



# **Drug and Alcohol Abuse Prevention Program (DAAPP)**

**Updated January 2022**

## Grand Rapids Community College

Grand Rapids Community College (GRCC) is an alcohol-free campus. Possession, use, or sale of alcoholic beverages is not permitted on college properties (with exception of approved events) and will be addressed in accordance with college regulations. Laws regarding the possession, sale, and furnishing of alcohol are governed by the state of Michigan and enforced on campus by the GRCC Police Department and the Grand Rapids Police Department. Violations of state laws or local ordinances include the illegal manufacture, sale, transporting, furnishing, possessing of intoxicating liquor; maintaining unlawful drinking places; bootlegging; operating a still; furnishing liquor to a minor or intemperate person; or using a vehicle for illegal transportation of liquor. All attempts to commit any of the aforementioned would be a violation of college policy and are subject to college disciplinary actions, and/or criminal prosecution, fines and/or imprisonment. Possession of paraphernalia associated with the use, possession, manufacture, or distribution of an illegal prescription or controlled substance is also prohibited.

GRCC is a designated “Drug Free” campus. The possession, use, sale, manufacture and/or distribution of any controlled substance are illegal under both state and federal laws. Such laws are strictly enforced by the GRCC Police Department. Violations are subject to college disciplinary action, and/or criminal prosecution, fines and/or imprisonment.

Under federal legislation entitled *The Drug Free Schools and Campuses Regulations (34 CFR Part 86) of the Drug-Free Schools and Communities Act (DFSCA)* require an Institution of Higher Education (IHE) such as Grand Rapids Community College (GRCC), to certify that it has implemented programs to prevent the abuse of alcohol and use, and/or distribution of illicit drugs both by GRCC students and employees either on its premises and as a part of any of its activities. No institution of higher education shall be eligible to receive funds or any other form of financial assistance under any federal program unless they oblige by these regulations. At a minimum, an IHE must annually distribute the following in writing to all students and employees:

- I. Standards of conduct that clearly prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;
- II. A description of the legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol;
- III. A description of the health risks associated with the use of illicit drugs and alcohol abuse;
- IV. A description of any drug or alcohol counseling, treatment, or rehabilitation or reentry programs that are available to employees or students; and
- V. A clear statement that the institution will impose sanctions on students and employees and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct or law.

Grand Rapids Community College, in compliance with the Drug-Free Workplace Act (41 U.S.C. 701) and the Drug Free Schools and Communities Act (20 U.S.C. 1145g), adopted a policy

entitled, “Drug and Alcohol Policy.” Grand Rapids Community College is committed to the elimination of drug/and or alcohol abuse in the workplace and in all learning environments.

## **I. Standards of Conduct**

### **A. Employees**

According to this policy, the lawful or unlawful manufacture, distribution, dispensation, possession, use or sale of a controlled substance, marijuana in any form or alcohol on property owned or controlled by the college or as part of any college sponsored program off campus is strictly prohibited, unless specifically permitted for work-related social, educational purposes, or non-work time on campus at our Fountain Hill Brewery and Heritage Restaurant. Sanctions for violating this policy are outlined in the full Drug and Alcohol policy found at:

<http://www.grcc.edu/humanresources/drugandalcoholabuseresources>

### **B. Students**

Students attending Grand Rapids Community College are held responsible to our Student Code of Conduct. In addition to local, state and federal laws, our Student Code of Conduct prohibits the unauthorized use, possession, manufacturing or distribution of illegal drugs, controlled substances, look-alike drugs, narcotics, marijuana in any form or alcoholic beverages or being under the influence of the same on campus.

Sanctions for violating this standard of conduct are outlined under General Conduct items 11 and 12 in the Student Code of Conduct which can be found at:

[www.grcc.edu/studentconduct/studentcodeofconduct](http://www.grcc.edu/studentconduct/studentcodeofconduct)

## **II. Legal Sanctions**

The Grand Rapids Community College Police Department enforces all federal and state laws and local ordinances. The Drug and Alcohol Policy defines substances as alcohol of any form, controlled or illegal drugs or substances (including but not limited to hallucinogens, barbiturates, depressants, stimulants, cannabinoids, opioids, club drugs, dissociative drugs and any other compounds or drugs whose use possession or transfer is restricted or prohibited by law), marijuana in any form, any substance that influences a person in a way that jeopardizes the safety of person or other persons or hinders the person’s ability or any other person’s ability to perform work responsibilities. This includes synthetic drugs.

### **A. Federal**

Federal law provides criminal and civil penalties for unlawful possession or distribution of a controlled substance. Under the Controlled Substance Act, as well as other related federal

laws, the penalties for controlled substance violations include but are not limited to: incarceration, fines, potential for the forfeiture of property used in possession or to facilitate possession of a controlled substance (which may include homes, vehicles, boats, aircrafts and any other personal or real property), ineligibility to possess a firearm, and potential ineligibility to receive federal educational benefits (such as student loans and grants).

The federal government decides if and how a drug should be controlled. Psychoactive (mind-altering) chemicals are categorized according to Schedule I to V. This schedule designates if the drug must be prescribed by a physician and under what conditions. Factors considered in this categorization include a drug's known and potential medical value, its potential for physical or psychological dependence, and risk, if any, to public health. Penalties for the illegal sale or distribution of a drug are established using the designation of Schedule I to V

**Schedule I** drugs, substances, or chemicals are defined as drugs with no currently accepted medical use, a high potential for abuse, and there is a lack of accepted safety for use under medical supervision. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), gamma hydroxybutyric acid (GHB), and methaqualone.

**Schedule II** drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. The drug or other substances has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe reactions. These drugs are also considered dangerous. Some examples of Schedule II drugs are: Morphine, phencyclidine (PCP), cocaine, methadone, hydrocodone, fentanyl and methamphetamine

**Schedule III** drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs. These drugs or substances have a currently accepted medical use in treatment in the United States. Some examples of Schedule III drugs are: Anabolic steroids, codeine products with aspirin or acetaminophen, and some barbiturates.

**Schedule IV** drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Abuse may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule II. These drugs or other substances has a currently accepted medical use in treatment in the United States. Some examples of Schedule IV drugs are: Alprazolam, clonazepam, and diazepam.

**Schedule V** drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV. The drug or substance has a currently accepted medical use in treatment in the United States. Abuse of the drug or substance ay lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule V. Some examples of Schedule V drugs are: cough medicines with codeine.

## FEDERAL TRAFFICKING PENALTIES—

PENALTIES		
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	<b>First Offense:</b> Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine \$1 million if an individual, \$5 million if not an individual.
Flunitrazepam (Schedule IV)	1 gram	<b>Second Offense:</b> Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.
Other Schedule III drugs	Any amount	<b>First Offense:</b> Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.
All other Schedule IV drugs	Any amount	<b>Second Offense:</b> 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.
Flunitrazepam (Schedule IV)	Other than 1 gram or more	<b>First Offense:</b> Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.
All Schedule V drugs	Any amount	<b>Second Offense:</b> Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
		<b>First Offense:</b> Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.
		<b>Second Offense:</b> Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.

Drug Enforcement Administration Drug Policy. *Drugs of Abuse: A DEA Resource Guide* (2020 edition). Retrieved from <https://www.dea.gov/drug-information/drug-policy>

### Federal Penalties for simple possession of a controlled substance

#### Penalties for simple possession

It shall be unlawful for any person knowingly or intentionally to possess a controlled substance unless such substance was obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of his professional practice, or except as otherwise authorized by this subchapter or subchapter II. It shall be unlawful for any person knowingly or intentionally to possess any list I chemical obtained pursuant to or under authority of a registration issued to that person under section 823 of this title or section 958 of this title if that registration has been revoked or suspended, if that registration has expired, or if the registrant has ceased to do business in the manner contemplated by his registration. It shall be unlawful for any person to knowingly or intentionally purchase at retail during a 30-day period more than 9 grams of ephedrine base, pseudoephedrine base, or phenylpropanolamine base in a scheduled listed chemical product, except that, of such 9 grams, not more than 7.5 grams may be imported by means of shipping through any private or commercial carrier or the Postal Service. Any person who violates this subsection may be sentenced to a term of imprisonment of not more than 1 year, and shall be fined a minimum of \$1,000, or both, except that if he commits such offense after a prior conviction under this subchapter or subchapter II, or a prior conviction for any drug, narcotic, or chemical offense chargeable under the law of any State, has become final, he shall be sentenced to a term of imprisonment for not less than 15 days but not more than 2

years, and shall be fined a minimum of \$2,500, except, further, that if he commits such offense after two or more prior convictions under this subchapter or subchapter II, or two or more prior convictions for any drug, narcotic, or chemical offense chargeable under the law of any State, or a combination of two or more such offenses have become final, he shall be sentenced to a term of imprisonment for not less than 90 days but not more than 3 years, and shall be fined a minimum of \$5,000. Notwithstanding any penalty provided in this subsection, any person convicted under this subsection for the possession of flunitrazepam shall be imprisoned for not more than 3 years, shall be fined as otherwise provided in this section, or both. The imposition or execution of a minimum sentence required to be imposed under this subsection shall not be suspended or deferred. Further, upon conviction, a person who violates this subsection shall be fined the reasonable costs of the investigation and prosecution of the offense, including the costs of prosecution of an offense as defined in sections 1918 and 1920 of title 28, except that this sentence shall not apply and a fine under this section need not be imposed if the court determines under the provision of title 18 that the defendant lacks the ability to pay. Repealed. [Pub. L. 98-473, title II, §219\(a\), Oct. 12, 1984, 98 Stat. 2027.](#)

### **"Drug, narcotic, or chemical offense" defined**

As used in this section, the term "drug, narcotic, or chemical offense" means any offense which proscribes the possession, distribution, manufacture, cultivation, sale, transfer, or the attempt or conspiracy to possess, distribute, manufacture, cultivate, sell or transfer any substance the possession of which is prohibited under this subchapter.

Information above found at <https://uscode.house.gov>

## **Michigan Drug Possession Crimes and Offenses**

The State of Michigan has numerous laws regulating the possession and use of controlled substances and alcohol. It is illegal for any person to possess or have under his or her control any narcotic, hallucinogenic, or other controlled substances unless otherwise authorized by law (e.g. controlled substances obtained pursuant to a prescription). If an individual is found guilty of a violation of the state law, they may be subject to large fines and imprisonment. The penalty is based on many different factors, including the amount and type of drug, where the criminal act took place, and whether the criminal act was a first or repeat offense.

For drug possession offenses, the statutorily authorized penalties range from (1) a \$100 fine for a person under 21 years of age who possesses not more than 2.5 ounces of marijuana to (2) up to 20 years imprisonment and/or \$250,000 fine for possession of narcotics (Cocaine, heroin or another narcotic). The table below shows drug possession offenses and the State of Michigan penalties. The law generally prohibits prosecuting a person for possessing drugs solely on the discovery of evidence arising from efforts to seek medical assistance for a drug overdose (MCL 333.7404(3)(a)).

The possession of less than 2.5 ounces of marijuana is not a crime, but is punishable by fines (and other penalties in certain circumstances). Also, under specified conditions, the law

provides protections from prosecution or other penalties related to marijuana for medical marijuana patients, their primary caregivers, and their doctors. For more information on Michigan’s medical marijuana program (Patients/Caregivers) see the Licensing and Regulatory Affairs website: <https://www.michigan.gov/lara>.

Table 1 Drug Possession

Offense Descriptions	Penalties
Possession of 1,000 or more grams of certain schedule 1 or 2 controlled substances 333.7403(2)(a)(i)	Felony Max fine \$1,000,000
Possession of 450 or more but less than 1,000 grams of certain schedule 1 or 2 controlled substances 333.7403(2)(a)(ii)	Felony Max fine \$500,000
Possession of 50 or more but less than 450 grams of certain schedule 1 or 2 controlled substances MCL 333.7403(2)(a)(iii)	Felony Max fine \$250,000
Possession of 25 or more but less than 50 grams of certain schedule 1 or 2 controlled substances MCL 333.7403(2)(a)(iv)	Felony Max fine \$25,000
Possession of less than 25 grams of certain schedule 1 or 2 controlled substances 333.7403(2)(a)(v)	Felony Max fine \$25,000
Possession of methamphetamine or 3, 4-methylenedioxymethamphetamine 333.7403(2)(b)(i)	Felony Max fine \$15,000
Possession of certain schedule 1, 2, 3, or 4 controlled substances or controlled substances analogue 333.7403(2)(b)(ii)	Felony Max fine \$2,000
Possession of LSD, peyote, mescaline, dimethyltryptamine, psilocyn, psilocybin, or schedule 5 drug MCL 333.7403(1) MCL 333.7403(2)(c)	Misdemeanor Max fine \$2,000
Possession of marijuana MCL 333.7403(1) MCL 333.7403(2)(d)	Misdemeanor Max fine \$2,000
Possession — more than 12 grams of ephedrine or pseudoephedrine MCL 333.17766c(1)(c) MCL 333.17766c(2)(b)	Felony Max fine \$2,000

### Michigan Drug Delivery/Manufacture Crimes

A person shall not Manufacture, create, deliver, or possess with intent to manufacture, create, or deliver controlled substance, prescription form, or counterfeit prescription form. As with possession, the penalty for these actions depends on a number of different factors. These include the amount and type of drug, where the criminal act took place, and whether or not the illegal act

was a first or repeat offense.

There are mandatory minimum prison terms for several crimes involving delivery and manufacturing or related actions. Table 2 shows the drug manufacturing and delivery crimes and penalties for each.

Table 2 Offense Descriptions

Offense Descriptions	Penalties
Deliver/manufacture — 1,000 grams/more of certain schedule 1 or 2 substances MCL 333.7401(1) MCL 333.7401(2)(a)(i)	Felony Up to life in prison Max fine \$1,000,000
Deliver/manufacture — 450+ grams/less than 1,000 grams of certain schedule 1 or 2 substance MCL 333.7401(1) MCL 333.7401(2)(a)(ii)	Felony Up to 30 years in prison Max fine \$500,000
Deliver/manufacture — 50+ grams/less than 450 grams of certain schedule 1 or 2 substances MCL 333.7401(1); MCL 333.7401(2)(a)(iii)	Felony Up to 20 years prison Max fine \$250,000
Deliver/manufacture — less than 50 grams of certain schedule 1 or 2 substances MCL 333.7401(1); MCL 333.7401(2)(a)(iv)	Felony Up to 20 years prison Max fine \$25,000
Deliver/manufacture — methamphetamine or 3, 4-methylenedioxymethamphetamine MCL 333.7401(1); MCL 333.7401(2)(b)(i)	Felony Up to 20 years prison Max fine \$25,000
Deliver/manufacture — certain schedule 1, 2, or 3 controlled substances MCL 333.7401(1); MCL 333.7401(2)(b)(ii)	Felony Up to 7 years prison Max fine \$500,000
Deliver/manufacture — schedule 4 controlled substance MCL 333.7401(1); MCL 333.7401(2)(e)	Felony Up to 4 years prison Max fine \$2,000
Deliver/manufacture — schedule 5 controlled substance MCL 333.7401(1); MCL 333.7401(2)(e)	Felony Up to 2 years on prison Max fine \$2,000

Michigan Legislature, Michigan Compiled Laws Complete Through PA 2 of 2019. Retrieved from <http://legislature.mi.gov>

### Michigan Alcohol Possession Laws and Penalties

A minor shall not purchase or attempt to purchase alcoholic liquor, consume or attempt to consume alcoholic liquor, possess or attempt to possess alcoholic liquor, or have any bodily alcohol content. A minor who is in violation is responsible for a state civil infraction or guilty of a misdemeanor. For the first violation, the minor is responsible for a state civil infraction and shall be fined not more than \$100.00. A court may order a minor under to participate in substance use disorder services and may order the minor to perform community service and to undergo substance abuse screening and assessment at his or her own expense. A minor may be found responsible or admit responsibility only once under the first violation. If a violation occurs after 1 prior judgment, the minor is guilty of a misdemeanor. A misdemeanor punishable by imprisonment for not more than 30 days if the court finds that the minor violated an order of probation, failed to successfully complete any treatment, screening, or community service ordered by the court, or failed to pay any fine for that conviction or juvenile adjudication, or by a fine of not more than \$200.00, or both. A court may order a minor to participate in substance use disorder services, to perform community service, and to undergo substance abuse screening and assessment at his or her own expense. If a violation occurs after 2 or more prior judgments, the



minor is guilty of a misdemeanor. A misdemeanor punishable by imprisonment for not more than 60 days, if the court finds that the minor violated an order of probation, failed to successfully complete any treatment, screening, or community service ordered by the court, or failed to pay any fine for that conviction or juvenile adjudication, or by a fine of not more than \$500.00, or both, as applicable. A court may order a minor to participate in substance use disorder services, to perform community service, and to undergo substance abuse screening and assessment at his or her own expense.

An individual who furnishes fraudulent identification to a minor, or a minor who uses fraudulent identification to purchase alcoholic liquor is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$100.00, or both.

Below is a list of pertinent State Laws that address possible legal sanctions.

<b>VIOLATION</b>	<b>SUMMARY OF VIOLATION</b>	<b>POSSIBLE PENALTIES</b>
OWI (drunk driving)	A person licensed or not, under the influence of alcohol, drugs, or both, driving in a public place.	First offense: misdemeanor, not more than 93 days in jail, and/or fine of \$100-\$500, and/or community service not more than 360 hours. As part of sentence, court may order suspension and/or restrictions of operator’s license. Vehicle forfeiture or immobilization may also be required. Up to six points may be added to driver record. If the person has a blood alcohol content of 0.17 grams or more, the person is guilty of a felony punishable by not more than 20 years in prison and/or a fine of \$2,500-\$10,000.
Permitting person under the influence to drive.	Allowing intoxicated person to drive in area open to the public	Misdemeanor: not more than 93 days in jail, or fine not less than \$100 or more than \$500, or both; vehicle can be impounded.
Operating while visibly impaired (OWVI)	A person driving in areas open to public while impaired from alcohol, drugs, or both.	First offense: community service for not more than 360 hours; and/or imprisonment for not more than 93 days; and/or a fine of not more than

		\$300. May be required to immobilize vehicle. Restrictions on driver license may also be imposed.
OWI causing death of another person	A person driving under the influence of alcohol or a controlled substance causes the death of another person.	Felony: Imprisonment of not more than 15 years, a fine of \$2,500-\$10,000, or both. Vehicle may be forfeited or immobilized
OWI causing serious impairment	A person driving under the influence of alcohol or a controlled substance causes a serious impairment of a body function of another person.	Felony: Imprisonment for not more than 5 years, a fine of \$1,000-\$5,000, or both. Vehicle may be forfeited or immobilized.
Disorderly person (intoxicated)	Intoxicated in public place and endangering the safety of another person or of property, or causing a disturbance.	Misdemeanor: not more than 90 days in jail, a fine of not more than \$500, or both.
Minor possessing or transporting alcohol in motor vehicle.	Person under 21 years of age may not possess or transport alcohol in a vehicle. (Does not apply to transport of alcohol by a minor if a person of at least 21 years of age is present inside the motor vehicle.)	Misdemeanor: fine of not more than \$100, and may be ordered to perform community service and undergo substance abuse screening and assessment at own expense; vehicle can be impounded for up to 30 days. License sanctions may also be imposed
Purchase/possession/consumption or attempt to purchase/possess/consume by minor (MIP)	Person under 21 years of age may not purchase, possess, or consume alcohol.	Misdemeanor: first arrest, a fine of not more than \$100, or court-ordered diversion; second arrest, not more than \$200, and/or up to 30 days imprisonment if in violation of probation due to preceding violation or for failure to follow court orders regarding preceding violation; third or subsequent violation, fine of not more than \$500, and/or up to 60 days imprisonment if in violation of probation due to preceding violation or for failure to follow court orders regarding preceding violation. May be ordered to participate in substance abuse prevention or

		substance abuse treatment and rehabilitation services. May be ordered to perform community service and undergo substance abuse screening and assessment at own expense. Licensing sanctions may also be imposed. Refusal to take a breathalyzer test is a civil infraction with a \$100 fine.
Selling or furnishing alcohol to a minor	Alcohol shall not be sold or furnished to a minor.	First offense: a fine of not more than \$1,000 and imprisonment for not more than 60 days. Second or subsequent offense: a fine of not more than \$2,500 and imprisonment for not more than 90 days. Operator's or chauffeur's license may also be suspended. May be ordered to perform community service for any violation.
Consumption on public highway/open alcohol in vehicle	No alcoholic beverage can be consumed on public highways; no alcohol item can be open, un-capped, or seal broken in passenger area of vehicle.	Misdemeanor: not more than 90 days in jail, a fine of not more than \$500, or both. May be ordered to perform community service and undergo substance abuse screening and assessment at own expense. Licensing sanctions may also be imposed.

Michigan Legislature, Michigan Compiled Laws Complete Through PA 2 of 2019. Retrieved from <http://legislature.mi.gov> and West's Michigan Criminal and Motor Vehicle Law 2021

## B. Local

The City of Grand Rapids ordinances include but are not limited to: consumption in public places, possession and use of alcohol by minors, uncapped liquor in passenger compartments of vehicles, and all substance abuse ordinances. Sanctions could range from a civil infraction with attached fines to probation, rehabilitation, or even imprisonment. A full version of the city ordinances can be found at:

[https://www.municode.com/library/mi/grand\\_rapids/codes/code\\_of\\_ordinances](https://www.municode.com/library/mi/grand_rapids/codes/code_of_ordinances)

### III. Health Risks

According to the [National Institute of Drug Abuse](#) (NIDA), addiction is a chronic, relapsing disease characterized by compulsive drug seeking and use despite negative consequences and by long-lasting changes in the brain. Most drugs of abuse can alter a person's thinking and judgment, leading to health risks, including addiction, drugged driving and infectious disease. Most drugs could potentially harm an unborn baby.

The Controlled Substance Act (CSA) regulates five classes of drugs: Narcotics, Depressants, Stimulants, Hallucinogens and Anabolic steroids. Each class has distinguishing properties, and drugs within each class often produce similar effects. However, all controlled substances, regardless of class, share a number of common features.

All controlled substances have abuse potential or are immediate precursors to substances with abuse potential. With the exception of anabolic steroids, controlled substances are abused to alter mood, thought, and feeling through their actions on the central nervous system (brain and spinal cord). Some of these drugs alleviate pain, anxiety, or depression. Some induce sleep and others energize.

Though some controlled substances are therapeutically useful, the "feel good" effects of these drugs contribute to their abuse. The extent to which a substance is reliably capable of producing intensely pleasurable feelings (euphoria) increases the likelihood of that substance being abused.

When controlled substances are used in a manner or amount inconsistent with the legitimate medical use, it is called drug abuse. The non-sanctioned use of substances controlled in Schedules I through V of the CSA is considered drug abuse. The use of these pharmaceuticals outside the scope of sound medical practice is drug abuse. In addition to having abuse potential, most controlled substances are capable of producing dependence, either physical or psychological.

**NARCOTICS** (Vary from Schedule I-Schedule V), 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 the illicit drug heroin and pharmaceutical drugs like OxyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl. Besides their medical use, narcotics/opioids produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to the drugs' abuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy. Effects on the body are slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing.

Physical dependence is a consequence of chronic opioid use and withdrawal takes place when drug use is discontinued. Early withdrawal symptoms often include watery eyes, runny nose, yawning and sweating. As withdrawals worsen, symptoms may include restlessness, irritability, loss of appetite, nausea, tremors, drug craving, severe depression, vomiting, increased heart rate and blood pressure, and chills alternating with flushing and excessive sweating.

Overdoses are not uncommon and can be fatal. Some effects of overdosing can include the following constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing.

Narcotics/opioids are controlled substances that vary from Schedule I to Schedule V, depending on their medical usefulness, abuse potential, safety, and drug dependence profile. Schedule I narcotics, like heroin, have no medical use in the U.S. and are illegal to distribute, purchase, or use outside of medical research.

**STIMULANTS** (Schedule I) Speed up the body's systems. Examples of the drug are prescription drugs such as amphetamines [Adderall® and Dexedrine®], methylphenidate [Concerta® and Ritalin®], diet aids [such as Didrex®, Bontril®, Preludin®, Fastin®, Adipex P®, Ionomin®, and Meridia®] and other illicitly used drugs such as methamphetamine, cocaine, methcathinone, and other synthetic cathinones that are commonly sold under the guise of "bath salts."

Chronic high dose use is associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur. Taking too large a dose at one time or taking large doses over an extended period of time may cause such physical side effects as: Dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps. In overdose situations, high fever, convulsions, and cardiovascular collapse may precede death.

A number of stimulants have no medical use in the United States but have a high potential for abuse. These stimulants are controlled in Schedule I. Some prescription stimulants are not controlled, and some stimulants like tobacco and caffeine don't require a prescription — though society's recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking. Stimulant chemicals in over-the-counter products, such as ephedrine and pseudoephedrine, can be found in allergy and cold medicine.

**DEPRESSANTS** (controlled substances that range from Schedule I-Schedule IV) are known to put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. They are abused to experience euphoria. Depressants like GHB and Rohypnol are also misused to facilitate sexual assault. Some of the effects are causing amnesia, leaving no memory of events that occur while under the influence, reduce reaction time, impair mental functioning and judgment, and cause confusion. Long term use will produce psychological dependence. Physical effects include slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed

breathing. Barbiturates are older drugs and include butalbital (Fiorina®), phenobarbital, Pentothal®, Seconal®, and Nembutal®. 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. Some examples are Valium®, Xanax®, Halcion®, Ativan®, Klonopin®, and 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. Other CNS depressants include meprobamate, methaqualone (Quaalude®), and the illicit drug GHB. Large doses combined with other drugs or alcohol can be fatal.

Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol® and Quaaludes® are not manufactured, legally marketed, and have no accepted medical use in the United States

**HALLUCINOGENS** (Schedule I) 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. Psychic effects include distortions of thought associated with time and space. Time may appear to stand still, and forms and LSD powder and capsules colors seem to change and take on new significance. Weeks or even months after some hallucinogens have been taken, the user may develop an uncommon disorder called Hallucinogen Persisting Perception Disorder (HPPD) or experience “flashbacks.” HPPD can include fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of HPPD is unpredictable, but may be more likely to occur during times of stress and seems to occur more frequently in younger individuals.

Physiological effects include elevated heart rate, increased blood pressure, dilated pupils and often can include nausea and vomiting. A severe overdose can result in respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest. Examples of hallucinogens are ecstasy/MDMA, ketamine, LSD, peyote & mescaline, psilocybin, marijuana/cannabis, and marijuana concentrates (honey, oil, butter).

Many hallucinogens are Schedule I under the Controlled Substances Act, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

**STEROIDS** (Schedule III) are synthetically produced variants of the naturally occurring male hormone testosterone. High doses of anabolic steroids may cause mood and behavioral effects. In some individuals, steroid use can cause dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as “roid rage”). When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide. In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an

increased risk of prostate cancer. In both men and women, anabolic steroid use can cause high cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks.

Anabolic steroid use can also cause acne and fluid retention. Testosterone, trenbolone, oxymetholone, methandrostebolone, nandrolone, stanozolol, boldenone, and oxandrolone are some of the anabolic steroids that are most commonly encountered.

Anabolic steroids are Schedule III substances under the Controlled Substances Act. Only a small number of anabolic steroids are approved for either human or veterinary use. Anabolic steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.

**INHALANTS** (not controlled by CSA) are known to induce psychoactive or mind-altering effects. Inhalant abuse can cause damage to the parts of the brain that control thinking, moving, seeing, and hearing. Cognitive abnormalities can range from mild impairment to severe dementia. Depending on the degree of abuse, the user can experience slight stimulation, feeling of less inhibition, or loss of consciousness. Within minutes of inhalation, the user may experience slurred speech, an inability to coordinate movements, euphoria, and dizziness. After heavy use of inhalants, users may feel drowsy for several hours and experience a lingering headache. Long term inhalant users include weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, and damage to the nervous system and other organs. Some of the damaging effects to the body may be at least partially reversible when inhalant abuse is stopped; however, many of the effects from prolonged abuse are irreversible. Prolonged sniffing of the highly concentrated chemicals in solvents or aerosol sprays can induce irregular and rapid heart rhythms and lead to heart failure and death within minutes. Other signs may include spots or sores around the mouth; red or runny eyes or nose; chemical breath odor; drunk, dazed, or dizzy appearance; nausea; loss of appetite; anxiety; excitability; and irritability. With successive inhalations, users may suffer loss of consciousness and/or death. Some examples are glue, lighter fluid, cleaning fluids and paint.

The common household products that are misused as inhalants are legally available for their intended and legitimate uses. Even though some substances are not currently controlled by the Controlled Substances Act, they pose risks to individuals who abuse them.

**DESIGNER DRUGS** Recently, the abuse of clandestinely synthesized drugs has re-emerged as a major worldwide problem. These drugs are illicitly produced with the intent of developing substances that differ slightly from controlled substances in their chemical structure while retaining their pharmacological effects. These substances are commonly known as designer drugs and fall under several drug categories. The following section describes these drugs of concern and their associated risks. Examples being, bath salts, K2 spice, and synthetic opioids.

**BATH SALTS/SYNETHIC CATHINONES** are substances abused for their desired effects, such as euphoria and alertness and to mimic effects similar to those produced by cocaine, methamphetamine, and MDMA (ecstasy). Other effects that have been reported

from the use of these drugs include psychological effects such as confusion, acute psychosis, agitation, combativeness, aggressive, violent, and self-destructive behavior. Adverse or toxic effects associated with the abuse of cathinones, including synthetic cathinones, include rapid heartbeat; hypertension; hyperthermia; prolonged dilation of the pupil of the eye; breakdown of muscle fibers that leads to release of muscle fiber contents into bloodstream; teeth grinding; sweating; headaches; palpitations; seizures; as well as paranoia, hallucinations, and delusions. Fatal reactions have occurred to those that are ingesting these products.

In July 2012, the U.S. Government passed Pub. L. 112- 144, the Synthetic Drug Abuse Prevention Act (SDAPA), that classified a number of synthetic substances under Schedule I of the Controlled Substances Act. SDAPA placed these substances in the most restrictive category of controlled substances. Cannabimimetic agents, including 15 synthetic cannabinoid compounds identified by name, two synthetic cathinone compounds (mephedrone and MDPV), and nine synthetic hallucinogens known as the 2C family, were restricted by this law. In addition, methylone and ten (10) synthetic cathinones that were subject to temporary control were permanently controlled by DEA through the administrative process. Another synthetic cathinone, N-ethylbentylone, was temporarily controlled in 2018. Other synthetic cathinones may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows these dangerous substances to be treated as Schedule I controlled substances if certain criteria can be met

**K2/SPICE** are intended to mimic THC, the main psychoactive ingredient in marijuana. These chemical compounds are generally found in bulk powder form, and then dissolved in solvents, such as acetone, before being applied to dry plant material to make the “herbal incense” products. They have been responsible for overdose deaths, including death by heart attack. Acute kidney injury requiring hospitalization and dialysis have occurred. Acute psychotic episodes, dependence, and withdrawal are associated with use of these synthetic cannabinoids. Some individuals have suffered from intense hallucinations. Other effects include severe agitation, disorganized thoughts, paranoid delusions, and violence after smoking products laced with these substances. These adverse bodily effects include tachycardia (elevated heart rate), elevated blood pressure, unconsciousness, tremors, seizures, vomiting, hallucinations, agitation, anxiety, pallor, numbness, and tingling.

These substances have no accepted medical use in the United States and have been reported to produce adverse health effects. Currently, 43 substances are specifically listed as Schedule I substances under the Controlled Substances Act either through legislation or regulatory action. In addition, there are many other synthetic cannabinoids that meet the definition for “cannabimimetic agent” under the Controlled Substances Act and thus are Schedule I substances.

Synthetic cannabinoids may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows noncontrolled drugs to be treated as Schedule I controlled substances if certain criteria can be met. The DEA has successfully investigated and prosecuted individuals trafficking and selling these dangerous substances using the Controlled Substance Analogue Enforcement Act.



**SYNTHETIC OPIOID** are substances that are synthesized in a laboratory and that act on the same targets in the brain as natural opioids (morphine and codeine) to produce analgesic effects. Abuse parallels that of heroin and prescription opioid analgesics. Many of these illicitly produced synthetic opioids are more potent than morphine and heroin and thus have the potential to result in a fatal overdose. Overdose effects of clandestinely produced synthetic opioids are similar to other opioid analgesics. These effects may include 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.

Many synthetic opioids are currently controlled under the Controlled Substances Act. The DEA temporarily placed U-47700 and several other substances that are structurally related to fentanyl, such as acetyl fentanyl, butyryl fentanyl, beta-hydroxythiofentanyl, and furanyl fentanyl, in Schedule I of the Controlled Substances Act. In February 2018, the DEA temporarily placed fentanyl-related substances in Schedule I of the CSA. Other synthetic opioid substances may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows non-controlled substances to be treated as Schedule I substances if certain criteria are met. The DEA has successfully investigated and prosecuted individuals trafficking and selling these dangerous substances using the Controlled Substances Analogue Enforcement Act

### **DRUGS OF CONCERN**

Even though some substances are not currently controlled by the Controlled Substances Act, they pose risks to individuals who abuse them. The following section describes these drugs of concern and their associated risks. Examples are DMX, Kratom and Salvia Divinorum.

**DMX** is a cough suppressor found in more than 120 over-the counter (OTC) cold medications, either alone or in combination with other drugs such as analgesics (e.g., acetaminophen), antihistamines (e.g., chlorpheniramine), decongestants (e.g., pseudoephedrine), and/ or expectorants (e.g., guaifenesin). It is abused in high doses to experience euphoria and visual and auditory hallucinations. Some of the many psychoactive effects associated with a high dose of DXM include: Confusion, inappropriate laughter, agitation, paranoia, and hallucinations. Other sensory changes, including the feeling of floating and changes in hearing and touch. Long-term abuse of DXM is associated with severe psychological dependence. Intoxication involves over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, and involuntary spasmodic movement of the eyeballs. Users may experience liver damage, rapid heart rate, lack of coordination, vomiting, seizures and coma.

DXM is a legally marketed cough suppressant that is neither a controlled substance nor a regulated chemical under the Controlled Substances Act.

**KRATOM** is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses), and can lead to psychotic symptoms, and psychological and physiological dependence. It produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Kratom consumption can

lead to addiction. Individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion. Kratom’s effects on the body include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.

Kratom is not controlled under the Controlled Substances Act. The FDA has not approved Kratom for any medical use. In addition, DEA has listed kratom as a Drug and Chemical of Concern.

**SALVIA DIVINORUM** is a perennial herb in the mint family that is abused for its hallucinogenic effects. It effects a user’s perceptions of bright lights, vivid colors, shapes, and body movement, as well as body or object distortions. Salvia divinorum may also cause fear and panic, uncontrollable laughter, a sense of overlapping realities, and hallucinations. Adverse physical effects may include: Loss of coordination, dizziness, and slurred speech.

Neither Salvia divinorum nor its active constituent Salvinorin A has an approved medical use in the United States. Salvia divinorum is not controlled under the Controlled Substances Act.

For a complete list of short- and long-term health effects and treatment options, visit <https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts>

Drug Enforcement Administration Drug Policy. *Drugs of Abuse: A DEA Resource Guide* (2020 edition). Retrieved from <https://www.dea.gov/drug-information/drug-policy>

#### **IV. Drug and Alcohol Programs**

The following training, programs, resources, counseling, treatment, rehabilitation, or reentry programs are available to employees and/or students as described below.

##### **A. Employees**

- i. As of July 1, 2018, Human Resources provides all new employees compliance trainings via Vector Solutions (formerly known as SafeColleges). Drug Free Workplace is included in the compliance training package to complete. In addition to the training module, all new employees receive information on GRCC’s Drug and Alcohol Policy and DAAPP.
- ii. The GRCC Counseling and Career Development office offers an educational workshop titled, “Effects of Alcohol & Marijuana”. The workshop focuses on the potential impact drug and alcohol use can have on students’ academic success. The workshop is offered in both the Fall and Winter semester. The most recent schedule can be found here: <https://www.grcc.edu/faculty-staff/human-resources/professional-development/employee-wellness>
- iii. The College offers Question, Persuade, and Refer (QPR) workshops which provide trainees with the knowledge to recognize suicide warning signs as well as the skills to

- be able to refer students to the appropriate services.
- iv. The College offers an Employee Assistance Program (EAP), contracted through Pine Rest, free and accessible to any employee who may be seeking confidential counseling, assessment and/or treatment options. The EAP is a benefit paid for by the College. The hotline (616-455-6210) is accessible 24 hours a day, seven days a week. Employees are eligible for up to three pre-treatment and assessment interviews at no cost for problems requiring further assistance. Additional information about the EAP is available on the HR webpage: <https://www.grcc.edu/faculty-staff/human-resources/benefits-insurance/health-insurance-plans/employee-assistance-program>
- v. Substance abuse needs are also covered by all medical plans offered by Grand Rapids Community College. Employees pay only their plan's deductible or co-pay for all treatment services.
- vi. Leaves of Absence. GRCC offers leaves covered under the Family and Medical Leave Act and those not covered by the Act. Employees may work with GRCC's Human Resources department to request a leave to participate in treatment, and the reason for the leave is maintained confidentially. Leaves may be full leaves, meaning the employee is entirely absent from work, or the employee may take intermittent leave of absence. Leaves are coordinated through and documented by the employee's treatment provider.
- vii. The GRCC Counseling and Career Center webpage offers a Free Alcohol Screening tool, which can be accessed at: <https://www.grcc.edu/students/counseling-career-development/mental-health-wellness/selfhelp>

## **B. Students**

- i. An email is sent to all students enrolled in credit and non-credit courses each semester from the Dean of Students Office covering a variety of topics around safety, rights and responsibilities.
- ii. The GRCC Counseling and Career Center webpage offers a Free Alcohol Screening tool, which can be accessed at: <https://www.grcc.edu/students/counseling-career-development/mental-health-wellness/selfhelp>

At the end of each anonymous screening, the student will receive an immediate result that can be printed and taken to a clinician for further evaluation. A screening test is not a substitute for a complete evaluation but it can help them learn if their symptoms are consistent with depression, bipolar disorder, an alcohol problem, an anxiety disorder or post-traumatic stress disorder and how to access help. This program is designed for individuals age 17 and above. The online screening is completely confidential.

- iii. During the Fall and Winter Welcome Week Activities, the Campus Activities Board set up an Alcohol Awareness table, distributing flyers on alcohol awareness. A GRCC Police Officer was involved and engaged in discussion with students around this topic.
- iv. Student Life and Conduct hosted a panel discussion on Marijuana and passage of proposal 1.
- v. The GRCC Counseling and Career Development office offers an educational workshop titled, "Effects of Alcohol & Marijuana". The workshop focuses on the

- potential impact drug and alcohol use can have on students' academic success. The workshop is offered in both the Fall and Winter semester.
- vi. The College offers Question, Persuade, and Refer (QPR) workshops which provide trainees with the knowledge to recognize suicide warning signs as well as the skills to be able to refer students to the appropriate services.
  - vii. Through the GRCC Career and Counseling Development, students have free access to licensed counselors on campus for initial screening/consultation in regards to a concern around substance use, with possible referral to an outside agency.
  - viii. Student athletes are presented with general information during their Orientation about alcohol/drug use, as well as resources if they find themselves struggling with abuse.
  - ix. As part of our Addiction Studies Certificate, GRCC offers the following classes for credit:
    - a. CJ 245 Substance Abuse
    - b. CJ 246 Alcohol Use and Abuse
    - c. CJ 275 Addiction Treatment with Diverse Populations

### C. Local and Regional Resources (Students and Employees)

- i. The following drug and alcohol related services and resources are available through local agencies:
  1. **Detoxification Services:** Detoxification is a service for adults intended to help them manage the physical process of withdrawal from substances more comfortably. The goal is to prepare a person for continued treatment for a substance use or co-occurring disorder.
  2. **Outpatient Services:** Individual and/or group-oriented counseling services for individuals, typically on the basis of scheduled appointments of an hour or more at a community agency.
  3. **Services for Pregnant Women and Women with Children:** *Eligible pregnant women and women with children are given priority status in accessing substance use disorder treatment.* network180 providers offer many different programs that are gender specific, outreach based, and are designed to work with the whole family. Gender specific services not only provide therapy but also case management, support, and ensuring families basic needs are met.
  4. **Residential Treatment Services:** Organized system of comprehensive services in a facility setting for individuals with a substance use disorder. A course of treatment will vary according to need, and the focus is on acquiring the skills and resources needed to transition to ongoing community-based care and recovery.
  5. **Methadone:** Counseling, case management and methadone dosing services along with precisely measured doses of methadone to help individuals with longer histories of opiate use. The program helps individuals manage cravings, reduce the risks they might otherwise take (or present to others) and engage in a process of recovery.

### 6. Specialized Treatment Services:

**Arbor Circle Recovery Management:** Long-term community-based treatment and recovery coaching for men and women with chronic and unstable substance use disorders, family focused treatment and case management services for women with a substance use disorder who also have responsibility for children.

- a. **Kent County Correctional Facility-Based Services:** Substance use disorder treatment within the Kent County Correctional Facility
- b. **Arbor Circle Northern Kent Outreach Services:** Clinicians provide targeted outreach services to individuals in northern regions of the county. Service locations are accessible and flexible, and are well-integrated with other area social service organizations to allow maximum convenience for the people who are served.

**7. National Clearinghouse for Alcohol and Drug Information:**  
Educational information on Drug and Alcohol Abuse

Regional resources and agencies available to students and employees include, but are not limited to:

1. Arbor Circle (<http://www.arborcircle.org>)  
**Main Campus**  
1115 Ball Ave NE  
Grand Rapids, MI 49505  
(616) 456-6571  
**Newaygo Campus**  
222 E. 82<sup>nd</sup> St.  
Newaygo, MI 49337  
(231) 652-1780
2. Westbrook Recovery Center <https://sobernation.com/listing/westbrook-recovery-center-llc-grand-rapids-mi/>  
3210 Eagle Run Drive NE, #200  
Grand Rapids, MI 49525  
(616) 957-1200  
Toll Free: (866) 964-7280  
Call: 24 hours a day 7 days a week  
Officer hours: Monday-Friday 8 a.m. -5 p.m.
3. Mel Trotter Ministries (<http://www.meltrotter.org/shelter-for-public-inebriates>) 225 Commerce Ave SW  
Grand Rapids, MI 49503

(616) 454-8249

4. network180 (<http://network180.org/en/>)  
790 Fuller Ave. NE  
Grand Rapids, MI  
49403  
(616) 336-3909 or (800) 749-7720  
Routine business hours:  
Monday – Friday 8am –5pm  
Access Center open 24 hours
5. OAR – Ottagan Addiction Recovery ([www.oar-inc.org](http://www.oar-inc.org))  
Holland Location  
483 Century Lane  
Holland, MI 49423  
(616) 396-5284
6. Grand Haven Location  
700 Washington Ave., Suite 220  
Grand Haven, MI 49417  
(616) 842-6710
7. Wedgewood ([www.wedgwood.org](http://www.wedgwood.org))  
3300 36th Street SE  
Grand Rapids, Michigan 49512  
(616) 942-2110
8. Salvation Army Adult Rehabilitation Center  
([www.salvationarmyusa.org/usn/combat-addiction](http://www.salvationarmyusa.org/usn/combat-addiction) )  
1491 S Division Ave  
Grand Rapids, MI 49507  
(616) 452-3133 ext 101
9. Pine Rest Psychiatric Urgent Care  
Center/Pine Rest Christian Mental  
Health Services 300 68th St. SE  
Grand Rapids, MI 49548 Urgent Care: (616) 455-5490  
<https://www.pinerest.org/services/psychiatric-urgent-care-center/>  
Non Emergency: (866) 852-4001  
<http://www.pinerest.org/drug-addiction-treatment-center>

<http://www.rehabs.com/assessments/alcohol-addiction-quiz/>

10. For additional resources:

- Addiction Center <https://www.addictioncenter.com/> 1-844-359-5766 Al-Anon Family Group Headquarters <https://al-anon.org/> 1-757-563-1600
- Self-Assessment Quizzes are available on their website
- Substance Abuse and Mental Health Services Administration 1-877-726-4727
- National Council on Alcoholism and Drug Dependence 1-800-NCA-CALL
- National Center on Drug Abuse Hotline 1-800-662-HELP
- Help Crisis Line 616-459-2255
- Alcoholics Anonymous 616-913-9216
- National Institute on Alcohol Abuse and Alcoholism Provides general information about Alcoholism <https://www.niaaa.nih.gov/>
- United Way First Call for Help Line – Dial 2-1-1 or visit [www.211.org](http://www.211.org)
- National Director of Addiction and Recovery Programs and Treatment Centers [www.recoverycorps.org](http://www.recoverycorps.org)

## V. **Disciplinary Sanctions**

GRCC will impose sanctions on students and employees for violation of GRCC's policies and standards of conduct (consistent with federal, state, and local laws) up to and including reprimands, expulsion, termination, and referral for prosecution. Possible sanctions are described in more detail below.

### A. **Employees:**

The Executive Director of Human Resources or designee handles matters that require disciplinary action at Grand Rapids Community College. The concept of progressive discipline will be utilized in most cases, taking into consideration the severity of the incident, prior disciplinary action, etc.

The following corrective actions (sanctions) may be imposed by the College for a violation of our Drug and Alcohol Policy:

1. **Verbal Notice.** The supervisor will consult with Human Resources and will meet with the employee to discuss the problem and the improvements that are expected. The supervisor will document the meeting and place a copy of the results of that meeting in the department's employee file.
2. **Written Warning.** A formal, written reminder documenting the problem and expected

improvements. A copy of the formal written notice is provided to the employee, and placed in the Human Resources employee file.

3. **Suspension Without Pay.** A formal, written explanation of the problem and time off to emphasize the seriousness of the problem and that dramatic behavior change is needed immediately. A copy of the suspension without pay notice is provided to the employee, and placed in the Human Resources employee file.
4. **Final Written Warning.** The College may, at its discretion, choose to impose a final written warning in lieu of suspension. Exempt salaried personnel who are suspended for less than one week shall receive their wages in accordance with the Fair Labor Standards Act.
5. **Termination.** When it has been determined that an employee is unable or unwilling to meet the conditions of employment at GRCC, termination results.
6. **Zero Tolerance.** Per the GRCC Misconduct Policy, possession, distribution, sale, transfer or use of alcohol or illegal drugs in the workplace, while on duty or while operating employer-owned vehicles or equipment is considered Zero Tolerance Misconduct. This form of verified intentional misconduct constitutes grounds for immediate termination of employment at GRCC.

## **B. Students:**

The Director of Student Life & Conduct or designee handles matters that require disciplinary action at Grand Rapids Community College. The concept of progressive discipline will be utilized in all cases, taking into consideration the severity of the incident, the number of times the student has been referred to the conduct system, etc.

The following sanctions/consequences may be imposed by the College for general misconduct:

1. Verbal warning
2. Written warning
3. Probation – A period of observation and review of conduct during which the student or recognized Student Organization must demonstrate compliance with College standards. Terms of this probationary period will be determined at the time probation is imposed.
4. Permanent removal from a course
5. Restitution – compensation for loss, damage, or injury. This may take the form of appropriate service and/or monetary or material replacement.
6. Suspension – The student or recognized Student Organization has temporary loss of student status for a specified length of time.
7. Permanent Expulsion – Is an act of terminating a student’s enrollment at GRCC. This means the student may no longer participate in any GRCC activity or be on GRCC property owned, operated, leased, or maintained for any purpose.
8. Other Sanctions – Other sanctions may be imposed instead of, or in addition to, specific sanctions listed in this section. These may include, but are not limited to: recommendations for counseling, establishment of mandatory behavior conditions/contract-signing stating agreed-upon behavior expectations for continued enrollment or reenrollment; loss of access to college computers and/or network; a specific project designed to assist the student in better understanding the overall impact of his or



her behavioral infraction; a contract of terms for restitution of damages/stolen property before enrollment is continued and/or records are released. Suspension without pay from his or her on campus job; prohibit participation in extracurricular activities or interscholastic or leadership positions, or community service.

9. Revocation of Admission and/or Degree – Admission to or a degree awarded from Grand Rapids Community College may be revoked for fraud, misrepresentation, or other violation of GRCC standards in obtaining the degree, or for other serious violations committed by a student prior to graduation.
10. Withholding Degree – GRCC may withhold awarding a degree otherwise earned until the completion of the process set forth in this Student Code of Conduct, including the completion of all sanctions imposed, if any.

## **VI. Notification of the DAAPP**

### **A. Employee Notification**

Notification of the information contained in the DAAPP is distributed to all current employees of the college on an annual basis via an all-staff email and GRCC Today. New employees will receive notification during their Orientation process. The DAAPP is also available for review online via our Consumer Information section of our website. This can be found at <https://www.grcc.edu/about-grcc/student-consumer-information>.

### **B. Student Notification**

Notification of the information contained in the DAAPP is distributed to all currently enrolled students each semester via email. Queries are run to ensure all late-starting students are notified. The DAAPP is also available for review online. It can be accessed at: <https://grcc.edu/studentaffairs>.

## **VII. Oversight Responsibility**

The Dean of Student Affairs and the Executive Director of Human Resources designees shall serve as the main contacts that will have oversight responsibility of the DAAPP including, but not limited to: updates, coordination of information required in the DAAPP, and coordination of the annual notification to employees and students, and the biennial review. The DAAPP Oversight Team has been established to assist with these responsibilities. This team is responsible to the College President and provides a report to the President's Cabinet annually.