.

**Other Health-related Issues**
Youth: possible loss of IQ points when repeated use begins in adolescence.
Pregnancy: babies born with problems with attention, memory, and problem solving.

**In Combination with Alcohol**
Increased heart rate, blood pressure; further slowing of mental processing and reaction time.

**Withdrawal Symptoms**
Irritability, trouble sleeping, decreased appetite, anxiety.

**Treatment Options**

**Medications**
There are no FDA-approved medications to treat marijuana addiction.

**Behavioral Therapies**
- Cognitive-behavioral therapy (CBT)
- Contingency management, or motivational incentives
- Motivational Enhancement Therapy (MET)
- Behavioral treatments geared to adolescents
- Mobile medical application: reSET®

MDMA (Ecstasy/Molly)

A synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. MDMA is an abbreviation of the scientific name 3,4-methylenedioxymethamphetamine. For more information, see the *MDMA (Ecstasy) Abuse Research Report*.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam, Clarity, Eve, Lover’s Speed, Peace, Uppers</td>
<td>No commercial uses</td>
<td>Colorful tablets with imprinted logos, capsules, powder, liquid</td>
<td>Swallowed, snorted</td>
<td>I</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**
Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death.

**Long-term**
Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness, less interest in sex.

**Other Health-related Issues**
Unknown.

**In Combination with Alcohol**
MDMA decreases some of alcohol’s effects. Alcohol can increase plasma concentrations of MDMA, which may increase the risk of neurotoxic effects.

**Withdrawal Symptoms**
Fatigue, loss of appetite, depression, trouble concentrating.

**Treatment Options**

**Medications**
There is conflicting evidence about whether MDMA is addictive. There are no FDA-approved medications to treat MDMA addiction.

**Behavioral Therapies**
More research is needed to find out if behavioral therapies can be used to treat MDMA addiction.
### Mescaline (Peyote)

A hallucinogen found in disk-shaped "buttons" in the crown of several cacti, including peyote. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buttons, Cactus, Mesc</td>
<td>No commercial uses</td>
<td>Fresh or dried buttons, capsule</td>
<td>Swallowed (chewed or soaked in water and drunk)</td>
<td>I</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

- **Short-term**: Enhanced perception and feeling; hallucinations; euphoria; anxiety; increased body temperature, heart rate, blood pressure; sweating; problems with movement.
- **Long-term**: Unknown.
- **Other Health-related Issues**: Unknown.
- **In Combination with Alcohol**: Unknown.
- **Withdrawal Symptoms**: Unknown.

#### Treatment Options

- **Medications**: There are no FDA-approved medications to treat addiction to mescaline or other hallucinogens.
- **Behavioral Therapies**: More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.

---

### Methamphetamine

An extremely addictive stimulant amphetamine drug. For more information, see the [Methamphetamine Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crank, Chalk, Crystal, Fire, Glass, Go Fast, Ice, Meth, Speed</td>
<td>Desoxyn®</td>
<td>White powder or pill; crystal meth looks like pieces of glass or shiny blue-white &quot;rocks&quot; of different sizes</td>
<td>Swallowed, snorted, smoked, injected</td>
<td>II</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

- **Short-term**: Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat.
- **Long-term**: Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems ("meth mouth"), intense itching leading to skin sores from scratching.
- **Other Health-related Issues**: Pregnancy: premature delivery; separation of the placenta from the uterus; low birth weight; lethargy; heart and brain problems. Risk of HIV, hepatitis, and other infectious diseases from shared needles.
- **In Combination with Alcohol**: Masks the depressant effect of alcohol, increasing risk of alcohol overdose; may increase blood pressure.
- **Withdrawal Symptoms**: Depression, anxiety, tiredness.

#### Treatment Options

- **Medications**: There are no FDA-approved medications to treat methamphetamine addiction.
- **Behavioral Therapies**:
  - Cognitive-behavioral therapy (CBT)
  - Contingency management, or motivational incentives
  - The Matrix Model
  - 12-Step facilitation therapy
  - Mobile medical application: reSET®
### Over-the-Counter Medicines—Dextromethorphan (DXM)

Psychoactive when taken in higher-than-recommended amounts. For more information, see the Over-the-Counter Medicines DrugFacts.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robertspoon, Robo, Triple C</td>
<td>Various (many brand names include &quot;DM&quot;)</td>
<td>Syrup, capsule</td>
<td>Swallowed</td>
<td>Not scheduled</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

- **Short-term**
  - Cough relief; euphoria; slurred speech; increased heart rate and blood pressure; dizziness; nausea; vomiting;
- **Long-term**
  - Unknown.
- **Other Health-related Issues**
  - Breathing problems, seizures, and increased heart rate may occur from other ingredients in cough/cold medicines.
- **In Combination with Alcohol**
  - Unknown.
- **Withdrawal Symptoms**
  - Unknown.

**Treatment Options**

- **Medications**
  - There are no FDA-approved medications to treat addiction to dextromethorphan.
- **Behavioral Therapies**
  - More research is needed to find out if behavioral therapies can be used to treat addiction to dextromethorphan.

### Over-the-Counter Medicines—Loperamide

An anti-diarrheal that can cause euphoria when taken in higher-than-recommended doses. For more information, see the Over-the-Counter Medicines DrugFacts.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Imodium</td>
<td>Tablet, capsule, or liquid</td>
<td>Swallowed</td>
<td>Not scheduled</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

- **Short-term**
  - Controls diarrhea symptoms. In high doses, can produce euphoria. May lessen cravings and withdrawal symptoms of other drugs.
- **Long-term**
  - Unknown.
- **Other Health-related Issues**
  - Fainting, stomach pain, constipation, loss of consciousness, cardiovascular toxicity, pupil dilation, and kidney failure from urinary retention.
- **In Combination with Alcohol**
  - Unknown.
- **Withdrawal Symptoms**
  - Severe anxiety, vomiting, and diarrhea.

**Treatment Options**

- **Medications**
  - There are no FDA-approved medications to treat loperamide addiction.
- **Behavioral Therapies**
  - The same behavioral therapies that have helped treat addiction to heroin may be used to treat addiction to loperamide.
  - Contingency management, or motivational incentives.
### PCP

A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, *phencyclidine*. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angel Dust, Boat, Hog, Love</td>
<td>No commercial</td>
<td>White or colored powder, tablet, or</td>
<td>Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)</td>
<td>I, II</td>
</tr>
<tr>
<td>Boat, Peace Pill</td>
<td>uses</td>
<td>capsule; clear liquid</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Possible Health Effects

#### Short-term

Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one’s environment, anxiety.

Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement.

High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.

#### Long-term

Memory loss, problems with speech and thinking, loss of appetite, anxiety.

#### Other Health-related Issues

PCP has been linked to self-injury.

Risk of HIV, hepatitis, and other infectious diseases from shared needles.

#### In Combination with Alcohol

Unknown.

#### Withdrawal Symptoms

Headaches, increased appetite, sleepiness, depression

### Treatment Options

**Medications**

There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.

**Behavioral Therapies**

More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.
### Prescription Opioids

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used nonmedically, leading to overdose deaths. For more information, see the [Misuse of Prescription Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names (Common)</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captain Cody, Cody, Lean, Schoolboy, Sizurrp, Purple Drank With glutethimide: Doors &amp; Fours, Loads, Pancakes and Syrup</td>
<td>Codeine (various brand names)</td>
<td>Tablet, capsule, liquid</td>
<td>Injected, swallowed (often mixed with soda and flavorings)</td>
<td>II, III, V</td>
</tr>
<tr>
<td>Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, Tango and Cash, TNT</td>
<td>Fentanyl (Actiq®, Duragesic®, Sublimaze®)</td>
<td>Lozenge, sublingual tablet, film, buccal tablet</td>
<td>Injected, sniffed, snorted</td>
<td>II</td>
</tr>
<tr>
<td>Vike, Watson-387</td>
<td>Hydrocodone or dihydrocodeine (Vicodin®, Norco®, Zohydro®, and others)</td>
<td>Capsule, liquid, tablet</td>
<td>Swallowed, sniffed, injected</td>
<td>II</td>
</tr>
<tr>
<td>D, Dillies, Footballs, Juice, Smack</td>
<td>Hydromorphone (Dilaudid®)</td>
<td>Liquid, suppository</td>
<td>Injected, rectal</td>
<td>II</td>
</tr>
<tr>
<td>Demmies, Pain Killer</td>
<td>Meperidine (Demerol®)</td>
<td>Tablet, liquid</td>
<td>Swallowed, sniffed, injected</td>
<td>II</td>
</tr>
<tr>
<td>Amidone, Fizzles With MDMA: Chocolate Chip Cookies</td>
<td>Methadone (Dolophine®, Methadose®)</td>
<td>Tablet, dispersible tablet, liquid</td>
<td>Swallowed, injected</td>
<td>II</td>
</tr>
<tr>
<td>M. Miss Emma, Monkey, White Stuff</td>
<td>Morphine (DuraVersed®, MS Contin®)</td>
<td>Tablet, liquid, capsule, suppository</td>
<td>Injected, swallowed, smoked</td>
<td>II, III</td>
</tr>
<tr>
<td>O.C., Oxyjet, Oxycotton, Oxy, Hillbilly Heroin, Perco</td>
<td>Oxycodone (OxyContin®, Percodan®, Percocet®, and others)</td>
<td>Capsule, liquid, tablet</td>
<td>Swallowed, sniffed, injected</td>
<td>II</td>
</tr>
<tr>
<td>Biscuits, Blue Heaven, Blues, Mrs. O, O Bomb, Octagon, Stop Signs</td>
<td>Oxymorphone (Opana®)</td>
<td>Tablet</td>
<td>Swallowed, sniffed, injected</td>
<td>II</td>
</tr>
</tbody>
</table>

### Possible Health Effects

**Short-term**
- Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.

**Long-term**
- Increased risk of overdose or addiction if misused.

**Other Health-related Issues**
- Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.
- Older adults: higher risk of accidental misuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
- Dangerous slowing of heart rate and breathing leading to coma or death.

**Withdrawal Symptoms**
- Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps (“cold turkey”), leg movements.

**Treatment Options**

**Medications**
- Methadone
- Buprenorphine
- Naltrexone (short- and long-acting)

**Behavioral Therapies**
- The same behavioral therapies that have helped treat addiction to heroin are used to treat prescription opioid addiction.
# Prescription Stimulants

Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate. For more information, see the [Misuse of Prescription Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names (Common)</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bennies, Black Beauties, Crosses, Hearts, LA Turnaround, Speed, Truck Drivers, Uppers</td>
<td>Amphetamine (Adderall*)</td>
<td>Tablet, capsule</td>
<td>Swallowed, snorted, smoked, injected</td>
<td>II</td>
</tr>
<tr>
<td>JIF, MPH, R-ball, Skippy, The Smart Drug, Vitamin R</td>
<td>Methylphenidate (Concerta*, Ritalin*)</td>
<td>Liquid, tablet, chewable tablet, capsule</td>
<td>Swallowed, snorted, smoked, injected, chewed</td>
<td>II</td>
</tr>
</tbody>
</table>

## Possible Health Effects

**Short-term**
- Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages.
- High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.

**Long-term**
- Heart problems, psychosis, anger, paranoia.

**Other Health-related Issues**
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
- Masks the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure.

**Withdrawal Symptoms**
- Depression, tiredness, sleep problems.

## Treatment Options

**Medications**
- There are no FDA-approved medications to treat stimulant addiction.

**Behavioral Therapies**
- Behavioral therapies that have helped treat addiction to cocaine or methamphetamine may be useful in treating prescription stimulant addiction.
- Mobile medical application: reSET®

---

# Psilocybin

A hallucinogen in certain types of mushrooms that grow in parts of South America, Mexico, and the United States. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Smoke, Magic Mushrooms, Purple Passion, Shrooms</td>
<td>No commercial uses</td>
<td>Fresh or dried mushrooms with long, slender stems topped by caps with dark gills</td>
<td>Swallowed (eaten, brewed as tea, or added to other foods)</td>
<td>I</td>
</tr>
</tbody>
</table>

## Possible Health Effects

**Short-term**
- Hallucinations, altered perception of time, inability to tell fantasy from reality, panic, muscle relaxation or weakness, problems with movement, enlarged pupils, nausea, vomiting, drowsiness.

**Long-term**
- Risk of flashbacks and memory problems.

**Other Health-related Issues**
- Risk of poisoning if a poisonous mushroom is accidentally used.

**In Combination with Alcohol**
- May decrease the perceived effects of alcohol.

**Withdrawal symptoms**
- Unknown.

## Treatment Options

**Medications**
- It is not known whether psilocybin is addictive. There are no FDA-approved medications to treat addiction to psilocybin or other hallucinogens.

**Behavioral Therapies**
- More research is needed to find out if psilocybin is addictive and whether behavioral therapies can be used to treat addiction to this or other hallucinogens.
**Rohypnol® (Flunitrazepam)**

A benzodiazepine chemically similar to prescription sedatives such as Valium® and Xanax®. Teens and young adults tend to misuse this drug at bars, nightclubs, concerts, and parties. It has been used to commit sexual assaults due to its ability to sedate and incapacitate unsuspecting victims.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circles, Date Rape Drug, Forget PILL, Forget-Me PILL, La Rocha, Lunch Money, Mexican Valium, Mind Eraser, Pingu, R2, Reynolds, Rib, Roach, Roach 2, Roaches, Roachies, Roopies, Rochas Dos, Roofies, Rope, Ropies, Row-Shay, Ruffies, Trip-and-Fall, Wolfies</td>
<td>Flunitrazepam, Rohypnol®</td>
<td>Tablet</td>
<td>Swallowed (as a pill or as dissolved in a drink), snorted</td>
<td>IV Rohypnol® is not approved for medical use in the United States; it is available as a prescription sleep aid in other countries.</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

| **Short-term**                         | Drowsiness, sedation, sleep; amnesia, blackout; decreased anxiety; muscle relaxation, impaired reaction time and motor coordination; impaired mental functioning and judgment; confusion; aggression; excitability; slurred speech; headache; slowed breathing and heart rate. |
| **Long-term**                          | Unknown. |
| **Other Health-related Issues**        | Unknown. |
| **In Combination with Alcohol**        | Severe sedation, unconsciousness, and slowed heart rate and breathing, which can lead to death. |
| **Withdrawal Symptoms**                | Headache; muscle pain; extreme anxiety, tension, restlessness, confusion, irritability; numbness and tingling of hands or feet; hallucinations, delirium, convulsions, seizures, or shock. |

**Treatment Options**

| **Medications**                         | There are no FDA-approved medications to treat addiction to Rohypnol® or other prescription sedatives. |
| **Behavioral Therapies**                | More research is needed to find out if behavioral therapies can be used to treat addiction to Rohypnol® or other prescription sedatives. |
Salvia

A dissociative drug (*Salvia divinorum*) that is an herb in the mint family native to southern Mexico. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Magic mint, Maria</td>
<td>Sold legally in most</td>
<td>Fresh or dried</td>
<td>Smoked, chewed, or</td>
<td>Not scheduled (but labeled drug of concern by DEA and illegal in some states)</td>
</tr>
<tr>
<td>Pastora, Sally-D,</td>
<td>states as *Salvia</td>
<td>leaves</td>
<td>brewed as tea</td>
<td></td>
</tr>
<tr>
<td>Shepherdess’s Herb,</td>
<td><em>divinorum</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diviner’s Sage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Possible Health Effects**

<table>
<thead>
<tr>
<th>Short-term</th>
<th>Short-lived but intense hallucinations; altered visual perception, mood, body sensations; mood swings, feelings of detachment from one’s body; sweating.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term</td>
<td>Unknown.</td>
</tr>
<tr>
<td>Other Health-related</td>
<td>Unknown.</td>
</tr>
<tr>
<td>Issues</td>
<td></td>
</tr>
<tr>
<td>In Combination with</td>
<td>Unknown.</td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Withdrawal Symptoms</td>
<td>Unknown.</td>
</tr>
</tbody>
</table>

**Treatment Options**

<table>
<thead>
<tr>
<th>Medications</th>
<th>It is not known whether salvia is addictive. There are no FDA-approved medications to treat addiction to salvia or other dissociative drugs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Therapies</td>
<td>More research is needed to find out if salvia is addictive, but behavioral therapies can be used to treat addiction to dissociative drugs.</td>
</tr>
</tbody>
</table>
### Steroids (Anabolic)

Man-made substances used to treat conditions caused by low levels of steroid hormones in the body and misused to enhance athletic and sexual performance and physical appearance. For more information, see the Steroids and Other Appearance and Performance Enhancing Drugs (APEDs) Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names (Common)</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juice, Gym Candy, Pumpers, Roids</td>
<td>Nandrolone (Oxandrin®), oxandrolone (Anadrol®), oxymetholone (Anadrol-50®), testosterone cypionate (Depo-testosterone®)</td>
<td>Tablet, capsule, liquid drops, gel, cream, patch, injectable solution</td>
<td>Injected, swallowed, applied to skin</td>
<td>III</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
- Builds muscles, improved athletic performance. Acne, fluid retention (especially in the hands and feet), oily skin, yellowing of the skin, infection.

**Long-term**
- Kidney damage or failure; liver damage; high blood pressure, enlarged heart, or changes in cholesterol leading to increased risk of stroke or heart attack, even in young people; aggression; extreme mood swings; anger ("roid rage"); extreme irritability; delusions; impaired judgment.

**Other Health-related Issues**
- Males: shrunk testicles, lowered sperm count, infertility, baldness, development of breasts.
- Females: facial hair, male-pattern baldness, enlargement of the clitoris, deepened voice.
- Adolescents: stunted growth.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
- Increased risk of violent behavior.

**Withdrawal Symptoms**
- Mood swings; tiredness; restlessness; loss of appetite; insomnia; lowered sex drive; depression, sometimes leading to suicide attempts.

#### Treatment Options

**Medications**
- Hormone therapy.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat steroid addiction.

### Synthetic Cannabinoids

A wide variety of herbal mixtures containing man-made cannabinoid chemicals related to THC in marijuana but often much stronger and more dangerous. Sometimes misleadingly called "synthetic marijuana" and marketed as a "natural," "safe," legal alternative to marijuana. For more information, see the Synthetic Cannabinoids DrugFacts.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>K2, Spice, Black Mamba, Bliss, Bombay Blue, Fake Weed, Fire, Genie, Moon Rocks, Skunk, Smacked, Yucatan, zohai</td>
<td>No commercial uses</td>
<td>Dried, shredded plant material that looks like potpourri and is sometimes sold as &quot;incense&quot;</td>
<td>Smoked, swallowed (brewed as tea)</td>
<td>I</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
- Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety, paranoia; increased blood pressure.

**Long-term**
- Unknown.

**Other Health-related Issues**
- Use of synthetic cannabinoids has led to an increase in emergency room visits in certain areas.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Headaches, anxiety, depression, irritability.

#### Treatment Options

**Medications**
- There are no FDA-approved medications to treat synthetic cannabinoid addiction.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat synthetic cannabinoid addiction.
## Synthetic Cathinones (“Bath Salts”)

An emerging family of drugs containing one or more synthetic chemicals related to cathinone, a stimulant found naturally in the khat plant. Examples of such chemicals include methedrone, methylone, and 3,4-methylenedioxyamphetamine (MDPV). For more information, see the Synthetic Cathinones (“Bath Salts”) DrugFacts.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bloom, Cloud Nine, Cosmic Blast, Flakka, Ivory Wave, Lunar Wave, Scarface, Vanilla Sky, White Lightning</td>
<td>No commercial uses for ingested “bath salts”</td>
<td>White or brown crystalline powder sold in small plastic or foil packages labeled &quot;not for human consumption&quot; and sometimes sold as jewelry cleaner; tablet, capsule, liquid</td>
<td>Swallowed, snorted, injected</td>
<td>1 Some formulations have been banned by the DEA</td>
</tr>
</tbody>
</table>

### Possible Health Effects

**Short-term**
- Increased heart rate and blood pressure; euphoria; increased sociability and sex drive; paranoia, agitation, and hallucinations; violent behavior; sweating; nausea, vomiting; insomnia; irritability; dizziness; depression; panic attacks; reduced motor control; cloudy thinking.

**Long-term**
- Death.

**Other Health-related Issues**
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Depression, anxiety.

### Treatment Options

**Medications**
- There are no FDA-approved medications to treat addiction to synthetic cathinones.

**Behavioral Therapies**
- Cognitive-behavioral therapy (CBT)
- Contingency management, or motivational incentives
- Motivational Enhancement Therapy (MET)
- Behavioral treatments geared to teens

## Tobacco

Plant grown for its leaves, which are dried and fermented before use. For more information, see the Tobacco/Nicotine Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Multiple brand names</td>
<td>cigarettes, cigars, bidis, hookahs, smokeless tobacco (snuff, spit tobacco, chew)</td>
<td>Smoked, snorted, chewed, vaporized</td>
<td>Not Scheduled</td>
</tr>
</tbody>
</table>

### Possible Health Effects

**Short-term**
- Increased blood pressure, breathing, and heart rate.

**Long-term**
- Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.

**Other Health-related Issues**
- Pregnancy: miscarriage, low birth weight, stillbirth, learning and behavior problems.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Irritability, attention and sleep problems, depression, increased appetite.

### Treatment Options

**Medications**
- Bupropion (Zyban®)
- Varenicline (Chantix®)
- Nicotine replacement (gum, patch, lozenge)

**Behavioral Therapies**
- Cognitive-behavioral therapy (CBT)
- Self-help materials
- Mail, phone, and Internet quit resources
V. Drug and Alcohol Programs: Information and Resources for Students and Employees

A. Employees

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you and all members of your household by Stockton University. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work/life issues in order to live happier, healthier, more balanced lives. These services are completely confidential and can be easily accessed by calling the toll-free Helpline listed below. Substance abuse needs may be covered by an employee’s medical benefits.

Phone: Toll-free Helpline available 24/7/365: 1-866-327-2400

Web: www.deeroakseap.com Log-in to the Stockton Portal and click on the Employee tab to find the log-in credentials for the Deer Oaks website and/or to click on a direct pass through link into the Deer Oaks website.

Email: eap@deeroaks.com

B. Currently Enrolled Students

Stockton University’s Alcohol and Drug Education Program provides confidential counseling, assessment and referral services for students. Information regarding procedures for treatment options, including referral to intensive outpatient treatment, inpatient treatment centers and community 12-step groups, is offered.

Students can also receive counseling if they have a relationship with an alcoholic, addict or problem drinker. Students will receive information regarding available support systems.

If you suspect someone has consumed a large volume of alcohol over a short period of time he/she/they may have alcohol poisoning. Symptoms of alcohol poisoning could include:

- Unconsciousness; cannot be awakened
- Cold, clammy, unusually pale or bluish skin
- Slow or irregular breathing
- Excessive vomiting or vomiting while passed out

If alcohol poisoning is suspected:

- DO SOMETHING; don’t worry about the person’s subsequent thoughts or attitude
- DIAL 911 immediately
- STAY with the person and monitor their breathing

GOOD SAMARITAN POLICY

In an effort to promote responsible student behavior and respect for the health and welfare of all members of the collegiate community, panel members may take into account when determining the appropriate sanctions whether a respondent student attempted to take remedial action to assist a victim in a life-threatening situation. Providing students with necessary medical assistance due to over-consumption of alcohol and/or other drugs takes priority over judicial or criminal considerations. Students are therefore strongly encouraged to seek immediate assistance for themselves or their friends without regard for possible disciplinary or criminal concerns. Consideration for disciplinary leniency will be given to students who require medical support or who request medical support for others due to dangerous consumption of alcohol or drugs.
VI. Disciplinary Sanctions

A. Employees – Procedure 6140 Disciplinary Guidelines (See section 1.6 for description of progressive disciplinary action)

POSESSION DISTRIBUTION OR SELLING OF ALCOHOLIC BEVERAGES
Employees are not permitted to possess or distribute alcoholic beverages in University vehicles, at job sites, in shops, yards or offices. Selling alcoholic beverages on University premise will be cause for removal on the first offense.

5 days - removal  Removal

CONSUMPTION OF ALCOHOLIC BEVERAGES WHILE IN PAY STATUS
Employees are not permitted to consume alcoholic beverages while in a pay status. An employee becoming legally impaired while performing their work duties for the university is grounds for removal on the first offense.

1 day - 5 days  3 days - 10 days 10 days - Removal  Removal

REPORTING FOR DUTY WHILE INTOXICATED BY ALCOHOL OR BECOMING INTOXICATED BY ALCOHOL DURING WORK SHIFT
This is a most serious breach of discipline warranting immediate suspension. Employees are not to be sent home driving their own vehicles. Arrangements are to be made for a relative or friend to transport employee off premises. If unable to arrange transportation by family or friend, the University will authorize supervision to transport employee off premises at the earliest possible time. In addition to disciplinary action, referral to the Employee Advisory Service may be in order.

3 days - 5 days  5 days - 20 days 15 days - Removal  Removal

DRUG RELATED INCIDENTS SELLING OR DISTRIBUTING ILLEGAL DRUGS
Drug-related incidents, including possible illegal use and/or appearance of being under the influence of, our cause for immediate suspension. For guidance on incidents of this nature, call the office of Human Resources.

Removal – First Offense

B. Currently Enrolled Students

SANCTIONS
Sanctions may be applied to address specific personal growth needs pertaining to the behavior that led to violations of the Code of Conduct. Status changes may be applied to reflect the seriousness of a behavior. Sanctions and status changes can be found in the Student Handbook. Status changes will remain on file in accordance with University Records Retention Protocols. Cases of expulsion will remain on file with the University and Office of Student Rights and Responsibilities indefinitely. Notation of the dates of suspension or expulsion are permanently noted on the student’s transcript.

SANCTIONS DEFINED
Student Respondent Sanctions may be applied to address specific personal growth needs pertaining to the behavior leading to the incident. Students will be notified of their educational assignments and change in conduct status with the University. All sanctions are put into place immediately upon notice of the hearing outcome. Students may request a deferment of sanctions during the appeal process by putting this request in writing to the Office of Student Rights and Responsibilities. Deferment request must be received within one business day of the hearing outcome and should include an explanation for the request and potential burden the sanctions may cause.
Educational Assignments
Educational assignments are specific to an individual case and are determined based on relevance to the violating behavior. Examples of educational assignments include, but are not limited to: community service, alcohol and drug programs and restitution.

Restitution
Reimbursement for damage to or theft of property will be required. Reimbursement may take the form of payment to compensate for damages, cleaning or replacements.

Fine
Payment of $50 will be required as a result of Campus Conduct Code violations. Money collected will defray costs associated with education programs for campus offenders and/ or victims, as appropriate. Fines may not be paid with University funds, refunds from federal or state financial aid grants or loans.

VII. Oversight Responsibility -- Stockton University's Wellness Center shall have oversight responsibility of the DAAPP, including but not limited to, updates, coordination of information required in the DAAPP and the coordination of the annual notification to employees and students. Biennially the University will review its Substance Abuse Policy/Program to determine its effectiveness and to ensure that the sanctions required for violations of the policy are consistently enforced.

VIII. Notification of the Drug Abuse and Alcohol Prevention Program (DAAPP) -

A. Students: The Wellness Center will:
   i. Send annually by email to all current students during the first quarter of the year at their Stockton University email address;

B. Employees: Human Resources will:
   i. Send annually by email to all current employees during the first quarter of the year to the email address on file for each employee.

C. Employees: a link to the DAAPP notification will be included as part of the onboarding materials for new employees;

D. Students, a link will be included in orientation materials for students enrolled after the annual distribution date (e.g., transfer students).