

Alcohol and Other Drug Abuse and Violence Prevention Report

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This report is prepared in accordance with the requirements of the Drug-Free Schools and Communities Act of 1989 as articulated in the Education Department General Administrative Regulations Part 86

Introduction

State Fair Community College (“SFCC”) cares about your safety. This report is designed to inform the SFCC campus community of efforts made to educate students, faculty, staff, prospective students and employees, and anyone within the campus community about the dangers of alcohol and other drug abuse and the prevention of violence. This report will include standards of conduct, possible legal sanctions and penalties, health risks related to alcohol and other drug abuse, alcohol and other drug programs available to students, staff, and faculty, and disciplinary sanctions for violations of the standards of conduct. This report is conclusive of all SFCC campuses.

EDGAR Part 86

The Drug-Free Schools and Communities Act of 1989 as articulated in the Education Department General Administrative Regulations Part 86 (EDGAR Part 86) requires all institutions of higher education to prepare an annual notice to all current and prospective students and employees.

Standards of Conduct

Alcohol and Other Drugs

Students may not at any time use, possess, or distribute any narcotic, alcohol, or other controlled substances except where expressly permitted by law. Students may not be publicly intoxicated while on campus or at a college sponsored or supervised activity. (Regulation 2610.10)

Violence

No student will endanger the health of any person on campus. Examples include but are not limited to: physical abuse, verbal abuse, threats, intimidation, bullying, harassment, and coercion (Regulation 2610.3)

Students or Student Organizations will not participate in any form of hazing, defined as an act which endangers the mental or physical health or safety of a student, or which destroys or removes public or private property, for the purpose of initiation, admission information,

affiliation with, or as a condition for continued membership in, a group or organization. (Regulation 2610.6)

SFCC discipline sanctions for violations of the standards of conduct (Regulation 2610)

The following sanctions may be imposed upon any admitted student found to have violated the Student Code of Conduct:

1. **Warning:** A notice in writing to the student that s/he is violating or has violated institutional regulations
2. **Probation:** A written reprimand for violation of specified regulations. Probation is for a designated period and includes the probability of more severe disciplinary sanctions if the student is found to be violating any institutional regulation(s) during the probationary period.
3. **Loss of Privileges:** Denial of specified privileges for a designated period.
4. **Fines:** Previously established and published fines may be imposed.
5. **Restitution:** Compensation for loss, damage, or injury. This may take the form of appropriate service and/or monetary or material replacement.
6. **Discretionary Sanctions:** Work assignments, service to the college or other related discretionary assignments (such assignments must have prior approval by the Campus Judicial Officer).
7. **Residence Hall Suspension:** Separation of the student from the residence halls for a definite period of time, after which the student is eligible to return. Conditions for readmission may be specified.
8. **Residence Hall Expulsion:** Permanent separation of the student from the residence halls.
9. **College Suspension:** Separation of the student from the college for a definite period of time, after which the student is eligible to return. Conditions for readmission may be specified.
 - a. When the Campus Judicial Officer or Campus Issue Resolution Committee recommends that a student be

suspended, the Committee or Campus Judicial Officer will specify the date at which the student subsequently may apply for readmission, which in no case will be later than one year after the effective date of the suspension.

Appropriate notation will be made on the student's academic record. The suspended individual is responsible for initiating application for readmission. Such application will be reviewed by the Campus Judicial Officer who, at his/her discretion, may approve/deny the application.

- b. Once the decision has been made to suspend a student, the suspension may begin immediately or, especially if the decision is made toward the end of a semester, suspension may become effective at the beginning of the following semester. Should suspension be thus deferred, the student will be on disciplinary probation until the effective date of the suspension.
10. **Expulsion:** Suspension from the college for an indefinite period of not less than two (2) years. Expulsion is the most serious disciplinary action that may be imposed and may be recommended by the Campus Judicial Officer or Campus Issue Resolution Committee.
- a. An expelled individual will not be permitted to enroll unless the Campus Judicial Officer approves re-admittance, and no request for re-admittance will be considered until at least two (2) years after the date of the expulsion; and
 - b. A notation of the expulsion will be made on the individual's permanent record (including the date of expulsion).

Possible legal sanctions and penalties

For Missouri statutes on alcohol and drug violations and legal sanctions please see this link below:

[http://pip.missouri.edu/docs/title/Alcohol%20&%20Drug%20Statute%20Review%202013%20\(April%2023,%202014\).pdf](http://pip.missouri.edu/docs/title/Alcohol%20&%20Drug%20Statute%20Review%202013%20(April%2023,%202014).pdf)

This document is provided by Partners in Prevention at the University of Missouri and Lincoln University.

Statements of the health risks associated with alcohol and other drugs abuse

Many health risks are associated with the use and abuse of alcohol and other drugs including but not limited to overdose, death, irreversible damage to organs and numerous psychological issues. Listed below are a list of commonly known risks of alcohol and drugs:

Alcohol abuse

According to the Centers for Disease Control and Prevention (CDC.gov), drinking too much can harm your health. Excessive alcohol use led to approximately 88,000 deaths and 2.5 million years of potential life lost (YPLL) each year in the United States from 2006 – 2010, shortening the lives of those who died by an average of 30 years.^{1,2} Further, excessive drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years. The economic costs of excessive alcohol consumption in 2010 were estimated at \$249 billion, or \$2.05 a drink.³

What is a "drink"?

In the United States, a standard drink contains 0.6 ounces (14.0 grams or 1.2 tablespoons) of pure alcohol. Generally, this amount of pure alcohol is found in

- 12-ounces of beer (5% alcohol content).
- 8-ounces of malt liquor (7% alcohol content).
- 5-ounces of wine (12% alcohol content).
- 1.5-ounces of 80-proof (40% alcohol content) distilled spirits or liquor (e.g., gin, rum, vodka, whiskey).⁴

What is excessive drinking?

Excessive drinking includes binge drinking, heavy drinking, and any drinking by pregnant women or people younger than age 21.

- Binge drinking, the most common form of excessive drinking, is defined as consuming
 - For women, four or more drinks during a single occasion.

- For men, five or more drinks during a single occasion.
- Heavy drinking is defined as consuming
 - For women, eight or more drinks per week.
 - For men, 15 or more drinks per week.

Drinking excessively does not equate to being an alcoholic or alcohol dependent.⁵

What is moderate drinking?

The Dietary Guidelines for Americans defines moderate drinking as up to one drink per day for women and up to two drinks per day for men.⁴ In addition, the Dietary Guidelines do not recommend that individuals who do not drink alcohol start drinking for any reason.

However, some people should not drink any alcohol, including those who are:

- Younger than age 21.
- Pregnant or may be pregnant.
- Driving, planning to drive, or participating in other activities requiring skill, coordination, and alertness.
- Taking certain prescription or over-the-counter medications that can interact with alcohol.
- Suffering from certain medical conditions.
- Recovering from alcoholism or are unable to control the amount they drink.

By adhering to the Dietary Guidelines, you can reduce the risk of harm to yourself or others.

Short-Term Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:

- Injuries, such as motor vehicle crashes, falls, drownings, and burns.^{6,7}
- Violence, including homicide, suicide, sexual assault, and intimate partner violence.⁶⁻¹⁰

- Alcohol poisoning, a medical emergency that results from high blood alcohol levels.¹¹
- Risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV.^{12,13}
- Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women.^{6,12,14,15}

Long-Term Health Risks

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:

- High blood pressure, heart disease, stroke, liver disease, and digestive problems.^{6,16}
- Cancer of the breast, mouth, throat, esophagus, liver, and colon.^{6,17}
- Learning and memory problems, including dementia and poor school performance.^{6,18}
- Mental health problems, including depression and anxiety.^{6,19}
- Social problems, including lost productivity, family problems, and unemployment.^{6,20,21}
- Alcohol dependence, or alcoholism.⁵

By not drinking too much, you can reduce the risk of these short-and long-term health risks.

Alcohol energy drinks and fortified malt beverages

Alcohol energy drinks and fortified malt beverages are of particular concern because of the higher alcohol content when compared to beer (9% to 12% vs. 5%). In November 2010, the Food and Drug Administration (“FDA”) and Federal Trade Commission (“FTC”) took action saying that caffeine is not a safe additive in alcoholic beverages. New products have been marketed such as alco-pops, supersized malt beverage cans, and alcohol energy drinks containing guarana and ginseng. Mixing alcohol with energy drinks such as Red Bull are just as dangerous. Studies show that people who consume these beverages have a higher BAC and a higher rate of injury and other negative consequences than people who drink alcoholic beverages without stimulants. The bottom line is that these drinks are

not safe and often lead to higher rates and levels of intoxication. The sweet taste covers the taste of alcohol, giving the false impression one can drink more without the intoxicating effects. Be careful, or better yet, avoid them. (William and Lee University, 2016).

Other Drugs

Marijuana

The concentration of tetrahydrocannabinol (“THC”) in marijuana varies greatly, ranging from 1% to 9%. THC is a fat-soluble substance and can remain in the lungs, liver, reproductive organs and brain tissue for up to 3 weeks. Smoking or ingesting marijuana can relax a person and elevate his/her mood. This can be followed by drowsiness and sedation. Other effects include heightened sensory awareness, euphoria, altered perceptions and feeling hungry (“the munchies”). High concentrations of THC may produce a more hallucinogenic response. The effects of marijuana may vary based on: expectations of the user; social setting; prior experience of the user; genetic vulnerability of the user (marijuana use may aggravate underlying mental health issues); method of use (inhaled or ingested).

Discomforts associated with smoking marijuana include dry mouth, dry eyes, increased heart rate, and visible signs of intoxication such as bloodshot eyes and puffy eyelids. Other problems include impaired memory and ability to learn; difficulty thinking and problem solving; anxiety attacks or feelings of paranoia; impaired muscle coordination and judgment; increased susceptibility to infections; dangerous impairment of driving skills. Combining marijuana and other drugs, including alcohol and prescription drugs, can cause unwanted reactions and/or increase the impact of both substances. Marijuana has addictive properties and about 10-14% of users will become dependent. Tolerance to marijuana develops rapidly. Physical and psychological withdrawal symptoms from marijuana include irritability, restlessness, insomnia, nausea and intense dreams. Warning signs of dependence are:

- more frequent use;
- needing more and more to get the same effect;
- spending time thinking about using marijuana;

- spending more money than you have on it;
- missing class or failing to finish assignments because of marijuana; making new friends who do it and
- neglecting old friends who don't; finding it's hard to be happy without it.

Synthetic marijuana, bath salts, K2, spice, lazy cakes, herbal incense

These are various psychoactive herbal and chemical products that mimic the effects of marijuana or other drugs. Since these products are largely created by individual sellers, it is anyone's guess what ingredients are the mix. That is why side effects, including heart palpitations, high blood pressure, hallucinations, seizures and breathing problems, are difficult to predict. The toxicity of active ingredients--not to mention the unknown ingredients in these products--is not well studied. In addition to the variable composition, these synthetic compounds are expensive, harsh on your lungs to smoke, may interact with other prescription or over the counter drugs in unpredictable and dangerous ways, do not mix well with alcohol, and often produce a very short "high" lasting no more than 30 minutes.

Hallucinogens

This category includes phencyclidine (PCP or "angel dust"), ecstasy and other amphetamine variants that have mind-altering effects. Perception and cognition are impaired and muscular coordination decreases. Speech is blocked and incoherent. Chronic users of PCP may have memory problems and speech difficulties lasting 6 months to a year after prolonged daily use. Depression, anxiety, and violent behavior also occur. High psychological dependence on the drug may result in taking large doses of PCP. Large doses produce convulsions, comas, and heart and lung failure. Lysergic acid diethylamide (L.S.D. or "acid"), mescaline and psilocybin (mushrooms) cause illusions, hallucinations and altered perception of time and space. Physical effects include dilated pupils, elevated body temperature, increased heart rate and blood pressure, decreased appetite, insomnia and tremors. Psychological reactions include panic,

confusion, paranoia, anxiety and loss of control. Flashbacks, or delayed effects, can occur even after use has ceased.

Cocaine

Cocaine prompts the release of dopamine, a neurotransmitter responsible for pleasure and movement, and inhibits the reabsorption of it, over stimulating the brain. Users report feelings of euphoria, hyper-stimulation, confidence, and alertness. Cocaine's pleasurable effects begin to wear off quickly leading to withdrawal symptoms including irritability, anxiety, restlessness, physical pain, insomnia, depression, paranoia, or aggression. Cocaine is extremely addictive and is considered one of the most powerful reinforcing drugs. Cocaine raises blood pressure, heart rate, and respiration increasing the risk of respiratory arrest, stroke, seizures, heart attacks, and death.

Stimulants

Amphetamines and other stimulants include ecstasy and "meth," as well as prescription drugs such as Adderall and Ritalin. The physical effects produced are elevated heart and respiratory rates, increased blood pressure, insomnia, and loss of appetite. Sweating, headaches, blurred vision, dizziness, and anxiety may also result from use. High dosage can cause rapid or irregular heartbeat, tremors, loss of motor skills and even physical collapse. Long-term use of higher doses can produce amphetamine psychosis that includes hallucinations, delusions and paranoia. Some college students use prescription stimulant drugs, dubbed "academic steroids," in an attempt to enhance their academic performance. These drugs are often prescribed to treat ADD/ADHD, and should be used only as prescribed and with ongoing medical supervision. It is against federal law to use these medications without an authorized prescription from a physician. Students who share or sell their prescription drugs are abusing a medical privilege, breaking the law, and face severe penalties if caught.

Depressants

Barbiturates and benzodiazepines are two of the most commonly prescribed groups of depressant drugs. Barbiturates include

Phenobarbital, Seconal and Amytal; benzodiazepines include Ativan, Dalmane, Librium, Xanax, Valium, Halcion and Restoril. These drugs are used for medical purposes to relieve anxiety and to induce sleep. Physical and psychological dependence can occur if the drugs are used for longer periods of time or at higher doses than prescribed. Benzodiazepine use can cause slurred speech, disorientation, and lack of coordination. If taken with alcohol, use can lead to coma and possible death.

Narcotics

Narcotics include heroin, methadone, morphine, codeine, OxyContin, Vicodin, Fentanyl and opium. Dextromethorphan in cough syrup is closely related. After an initial feeling of euphoria, narcotic use causes drowsiness, nausea, and vomiting. Effects of overdose include slow and shallow breathing, clammy skin, convulsions, coma and possible death. Physical and psychological dependence is high, and withdrawal symptoms include watery eyes, runny nose, loss of appetite, irritability, tremors, panic, abdominal cramps and diarrhea, nausea, chills, and sweating. Use of contaminated syringes/needles to inject drugs may result in serious blood borne infections such as HIV-AIDS and hepatitis. This family of drugs is the most frequent cause of drug-associated death from suppression of the life supporting functions of the brain, heart and lungs. (William and Lee University, 2016)

SFCC programming available to students, staff, and faculty

The Office of Student Life facilitates several presentations during the academic year on the topics of Suicide Prevention, Sexual Assault, Date Rape, Stalking, Domestic Violence, Alcohol and other substance abuse. All students, faculty, and staff are encouraged to attend all programming. In addition to programming, SFCC employees have access to the Employee Assistance Program through New Directions. This program allows for counseling and assistance for many issues including domestic violence, sexual misconduct, substance abuse, etc.

Programming offered in Academic Year 2018-2019:
Jan. 19 – Title IX Training

January – Safety and Security Training
Sept. 9 – Suicide Awareness Prevention Week
Sept. 10 -- World Suicide Prevention Awareness Day
Sept. 11 – Coffee and Bagels – CMU Campus Promo/Suicide Prevention Week
Sept. 12 Suicide Awareness Prevention Week.
Oct. 16 Domestic and Sexual Assault Violence Awareness (CASA)

Programming for previous Academic Years

2017-2018

June 22 –Title IX for New Student Orientation (8 sessions)
July 13 –Title IX for New Student Orientation (8 sessions)
August 10 –Title IX for New Student Orientation (8 sessions)
August 16-17 –Title IX, Active Shooter, Safety and Security*
Sept 9 –Kevin Hines-Suicide Awareness Speaker: 6:30p @ TCC
Sept 11 –THINKFast Diversity Trivia: 6p @ TCC B
Sept 11 –Title IX Training with Dr. Gilgour: Y148 @ 2p
Sept 11-15 –Suicide Awareness Week: Daily 11-1p @ Commons
Sept 18 –Title IX Training with Dr. Gilgour: TCC @ 2p
Sept 21 –Ryan Sallans: Transgender Speaker: TCC @ 2p
Sept 25 –Jude Hassan: Substance Abuse Prevention Speaker: TCC @ 2p
Oct 2 –Domestic Violence Campaign 11-1p @ Commons
Oct 9 –Safety and Robbery Prevention with Hockaday: 11am @ Commons
Oct 12 –CASA Domestic Violence Speaker: TCC: 9:30a @TCC
Feb 7 –Soul Hour with IVY: BHM Performer: 11-1p @ Commons
Feb 15 –Black History Month Trivia: 11-1p @ Commons
March 7 –Suicide Awareness Open Forum: 6p @ Yeater 148
March 29-Self Defense Training with Hockaday: 2p @ TCC B
April 2-6 –Sexual Assault Prevention Week: daily from 11-1p @ Commons
April 26 –Denim Day for Sexual Assault: All day @ No Location
2017-2018
August 16-17 –Title IX, Active Shooter, Safety and Security*
Sept 9–Kevin Hines-Suicide Awareness Speaker: 6:30p @ TCC

Sept 11–THINKFast Diversity Trivia: 6p @ TCC B
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Sept 25 –Jude Hassan: Substance Abuse Prevention Speaker: TCC @ 2p
Oct 2-6 –Mental Health Awareness Week: Daily 11-1p @ Commons
Oct 9 –Safety and Robbery Prevention with Hockaday: 2p @ TCC
Oct 12–CASA Domestic Violence Speaker: TCC: 9:30a @ TCC
January 16-19 –Title IX, Active Shooter, Safety and Security*
Feb 7 –Soul Hour with IVY: BHM Performer: 11-1p @ Commons
Feb 15 –Victoria Ashford: BHM Speaker: 2p @ TCC
March 7 –Suicide Awareness Open Forum: 6p @ TBD
April 2-6–Sexual Assault Prevention Week: 11-1p @ Commons
April 26 –Denim Day for Sexual Assault: All day @ No Location

2016-2017

August 15-19 –Title IX, Active Shooter, Safety and Security*
September 13–Title IX reporting and outcomes
September 21 –Personal safety and robbery prevention
October 26 –David Parnell “Dangers of Methamphetamines”
October 27-28 –Title IX, Active Shooter, Safety and Security*
November 14 –“The Hunting Ground” film presentation on sexual assault on college campuses
January 9-13 –Title IX, Active Shooter, Safety and Security*
January 24 –High Impact performance: What it’s all about (Sexual Assault, Substance Abuse)
March 21 –Citizens Against Spouse Abuse (CASA) presentation
* items required for every employee.

Counseling services

Free counseling is available on the Sedalia campus for all SFCC students through a partnership with Central Methodist University. The Clinical Counseling Center is staffed with CMU graduate students who are in their final year of the counseling program and are under the supervision of the practicum instructor, clinical supervisor and the

clinical director. Students attending other SFCC campuses must be willing to travel to the Sedalia campus for appointments.

To schedule an appointment, call (660) 596-7156 or email cccsedalia@centralmethodist.edu. The center is located in Fielding Technical Center, Room 236. A referral is not necessary to make an appointment, and walk-ins are always welcome during open hours.

Questions

Questions concerning this report may be directed to:

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