A.T. STILL UNIVERSITY | ATSU

Drug and Alcohol Abuse and Prevention

University Compliance

Date Effective: November 1, 1993

Revised: April 4, 2014

A.T. STILL UNIVERSITY | ATSU

Drug and Alcohol Abuse and Prevention
Policy
Revised 11.12.2010

The Drug-Free Schools and Communities Act of 1989

The Drug-Free Schools and Communities Act of 1989 requires all institutions that receive federal funds, to educate and inform all students of the policies, effects, and implications of illicit drug and alcohol use.

A.T. Still University has established this drug-free and alcohol-free awareness program to inform students of:

1. The existence of our drug-free and alcohol-free policy
2. The availability of drug and alcohol counseling, and
3. The dangers of drug abuse
4. The penalties of drug and alcohol abuse.

Please take a moment to read the enclosed Drug/Alcohol policy.

ATSU's policy for campus alcohol use is based on the following premises:

1. Chemical dependence and abuse is a significant health concern in our country. As a health-care degree-granting institution, our students must have the knowledge and understanding of addiction. Additionally, students should utilize the knowledge in the prevention of addictions for themselves and their patients.

2. ATSU encourages a wellness model for the entire institution. ATSU recognizes its responsibility to support and promote activity that prevents disease and minimizes health risks. ATSU also seeks to ensure the safety of all who are at the institution.

3. ATSU recognizes its legal and moral responsibility to uphold the laws of the country. While the overwhelming majority of those at ATSU are of legal age, ATSU has the responsibility to set a policy that is consistent with federal, state, and local laws. In addition, ATSU sets an expectation that students are responsible for their actions.

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Introduction and Philosophy

A.T. Still University of Health Sciences serves as a learning-centered university dedicated to preparing highly competent professionals through innovative academic programs with a commitment to continue its osteopathic heritage and focus on whole person healthcare, scholarship, community health, inter-professional education, diversity, and underserved populations.

The Current Status of Drug and Alcohol Abuse in the U.S.

Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings (Office of Applied Studies, NSDUH Series H-38A, HHS Publication No. SMA 10-4586Findings). Rockville, MD.

An estimated 22.5 million Americans were classified with substance dependence or abuse in 2009, according to the results from the 2009 National Survey on Drug Use and Health, by the Substance Abuse and Mental Health Services Administration. Marijuana remains the most widely used illegal drug, with an estimated 16.7 million users in the past month. There were 1.6 million current cocaine users aged 12 or older in 2009. These estimates were similar in 2008 but were lower than the 2006 estimates of 2.4 million. The number of methamphetamine users has decreased between 2006 and 2008, but then increased in 2009. There are 7 million persons ages 12 or older who used prescription type psychotherapeutic drugs non-medically in the past month. There were 180,000 persons who used heroin for the first time in 2009, which spiked from the average annual number from previous years. Estimates from 2002 to 2008 ranged from 91,000 to 118,000 per year.

The report indicated that 59.6 million people are binge drinkers (defined as five or more drinks on the same occasion). Nearly 17.1 million are heavy drinkers, downing five or more drinks a day for at least five days in the past month. The binge drinking rate among young adults ages 18-25 is 41.7% and the heavy drinking rate is 13.7%. An estimated 12 percent of persons (age 12 and older) drove under the influence of alcohol in the past year. Persons between the ages of 21 and 25 have the highest rate of driving under the influence of alcohol in 2009.

The report highlights that 20.9 million persons needed treatment for an illicit drug or alcohol use problem but did not receive treatment at a specialty substance abuse facility in 2009.

The press release indicates that illicit drug use among youth, ages 12-17 continues to decline. However, among adults age 50-59, illicit drug use has increased from 2.7% to 6.2%. For young adults, ages 18-25, the rate of current nonmedical use of prescription-type drugs has increased from 5.5 percent to 6.3 percent since 2002. This is said to be driven primarily by an increase in pain reliever misuse. There were, however, decreases in the use of cocaine and methamphetamine.

Most drug and alcohol abusers are not getting the help they need. A National Survey on Drug Use and Health indicates that about 19 percent of those needing treatment for an illicit drug problem and about 9 percent of those needing treatment for an alcohol problem received specialty substance abuse treatment in the past year. The primary reasons reported for not getting treatment among those who perceived an unmet treatment need were: not being ready to stop using illicit drugs, thinking the cost of treatment would be too high, stigma associated with receiving treatment, believing they could handle the problem without treatment and not knowing where to get treatment. ATSU has a Drug and Alcohol Free Workplace policy, which provides an opportunity for students to address drug/alcohol issues in a supportive environment. This policy embraces the Body – Mind - Spirit philosophy of ATSU and expresses our commitment to our students and their overall health.

Alcoholism and drug abuse affect not only the individual, but also disrupt the lives of family, friends, co-workers, neighbors and anyone else with whom the person associates. The emotional effects of substance abuse go far beyond the body. Mental problems can include depression, learning and memory problems and impaired thinking and judgment. Even before outward signs of physical deterioration surface, substance abusers may feel the devastation of relational problems with partners and children, loss of friends, loss of employment and legal problems.

The misuse and illegal use of alcohol, illegal drugs, prescription drugs and pharmaceuticals is prohibited by ATSU. The goal of this policy is to help chemically impaired students recognize and receive treatment for their impairment, to delineate a confidential process for reporting and assessing members suspected of chemical impairment, to provide an effective intervention process, and to facilitate rehabilitation and re-entry into the workplace.

In an effort to remind students of their options for addressing any issues they may have relative to this topic, the Drug and Alcohol Free Workplace committee has attached the current policy for your review.

The committee also recommends two web sites: http://www.alcoholscreening.org and http://getfit.samhsa.gov/Alcohol/TestsAlcoholUseTest.aspx that have self assessment and answer questions about potential alcohol and drug abuse.

In accordance with the requirement for institutions that receive federal grants, ATSU has a drug free workplace policy.

A.T. Still University Policy on Illicit use of Drugs and Alcohol

The following policy statements are provided to clearly inform students of the implications of illicit drug and alcohol at the University.

1. A **STANDARD OF CONDUCT** for individual students and student organizations regarding the unlawful possession, use, or distribution of illicit drugs and alcohol.
2. A **DESCRIPTION OF THE HEALTH RISKS** associated with the use of alcohol and specific illicit drugs.
3. A **DESCRIPTION OF DRUG AND ALCOHOL COUNSELING, TREATMENT, OR REHABILITATION OR RE-ENTRY PROGRAMS** available to University students in Missouri and Arizona. For more information on programs in other regions, please contact the Office of Counseling Services.
4. A **DESCRIPTION OF THE APPLICABLE LEGAL SANCTIONS**, which will be applied by federal, state, and local officials for the unlawful possession, or distribution of illicit drugs and alcohol. These sanctions may differ, depending upon your location of residency. Further information on local and state sanctions is available through the Office of Counseling Services.
5. **SANCTIONS FOR VIOLATIONS OF THE STANDARD OF CONDUCT REGARDING ILLICIT DRUG AND ALCOHOL** use may include immediate dismissal. A full description of the students' Professional Rights, Responsibilities and Conduct, can be found in the student catalogue or handbook. http://www.atsu.edu/

1. STANDARD OF CONDUCT

This standard of conduct prohibits all ATSU students from possessing, attending school-related activities (including all lectures/labs, etc.) or working under the influence of intoxicants (non-prescribed drugs, narcotics, alcohol, etc.) or the illegal possession, manufacture, or use of drugs or alcohol at the University.

Participation in academic or clinical endeavors of ATSU or its affiliated institutions while under the influence of illicit drugs or alcohol is prohibited and considered a violation of the Code of Behavioral Standards. www.atsu.edu

The unlawful possession, use of, distribution of illicit drugs is prohibited on ATSU's property. (Alcohol beverages may be used in compliance with ATSU Policy Order No. 95-101, Alcoholic Beverage Consumption in ATSU Facilities.)

Student organizations are under the same legal requirements as individuals concerning local, state and federal laws. Any violation of these laws on the part of a student organization could result in a disciplinary action against the individual(s) involved, and suspension or loss of student organization recognition.

ATSU has established the following policies to reduce the risks associated with the legal use of alcohol at student organization activities.

1. All advertising of social functions on campus must be approved by the Student Services Designee.
2. Advertising cannot mention or infer the use of alcohol. Student organizations are not permitted to encourage or sponsor any activity that encourages the rapid or excessive consumption of alcohol.
3. No student organization may collect funds at a social event where alcohol is available, even if the funds are for the purchase of tickets, food, or door prizes.

2. DESCRIPTION OF HEALTH RISKS

Alcohol

1. About half of all motor vehicle accident fatalities involve alcohol
2. Reduces inhibition and self-control even in low doses
3. Can lead to arguments, aggressive behaviors, and loss of rational thinking
4. Impairs vision, memory, muscular coordination, and judgment
5. Can cause unconsciousness, coma, respiratory failure and death
6. Long-term abuse will damage most or all body organs, particularly the liver, heart, and brain.
7. Using alcohol and other CNS depressants can be fatal

Tobacco Products

1. Using tobacco products causes cancer
2. Nicotine is highly addictive
3. ATSU is a tobacco product free campus

Marijuana

1. Increased heart rate, reddening of the eyes, and dryness of the mouth and throat
2. Temporarily impairs short-term memory, alters sense of time, and reduces the ability to perform tasks requiring concentration, swift reactions, and coordination
3. Affects motivation and cognition making the acquisition of new information difficult
4. Can produce paranoia and psychosis
5. Damages lungs and pulmonary system
6. Can result in low sperm count
7. Psychological dependence
8. Note. Spice, K2, and other drugs are similar to marijuana have now been added to the controlled substances list and are illegal. The effects and risks are likely similar to marijuana.
9. There are other synthetic cannabinoids that are being imported and sold, all of them are likely similar to marijuana. However, these drugs could be more dangerous than marijuana. Less is known about the effects of these drugs and the

purity of the drugs will vary considerably. Some of these drugs were made Schedule 1 by the Food and Drug Administration Safety Act signed by President Obama in 2012. Most “designer drugs” eventually end up as Schedule 1.

10. State laws regarding recreational and medicinal marijuana are changing. However, marijuana remains a schedule 1 drug by the DEA and illegal under federal law.

Inhalants - (paint, model airplane glue, hairspray, aerosol cans, and gasoline)

1. Dizziness, loss of muscle coordination, inability to think and behave normally, and sometimes abusive and violent behavior
2. Decreased cardiac and respiratory rates
3. Impaired judgment
4. Amyl and butyl nitrate cause rapid pulse, headaches, and involuntary passing of urine and feces
5. Disorientation, violent behavior, unconsciousness, or death
6. Weight loss, fatigue, electrolyte imbalance, and muscle fatigue
7. Permanent damage to the nervous system

Cocaine & Crack Cocaine

1. Dilated pupils and elevated blood pressure
2. Increased heart rate, respiratory rate, and body temperature
3. Ulceration of the mucous membrane of the nose (nasal administration)
4. Psychological and physical dependency
5. Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds
6. Loss of appetite, tactile hallucinations, paranoia, and seizures
7. Death by cardiac arrest or respiratory failure
8. Mixtures of cocaine and heroin (Speedball) have resulted in overdose deaths

Amphetamines and Other Stimulants - (Amphetamines, MDMA, Ritalin)

1. Restlessness, anxiety, mood swings, panic and paranoid thoughts, and hallucinations
2. Circulatory and cardiac disturbances, convulsions, and coma
3. Heavy, frequent doses can produce brain damage, resulting in speech disturbance and difficulty in turning thoughts into words
4. Feelings of restlessness, anxiousness, and moodiness
5. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure
6. Ecstasy (MDMA) and other designer drugs or rave drugs
7. MDMA has both stimulant and psychedelic properties, mood elevation, sensory perception alterations, and other psychological responses, stimulates the heart, raise body temperature, jaw clenching, teeth grinding, even seizures, adverse psychological effects (paranoia, confusion, anxiety visual hallucinations). Potentially neurotoxic to serotonergic neurons, i.e., potentially irreversible brain damage

8. Mephedrone (bath salts or plant food) produces effects similar to MDMA or other stimulants. The long term risks associated with this drug are not well understood yet. The DEA has banned the drug.
9. Use of Khat, a stimulant drug is increasing in the U.S. Leaves of the plant are chewed traditionally in some countries in the Middle East. Users experience euphoria and mood excitation, but it may be accompanied by anxiety and other emotional problems. Treatment of overdose in emergency rooms has been rare.
10. Amphetamines and Ritalin are prescribed for legitimate medical treatment of Attention Deficit Hyperactivity Disorder (ADHD). However, diversion (the word "diversion" is unclear) of these drugs is illegal and remains a problem on college campuses.

CNS Depressants (anesthetic drugs, etc.)

1. Small amounts can produce calmness and relaxed muscles
2. Larger doses can cause slurred speech, staggering gait, and altered perception
3. Very large doses can cause respiratory depression, coma, and death
4. The use of depressants can cause both physical and psychological dependence.

Hallucinogens – (LSD, Peyote, Mescaline, Mushrooms)

1. Changes in time and space perception, delusions (false beliefs), and hallucinations (experiencing unreal or distorted sensations)
2. Dilated pupils, increased temperature and heartbeat, increased blood pressure, violent tremors
3. Heavy hallucinogen use may cause flashbacks and other psychological disturbances including anxiety, depression, or breaks from reality that can last days or months
4. Heavy users sometimes develop signs of organic brain damage, such as impaired memory, attention span, mental confusion and difficulty with abstract thinking

Salvia (Information from National Institutes of Drug Abuse)

1. Salvia (*Salvia divinorum*) is an herb common to southern Mexico and Central and South America. The main active ingredient in Salvia, salvinorin A, is a potent activator of kappa opioid receptors in the brain. These receptors differ from those activated by the more commonly known opioids, such as heroin and morphine. Although Salvia currently is not a drug regulated by the Controlled Substances Act, several States and countries have passed legislation to regulate its use
2. The Drug Enforcement Agency has listed Salvia as a drug of concern and is considering classifying it as a Schedule I drug, like LSD or marijuana
3. People who abuse salvia generally experience hallucinations or "psychotomimetic" episodes (a transient experience that mimics a psychosis). Subjective effects have been described as intense but short-lived, appearing in less than 1 minute and lasting less than 30 minutes. They include psychedelic-like changes in visual perception, mood and body sensations, emotional swings, feelings of detachment, and importantly, a highly modified perception of external reality and the self, leading to a decreased ability to interact with one's

surroundings.5 This last effect has prompted concern about the dangers of driving under the influence of salvinorin
4. The long-term effects of Salvia abuse have not been investigated systematically

Opiates (Oxycontin, codeine, morphine, heroin, etc.)

1. Feelings of euphoria followed by drowsiness, nausea, and vomiting
2. Constricted pupils, watery eyes, and itching
3. Slow and shallow breathing, clammy skin, convulsions, coma, and possible death
4. Tolerance and dependence develops rapidly
5. Use of contaminated syringes can result in AIDS, endocarditis, hepatitis
6. Use during pregnancy can result in premature, stillborn, or addicted infants who experience severe withdrawal symptoms
7. Heroin overdose causes death by respiratory failure
8. Mixtures of cocaine and heroin (Speedball) have resulted in overdose deaths

Sedative/Hypnotics (Benzodiazepines, such as Valium, Xanax, or Ambien, Sonata, Lunesta/Barbiturates, such as Seconal)

1. Barbiturates are dangerous and are reserved mostly for anesthesia in proper medical use. Abuse of barbiturates, although less common now, is dangerous with a relatively high risk of overdose and death. Benzodiazepines are safer and are used for short term relief of anxiety and insomnia under proper medical use. Benzodiazepines are schedule IV drugs. Although benzodiazepines are safer than barbiturates, they are still habit forming.
2. Barbiturate abuse can cause loss of consciousness, coma, respiratory depression and death
3. Barbiturates are especially lethal when combined with alcohol or other CNS depressants Benzodiazepines, at higher doses, can cause loss of consciousness, possible coma, respiratory depression and death especially when used in combination with alcohol or other CNS depressants
4. Benzodiazepines and barbiturates are controlled substances and have addictive potential
5. Benzodiazepines should not be used during pregnancy, especially during the first trimester
6. Benzodiazepines and benzodiazepine-like drugs are schedule IV drugs that divide into two classes. The non-selective Benzodiazepines have both anxiolytic (decrease anxiety) effects and hypnotic (sleep-inducing) effects (valium, Xanax, etc.) The selective Benzodiazepine-like drugs have hypnotic (sleep-inducing) effects (Ambien, Sonata, Lunesta). Although safer and less habit forming, they still are addictive. Sleep walking occurs, rarely, with the selective benzodiazepine-like used for insomnia.

Other club drugs and date rape drugs

1. Rohypnol is a potent non-selective benzodiazepine with greater potential for amnesia. Although banned in the United States, it is added to alcohol to produce sedation and amnesia. It is referred to as a date rape drug, especially when combined with alcohol (causes drowsiness and amnesia). Rohypnol has gained

notoriety in the U.S. as a date rape drug or robbery drug (generally male victims of prostitutes).

2. Gamma-Hydroxybutyric acid (GHB) is a drug of abuse throughout the U.S. The drug, GHB, is abused for (1) intoxicant or euphoriant effects, (2) anabolic effects (bobybuilders), or (3) CNS effects. Adverse effects include dose-dependent drowsiness, dizziness, nausea, amnesia, visual hallucinations, hypotension, bradycardia, severe respiratory depression, and coma. The use of alcohol in combination with GHB greatly enhances its depressant effects. Overdose may require emergency room care, and fatalities have been reported. Gamma butyrolactrone (GBL) and 1,4-butanediol are GHB analogues that are used as substitutes for GHB.
3. Ketamine is used as an anesthetic under normal medical use. It is abused in clubs and has also been used in sexual assaults.
4. Ecstasy (MDMA) was covered under stimulant drugs.

Athletic Performance Enhancing Drugs (PEDS)

1. Anabolic steroids (testosterone, Testosterone Cypionate, and Testosterone Enanthate) are prohibited substances on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf)
   a. Testosterone and other androgenic drugs, sometimes referred to as anabolic steroids
   b. Athletes abuse androgens to increase muscle mass and strength, especially when combined with strength training
   c. In males, adverse effects include testicular atrophy, sterility, breast enlargement, some are toxic to the liver
   d. In females, adverse effects include virilization, menstrual irregularities, some are toxic to the liver
2. are controlled substances, use is banned by most sports organizations due to deleterious side effects and what is usually considered an unfair advantage Erythropoietin (Epoetin, Epogen, Epo) is a prohibited substance on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf).
   a. Stimulates red blood cell production
   b. Adverse effects include hypertension and cardiovascular events
3. Human Growth Hormone (Somatotropin, HGH) is a prohibited substance on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf).
   a. Stimulates growth
   b. Causes hyperglycemia
   c. Can cause Carpal Tunnel Syndrome
4. Insulin-like Growth Factor-1 (IGF-1) is a prohibited substance on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf)
   a. IGF-1 is a polypeptide growth factor produced in response to physiological or pharmaceutical growth hormone (GH) and is responsible for many of the

anabolic effects of GH. It has the potential to enhance or enhances sport performance, thus violates the spirit of sport and has potential health risk.

b. Harmful Effects; Similar to GH abuse, acromegaly, a long-term condition in which the body tissues get larger over time, as well as non-reversible side effects to the heart, joints, and liver may occur.

5. Drugs to mask use of PEDs in detections assays, such as the use of diuretics to mask PEDs are also prohibited substances on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf)
6. Drugs to decrease adverse effects of PEDS, such as aromatase inhibitors are also prohibited substances on the World Anti-Doping Agency (WADA) Prohibited List (http://www.usada.org/uploads/substances/2014wadaprohibitedlist.pdf)

3. INFORMATION ON DRUG AND ALCOHOL COUNSELING, TREATMENT, REHABILITATION OR RE-ENTRY PROGRAMS

These are services that are confidential and do not involve University Administration. Provider listings are a sample of services available and in no way reflect ATSU endorsement.

Arizona Providers

A complete list of Healthcare Service Providers is available on the Arizona Department of Health Services web site http://www.hs.state.az.us. Behavioral Health Providers can be identified and verified using the Arizona Board of Behavioral Health Examiners site: http://azbbhe.us/ under *Find a Licensee/Applicant.*

Arizona Help Lines and Directories

- Crisis Response Network for Maricopa County (602) 222-9444 or (800) 631-1314
- EMPACT Suicide Prevention Line (480) 784-1500
- East Valley Intergroup of Alcoholics Anonymous (480) 827-1905 http://www.aamesaaz.org/
- Arizona Alcoholics Anonymous (Phoenix, Scottsdale & Surrounding Communities) 24 hour hotline: 602-264-1341 http://www.aaphoenix.org/
- Arizona Region of Narcotics Anonymous - Phoenix and East Valley Area Helpline: (480) 897-4636 http://arizona-na.org/
- LDS Family Services Addiction Resource Directory - Locate service providers by zip code: http://addictionrecovery.lds.org/find-a-meeting?lang=eng
- Tobacco Free Arizona http://www.tobaccofreearizona.com/partners/counties/maricopa.html

AZ Counseling/Treatment Providers

- Mercy Maricopa Integrated Care (800) 631-1314 or (866) 796-5598 – Medicare/Medicaid services provided under Arizona Health Care Cost Containment System (AHCCCS).
- Banner Behavioral Health Hospital Appointment Line (602) 254-4357 or (800) 254-4357 - Inpatient services provided at the Scottsdale Behavioral Health Hospital. http://www.bannerhealth.com/Locations/Arizona/Banner+Behavioral+Health/About+Us/Banner+Appointment+Line/_Appointment+Line.htm
- Dynamic Living Counseling, Inc. (602) 277-2112 or (480) 507-9919 – Specializes in DUI screening, Outpatient Substance Abuse Education & Treatment and

Domestic Violence Intervention Programs for both men and women offenders. Locations: Mesa/Gilbert, Tempe, NW Phoenix, and Scottsdale.

- Greenberg and Sucher, P.C. (877) 457-3111 – Provides substance abuse treatment and counseling related to issues of professionalism for healthcare professionals. Utilize a team of specialists that include: Psychiatrists, Psychologists, Internal Medicine Physicians, Neurologists, Addiction Medicine Physicians and other medical disciplines. Scottsdale, AZ info@greenbergandsucher.com
- Sierra Tucson (800) 842-4487 – Specializes in the treatment of coexisting disorders, alcohol/chemical dependency, mood disorders, eating disorders, trauma, sexual compulsivity, chronic pain management, and more. Medical/psychiatric services combine with 12-Step philosophy, experiential and integrative therapies, and a Family Program for comprehensive treatment. Accredited by JCAHO.
- The River Source (888) 687-7332 – Residential/inpatient holistic treatment center providing treatment for drug and alcohol addiction. Provides medical and naturopathic substance abuse treatment integrated with a 12-step approach.
- Women in New Recovery (480) 464-5764 – Residential women's treatment facility for drug and alcohol dependency and addiction located at 860 North Center St., Mesa, Arizona 85201

Referral Lines in Arizona

- Mental Health Association of Arizona Referral 480-982-5305
- Arizona Psychological Association Referral 480-675-9477
- Banner Health System 24 Hour Crisis & Referral 602-254-4357

Online Resources/Directories

- Substance Abuse and Mental Health Services Administration (SAMHSA) Search in Arizona http://findtreatment.samhsa.gov/TreatmentLocator/faces/quickSearch.jspx
- Arizona Department of Health Services: Division of Behavioral Health Services - substance addiction resources: http://www.azdhs.gov/bhs/recipients/addiction.htm

Missouri Providers

A complete list of Service Providers is available on the Missouri Department of Mental Health, Division of Alcohol and Drug Abuse web site http://dmh.mo.gov/ada .

Self-Help Groups

Center for Substance Abuse Treatment: This website has a search engine for locating treatment centers near your location. http://www.samhsa.gov/treatment/index.aspx
(800) 662-HELP or (800) 662-4357

Alcoholics Anonymous and Narcotics Anonymous (national)
(212)870-3400
http://www.alcoholics-anonymous.org

http://www.na.org/

Other Available Contacts

A.T. Still University Counseling Services
Arizona Campus
Art Matthews, MA, LPC (AZ License Number LPC-10461)
Counselor
(480) 219-6170
Missouri Campus
Thom Van Vleck, MA, LPC (MO License Number 1999148081)
CSAC (Certified Substance Abuse Counselor)
Counselor
(660) 626-2138

MAOPS Physician Health Program (PHP)
www.maops.org
If you or someone you know needs help, please call (573) 636-8255 or contact:

James Wieberg, M.Ed., LPC, Director
jwieberg@mail.crmc.org

Jeffrey Dryden, DO, Medical Director
jdrydendo@msn.com

Colin Duggan, Psy.D, Associate Director
cduggan@mail.crmc.org

Adult Children of Alcoholics
(562) 595-7831
www.adultchildren.org

National Association of State Alcohol/Drug
Abuse Directors (NASADAD)

(202) 293-0090
www.nasadad.org

American Council for Drug Education (ACDE), Phoenix House
(800) DRUG HELP
888-286-5027
www.acde.org

National Council on Alcoholism and Drug
Dependence
(800) NCA-CALL
www.ncadd.org

Al-Anon/Alateen
http://www.al-anon.org/
(800)-4AL-ANON or (800) 425-2666

Hotlines and Helplines

A wide array of information can be found at the SAMSHA's National Clearinghouse for Alcohol and Drug Information (NCADI) at http://ncadi.samhsa.gov (when it is operating) or call the Center for Substance Abuse Treatment (a 24 hour hotline with referral information) at (800) 662-HELP. Additional information can be found at the Substance Abuse Information Data base at http://said.dol.gov/ .

Other Resources:

American Council for Drug Education (ACDE), http://www.acde.org/
American Council on Alcoholism Helpline (ACA), 1-800-527-3344,
http://www.aca-usa.org/
Center for Substance Abuse Treatment (CSAT), http://csat.samhsa.gov/
Cocaine Hotline, 1-800-COCAINE, http://www.focusas.com/Cocaine.html
Cocaine Hotline (Spanish) 1-800-662-9832
Drug Free Workplace Helpline, http://www.workplace.samhsa.gov
National Alcohol and Substance Abuse Information Center, 1-800-784-6776,
http://www.addictioncareoptions.com/
National Council on Alcoholism and Drug Dependence, Inc. (NCADD),
http://www.ncadd.org/

4. Description of Local, State, and Federal Legal Sanctions

Local and state sanctions will vary from area to area. If you are outside of the corporate campus area of Kirksville, Missouri, you should refer to the sanctions governing that area. If you need specific information regarding applicable sanctions, please contact the Director of Human Resources or Director of Counseling Services.

This information is brought to you by the ATSU 2013-2014 Drug-free and Alcohol-free Workplace Committee:
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