Stevenson University

Drug and Alcohol Abuse Prevention Program

Last Updated:
August 23, 2017
# Table of Contents

I. Introduction .......................................................................................................................... 3

II. Standards of Conduct Regarding Alcohol ........................................................................ 4
    - Rules Specifically Applicable to University Housing ......................................................... 4
    - Standard Sanctions for Alcohol Violations ....................................................................... 5
    - Reporting Use and Misuse ................................................................................................. 5

III. Standards of Conduct Regarding Unauthorized Drugs .................................................... 6
    - Standard Sanctions for Unauthorized Drugs ..................................................................... 6
    - Reporting Use and Misuse ................................................................................................. 6

IV. Good Samaritan Policy ...................................................................................................... 6

V. Standards of Conduct Regarding Tobacco ......................................................................... 7

VI. Legal Sanctions Under Federal, State and Local Laws ..................................................... 7
    - Federal Trafficking Penalties ............................................................................................ 7
    - State of Maryland Penalties and Sanctions Relating to Alcohol Beverages & Controlled Substances..... 10
    - Pertinent Baltimore County Maryland Code Provisions .................................................. 12

VII. Drug Conviction and Financial Aid Eligibility ................................................................ 13
    - Penalties for Drug Convictions ....................................................................................... 13
    - How to Regain Eligibility ............................................................................................... 13
    - Free Application for Federal Student Aid (FAFSA) ......................................................... 13
    - Convictions During Enrollment ..................................................................................... 13

VIII. Health Risks Associated with the Abuse of Alcohol .................................................... 14

IX. Health Risks Associated with Heroin .............................................................................. 15

X. Health Risks Associated with Prescription Opioids .......................................................... 16

XI. Health Risks Associated with Stimulants (e.g. Cocaine & Methamphetamine) ............... 17

XII. Health Risks Associated with Marijuana ..................................................................... 19

XIII. Health Risks Associated with Prescription Drug Misuse & Abuse ................................ 19

XIV. Health Risks Associated with the use of Tobacco Products ......................................... 20

XV. Alcohol, Tobacco, and Other Drug Programs Available to Students & Employees .......... 21

XVI. Distribution of the Annual Notification ....................................................................... 23

XVII. Biennial Review ........................................................................................................... 24
I. Introduction

Stevenson University is an innovative, coeducational, independent institution offering undergraduate and graduate students a career-focused education marked by individualized attention, civility, and respect for difference. In order to achieve our mission, the health and safety of members of the Stevenson University community are of primary concern to the institution. The main goal of Stevenson’s drug and alcohol program is to help all members of the community understand the health risks associated with the abuse of alcohol and illicit drugs and to provide appropriate support and resources for those members who may be struggling with their own usage. In order to fulfill this primary goal, Stevenson strives to develop, articulate and enforce clear policies for students and employees. Further, the institution seeks to provide relevant and effective educational programs for members of the university community, particularly students, surrounding the impact of abusing alcohol and illicit drugs.

Stevenson’s drug and alcohol program is guided by the Drug-Free Schools and Communities Act (DFSCA), which requires that colleges develop a drug and alcohol abuse prevention program that includes (a) a written statement about its standards of conduct that prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees; (b) a written description of legal sanctions imposed under federal, state, and local laws for unlawful possession or distribution of illicit drugs and alcohol; (c) a description of the health risks associated with the use of illicit drugs and the abuse of alcohol; (d) a description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available to students and employees, and (e) a statement that the institution will impose disciplinary sanctions on students and employees for violations of the intuitions’ codes of conduct and a description of such sanctions. The drug and alcohol abuse prevention program must be distributed annually, in writing, to each employee and to each student who is taking one or more classes for any type of academic credit (except for continuing education units), regardless of the length of the student’s program of study.

Among the updates that have been made to this current drug and alcohol abuse prevention program is the increased attention that is being paid to heroin and opioids. Although no incidences have been reported on the campuses of Stevenson University, it has been widely reported in the media that heroin and other opioid overdoses continue to increase in Baltimore and the surrounding counties. On March 1, 2017, the Governor of Maryland declared a state of emergency in response to the opioid epidemic in Maryland. According to a 2016 report by Maryland’s Department of Health and Mental Hygiene (DHMH), drug and alcohol related intoxication deaths in Maryland increased for the fifth year in a row, totaling 1,259 deaths in 2015. This represents a 21% increase since 2014. Of the 1,259 intoxication deaths in 2015, 86% of them (1,089) were opioid related, including deaths related to heroin, prescription opioids, and nonpharmaceutical fentanyl. Opioid related deaths increased by 23% between 2014-2015 and have more than doubled since 2010. Heroin and fentanyl related deaths have risen especially sharply with the number of heroin related deaths increasing by 29% between 2014-2015 and more than tripling between 2010 and 2015.

As a result of these troubling statistics, Stevenson has devoted a specific section of this document to heroin and opioid education. In addition, Stevenson will be requiring incoming full-time students to participate in heroin and opioid addiction and prevention awareness training. Further, medical professionals in the Wellness Center along with several members of the Stevenson University Security Office have been trained to respond to an opioid overdose and to be able to administer naloxone intra-nasal to reverse an overdose. Stevenson is currently working towards having all Security Officers trained on this important issue.
II. Standards of Conduct Regarding Alcohol

The health and safety of members of the Stevenson University community are the primary concerns of the University. It is the University’s policy to uphold the alcohol laws of the state of Maryland. Possession and consumption of alcoholic beverages is permitted only by those who are at least 21 years of age. Alcoholic beverages are not to be furnished to or consumed by minors. Members of the Stevenson community and guests are expected to accept responsibility for their actions, to obey the law and to police their own behavior. Individuals who violate the law, in addition to being subject to criminal penalties, will be subject to University disciplinary measures. These specific policies that follow apply to Stevenson University events both on and off campus.

1. Except as permitted by the following paragraphs, the possession, use or distribution of alcohol by students, faculty, staff, and guests on university property or in connection with any University activity is strictly forbidden.

2. All University-sponsored events where alcohol is served, either on or off campus, must be approved by the Vice President, Student Affairs or Chief of Staff in the President’s office 30 days prior to the event. The Event Application Request for Service of Alcoholic Beverages will serve as a formal application for approval.
   a. All individuals attending the event must be of legal drinking age. Student organizations may request an exception to this guideline if the primary purpose of the event is other than a social drinking party and the majority of the guests are of legal drinking age.
   b. The organization’s adviser or an alternative faculty/staff member must be present for the duration of the event.
   c. Security must be present for the duration of the event.

3. Alcohol may only be served by a licensed caterer trained to serve alcohol. Caterers must provide proof of license and training certification to the University prior to the event. A list of approved caterers is included with the Event Application Request for Service of Alcoholic Beverages.

4. Proper proof of age must be provided to the server.

5. Kegs, multi-liter containers and pitchers used for the serving of alcohol are not allowed at student-sponsored events.

6. At events where alcohol is served, substantial food and non-alcoholic drinks must be provided. During late night events, the service of alcohol will stop one hour prior to the ending time of the event.

7. It is recognized that this document cannot address, in specific fashion, all possible social situations that may occur. Where these procedures are not specific on a particular point, individual and organizational hosts are expected to conduct their social events and themselves in the spirit of social responsibility consistent with these procedures.

Rules Specifically Applicable to University Housing

Residents of legal drinking age may drink alcohol in their residence hall apartment or suite only if they are not in the presence of residents or guests who are under 21 years of age. Absolutely no alcohol is permitted in any shared space in a residence hall room/suite/apartment where underage students reside. Alcohol may not be served or consumed in any common areas of the University’s residential facilities including but not limited to hallways, lounges, quad areas, and parking lots. Guests are expected to abide by the University’s rules while visiting SU housing. Students may be held responsible for the conduct of their guests. The Residence Life staff
will confiscate or require underage residents to dispose of alcohol they observe being brought or having been brought into the residences and to stop consumption of alcoholic beverages in all common areas. Kegs, beer balls, and other multi-liter containers are not permitted in SU residence halls. The Residence Life staff will inform students of University policy, clarify if they are violating the University’s policy, and counsel them regarding the consequences of their behavior, both in terms of health and safety risks and legal consequences. Students in violation of the housing agreement or University policy will be held accountable. The Residence Life staff is to report offenders to the Assistant Vice President, Student Affairs & Conduct. The students involved will meet with the Assistant Vice President, Student Affairs & Conduct or a professional Residence Life staff member to determine appropriate sanctions if warranted. Any student failing to meet with a Residence Life staff member will be subject to termination of the housing contract for failure to comply with directions of a University official.

**Standard Sanctions for Alcohol Violations**

**Students:**

*First time violators may be subject to:*

- Formal warning
- $100 fine and/or discipline service
- Participation in an alcohol education program designated by the University

*Second time violators may be subject to:*

- $150 fine and/or discipline services
- Housing probation
- Parental notification (official warning letter sent to the student with a copy mailed to the student’s parents/guardians)
- Participation in an alcohol education program or referral for treatment designated by the University

*Students with subsequent alcohol violations will generally be subject to one or more of the following:*

- Increased fine, referral for treatment, removal from residence, and termination of the students’ Housing Contract and/or suspension and/or expulsion from the University

**Employees**

Employees who violate Stevenson University’s alcohol policy are referred to the University’s Human Resources Office and are subject to disciplinary actions up to and including termination of employment and/or referral for prosecution as appropriate.

**Reporting Use and Misuse**

Each member of the Stevenson community is advised to report all suspicions of unlawful possession, use or distribution of illicit drugs or alcohol or of alcohol abuse to Stevenson University’s Security Office in the Ratcliffe Community Center on the Owings Mills campus or by calling 443-352-4500.
III. Standards of Conduct Regarding Unauthorized Drugs

The Stevenson University community affirms unauthorized drug use to be contrary to the goals of the University. The use, possession (including constructive possession), manufacture, distribution and solicitation of controlled dangerous substances, drug paraphernalia, look-alike drugs, unauthorized legal drugs, man-made or naturally occurring substances or inhalants used for the purpose of altering behaviors, mood, or for changing the brain or nervous system, and over-the-counter drugs/medications or prescription drugs in excess of the recommended or prescribed dosage(s) is strictly prohibited on Stevenson University property, Stevenson sponsored travel, or in connection with any program or activity sponsored or endorsed by Stevenson University.

Standard Sanctions for Unauthorized Drugs

**Students**
Violations of the University’s Drug Policy are considered serious and may result in suspension, dismissal or expulsion from the University. Students who are found to be distributing drugs will be expelled from the University. Students who are found in possession of large quantities of drugs may also be expelled from the University as the large quantity, by itself, may be viewed as intent to distribute.

**Employees**
Employees who violate Stevenson University’s Drug Policy are referred to the University’s Human Resources Office and/or are subject to disciplinary actions up to and including termination of employment and referral for prosecution as appropriate.

Reporting Use and Misuse

Each member of the Stevenson community is advised to report all suspicions of unlawful possession, use or distribution of illicit drugs or alcohol or of alcohol abuse to Stevenson University’s Security Office in the Ratcliffe Community Center on the Owings Mills campus or by calling 443-352-4500.

IV. Good Samaritan Policy

Stevenson University is committed to the health and safety of its students and strives to maintain policies that support this commitment, including its prohibition against the use of alcohol on campus for those under the legal drinking age of 21. Alcoholic beverages are not to be furnished to, possessed or consumed by those less than 21 years of age. Students of legal drinking age may drink alcohol in their apartments / suites only if they are not in the presence of residents or guests who are under 21 years of age. The University recognizes that due to this prohibition, students may unwisely choose not to call for medical assistance when another student is intoxicated due to the sanctions that the University might impose upon them. Should a student become intoxicated, Stevenson University implores individuals to seek medical assistance for themselves or others in an attempt to keep the campus community safe. This Good Samaritan Policy pertains only to use/abuse of alcohol and does not pertain to incidents involving drugs. Drug incidents will be handled on a case-by-case basis.

In an effort to maintain the health and safety of the campus community, the University has instituted this Good Samaritan Policy. Under this policy, students who seek medical attention for themselves or their fellow students related to consumption of alcohol will not be charged with a violation of Stevenson University policies and/or
the Guidelines for Student Housing. Students, however, may be required at the discretion of the Dean of Students and/or his/her designee to complete an alcohol assessment/alcohol education program depending on the severity of the student’s situation.

This Good Samaritan Policy applies only to those students who seek emergency medical assistance in connection with an alcohol related emergency and does not apply to individuals experiencing an alcohol emergency who are found by University personnel (e.g., Campus Security, Residence Life, and University administrators). Similarly the Good Samaritan Policy only applies to alcohol related emergencies and does not apply to other unacceptable forms of behavior such as assault, property damage, or distribution and/or possession of illegal substances. Likewise, the Good Samaritan Policy does not prevent action by police or other law enforcement personnel who are required to abide by Maryland State law. Lastly, the Good Samaritan Policy does not excuse or protect students who repeatedly violate Stevenson University’s policies and/or the Guidelines for Student Housing. In cases where repetitive violations of Stevenson University’s policies and/or Guidelines for Student Housing occur, the Dean of Students reserves the right to take judicial action on a case-by-case basis regardless of the manner in which the incident was reported.

V. Standards of Conduct Regarding Tobacco

Stevenson University is committed to a policy of creating a smoke-free environment in all its facilities and in providing a healthy, comfortable environment for students, faculty, staff, and guests. Smoking is not permitted in any building on the Greenspring or Owings Mills campuses. In order to create a healthier environment:

- All areas within 15 feet of building entrances are designated smoke-free zones.
- The space between the Dawson Academic Center and the Manuszak Center Buildings on the Greenspring Campus will be designated smoke-free due to the close proximity of these two buildings.
- Cigarette receptacles will be placed 15 feet from building entrances.
- Proper signage will be posted indicating “Smoke-Free Zones”.
- Enforcement will be by self-governance of the campus community. Smoke reduction and cessation education will be offered during the academic year by the Wellness Center.

VI. Legal Sanctions Under Federal, State and Local Laws

It is the policy of Stevenson University to uphold federal, state, and local laws with regards to alcohol and other drug violations. In addition to being subject to University disciplinary measures, individuals who violate the law are also subject to criminal penalties. Further detail regarding possible legal sanctions and penalties are described below.

Federal Trafficking Penalties

The below tables contain a description of federal penalties and sanctions for illegal trafficking and possession of a controlled substance. These charts were downloaded from https://www.dea.gov/druginfo/ftp3.shtml on July 6, 2017.
## Federal Trafficking Penalties for Schedules I, II, III, IV, and V (except Marijuana)

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Substance/Quantity</th>
<th>Penalty</th>
<th>Substance/Quantity</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>Cocaine 500-4999 grams mixture</td>
<td></td>
<td>Cocaine 5 kilograms or more mixture</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Cocaine Base 28-279 grams mixture</td>
<td></td>
<td>Cocaine Base 280 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Fentanyl 40-399 grams mixture</td>
<td></td>
<td>Fentanyl 400 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Fentanyl Analogue 10-99 grams mixture</td>
<td></td>
<td>Fentanyl Analogue 100 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Heroin 100-999 grams mixture</td>
<td></td>
<td>Heroin 1 kilogram or more mixture</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>LSD 1-9 grams mixture</td>
<td></td>
<td>LSD 10 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Methamphetamine 5-49 grams pure or 50-499 grams mixture</td>
<td></td>
<td>Methamphetamine 50 grams or more pure or 500 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>PCP 10-99 grams pure or 100-999 grams mixture</td>
<td></td>
<td>PCP 100 grams or more pure or 1 kilogram or more mixture</td>
<td></td>
</tr>
</tbody>
</table>

### Substance/Quantity

- Any Amount Of Other Schedule I & II Substances
- Any Drug Product Containing Gamma Hydroxybutyric Acid
- Flunitrazepam (Schedule IV) 1 Gram or less
- Any Amount Of Other Schedule III Drugs

### Penalty

**First Offense**: Not more than 10 yrs. If death or serious bodily injury, not more that 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, $5 million if not an individual.
<table>
<thead>
<tr>
<th>Drug Category</th>
<th>First Offense</th>
<th>Second Offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)</td>
<td><strong>First Offense</strong>: Not more than 5 yrs. Fine not more than $250,000 if an individual, $1 million if not an individual.</td>
<td><strong>Second Offense</strong>: Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if other than an individual.</td>
</tr>
<tr>
<td>Any Amount Of All Schedule V Drugs</td>
<td><strong>First Offense</strong>: Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual.</td>
<td><strong>Second Offense</strong>: Not more than 4 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.</td>
</tr>
</tbody>
</table>

**Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances**

<table>
<thead>
<tr>
<th>Substances</th>
<th>First Offense</th>
<th>Second Offense</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants</td>
<td><strong>First Offense</strong>: 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><strong>Second Offense</strong>: 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 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants</td>
<td><strong>First Offense</strong>: 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><strong>Second Offense</strong>: Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $8 million if an individual, $50 million if other than an individual.</td>
</tr>
<tr>
<td>Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants</td>
<td>Hashish More than 10 kilograms</td>
<td>Hashish Oil More than 1 kilogram</td>
</tr>
<tr>
<td>Marijuana less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight)</td>
<td>1 to 49 marijuana plants</td>
<td>Hashish 10 kilograms or less</td>
</tr>
<tr>
<td>Hashish Oil 1 kilogram or less</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
State of Maryland Penalties and Sanctions Relating to Alcoholic Beverages and Controlled Substances

All members of the Stevenson University community are subject to the alcohol laws of the state of Maryland. A good source for reviewing Maryland’s underage drinking, fake ID, and impaired driving laws is Maryland’s Motor Vehicle Administration. For convenience, the following laws are highlighted below:

**Underage Drinking:** Under the laws of Maryland, no individual under the age of 21 may purchase, possess, or consume alcoholic beverages. Violators of this law face a fine of $500 for a first offense and $1,000 for second or subsequent offenses. If you are over 21 and knowingly furnish alcohol to a minor, you face a fine of up to $2,500 for a first violation and a fine of up to $5,000 for a second or subsequent violation.

**Fake ID Laws:** If you are under 21 and in possession of a fake ID, you face a fine of up to $500 and up to two months in prison. Twelve points will be assessed on your driving record and your driver’s license may be suspended or revoked. If you are caught selling fake IDs, you face fines of up to $2,000 and up to two years in prison for each fake ID sold. You are also subject to prosecution for violating federal and homeland security laws.

**Impaired Driving:** The state of Maryland aggressively enforces impaired driving laws. The penalties for being found guilty of Driving Under the Influence of Alcohol (DUI) are a $1,000 fine and up to one year in jail. Also, twelve points will be assessed on your driving record and your license may be revoked for up to 6 months. The penalties for being convicted of Driving while Impaired by Alcohol (DWI) is a $500 fine and up to two months imprisonment. Also, eight points will be assessed on your driving record and you face a 6-month suspension of your license. The penalties of violating either law are higher for a second offense and they are substantially higher if you are transporting a minor at the time of the offense or for a third offense. For additional information regarding these laws, students and employees should refer to Maryland’s Motor Vehicle Administration.

All members of the Stevenson University community should be aware that important changes to Maryland’s drunk driving laws went into effect on October 1, 2016. On this date, The Drunk Driving Reduction Act of 2016 (also known as Noah’s Law) took effect. Noah’s Law significantly expands Maryland’s Ignition Interlock Program and also significantly increases driver license suspension periods for immediate Administrative chemical test failure and refusals. For additional information, students and employees should refer to Maryland’s Motor Vehicle Administration.

**Marijuana:** All members of the Stevenson University community should be aware that while the state of Maryland has decriminalized marijuana in amounts of less than 10 grams, the use of marijuana at Stevenson University remains a violation of Stevenson’s Policy Manual. Likewise, drug paraphernalia used to smoke marijuana is also a violation of Stevenson’s Policy Manual despite the fact that paraphernalia has been decriminalized in the state of Maryland.

Sanctioning guidelines for the state of Maryland may be found by accessing the following link provided by the Maryland State Commission on Criminal Sentencing Policy (MSCCSP): http://msccsp.org/Files/Guidelines/offensetable.pdf. Specific information related to alcoholic beverages may be found on page 2 of the MSCCSP document. Information related to CDS & paraphernalia may be found beginning on page 7. Finally, information related to Prescription Drugs and Other Substances may be found on page 40. For convenience, the below chart provides a summary of sanctioning guidelines for selected offenses.
However, students and employees are encouraged to review all the relevant sanctioning guidelines in the MSCCSP document.

<table>
<thead>
<tr>
<th>Offense</th>
<th>Source</th>
<th>Felony or Misd.</th>
<th>Max Term</th>
<th>Fine</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcoholic Beverages</strong></td>
<td>AB, §6-320</td>
<td>Misd.</td>
<td>90 Days</td>
<td>$100</td>
</tr>
<tr>
<td>Intoxicated and endanger safety of person or property; or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>intoxicated or drink alcoholic beverage in public place and cause</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>public disturbance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CDS and Paraphernalia</strong></td>
<td>CR, §5-627</td>
<td>Felony</td>
<td>20 Years</td>
<td>$20,000</td>
</tr>
<tr>
<td>Manufacture, distribute, or dispense controlled dangerous substances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>near schools or on school vehicles, 1st offense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CDS and Paraphernalia</strong></td>
<td>CR, §5-627</td>
<td>Felony</td>
<td>40Y</td>
<td>$40,000</td>
</tr>
<tr>
<td>Manufacture, distribute, or dispense controlled dangerous substances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>near schools or on school vehicles, subsequent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CDS and Paraphernalia</strong></td>
<td>CR, §5-628(a)(1)</td>
<td>Felony</td>
<td>20Y</td>
<td>$20,000</td>
</tr>
<tr>
<td>Using minors for manufacture, delivery, or distribution of controlled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dangerous substances.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs and Other Substances</strong></td>
<td>CR, §5-709</td>
<td>Misd</td>
<td>18M</td>
<td>$1,000</td>
</tr>
<tr>
<td>Harmful substances – distribution; possession with intent to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>distribute; instruction in the unlawful inhaling; or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>distribution of butane can to minor, 1st offense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drugs and Other Substances</strong></td>
<td>CR, §5-709</td>
<td>Misd</td>
<td>18M</td>
<td>$1,000</td>
</tr>
<tr>
<td>Harmful substances – distribution; possession with intent to</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>distribute; instruction in the unlawful inhaling; or</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>distribution of butane can to minor, subsequent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weapons Crimes – In General</strong></td>
<td>CR, §5-621(d)</td>
<td>Felony</td>
<td>20Y</td>
<td></td>
</tr>
<tr>
<td>Possess, use, wear, carry, or transport a firearm in a drug</td>
<td></td>
<td></td>
<td>MM = 5Y</td>
<td></td>
</tr>
<tr>
<td>offense, 1st offense</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Weapons Crimes – In General</strong></td>
<td>CR, §5-621(d)</td>
<td>Felony</td>
<td>20Y</td>
<td></td>
</tr>
<tr>
<td>Possess, use, wear, carry, or transport a firearm in a drug</td>
<td></td>
<td></td>
<td>MM = 20Y</td>
<td></td>
</tr>
<tr>
<td>offense, subsequent (select firearms)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Pertinent Baltimore County Maryland Code Provisions*

Public Consumption of Alcoholic Beverages - § 17-1-103
Students and employees should be aware that in Baltimore County, Maryland, a person may not possess an alcoholic beverage in an open container (1) On public property, property used by the public, or a highway; or (2) In a vehicle that is located on public property, property used by the public, or a highway. A person who violates this section is guilty of a misdemeanor. (1988 Code, § 20-2) (Bill No. 114-99, § 3, 7-1-2004)

Synthetic Cannabinoid -§ 17-1-118
"Synthetic cannabinoid" means a material, substance, compound, mixture or preparation in any form that would reasonably indicate under all circumstances to be synthetic marijuana, including but not limited to products known as Spice, K2, Scooby Snax, Potpourri, or any other name.

"Synthetic marijuana" means a psychoactive substance or compound created with man-made synthetic chemicals that, when consumed or ingested, mimics the intoxicating effects of marijuana THC, the psychoactive ingredient in the naturally grown marijuana plant.

A person may not purchase, use or possess a synthetic cannabinoid. A person may not distribute a substance: (i) That the person represents is any form of synthetic cannabinoid; (ii) That the person intends for use or distribution as a synthetic cannabinoid; or (iii) Under circumstances that one reasonably should know that the substance will be used or distributed for use as a synthetic cannabinoid.

A person who violates this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding $500 or imprisonment not exceeding 60 days or both. Property seized in connection with enforcement of this section is subject to forfeiture in accordance with the drug asset forfeiture statute set forth in §§ 12-101 - 12-505 of the Criminal Procedure Article of the Annotated Code of Maryland. (Bill No. 77-10, § 1, 11-19-2010; Bill No. 78-13, § 1, 3-13-2014)

*Each of the above laws do allow for certain exceptions, though these exceptions are limited and may not apply to most students and employees. Those who may wish to view these exceptions are encouraged to refer to the Baltimore County Code.
VII. Drug Conviction and Financial Aid Eligibility

Under the Higher Education Act, a student may become ineligible for federal student aid upon conviction of any offense involving the possession or sale of illegal drugs while receiving Title IV federal financial aid. Federal aid includes Federal Direct Loans, Federal Direct PLUS Loans, Federal Direct Graduate PLUS Loans, Federal Pell Grants, Federal Supplemental Educational Opportunity Grants, Federal Work-Study, and Perkins Loans.

Penalties for Drug Convictions

Possession of Illegal Drugs

First Offense: Ineligible to receive aid for 1 year from the date of conviction
Second Offense: Ineligible to receive aid for 2 years from the date of conviction
Third and Subsequent Offenses: Indefinite ineligibility from the date of conviction

Sale of Illegal Drugs

First Offense: Ineligible to receive aid for 2 years from the date of conviction
Second and Subsequent Offenses: Indefinite ineligibility from the date of conviction

How to Regain Eligibility

A student can regain eligibility for federal student aid funds by successfully completing a drug rehabilitation program. To be sufficient to reinstate financial aid eligibility, the program must include at least 2 unannounced drug tests AND be recognized as a Federal, State, or local government agency program. A student will regain eligibility on the date of successfully completing the program.

Free Application for Federal Student Aid (FAFSA)

A question on the FAFSA form asks if the student has ever been convicted of a drug-related offense. Failure to answer this question will automatically disqualify the student from receiving Federal aid. Falsely answering this question, if discovered, could result in fines up to $20,000, imprisonment, or both.

Convictions During Enrollment

According to the United States Department of Education, if a student is convicted of a drug offense after receiving Federal aid, he or she must notify the Financial Aid Department student. Further, the student will be ineligible for further aid and will also be required to pay back all aid received after the conviction.
VIII. Health Risks Associated with the Abuse of Alcohol

The Substance Abuse and Mental Health Services Administration (SAMSHA) and The National Institute on Alcohol Abuse and Alcoholism provide detailed information regarding the health risks associated with the abuse of alcohol. The information provided below was taken directly from their websites and was retrieved on July 1, 2017.

According to SAMSHA, excessive alcohol use, including underage drinking and binge drinking (drinking 5 or more drinks on a single occasion for men or 4 or more drinks on an occasion for women), can increase a person’s risk of developing serious health problems, including brain damage, liver damage, heart disease, hypertension, and fetal damage in pregnant women. According to the Centers for Disease Control and Prevention (CDC), alcohol use causes 88,000 deaths a year.

The National Institute on Alcohol Abuse and Alcoholism provides the following information on how alcohol can affect your body:

**Brain:** Alcohol interferes with the brain’s communication pathways, and can affect the way the brain looks and works. These disruptions can change mood and behavior, and make it harder to think clearly and move with coordination.

**Heart:** Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including: Cardiomyopathy (Stretching and drooping of heart muscle); Arrhythmias (Irregular heart beat); Stroke; High blood pressure.

Research also shows that drinking moderate amounts of alcohol may protect healthy adults from developing coronary heart disease.

**Liver:** Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including: Steatosis, or fatty liver; Alcoholic hepatitis; Fibrosis; Cirrhosis.

**Pancreas:** Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation and swelling of the blood vessels in the pancreas that prevents proper digestion.

**Cancer:** Drinking too much alcohol can increase your risk of developing certain cancers, including cancers of the: Mouth, Esophagus, Throat, Liver, and Breast.

**Immune System:** Drinking too much can weaken your immune system, making your body a much easier target for disease. Chronic drinkers are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much. Drinking a lot on a single occasion slows your body’s ability to ward off infections – even up to 24 hours after getting drunk.

More information may be found at Beyond Hangovers: understanding alcohol’s impact on your health, which is provided by the National Institute on Alcohol Abuse and Alcoholism.
IX. Health Risks Associated with Heroin

On March 1, 2017, the Governor of Maryland, Larry Hogan, declared a state of emergency in response to the opioid epidemic in Maryland. While detailed information is provided below, interested readers can learn more about how the state of Maryland is combatting the heroin and opioid crisis by visiting http://beforeitstoolete.maryland.gov/.

**Maryland’s Crisis Hotline** is available 24 hours/7 days a week to provide support, guidance and assistance on how to access Substance Use Disorder services, in addition to the current mental health crisis services provided by this hotline. Callers will also be given information about naloxone, recovery support and family services as available/appropriate in the individual's local area.

**Naloxone** is a life-saving medication that can quickly restore the breathing of a person experiencing an opioid overdose. Opioids are a group of drugs that include heroin and prescription medications like oxycodone, hydrocodone, morphine, fentanyl and methadone. Naloxone is available as a generic drug or under the brand names NARCAN® and EVZIO®. As of June 1, 2017, anyone can get naloxone at a Maryland pharmacy without a prescription.

**What is Heroin?**

The [Substance Abuse and Mental Health Services Administration](https://www.samhsa.gov) (SAMSHA) and [The National Institute on Drug Abuse](https://www.nida.nih.gov) (NIDA) provide substantial information regarding the health risks associated with the use of illicit drugs. The information provided below was taken directly from their websites and was retrieved on July 1, 2017.

According to SAMHSA heroin is a powerful opiate drug. Heroin looks like a white or brownish powder, or as the black sticky substance known on the streets as “black tar heroin.” It is diluted with other drugs or with sugar, starch, powdered milk, or quinine before injecting, smoking, or snorting. Some of the physical symptoms of heroin are euphoria, drowsiness, respiratory depression, constricted pupils, nausea, and dry mouth.

A heroin overdose causes slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and can be fatal.

Many young people who inject heroin report misuse of prescription opioids before starting to use heroin. In addition to increasing the risk of overdose, the intravenous use of heroin places individuals at higher risk of diseases like HIV and hepatitis C.

According to SAMHSA’s [2014 National Survey on Drug Use and Health](https):

- 4.8 million people have used heroin at some point in their lives.
- Among people between the ages of 12 and 49, the average age of first use was 28.
- 212,000 people aged 12 or older used heroin for the first time within the past 12 months.
- Approximately 435,000 people were regular (past-month) users of heroin.
Important Points to Remember About Heroin (NIDA webpage entitled DrugFacts: Heroin)

- Heroin is an opioid drug made from morphine, a natural substance taken from the seed pod of the Asian opium poppy plant.
- Heroin can be a white or brown powder, or a black sticky substance known as black tar heroin.
- People inject, snort, or smoke heroin. Some people mix heroin with crack cocaine, called a speedball.
- Heroin enters the brain rapidly and changes back into morphine. It binds to opioid receptors on cells located in many areas of the brain, especially those involved in feelings of pain and pleasure.
- People who use heroin report feeling euphoria accompanied by effects that include dry mouth, heavy feelings in the hands and feet, and clouded mental functioning.
- Long-term effects may include collapsed veins, infection of the heart lining and valves, abscesses, and lung complications.
- Research suggests that misuse of prescription opioid pain medicine is a risk factor for starting heroin use.
- A person can overdose on heroin. Naloxone is a medicine that can treat a heroin overdose when given right away.
- Heroin can lead to addiction, a form of substance use disorder. Withdrawal symptoms include muscle and bone pain, sleep problems, diarrhea and vomiting, and severe heroin cravings.
- A range of treatments including medicines and behavioral therapies are effective in helping people stop heroin use.

X. Health Risks Associated with Prescription Opioids

According to the Substance Abuse and Mental Health Services Administration (SAMSHA) a number of opioids are prescribed by doctors to relieve pain. These include hydrocodone, oxycodone, morphine, and codeine. While many people benefit from using these medications to manage pain, prescription drugs are frequently diverted for improper use. In the 2013 and 2014 National Survey on Drug Use and Health (NSDUH), 50.5% of people who misused prescription painkillers got them from a friend or relative for free, and 22.1% got them from a doctor. As people use opioids repeatedly, their tolerance increases and they may not be able to maintain the source for the drugs. This can cause them to turn to the black market for these drugs and even switch from prescription drugs to cheaper and more risky substitutes like heroin.

According to the National Survey on Drug Use and Health (NSDUH):

- 4.3 million Americans engaged in non-medical use of prescription painkillers in the last month.
- Approximately 1.9 million Americans met criteria for prescription painkillers use disorder based on their use of prescription painkillers in the past year.
- 1.4 million people used prescription painkillers non-medically for the first time in the past year.

Opioids are a class of drugs chemically similar to alkaloids found in opium poppies. Historically they have been used as painkillers, but they also have great potential for misuse. Repeated use of opioids greatly increases the risk of developing an opioid use disorder. The use of illegal opiate drugs such as heroin and
the misuse of legally available pain relievers such as oxycodone and hydrocodone can have serious negative health effects. According to the CDC, 44 people die every day in the United States from overdose of prescription painkillers. The average age for prescription painkiller first-time use was 21.2 in the past year.

For more information about the treatment of opioid use disorders, visit the topics Behavioral Health Treatments and Services, Mental and Substance Use Disorders, and Prescription Drug Misuse and Abuse.

X. Health Risks Associated with Stimulants (e.g. Cocaine & Methamphetamine)

The Substance Abuse and Mental Health Services Administration (SAMSHA) and The National Institute on Drug Abuse (NIDA) provide detailed information regarding the health risks associated with the use of illicit drugs. The information provided below was taken directly from their websites and was retrieved on July 1, 2017.

Stimulants make people more alert, increase their attention, and raise their blood pressure, heart rate, and breathing. Stimulants come in a variety of forms, including amphetamines, cocaine, and methamphetamines. Prescription medications for attention deficit hyperactivity disorder (ADHD) are also often stimulants. Improper use of stimulants (other than when used as prescribed by a doctor) can lead to hostility, paranoia, and even psychotic symptoms. Improper stimulant use can also result in unsafely elevated body temperature, irregular heartbeat, heart failure, and seizures.

Cocaine

According to SAMSHA, cocaine has two main pharmacological actions. It is both a local anesthetic and a central nervous system stimulant—the only drug known to possess both of these properties. The effects experienced in the early stages of cocaine use include a generalized state of euphoria in combination with feelings of increased energy, confidence, mental alertness, and sexual arousal.

As users come down from their cocaine high, some experience temporary, unpleasant reactions and after effects, which may include restlessness, anxiety, agitation, irritability, and insomnia. With continued, escalating use of cocaine, the user becomes progressively tolerant to the positive effects while the negative effects, such as a dysphoric, depressed state, steadily intensify. Prolonged use may result in adverse physiological effects involving the respiratory, cardiovascular, and central nervous systems. Cocaine use may also result in overdose and death.

Psychologically, the effects of chronic cocaine use are the opposite of the initial effects. These effects can include paranoia, confusion, and an inability to perform sexually. The chronic use of cocaine may also lead to acute adverse physiological effects to the respiratory, cardiovascular, and central nervous systems. Chronic cocaine use can also lead to hospital emergency room visits, prompted by chest pain or palpitations, psychiatric complaints ranging from altered mental states to suicidal ideation, and neurological problems including seizures and delirium.
According to SAMHSA’s 2014 National Survey on Drug Use and Health:

- 1.5 million (0.6%) people used cocaine (including crack).
- People aged 18 to 25 were more than twice as likely to use cocaine compared with other adults.
- Men (0.8%) were twice as likely to use cocaine compared with women (0.4%).

More information may be found on the NIDA webpage entitled DrugFacts: Cocaine.

**Methamphetamine**

According to SAMHSA methamphetamine (meth) is a stimulant that has a similar chemical structure to amphetamine. Regular methamphetamine is a pill or powder, while crystal methamphetamine takes the form of glass fragments or shiny blue-white “rocks” of different sizes. Meth is taken orally, smoked, injected, or snorted. To increase its effect, users smoke or inject it, or take higher doses of the drug more frequently.

Long-term use of meth has many damaging effects. Chronic meth abusers experience anxiety, confusion, insomnia, paranoia, aggression, visual and auditory hallucinations, mood disturbances, and delusions.

The physiological effects of methamphetamine are generally similar to those of cocaine: increased heart rate, elevated blood pressure and body temperature, and an increased respiratory rate. The psychological effects of methamphetamine, again similar to cocaine, include an increased sense of well-being or euphoria, increased alertness and energy, and decreased food intake and sleep. Methamphetamine has a substantially longer half-life in the body than cocaine (which quickly metabolizes), thus leading to more intense and protracted withdrawal.

Chronic methamphetamine users may have episodes of violent behavior, paranoia, anxiety, confusion, and insomnia. Heavy users show progressive social and occupational deterioration. Research has shown that prolonged methamphetamine use may modify behavior and change the brain in fundamental and long-lasting ways. With time and successful treatment and recovery, the negative effects of methamphetamine on the brain can be diminished or completely reversed.

While findings from NSDUH have indicated an overall decrease in methamphetamine use nationwide, a SAMHSA Drug Abuse Warning Network (DAWN) report showed that hospital emergency room visits related to the use of methamphetamine rose from about 68,000 in 2007 to about 103,000 in 2011. More than 60% of these visits involved the use of methamphetamine with at least one other substance. According to SAMHSA’s 2014 NSDUH (PDF | 3.4 MB), 569,000 Americans used methamphetamine in the past month.

For more information about the treatment of stimulant use disorders, visit the Behavioral Health Treatments and Services topic. For more information about stimulant use disorders, visit the Mental and Substance Use Disorders topic.
XII. Health Risks Associated with Marijuana

According to SAMSHA, the short-term effects of marijuana include problems with memory and learning, distorted perception, difficulty in thinking and problem-solving, and loss of coordination. Among youth, heavy cannabis use is associated with cognitive problems and increased risk of mental illness. The following information about physical and mental effects of marijuana was retrieved from the National Institute on Drug Abuse (NIDA) website.

Physical Effects

- **Breathing problems.** Marijuana smoke irritates the lungs, and people who smoke marijuana frequently can have the same breathing problems as those who smoke tobacco. These problems include daily cough and phlegm, more frequent lung illness, and a higher risk of lung infections. Researchers still don't know whether people who smoke marijuana have a higher risk for lung cancer.
- **Increased heart rate.** Marijuana raises heart rate for up to 3 hours after smoking. This effect may increase the chance of heart attack. Older people and those with heart problems may be at higher risk.
- **Problems with child development during and after pregnancy.** Marijuana use during pregnancy is linked to lower birth weight and increased risk of both brain and behavioral problems in babies. If a pregnant woman uses marijuana, the drug may affect certain developing parts of the fetus's brain.

Mental Effects

Long-term marijuana use has been linked to mental illness in some users, such as:

- temporary *hallucinations*—sensations and images that seem real though they are not
- temporary *paranoia*—extreme and unreasonable distrust of others
- worsening symptoms in patients with *schizophrenia* (a severe mental disorder with symptoms such as hallucinations, paranoia, and disorganized thinking)

XIII. Health Risks Associated with Prescription Drug Misuse & Abuse

According to SAMSHA, prescription drug misuse and abuse is the intentional or unintentional use of medication without a prescription, in a way other than prescribed, or for the experience or feeling it causes. This issue is a growing national problem in the United States. Prescription drugs are misused and abused more often than any other drug, except marijuana and alcohol. This growth is fueled by misperceptions about prescription drug safety, and increasing availability. A 2011 analysis by the Centers for Disease Control and Prevention found that opioid analgesic (pain reliever) sales increased nearly four-fold between 1999 and 2010; this was paralleled by an almost four-fold increase in opioid (narcotic pain medication) overdose deaths and substance abuse treatment admissions almost six times the rate during the same time period.

Prescription drug abuse-related emergency department visits and treatment admissions have risen significantly in recent years. Other negative outcomes that may result from prescription drug misuse and abuse include overdose and death, falls and fractures in older adults, and, for some, initiating injection drug use with resulting
risk for infections such as hepatitis C and HIV. According to results from the 2014 National Survey on Drug Use and Health, 12.7% of new illicit drug users began with prescription pain relievers.

More information may be found on the NIDA webpage entitled DrugFacts: Prescription and Over-the-Counter Medications.

XIV. Health Risks Associated with the use of Tobacco Products

According to SAMSHA, tobacco use is the leading cause of preventable illness and death in the United States. Although the adult smoking rate has declined to about 17%, currently more than 40 million Americans smoke. Cigarette smoking and exposure to tobacco smoke account for more than 480,000 deaths annually in the United States.

In addition, E-cigarettes typically contain nicotine which is known to be harmful to the developing brain and should not be used by teens or pregnant women.

According to the Center for Disease Control and Prevention (CDC)

- Smokers are more likely than nonsmokers to develop heart disease, stroke, and lung cancer.
- Smoking can cause cancer almost anywhere in your body.
- Smoking causes about 90% (or 9 out of 10) of all lung cancer deaths in men and women. More women die from lung cancer each year than from breast cancer.
- About 80% (or 8 out of 10) of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking.

Cigarette smoking increases risk for death from all causes in men and women.
XV. Alcohol, Tobacco, and Other Drug Programs Available to Students & Employees

Students

Stevenson provides alcohol and drug education to all new students through new student orientation and through the students’ required completion of the online educational program MyStudentBody.com. During recent new student orientations, Stevenson has hosted the program A Shot of Reality, an improvised show that addresses issues such as binge drinking, health risks, alcoholism, drunk driving, assault, and alcohol related laws. MyStudentBody.com, which is a required component of the Stevenson University health form, focuses on three areas: alcohol, drugs and sexual violence.

Throughout the academic year, Stevenson University’s Peer Educators, Responsible Education Awareness Leaders (REAL), under the supervision of the University’s Wellness Center, provide educational programs to students on drug and alcohol related topics. Each year, Stevenson participates in the National Alcohol Screening Day (NASD) held in April. Stevenson continues to be one of the top ten screening sites in the country. In 2017, 725 screening forms were completed by Stevenson students, 119 more than 2016. Counselors and educational materials are always provided to all participants. In addition, health professionals in the Wellness Center are available to provide assistance to students in a confidential fashion as well as to offer referrals to off-campus providers.

The Wellness Center sends B.R.A.D. cards (Be Responsible About Drinking) and a Blood Alcohol Content Card to students when they turn 21 (see www.brad21.org for more information). The goal of this program is to promote safe and responsible alcohol consumption when students celebrate their 21st birthday. Stevenson University’s Office of Residence Life, in collaboration with the Wellness Center, provides alcohol education to students who are found responsible for violating the University’s Alcohol Policy. Beginning with the fall 2016 semester, Stevenson University began utilizing the Informed Choices Alcohol Education Workshop for students found responsible for a first-time alcohol violation. Informed Choices is an interactive, discussion based workshop designed to empower students to make the best-informed decisions about alcohol consumption. The goal of the program is to further educate students on the effect alcohol has on their own bodies and in their communities, both on and off-campus. In addition, one-on-one education is provided when students violate the University’s alcohol policy a second time as well as in cases of significant first-time alcohol violations.

Students who violate Stevenson University’s drug policy, and who are permitted to remain enrolled at the University, are typically required to obtain drug education and treatment from a University approved off-campus provider.

Stevenson has a Substance Awareness Task Force (SATF) that meets on a monthly basis. The task force includes faculty, staff, and students. The mission of the task force is to support and promote healthy & safe life choices for all faculty, staff & students of the Stevenson community through educational resources, alternative programming and positive reinforcement.

Finally, there are numerous off-campus resources that students may wish to explore, including those noted below. Students may wish to contact Stevenson University’s Wellness Center for assistance in evaluating these options.
1. SAMSHA, the Substance Abuse and Mental Health Services Administration, provides a Behavioral Health Treatment Services Locator, which is a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

2. SAMSHA also offers free and confidential information in English and Spanish for individuals and family members facing substance abuse and mental health issues, 24 hours a day, 7 days a week. To access SAMHSA’s National Helpline, call 1-800-662-HELP (4357) or use 1-800-487-4889 (TDD).

3. Maryland’s Crisis Hotline is available 24 hours/7 days a week to provide support, guidance and assistance on how to access Substance Use Disorder services, in addition to the current mental health crisis services provided by this hotline. Callers will also be given information about naloxone, recovery support and family services as available/appropriate in the individual's local area.

4. Maryland’s Behavioral Health Administration offers valuable resources related to drug treatment and drug prevention.

5. A free support and resource to stop smoking: call 1-800-QUIT-NOW (1-800-784-8669) and visit smokefree.gov.

Employees
Employees may access alcohol and drug education through BHS, Stevenson University’s Employee Assistance Program, by calling (800) 327-2251. For additional information, employees may contact the Office of Human Resources.

There are also numerous off-campus resources that employees may choose to explore, including those noted below.

1. SAMSHA, the Substance Abuse and Mental Health Services Administration, provides a Behavioral Health Treatment Services Locator, which is a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems.

2. SAMSHA also offers free and confidential information in English and Spanish for individuals and family members facing substance abuse and mental health issues, 24 hours a day, 7 days a week. To access SAMHSA’s National Helpline, call 1-800-662-HELP (4357) or use 1-800-487-4889 (TDD).

3. Maryland’s Crisis Hotline is available 24 hours/7 days a week to provide support, guidance and assistance on how to access Substance Use Disorder services, in addition to the current mental health crisis services provided by this hotline. Callers will also be given information about naloxone, recovery support and family services as available/appropriate in the individual's local area.

4. Maryland’s Behavioral Health Administration offers valuable resources related to drug treatment and drug prevention.

5. A free support and resource to stop smoking: call 1-800-QUIT-NOW (1-800-784-8669) and visit smokefree.gov.
**XVI. Distribution of the Annual Notification**

Stevenson University’s Drug and Alcohol Prevention program will be distributed to the entire Stevenson University community (all students, faculty and staff) in accordance with the below procedures. Stevenson University’s Vice President for Student Affairs will be responsible for ensuring the timely distribution of the Drug and Alcohol Prevention program.

**Students**

1. At the beginning of the fall and spring semesters, the entire Drug and Alcohol Abuse Prevention program will be emailed to all students (undergraduate and graduate/accelerated) enrolled in the institution. This email will be sent on the first day of the third week of the fall and spring semesters in order to allow for the completion of the add/drop period and thus ensuring all enrolled students receive this notification.

2. At the beginning of each non-traditional academic term, a separate email will be sent to new students enrolled in each of these terms in order to ensure they receive the Drug and Alcohol Abuse Prevention program. Examples of non-traditional terms at Stevenson University currently consist of “8-week 1”, “8-week 2”, “5-week 2”, “Winterim” and the various summer terms. Students who are enrolled in “8-week 1” will be included in the email that will be sent the first day of the third week of the fall and spring semesters as described in number 1 above. Students enrolled in the other non-traditional terms, and who were not enrolled when the email was sent during the third week of the fall/spring semester, will receive an email that includes the entire Drug and Alcohol Abuse Prevention program. These emails will be sent two-days after the conclusion of the add-drop period for each of these terms. The Dean of Students will collaborate with the Registrar’s Office in order to produce an accurate list of students who should be included on these additional distributions.

3. A webpage has been created on Stevenson University’s external webpage at [www.stevenson.edu](http://www.stevenson.edu) and the internal portal page (SUNow Portal) detailing Stevenson University’s Drug and Alcohol Abuse Prevention program. The direct link to the page on the external website is: [www.stevenson.edu/alcohol-drugs](http://www.stevenson.edu/alcohol-drugs). These webpages have been created to facilitate ease of access. All e-mail notifications will provide a direct link to the external webpage: [www.stevenson.edu/alcohol-drugs](http://www.stevenson.edu/alcohol-drugs).

**Employees**

1. At the beginning of the fall and spring semesters, the entire Drug and Alcohol Abuse Prevention program will be emailed to all employees employed at the institution. This email will be sent on the first day of the third week of the fall and spring semesters.

2. Employees will also receive information on where to access the Drug and Alcohol Abuse Prevention program and an overview of the program at their new employee orientation. By including this information in new employee orientation, Stevenson will ensure that employees who are hired at times following the distribution of the emails are informed of the Drug and Alcohol Abuse Prevention program.

3. A webpage has been created on Stevenson University’s external webpage at [www.stevenson.edu](http://www.stevenson.edu) and the internal portal page (SUNow Portal) detailing Stevenson University’s Drug and Alcohol Abuse Prevention program. The direct link to the page on the external website is: [www.stevenson.edu/alcohol-drugs](http://www.stevenson.edu/alcohol-drugs). These webpages have been created to facilitate ease of access. All e-mail notifications will provide a direct link to the external webpage: [www.stevenson.edu/alcohol-drugs](http://www.stevenson.edu/alcohol-drugs).
XVII. Biennial Review

Stevenson University is an innovative, coeducational, independent institution offering undergraduate and graduate students a career-focused education marked by individualized attention, civility, and respect for difference. In order to achieve our mission, the health and safety of members of the Stevenson University community are of primary concern to the institution. The primary goal of Stevenson’s drug and alcohol program is to help all members of the community understand the health risks associated with the abuse of alcohol and illicit drugs and to provide appropriate support and resources for those members who may be struggling with their own usage. In order to fulfill this primary goal, Stevenson strives to develop, articulate and enforce clear policies for students and employees. Further, the institution seeks to provide relevant and effective educational programs for members of the university community, particularly students, surrounding the impact of abusing alcohol and illicit drugs.

In accordance with the U.S. Department of Education’s Drug-Free School and Communities Act, combined with Stevenson’s primary interest in the safety of the members of the campus community, Stevenson University will complete a biennial review of its drug and alcohol abuse prevention program. The biennial review is conducted in order to: (a) Determine the DAAPP’s effectiveness and implement changes to the program if the changes are needed; (b) Determine the number of drug and alcohol-related violations and fatalities that occur on the institution’s campus (as defined in 20 U.S.C. § 1029(f)(6)), or as part of any of the institution’s activities and are reported to campus officials; (c) Determine the number and type of sanctions described above that are imposed by the institution as a result of drug and alcohol-related violations and fatalities on the institution’s campus or as part of any of the institution’s activities; and (d) Ensure that the sanctions required are consistently enforced. Therefore, in accordance with the U.S. Department of Education’s Drug-Free School and Communities Act Stevenson University has completed this biennial review of its drug and alcohol abuse prevention program.

The biennial review is conducted by the Office of Student Affairs in collaboration with Stevenson University’s Substance Awareness Task Force. The Substance Awareness Task Force is a committee chaired by Stevenson University’s Assistant Vice-President, Wellness Center. The selection of the AVP of the Wellness Center to chair this task force is purposeful, as she is both a registered nurse and a professional counselor. Further, as the leader of the Wellness Center, the AVP provides overall supervision to Stevenson’s mental health counselors, registered nurses, and the institution’s peer educator program. The membership of the Substance Awareness Task Force includes the following: Vice President, Student Affairs; Associate Vice President, Student Affairs & Dean of Students; Director of Security; Assistant Vice President for Student Affairs & Conduct; Nurse Practitioner, Wellness Center; and at least one representative from each of the following campus constituencies: Faculty, Athletics, Human Resources; Residence Life, Student Government, Peer Education, and the Office of the President.