Drug-Free Schools Information

The State University of New York College at Geneseo certifies it is in compliance with Public Law 101-226, The Drug-Free Schools and Communities Act of 1989. To this end, the College has adopted and implemented a program to prevent the illicit use of drugs and the abuse of alcohol by students and employees.

As mandated by section 22 of Public Law 101-226, the College will distribute annually to its students and employees, the following information:

- standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use or distribution of drugs and alcohol by students and employees on College property or as any part of Geneseo’s activities;
- a description of the applicable legal sanctions under local, New York State, and Federal law for unlawful possession, use or distribution of illicit drugs and alcohol;
- a description of the health risks associated with the use of illicit drugs and the abuse of alcohol;
- a description of any drug and alcohol counseling, treatment, or rehabilitation programs that are available to students and employees; and
- a clear statement that Geneseo will impose sanctions on students and employees (consistent with local, New York State, and Federal law, and collective bargaining agreements) and a description of these sanctions, up to and including expulsion or termination of employment and referral for prosecution for violations of the standards of conduct. A disciplinary sanction may include the completion of an appropriate rehabilitation program.

In addition, the College will conduct a biennial review of its program to:

(a) determine its effectiveness and
(b) ensure that the sanctions developed by the College are consistently enforced.

I. Student Conduct

The rights and privileges exercised by any person are always a function of relationships with others. The College at Geneseo condemns the unlawful use, possession, or distribution of alcoholic beverages and/or drugs on College property or as any part of College sponsored activities. To this end, the College will enforce the Student Code of Conduct and take appropriate conduct action when violations occur. In addition, criminal action will be taken when appropriate.

Loss of privilege, specified conduct requirements, or separation from the College may be imposed on any student whose conduct on or off campus adversely affects the academic community, particularly as it shows failure to accept responsibility for the welfare of one’s self and other persons. Fundamental kinds of misconduct involving alcohol and other drugs which may lead to conduct action, including suspension or dismissal from the College, are as follows:

- Illegal use, sale, distribution, manufacturing, or possession of alcohol, intoxicants, or drugs (including but not limited to controlled substances and prescription medication). Participation of a student in any incident, accident, or personal injury that is related to the use by that student of any alcohol, intoxicant, or drug. (SUNY Geneseo Student Code of Conduct—No. 8).
- Use or possession of open containers of alcoholic beverages on campus other than at approved locations and events, or in accordance with the SUNY Geneseo Policy on Alcohol and Illicit Drugs is prohibited. Containers of alcoholic beverages found on campus which are not in
compliance with approved college policies will be confiscated and/or destroyed by a University Police Officer. (SUNY Geneseo Student Code of Conduct—No. 9.).

II. Employee Conduct
Compliance with the provisions of the College’s drug and alcohol policies is a condition of employment subject to criminal charges and/or disciplinary action under the various negotiated agreements, including satisfactory completion of an approved drug or alcohol rehabilitation program.

Student employees are subject to discipline up to and including termination of employment and referral for discipline in accordance with the Student Code of Conduct, or corrective action as the College deems appropriate, including satisfactory completion of an approved drug or alcohol rehabilitation program.

III. Local, State and Federal Laws
A. Local Laws (see Update - Appendix C)
B. State Laws (see Update - Appendix D)
C. Federal Laws (see Update - Appendix E)

IV. Health Risks
Alcohol
If you are like many Americans, you may drink alcohol occasionally. Or, like others, you may drink moderate amounts of alcohol on a more regular basis. If you are a woman or someone over the age of 65, this means you have no more than one drink per day; if you are a man, this means you have no more than two drinks per day. Drinking at these levels usually is not associated with health risks and may help prevent certain forms of heart disease.

But did you know that even moderate drinking, under certain circumstances, can be risky? If you drink at more than moderate levels, you may be putting yourself at risk for serious problems with your health as well as problems with family, friends, and coworkers.

What Is a Drink?
A standard drink is:
• One 12-ounce bottle of beer* or wine cooler or
• One 5-ounce glass of wine or
• 1.5 ounces of 80-proof distilled spirits.

*Different beers have different alcohol content. Malt liquor has a higher alcohol content than most other brewed beverages.

Drinking and Driving
It may surprise you to learn that you don’t need to drink much alcohol before your driving ability is affected. For example, certain driving skills can be impaired by blood alcohol concentrations (BACs) as low as 0.02 percent. (The BAC refers to the amount of alcohol in the blood.) A 160-pound man will have a BAC of about 0.04 percent 1 hour after drinking two 12-ounce beers or two other standard drinks on an empty stomach (see “What Is a Drink?”). And the more alcohol
you drink, the more impaired your driving skills will be. Although most States set the BAC limit for adults who drive after drinking at 0.08 percent, driving skills are affected at much lower levels.

Interactions With Medications
Drinking alcohol while taking certain medications can cause problems. In fact, there are more than 150 medications that should not be mixed with alcohol. For example, if you are taking antihistamines for a cold or allergy and drink alcohol, the alcohol will increase the drowsiness that the medicine alone can cause, making driving or operating machinery even more dangerous. And if you are taking large doses of the painkiller acetaminophen (Tylenol®) and drinking alcohol, you are risking serious liver damage. (See Appendix F: “Drugs and Alcohol Don’t Mix”) Check with your doctor or pharmacist before drinking any amount of alcohol if you are taking any over-the-counter or prescription medicines.

Social and Legal Problems
The more heavily you drink, the greater the potential for problems at home, at work, with friends, and even with strangers. These problems may include:

- Arguments with or separation from your spouse and other family members;
- Strained relationships with coworkers;
- Absence from or lateness to work with increasing frequency;
- Loss of employment due to decreased productivity; and
- Committing or being the victim of violence.

Alcohol-Related Birth Defects
If you are pregnant or trying to get pregnant, you should not drink alcohol. Drinking alcohol while you are pregnant can cause a range of birth defects, and children exposed to alcohol before birth can have lifelong learning and behavioral problems. The most serious problem that can be caused by drinking during pregnancy is fetal alcohol syndrome (FAS). Children born with FAS have severe physical, mental, and behavioral problems. Because scientists do not know exactly how much alcohol it takes to cause alcohol-related birth defects, it is best not to drink any alcohol during this time.

Long-Term Health Problems
Some problems, like those mentioned above, can occur after drinking over a relatively short period of time. But other problems - such as liver disease, heart disease, certain forms of cancer, and pancreatitis - often develop more gradually and may become evident only after many years of heavy drinking. Women may develop alcohol-related health problems sooner than men, and from drinking less alcohol than men. Because alcohol affects nearly every organ in the body, long-term heavy drinking increases the risk for many serious health problems.

Marijuana
Marijuana is the most commonly used illegal drug in the United States, and marijuana use may have a wide range of health effects on the body and brain.
About 1 in 10 marijuana users may experience some form of addiction. For people who begin using before the age of 18, that number rises to 1 in 6. People who are addicted to marijuana may also be at a higher risk of other negative consequences of using the drug, such as problems with attention, memory, and learning. Some people who are addicted may need to smoke more and
more marijuana to get the same high. It is also important to be aware that the amount of tetrahydrocannabinol (THC) in marijuana (i.e., marijuana potency or strength) has increased over the past few decades. The higher the THC content, the stronger the effects on the brain. In addition, some methods of using marijuana (e.g., dabbing, edibles) may deliver very high levels of THC to the user.

In many cases, marijuana is smoked in the form hand-rolled cigarettes (joints), in pipes or water pipes (bongs), in bowls, or in blunts—emptied cigars that have been partly or completely refilled with marijuana. Smoked marijuana, in any form, can harm lung tissues and cause scarring and damage to small blood vessels. Smoke from marijuana contains many of the same toxins, irritants, and carcinogens as tobacco smoke. Smoking marijuana can also lead to a greater risk of bronchitis, cough, and phlegm production. These symptoms generally improve when marijuana smokers quit.

Marijuana use, especially frequent (daily or near daily) use and use in high doses, can cause disorientation, and sometimes cause unpleasant thoughts or feelings of anxiety and paranoia. Marijuana use is associated with temporary psychosis (not knowing what is real, hallucinations and paranoia) and long-lasting mental health challenges, including schizophrenia (a type of mental illness where people might see or hear things that aren’t really there).

Marijuana use has also been linked to depression and anxiety, and suicide among teens. However, it is not known whether this is a causal relationship or simply an association.

In 2021 New York State revised its marijuana laws. It is important to note that even though state law allows for marijuana to be consumed in New York, federal law prevents all consumption of cannabis, including medicinal use, on college campuses – including SUNY Geneseo.

(From the Centers for Disease Control and Prevention) Available at CDC website: https://www.cdc.gov/marijuana/factsheets/teens.htm (last accessed Jan. 6, 2021); https://www.cdc.gov/marijuana/health-effects.html (last accessed Jan. 6, 2021).

**MDMA**

People who use MDMA usually take it as a capsule or tablet, though some swallow it in liquid form or snort the powder. The popular nickname Molly (slang for “molecular”) often refers to the supposedly “pure” crystalline powder form of MDMA, usually sold in capsules. However, people who purchase powder or capsules sold as Molly often actually get other drugs such as synthetic cathinones (“bath salts”) instead. Some people take MDMA in combination with other drugs such as alcohol or marijuana.

MDMA increases the activity of three brain chemicals:

- **Dopamine**—produces increased energy/activity and acts in the reward system to reinforce behaviors
- **Norepinephrine**—increases heart rate and blood pressure, which are particularly risky for people with heart and blood vessel problems
- **Serotonin**—affects mood, appetite, sleep, and other functions. It also triggers hormones that affect sexual arousal and trust. The release of large amounts of serotonin likely causes the emotional closeness, elevated mood, and empathy felt by those who use MDMA.
Other health effects include:
- nausea
- muscle cramping
- involuntary teeth clenching
- blurred vision
- chills, and
- sweating.

MDMA’s effects last about 3 to 6 hours, although many users take a second dose as the effects of the first dose begin to fade. Over the course of the week following moderate use of the drug, a person may experience irritability, impulsiveness and aggression, depression, sleep problems, anxiety, memory and attention problems, decreased appetite, and decreased interest in and pleasure from sex. It’s possible that some of these effects may be due to the combined use of MDMA with other drugs, especially marijuana.

High doses of MDMA can affect the body’s ability to regulate temperature. This can lead to a spike in body temperature that can occasionally result in liver, kidney, or heart failure or even death.

(From the National Institute on Drug Abuse)
(Available at NIH website: https://www.drugabuse.gov/publications/drugfacts/mdma-ecstasymolly.)

Prescription Opioids
Prescription opioids used for pain relief are generally safe when taken for a short time and as prescribed by a doctor, but they can be misused.

Opioids bind to and activate opioid receptors on cells located in many areas of the brain, spinal cord, and other organs in the body, especially those involved in feelings of pain and pleasure. When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts of dopamine throughout the body. This release can strongly reinforce the act of taking the drug, making the user want to repeat the experience.

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. 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 addicted to an opioid medication who stop using the drug can have severe withdrawal symptoms that begin as early as a few hours after the drug was last taken. These symptoms include muscle and bone pain, sleep problems, diarrhea and vomiting, cold flashes with goose bumps, uncontrollable leg movements, and severe cravings.
An opioid overdose occurs when a person uses enough of the drug to produce life-threatening symptoms or death. When people overdose on an opioid medication, their breathing often slows or stops. This can decrease the amount of oxygen that reaches the brain, which can result in coma, permanent brain damage, or death.

If you suspect someone has overdosed, the most important step to take is to call 911 so he or she can receive immediate medical attention. Once medical personnel arrive, they will administer naloxone. Naloxone is a medicine that can treat an opioid overdose when given right away. It works by rapidly binding to opioid receptors and blocking the effects of opioid drugs. Naloxone is available as an injectable (needle) solution, a hand-held auto-injector (EVZIO®), and a nasal spray (NARCAN® Nasal Spray).

(From the National Institute on Drug Abuse) 
(Available at NIH website: https://www.drugabuse.gov/publications/drugfacts/prescription-opiods.)

Specific Dangers from Drug Facilitated Sexual Assault Drugs
There are three specific drugs that are commonly utilized in drug facilitated sexual assault: Rohypnol®, Ketamine, or GHB (Gamma Hydroxybutyric Acid).

**Rohypnol®**
Rohypnol®, also known as flunitrazepam, is not approved in the United States, although it is available for use as a prescription sleep aid in other countries. It is most commonly found as a tablet which is consumed by dissolving it in a drink or swallowing it. The possible short term health effects include drowsiness, sedation, sleep, amnesia, blackout; decreased anxiety; muscle relaxation, impaired reaction time and motor coordination; impaired mental functioning and judgement; confusion; aggression; excitability; slurred speech; headache; slowed breathing and heart rate. When combined with alcohol the possible health effects include severe sedation, unconsciousness, and slowed heart rate and breathing, which can lead to death. At this point the long-term health effects of Rohypnol® are still unknown. Rohypnol® can take between 36-72 hours to leave the body.

**GHB (Gamma Hydroxybutyric Acid)**
GHB is a depressant approved for use in treatment of narcolepsy, and commonly goes by the other names of Goop, liquid ecstasy, and liquid X. It is most commonly found as a colorless liquid or white powder which is consumed through swallowing, often in combination with alcohol. The possible short term health effects include euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breath, lower body temperature, seizures, coma, and death. In combination with alcohol the possible health effects include nausea, problems with breathing, and greatly increased depressant effects. At this point in time the long-time effects of GHB are unknown. GHB, unlike Rohypnol, leaves the body between 10-12 hours after consumption.

**Ketamine**
Ketamine is a dissociative drug used as a surgical anesthetic, an anesthetic in veterinary practice, and as a prescription for treatment resistant depression under strict medical supervision. It is most commonly found in liquid or white powder and is consumed through swallowing, smoking,
snorting, or injections. The possible short term health effects include problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion loss of memory; raised blood pressure, unconsciousness; and dangerously slowed breathing. If ketamine is consumed with alcohol there is a risk of adverse effects. The possible health effects associated with long term use include ulcers and pain in the bladder; kidney problems; stomach pain; depression; and poor memory.

If an individual believes they or a friend have consumed Rohypnol®, GHB, or Ketamine they should visit a local healthcare facility that can care for survivors of sexual assault and provide a forensic exam. While receiving care the individual who has ingested the drug can request the hospital to take a urine sample for drug toxicology testing, if the individual cannot immediately go to a hospital they should save their urine in a clean, sealable container as soon as possible, and place it in the refrigerator or freezer for future toxicology testing.

(From the National Institute on Drug Abuse)
(Available at NIH website:https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts#rohypnol-reg-flunitrazepam
https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts#ghb
https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts#ketamine
https://www.dea.gov/sites/default/files/2018-07/DFSA_0.PDF)

Warning Signs (see also Appendix G)
The following are some warning signs which may indicate a problem with alcohol and/or other drugs:
• getting drunk or high on drugs on a regular basis
• lying about how much alcohol or other drugs he or she is using
• avoiding others in order to get drunk or high
• giving up activities he or she used to do, such as sports, homework just to use drugs or drink
• planning drinking or using drugs in advance, hiding alcohol and drugs, drinking or using other drugs alone
• having to drink more or use higher amounts of drugs to get the same high
• believing that in order to have fun you need to drink or use other drugs
• frequent hangovers
• pressuring others to drink or use other drugs
• taking risks, including sexual risks or drinking and driving
• having "blackouts" or memory lapses
• feeling run-down and sick, hopeless, depressed, or even suicidal
• sounding selfish and not caring about others
• constantly talking about drinking or using other drugs
• getting in trouble with the law and or campus authorities
• suspension from school for an alcohol or other drug-related incident

The time element also varies, and some drugs remain in the system for as long as several days.
V. Services
Health and Counseling offers a wide range of services for students who are concerned about alcohol and other drugs. These services include:

Alcohol Evaluations – Students may be seen by a psychologist for an evaluation of their alcohol/drug use and related problems. Evaluations include recommendations for further assessment, treatment, and education as indicated. Students can schedule an alcohol evaluation by calling Counseling Services at 585-245-5716.

Alcohol/Drug Counseling – Students may voluntarily participate in individual or group counseling to address issues related to their use of alcohol and other drugs. Students in need of substance abuse rehabilitation services are referred for treatment off-campus. Counseling Services does not provide mandated (including court-referred) treatment. Students can schedule a counseling appointment by calling Counseling Services at 585-245-5716.

Alcohol Screening – Students can complete an anonymous, on-line screening of their alcohol use by visiting the Health and Counseling website at https://www.mentalhealthscreening.org/screening/welcome.asp. Students who complete the screening will receive recommendations based on their individual responses.

In addition, Health Services (585-245-5736) provides urgent and non-urgent care to students who have difficulties with alcohol and other drugs. Health and Counseling staff also have information about area treatment and support resources, including chapters of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Health and Counseling is located in the Lauderdale Health Center on University Drive.

VI. Biennial Review Committee
A Review Committee will be convened every two years to determine the effectiveness of the College’s Drug Free Schools Act compliance program and to recommend any changes, if necessary. In addition, the committee will review pertinent disciplinary actions and ensure that sanctions are enforced consistently.

The committee will be composed of:
  - Associate Provost
  - Dean of Students
  - Principal Administrator of Health and Counseling
  - Asst. Vice President for Human Resources
  - Chief of University Police
  - College’s Alcohol and Other Drug Program Coordinator (Chair)