



Drug and Alcohol Abuse Prevention Program (DAAPP)

2024-2025

Drug-Free Schools and Communities Act of 1989

**(Public Law 101-226, 20 U.S.C. § 1011i) and 34 C.F.R. Part 86
(EDGAR Part 86 Implementing Regulations)**

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csumb.edu

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THE DRUG-FREE SCHOOLS AND COMMUNITIES ACT AND PREPARATION OF THE DAAPP

The Drug-Free Schools and Communities Act (DFSCA) and its Part 86 implementing regulations require California State University Monterey Bay (CSUMB) to comply with as a condition of receiving federal funds. The purpose of the DFSCA is to prevent the unlawful possession, use and distribution of illicit drugs and alcohol by students and employees on institutional property, or as part of any of its activities.

CSUMB is committed to providing a safe and welcoming environment conducive to learning, teaching and working for students and employees. Part of that commitment means understanding and taking seriously our obligations to inform the campus community of available resources, as well as the disciplinary, health, and legal consequences of the use and abuse of alcohol and illegal drugs.

Accordingly, the university DFSCA/Part 86 Compliance Official is designated with the responsibility for establishing and maintaining procedures consistent with facilitating institutional compliance with the following requirements:

- Maintain a comprehensive Drug and Alcohol Abuse Prevention Program¹ (DAAPP) document on behalf of the university that contains all required components.
- Distribute the DAAPP document in September and February through a mass email notification to all students and employees, post a link to the DAAPP in the CSUMB catalog, on admissions webpages and in orientation materials to reach students and employees that join the university after the annual distributions.
- Complete a biennial review report regarding the DAAPP in order to determine its effectiveness, to ensure that disciplinary sanctions imposed by the university are consistently enforced and to establish goals and action plans for continuous improvement.

University locations classified as a separate² campus for Clery Act purposes are also required to comply independently with the DFSCA and Part 86 regulations. Pursuant to the Clery Act³, the university maintains a single DAAPP on behalf of all California State University Monterey Bay campus locations:

- Main Campus (Seaside)

¹ 34 CFR 86.100(a)

² Separate Campus as defined in CSU Systemwide Clery Policy

³ 34 CFR 668.46(b)(10)

- CSUMB Salinas campus
- CSUMB Cuesta College campus.

[CSUMB's 2022-2024 Biennial Review Report](#) for all campus locations is now available.

STANDARDS OF CONDUCT

All CSUMB students, faculty, staff, and visitors are subject to CSUMB policies, as well as local, state, and federal laws regarding the unlawful possession, manufacturing, distribution, sale, or use of alcohol and illegal drugs. As a Title IV participating institution, the university does not recognize medical marijuana authorization cards because marijuana is classified as an illegal substance under federal law.

The unlawful manufacturing, distribution, possession, sale or use of illicit drugs and alcohol on university property or as any part of its activities is prohibited. Individuals in violation may be subject to arrest or citation. The University Police Department (UPD) enforces laws pertaining to alcohol and drugs at most CSUMB owned, controlled and officially recognized locations. External law enforcement agencies also enforce laws pertaining to alcohol and drugs at activities and locations that may or may not be owned, controlled and officially recognized by the university. Students, faculty and staff in violation of alcohol and drug laws may also be referred to the Student Code of Conduct or university personnel for administrative discipline.

University Alcohol Policy

The CSUMB Alcohol Policy governs the possession, use, sale, and marketing of alcoholic beverages on campus or at university-sponsored events. This policy complies with local, state, and federal laws and clarifies sanctions and procedures for addressing instances of illegal or inappropriate use of alcohol. The Alcohol Policy can be found [here](#).

For alcohol on campus information and the approval process visit [Safety, Risk and Sustainability](#).

Student Housing

On-campus housing is available at CSUMB's Main and East Campuses for students, faculty and staff. Student Housing and Residential Life (SHRL) maintains Community Standards, student rights and responsibilities and conduct processes and procedures. To view the community standards, student rights and responsibilities and conduct processes and procedures visit [Community Standards | California State University Monterey Bay \(csumb.edu\)](#).

Pursuant to the Clery Act, CSUMB maintains missing student notification procedures and a policy regarding the same. For more information view the [Missing Residential Student Notification Policy](#).

Student Organizations

CSUMB offers a number of sports clubs, student organizations, and fraternities and sororities. For information view [this webpage](#).

Officially recognized student organizations that hold events where alcohol is served are required to register those events in advance with [Safety, Risk and Sustainability](#).

In accordance with California State University (CSU) [Executive Order 1068](#), CSUMB's president has the responsibility for implementing campus policies, procedures, and/or guidelines for student organizations and activities. This Recognized Student Organization Code of Conduct (RSOCC) follows [Executive Order 1068](#) and sets forth the Code of Conduct for California State Monterey Bay Recognized Student Organizations (RSOs). All campus RSOs are subject to this Code of Conduct.

Click below to view the Student Organization Code of Conduct. *(Updated August 15, 2024)*

[Cal State Monterey Bay Recognized Student Organization Code of Conduct \(RSOCC\)](#)

Please familiarize yourself with the [Student Organization Handbook](#) to learn what is expected from each organization. This online handbook outlines everything from contracting speakers to marketing guidelines.

California State University System Policies

The Chancellor's Office of the California State University System maintains various policies that establish oversight, guidelines and procedures for operations of its institutions. The following list of systemwide policies relates to alcohol and drugs. This is by no means an exhaustive list.

- CSU Executive Order 930 governs the implementation and management of Drug-Free Workplaces at all CSU institutions. Employees violating this policy shall be subject to discipline, up to and including dismissal. Discipline shall be imposed in a

manner consistent with the applicable labor agreements, CSU policies, and law. In addition to, or in lieu of discipline, CSU may, at its discretion, require employees violating the policy to participate satisfactorily in an appropriate drug abuse rehabilitation program. This policy defines an employee as “a person legally holding a position in the California State University.” The full text of this policy can be located on the CSU System website at the following web address:

<https://calstate.policystat.com/policy/6591887/latest/>.

CSU Executive Order 1108 governs the implementation of smoke and tobacco free environments at all CSU institutions. All California State University campuses are required to be 100% Smoke Free and Tobacco Free. Smoking, the use or sale of tobacco products, and the use of designated smoking areas are prohibited on all California State University properties. Members of the CSU community are expected to fully comply with the policy. Any sponsorship and/or advertising in respect to any university activity or event by a tobacco product manufacturer is prohibited unless explicitly authorized by the University President or designee. The full text of this policy can be located on the CSU System website at the following web address:

<https://calstate.policystat.com/policy/6591951/latest/>.

California State University Executive Order 1109 governs all CSU institutions regarding the sale and service of alcoholic beverages at or in conjunction with University intercollegiate athletic events, and advertising of alcoholic beverages on campus and at University athletic facilities. The full text of Executive Order 1109 can be located on the CSU System website at the following web address:

<https://calstate.policystat.com/policy/6716728/latest/>.

APPLICABLE LEGAL PENALTIES, ADMINISTRATIVE DISCIPLINE AND SANCTIONS

Summary of Drug Schedules

Controlled substances are classified by the federal government into one of five numerical designation schedules in accordance with standards and procedures under the Federal [Controlled Substances Act](#).

The following provides a brief overview of the schedules of controlled substances.

Schedule I

- The drug or other substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United States.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.

Schedule II

- The drug or other substance has a high potential for abuse.

- The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.
- Abuse of the drug or other substance may lead to severe psychological or physical dependence.

Schedule III

- The drug or other substance has less potential for abuse than the drugs or other substances in Schedules I and II.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

Schedule IV

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule III.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.

Schedule V

- The drug or other substance has a low potential for abuse relative to the drugs or other substances in Schedule IV.
- The drug or other substance has a currently accepted medical use in treatment in the United States.
- Abuse of the drug or other substances may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule IV.

Federal Penalties

The federal government published Drug and Controlled Substances punishment tables which can be viewed [here](#).

State Penalties

The State of California maintains more than 200 laws regarding unlawful possession, manufacturing, distribution, sale and use of drugs and alcohol for individuals and businesses. These laws are organized into code types that include but are not limited to the following:

- Business and Professions Code
- Harbors and Navigation Code
- Health and Safety Code
- Penal Code

- Public Utilities Code
- Vehicle Code
- Welfare and Institutions Code

California Codes can be accessed [here](#).

Local Ordinances

Cities and counties in California can establish ordinances and pose penalties pertaining to possession, manufacturing, distribution, sale and use of drugs and alcohol.

Applicable ordinances and penalties posed by the cities of Seaside and Marina can be found at the following websites:

Marina, CA: <https://marina.municipal.codes/Code/9>

Alcohol: <https://marina.municipal.codes/Code/9.12>

Seaside, CA:

Alcohol:

<https://www.codepublishing.com/CA/Seaside/html/Seaside09/Seaside0904.html#9.04>

Drugs:

<https://www.codepublishing.com/CA/Seaside/html/Seaside09/Seaside0926.html#9.26>

Monterey County, CA:

Applicable ordinances and penalties posed by Monterey County can be found at the following website:

https://library.municode.com/ca/monterey_county/codes/code_of_ordinances?nodeId=16111

Administrative Discipline and Sanctions Involving Students and Student Organizations

Students and student organizations alleged to have violated university policy or local, state or federal law pertaining to alcohol and drugs are subject to university administrative discipline procedures and/or referral to the appropriate authorities for legal action.

Administrative disciplinary proceedings for students are independent from court or other legal proceedings. Accordingly, administrative discipline may still be instituted against a student that is also charged in civil or criminal courts for alleged violation of laws. The university may proceed before, simultaneously with, or after any judicial or other administrative proceedings, except in cases involving Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating or Domestic Violence, or Stalking. In such cases, the university shall proceed without delay pursuant to Article IV in the CSU Systemwide Student Conduct Procedures.

Consistent with the [CSU Systemwide Student Conduct Procedures](#), CSUMB [Student Conduct Procedures](#), and CSUMB [Student Organization Code of Conduct](#), the university will impose sanctions (consistent with local, state and federal law) upon

students and student organizations found to violate the standards of conduct outlined above and in applicable CSUMB policies. Sanctions can be imposed on applicants, enrolled students, students between academic terms, graduates awaiting degrees, and students who withdraw from school while a disciplinary matter is pending.

[Student Conduct Procedures \(EO 1098\)](#) outlines the full procedure for requesting and conducting a student conduct hearing. A copy may also be obtained by contacting CSUMB Student Conduct at studentconduct@csumb.edu.

The [CSU Chancellor's Executive Order 1043](#) allows the Student Conduct Administrator to impose the following sanctions for violations:

- a. Restitution.
- b. Loss of State Financial Aid
- c. Educational and Remedial Assignments
- d. Denial of Access to Campus
- e. Probation
- f. Suspension
- g. Expulsion
- h. Admission or Readmission with qualifications.

Multiple sanctions may be assessed. The sanctions of probation, suspension, and expulsion are recorded on the student's academic transcript.

Administrative Discipline and Sanctions Involving Employees

Employees alleged to have violated university policy or local, state or federal law pertaining to alcohol and drugs are subject to university administrative discipline procedures and/or referral to the appropriate authorities for legal action.

Administrative disciplinary proceedings for university personnel are independent from court or other legal proceedings. Additionally, the University Police may be consulted on referral of cases for criminal prosecution. Accordingly, administrative discipline may still be instituted against an employee that is also charged in civil or criminal courts for alleged violation of laws. Pursuant to California Education Code Section 89535, CSU Collective Bargaining Agreements and CSU Systemwide policies where applicable, the university will impose sanctions (consistent with local, state and federal law) upon employees found to violate the standards of conduct outlined above and in applicable CSUMB policies.

Potential sanctions imposed by the university may include but are not limited to those described below. One or more sanctions may be imposed upon review and analysis of the severity of the infraction(s).

1. **Reprimand:** A disciplinary document detailing the infraction, expectations moving forward, and inclusion of the document in the official personnel file.
2. **Demotion:** A demotion is a reduction in rank or job title with associated reduction in salary and/or benefits.

3. **Suspension:** A temporary separation, without pay and/or benefits, of the employee from the university. The length of the separation would be determined by the severity of infraction and/or prior infractions.

4. **Termination:** Permanent separation of the employee from the university with complete cessation of pay and benefits.

5. **Participation in Treatment Program:** May be utilized, for example, as part of a disciplinary action as described above, in a last chance agreement, or in any other appropriate action as determined by the university.

Health Risks Associated With The Use Of Illicit Drugs, Nicotine And The Abuse Of Alcohol⁴

Alcohol⁵ Substance Description

Alcohol (ethanol) is a psychoactive drug that is the active ingredient in drinks such as beer, wine, and distilled spirits (hard liquor). It is possible to overdose and die from ingestion of alcohol.

Risk of Dependence

⁴ United States. Drug Enforcement Administration. (2022). Drugs of abuse: A DEA resource guide (2022 ed.). U.S. Dept. of Justice, Drug Enforcement Administration.

⁵ National Institute on Alcohol Abuse and Alcoholism. (2022, June). College drinking fact sheet - national institute on alcohol abuse and ... College Drinking . Retrieved February 6, 2023, from https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_CollegeDrinking_Oct2020.pdf

Risk of alcohol dependence is influenced by a variety of factors, including how much and how often a person drinks, a person's age, health history and family history with alcohol dependence.

Short-term Effects

Alcohol enters the bloodstream as soon as an individual takes their first sip. Alcohol's immediate effects can appear within about 10 minutes. As one drinks, there is an increase in blood alcohol concentration (BAC), which is the amount of alcohol present in the bloodstream. The higher your BAC, the more impaired an individual becomes by alcohol's effects. Alcohol interferes with the brain's communication pathways and can affect the way the brain looks and works. These effects can include:

- reduced inhibitions
- slurred speech,
- motor impairment,
- confusion,
- memory problems,
- concentration problems,
- coma,
- breathing problems,
- and even death.

Additionally, drinking too much can weaken the immune system, making the body a much easier target for disease. People who drink chronically are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much.

There are also broader environmental impacts that come from alcohol abuse⁶:

1. The most recent NIAAA statistics estimate that about 696,000 students ages 18 to 24 are assaulted by another student who has been drinking.
2. About one in four college students report experiencing academic difficulties from drinking, such as missing class or getting behind in schoolwork.
3. In a national survey, college students who binge drank alcohol at least three times per week were roughly six times more likely to perform poorly on a test or project as a result of drinking (40 percent vs. 7 percent) than students who drank but never binged.

The students who binge drank were also five times more likely to have missed a class (64 percent vs. 12 percent).

Long-term Effects

Overconsuming on a single occasion slows your body's ability to ward off infections, even up to 24 hours after getting drunk. Drinking too much on a single occasion or

⁶National Institute on Alcohol Abuse and Alcoholism. (2022, June). College drinking fact sheet - national institute on alcohol abuse and ... College Drinking . Retrieved February 6, 2023, from https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_CollegeDrinking_Oct2020.pdf

over time can take a serious toll on an individual's health. Some long-term effects on the body include serious heart, liver and pancreas problems.

Additionally, based on extensive reviews of research studies, there is a strong scientific consensus of an association between alcohol drinking and several types of cancer. Clear patterns have emerged between alcohol consumption and the development of the head and neck, esophageal, liver, breast, and colorectal cancers.

Tobacco/Nicotine Substance Description

Tobacco is a plant grown for its leaves, which are dried and fermented before being put in tobacco products. Tobacco contains nicotine, an ingredient that can lead to addiction, which is why so many people who use tobacco find it difficult to quit. There are also many other potentially harmful chemicals found in tobacco or created by burning it.

In recent years, vaping nicotine has become a popular method of use, especially in adolescents. In many vaping devices, puffing activates the battery-powered heating device, which vaporizes the liquid in the cartridge. The person then inhales the resulting aerosol.

Risk of Dependence

Nicotine in any form is a highly addictive drug. Research suggests it can even prime the brain's reward system, putting the user at risk for addiction to other drugs. For adolescents, this risk is higher due to interference with the developing brain.

Short-Term Effects

The nicotine in any tobacco product readily absorbs into the blood when a person uses it. Upon entering the blood, nicotine immediately stimulates the adrenal glands to release the hormone epinephrine (adrenaline). Epinephrine stimulates the central nervous system and increases blood pressure, breathing, and heart rate.

As with drugs such as cocaine and heroin, nicotine activates the brain's reward circuits and increases levels of the chemical messenger dopamine, which reinforces rewarding behaviors. Studies suggest that other chemicals in tobacco smoke, such as acetaldehyde, may enhance nicotine's effects on the brain.

Long-term Effects

Although nicotine is addictive, most of the severe health effects of tobacco use come from other chemicals. Tobacco smoking can lead to lung cancer, chronic bronchitis, emphysema, and increase the risk of heart disease.

Smoking has also been linked to other cancers, leukemia, cataracts, Type 2 Diabetes, and pneumonia. All of these risks apply to use of any smoked product, including hookah tobacco.

Smokeless tobacco increases the risk of cancer, especially mouth cancers. Pregnant women who smoke cigarettes run an increased risk of miscarriage, stillborn or premature infants, or infants with low birth weight. Smoking while pregnant may also be associated with learning and behavioral problems in exposed children.

Secondhand smoke exposure can also lead to lung cancer and heart disease. It can cause health problems in both adults and children, such as coughing, phlegm, reduced lung function, pneumonia, and bronchitis. Children exposed to secondhand

smoke are at an increased risk of ear infections, severe asthma, lung infections, and death from sudden infant death syndrome.

Nicotine also affects the development of brain circuits that control attention and learning. Other risks include mood disorders and permanent problems with impulse control (failure to fight an urge or impulse that may harm oneself or others).

Cannabis/Marijuana Substance Description

Cannabis/marijuana is a mind-altering (psychoactive) drug, produced by the Cannabis Sativa plant. Cannabis/marijuana has over 480 constituents. THC (delta9 tetrahydrocannabinol) is believed to be the main ingredient that produces the psychoactive effect.

Risk of Dependence

Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychological addiction or dependence. No deaths from overdose of marijuana have been reported. Although, there have been an increasing number of emergency room visits involving marijuana edibles and concentrates.

There are adverse effects associated with marijuana use in any form, though additional research is needed to understand how the use of concentrate may differ from smoking dried marijuana buds. Marijuana concentrates have very high levels of THC. Solvent-based products tend to be especially potent, with THC levels documented at an average of about 54-69% and reported to exceed 80%, while non-solvent based extraction methods produce average THC levels between 39-60%.⁷

⁷ NIDA. 2020, June 25. Cannabis (Marijuana) Concentrates Drug Facts. Retrieved from <https://nida.nih.gov/publications/drugfacts/cannabis-marijuana-concentrates> on 2023

In comparison, the THC content in marijuana plant material, which is often used in marijuana cigarettes, is lower—with samples seized by the U.S. Drug Enforcement Agency averaging just over 15%. Not only do concentrates have high levels of THC, but dabbers inhale the entire amount all at once—in a single breath. As a result, concentrates can deliver extremely large amounts of THC to the body quickly.

The risks of physical dependence and addiction increase with exposure to high concentrations of THC, and higher doses of THC are more likely to produce anxiety, agitation, paranoia, and psychosis. Additional research is needed to understand how the use of concentrate affects these risks.

Short-term Effects

Short-term effects of cannabis/marijuana include problems with memory and learning, difficulty in thinking and problem solving, loss of coordination, feeling tired, bloodshot eyes, increased heart rate, lung irritation, increased appetite, and increased blood pressure (although prolonged use may cause an overall decrease in blood pressure).

Research studies have shown negative effects of marijuana on drivers, including an increase in lane weaving, poor reaction time, and altered attention to the road. Use of alcohol with marijuana makes drivers more impaired, causing even more lane weaving.

Other studies have found that being under the influence of opioids while driving can double your risk of having a crash. It is difficult to determine how specific drugs affect driving because people tend to mix various substances, including alcohol. But we do know that even small amounts of some drugs can have a measurable effect. As a

result, some states have zero-tolerance laws for drugged driving. This means a person can face charges for driving under the influence (DUI) if there is any amount of drug in the blood or urine. Many states are waiting to develop laws until research can better define blood levels that indicate impairment, such as those they use with alcohol.⁸

There was sufficient evidence to suggest that cannabis use alters circadian rhythms, and hence, negatively impacts sleep. The current literature is largely from studies utilizing self-report measures of sleep; thus, objective measures of sleep are needed. In addition, although there were no empirical studies on the temporal relationship between cannabis use and sleep, the majority of the literature focused on characterizing sleep impairment after cannabis use.⁹

Long-term Effects

Cannabis/marijuana smokers experience serious health problems such as bronchitis, emphysema, and bronchial asthma. Extended use may cause suppression of the immune system.

Depressants Substance Description

Depressants will induce sleep, relieve anxiety and muscle spasms, and prevent seizures. Barbiturates are older drugs and include: Butalbital (Fiorina®), Phenobarbital, Pentothal®, Seconal®, Nembutal®. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects

⁸ Ibid.

⁹ Edwards, D., & Filbey, F. M. (2021). Are sweet dreams made of these? Understanding the relationship between sleep and cannabis use. *Cannabis and Cannabinoid Research*, 6(6), 462-473.

including tolerance and dependence. Some examples include Valium®, Xanax®, Halcion®, Ativan®, Klonopin®, Restoril®.

Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Lunesta®, Ambien®, and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. It is possible to overdose and die from ingestion of barbiturates and benzodiazepines when used with opiates.

Risk of Dependence

A person can rapidly develop dependence on and tolerance to barbiturates, meaning a person needs more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence. Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment.

Short-term Effects

Most depressants act on the brain by increasing activity of gamma-aminobutyric acid (GABA), a chemical that inhibits brain activity. This action causes drowsiness and calming effects that make the medicine effective for anxiety and sleep disorders. People who start taking central nervous system depressants usually feel sleepy and uncoordinated for the first few days until the body adjusts to these side effects. Other effects from use and misuse can include slurred speech, confusion, poor concentration, confusion, headache, light-headedness, dizziness, dry mouth,

problems with movement and memory, lowered blood pressure and slowed breathing.

Long-term Effects

If a person takes depressants long term, they might need larger doses to achieve therapeutic effects. Continued use can also lead to dependence and withdrawal when use is abruptly reduced or stopped. Suddenly stopping can also lead to harmful consequences like seizures.

Hallucinogens Substance Description

Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood. Deaths exclusively from acute overdose of LSD, magic mushrooms, and mescaline are extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material.

Hallucinogens are split into two categories: classic hallucinogens and dissociative drugs. Some examples of classic hallucinogens include Psilocybin (Magic Mushrooms), MDMA (Ecstasy), LSD (Acid), and DMT (Dimethyltryptamine). Some examples of dissociative drugs include PCP (Phencyclidine), Ketamine, and Salvia.

Risk of Dependence

Evidence suggests that certain hallucinogens can be addictive, and that people can develop a tolerance to them. For example, LSD is not considered an addictive drug because it doesn't cause uncontrollable drug-seeking behavior. However, LSD does

produce tolerance, so some users who take the drug repeatedly must take higher doses to achieve the same effect. This is an extremely dangerous practice, given the unpredictability of the drug. In addition, LSD produces tolerance to other hallucinogens, including psilocybin. The misuse and addiction potential of DMT is currently unknown. Unlike other hallucinogens, DMT does not appear to lead to tolerance. There is also little evidence that taking it in the form of ayahuasca tea can lead to addiction. On the other hand, PCP is a hallucinogen that can be addictive.

People who stop repeated use of PCP experience drug cravings, headaches, and sweating as common withdrawal symptoms. More research is needed on the tolerance or addiction potential of a variety of hallucinogens.

Short-term Effects

Classic hallucinogens can cause users to see images, hear sounds, and feel sensations that seem real but do not exist. The effects generally begin within 20 to 90 minutes and can last as long as 12 hours in some cases (LSD) or as short as 15 minutes in others (synthetic DMT). Along with hallucinations, other short-term general effects include increased heart rate, nausea, intensified feelings, and sensory experiences (such as seeing brighter colors) changes in sense of time (for example, the feeling that time is passing by slowly).

Specific short-term effects of some hallucinogens include increased blood pressure, increased breathing rate, increased body temperature, loss of appetite, dry mouth, sleep problems, spiritual experiences, feelings of relaxation, uncoordinated movements, excessive sweating, panic, paranoia (extreme and unreasonable distrust

of others), psychosis (disordered thinking detached from reality), bizarre behaviors, and vomiting.

Long-term Effects

Two long-term effects have been associated with use of classic hallucinogens, although these effects are rare. The first is called Persistent Psychosis which is a series of continuing mental problems, including: visual disturbances, disorganized thinking, paranoia, and mood changes. The second is called Hallucinogen Persisting Perception Disorder (HPPD). This manifests in recurrences of certain drug experiences, such as hallucinations or other visual disturbances. These flashbacks often happen without warning and may occur within a few days or more than a year after drug use. These symptoms are sometimes mistaken for other disorders, such as stroke or a brain tumor.

Narcotics/Opioids Substance Description

Also known as “opioids,” the term “narcotic” comes from the Greek word for “stupor” and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as “narcotics,” today “narcotic” refers to opium, opium derivatives, and their semi-synthetic substitutes. A more current term for these drugs, with less uncertainty regarding its meaning, is “opioid.”

Examples include heroin, OxyContin®, Vicodin®, Codeine, Morphine, Fentanyl, and Methadone. It is possible and common to overdose and die from ingestion of opioids.

Risk of Dependence

Use can create psychological dependence. Long after the physical need for the drug has passed, the user may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapse is common if there are not changes to the physical environment or the behavioral motivators that prompted the abuse in the first place.

Short-term Effects

In the short term, opioids can relieve pain and make people feel relaxed and happy. However, opioids can also have harmful effects, including drowsiness, confusion, nausea, constipation, euphoria, and slowed breathing. Long-term Effects Opioid misuse can cause slowed breathing, which can cause hypoxia, a condition that results when too little oxygen reaches the brain. Hypoxia can have short- and long-term psychological and neurological effects, including coma, permanent brain damage, or death.

Researchers are also investigating the long-term effects of opioid addiction on the brain, including whether damage can be reversed. People who use opioids over the long term may develop insomnia, collapsed veins at injection sites, damaged tissue in nose from snorting, heart lining and valve infection, abscesses, constipation and stomach cramps, liver and kidney disease, pneumonia, depression and other mental illness, sexual dysfunction, and issues with menstrual cycles.

What is Fentanyl?

Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic.

What is its Origin?

Fentanyl was first developed in 1959 and introduced in the 1960s as an intravenous anesthetic. It is legally manufactured and distributed in the United States.

Illicit fentanyl pharmaceutical products are diverted via theft, fraudulent prescriptions, and illicit distribution by patients, physicians, and pharmacists. From 2011 through 2018, both fatal overdoses associated with abuse of clandestinely produced fentanyl and fentanyl analogues, and law enforcement encounters increased markedly.

According to the Centers for Disease Control and Prevention (CDC), fentanyl analogues were involved in roughly 2,600 drug overdose deaths each year in 2011 and 2012, but from 2012 through 2018, the number of drug overdose deaths involving fentanyl and other synthetic opioid increased dramatically each year.

More recently, there has been a re-emergence of trafficking, distribution, and abuse of illicitly produced fentanyl and fentanyl analogues with an associated dramatic increase in overdose fatalities, ranging from 2,666 in 2011 to 31,335 in 2018.

What are Common Street Names for Fentanyl?

Common street names include:

• Apache, China Girl, China Town, Dance Fever, Friend, Goodfellas, Great Bear, He-Man, Jackpot, King Ivory, Murder 8, and Tango & Cash.

What Does it Look Like?

Fentanyl pharmaceutical products are currently available in the following dosage forms: oral transmucosal lozenges commonly referred to as fentanyl “lollipops” (Actiq®), effervescent buccal tablets (Fentora®), sublingual tablets (Abstral®), sublingual sprays (Subsys®), nasal sprays (Lazanda®), transdermal patches (Duragesic®), and injectable formulations.

Clandestinely produced fentanyl is encountered either as a powder or in counterfeit tablets and is sold alone or in combination with other drugs such as heroin or cocaine.

How is it Abused?

Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Fentanyl patches are abused by removing its gel contents and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity.

Illicitly produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in counterfeit pills, mimicking pharmaceutical drugs such as oxycodone. According to the National Forensic Laboratory Information System, reports on fentanyl (both pharmaceutical and clandestinely produced)

increased from nearly 5,400 in 2014 to over 56,500 in 2017, as reported by federal, state, and local forensic laboratories in the United States.

What is the Effect on the Body?

Fentanyl, similar to other commonly used opioid analgesics (e.g., morphine), produces effects such as relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.

What are the Overdose Effects?

Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.

Which Drugs Cause Similar Effects?

Drugs that cause similar effects include other opioids such as morphine, hydrocodone, oxycodone, hydromorphone, methadone, and heroin.

What is the Legal Status Of Fentanyl in the Federal Control Substances Act?

Fentanyl is a Schedule II narcotic under the United States Controlled Substances Act of 1970.

What Should I Do if I Overdose or Witness an Overdose of Fentanyl?

Steps to take:

It may be hard to tell whether a person is high or experiencing an overdose. If you aren't sure, treat it like an overdose—you could save a life.

1. Administer an overdose reversal medication like [naloxone](#)* (if available) and call 911.**
2. Try to keep the person awake and breathing.
3. Lay the person on their side to prevent choking.
4. Stay with the person until emergency assistance arrives.

**Naloxone is a life-saving medication that can reverse the effects of opioid overdose and save lives. It is available in all 50 states and over the counter - you don't need a prescription.*

*** Most states have laws that may protect a person who is overdosing or the person who called for help from criminal penalties.*

Source: <https://www.cdc.gov/stop-overdose/response/index.html>

Where Can I Get Naloxone on Campus?

Students are encouraged to carry one box of Naloxone, which contains two doses of the nasal spray. The boxes are free and are available at 50 sites across campus.

Information on the locations of CSUMB Naloxone distribution sites is posted on the health center's [webpage](#).

A video on the use of Naloxone nasal spray can be found [here](#).

Stimulants Substance Description

Stimulants speed up the body's systems. This class of drugs includes prescription and illicit stimulants. Prescription stimulants include amphetamines (Adderall® and Dexedrine®), methylphenidate (Concerta® and Ritalin®), and diet aids (such as Didrex®).

Illicit stimulants include methamphetamine, cocaine, methcathinone, and synthetic cathinones that are commonly sold under the guise of "bath salts". It is possible and common to overdose and die from ingestion of stimulants.

Risk of Dependence

Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone. Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."

Short-term Effects

People who use stimulants report feeling a "rush" (euphoria) along with the following increased blood pressure heart rate and breathing, decreased blood flow, increased

blood sugar, dilated pupils, nausea, increased body temperature, restlessness, tremors and muscle twitches.

Long-term Effects

Repeated misuse of stimulants, even within a short period, can cause psychosis, anger, or paranoia. If the drug is injected, it is important to note that sharing drug injection equipment and having impaired judgment from drug misuse can increase the risk of contracting infectious diseases such as HIV and hepatitis. For methamphetamine, some long-term effects include extreme weight loss, addiction, severe dental problems (“meth mouth”), intense itching leading to skin sores, anxiety, changes in brain structure and function, confusion, memory loss, sleeping problems, violent behavior, paranoia, and hallucinations. For cocaine, long-term effects are dependent on method of use: Snorting can result in loss of smell, nosebleeds, frequent runny nose, and problems swallowing. Smoking can result in cough, asthma, respiratory distress, and higher risk of lung infections like pneumonia. Consuming by mouth can cause severe bowel decay from reduced blood flow. Needle injection can result in a higher risk for contracting HIV, hepatitis C, and other bloodborne diseases, skin and soft tissue infection, and scarring or collapsed veins at injection site.

AVAILABLE TREATMENT AND SUPPORT PROGRAMS

Resources Provided by CSUMB

CSUMB is Smoke and Tobacco-Free

In accordance with the California State University Chancellor's Office Executive Order 1108, CSUMB is 100% Smoke Free and Tobacco Free effective September 1, 2017.

Smoking, the use or sale of tobacco products, and the use of designated smoking areas are prohibited on all California State University properties. Members of the CSUMB community are expected to fully comply with the policy.

For Smoking Cessation

Tobacco cessation resources are available for faculty staff and students at CSUMB. Students may contact the [Health Promotion and Education](#) department within CSUMB's Health and Wellness Services for more information about what resources are available.

Students concerned about their alcohol or drug use may visit:

Campus Health Center

Phone: 831-582-3965

Building: [Building 80, 6012 General Jim Moore, Marina, CA 93933](#)

Office Hours: 9 a.m. - 4 p.m.

Webpage: [Medical services available at the CHC | California State University Monterey Bay \(csumb.edu\)](#)

Health Promotion and Education

Phone: 831-582-4437

Building: [Building 80, 6012 General Jim Moore, Marina, CA 93933](#)

Office Hours: Monday to Friday, 8 a.m. - 5 p.m.

Webpage: [Health Promotion and Education | California State University Monterey Bay \(csumb.edu\)](#)

The Care Team identifies students who may be experiencing distress or have concerns within the university community that could potentially impact student well-being.

Please visit their webpage identified below.

Dean of Students Office, Student Life

Phone: 831-582-4081

Email: [Send an email](#)

Building: [Sand Hall, Building 8](#)

Office Hours: Monday to Friday, 8 a.m. - 5 p.m.

Webpage: [Care Team | California State University Monterey Bay \(csumb.edu\)](#)

Services and Resources for Employees

Smoking Cessation

Employees may learn more about tobacco cessation resources through the [Employee Assistance Program](#). Corporation employees make seek assistance through their [Employee Assistance Program](#).

Employee Assistance Program

As a CSUMB employee, you and any member of your household can turn to the Employee Assistance Program (EAP) for help. EAP is only a phone call away at 1-800-367-7474 and is available 24 hours a day, 365 days a year. This benefit is available through Empathia Pacific, Inc. to offer employees and their family's information on hundreds of health and wellness topics, including:

- Stress, depression, and personal problems
- Balancing work and personal needs

- Alcohol or drug dependencies
- Family and relationship concerns
- Workplace conflicts
- Adoption Assistance
- Child and elder care resources
- Pre and postnatal concerns
- Grief
- Financial & Legal consultations

All services are kept strictly confidential. Face-to-face counseling with qualified local counselors is also available and provided at no charge. Brochures are available through Human Resources.

To reach an EAP provider, call 1-800-367-7474 or [visit them online](#).