

SEATTLE COMMUNITY COLLEGES

# Policy on **Drugs** – Appendix A

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Central  
North  
South  
SVI

# Alcohol\*

<p><b>Brief Description:</b></p>	<p>Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. Alcohol is produced by the fermentation of yeast, sugars, and starches. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. A standard drink equals 0.6 ounces of pure ethanol, or 12 ounces of beer; 8 ounces of malt liquor; 5 ounces of wine; or 1.5 ounces (a “shot”) of 80-proof distilled spirits or liquor (e.g., gin, rum, vodka, or whiskey). NIDA does not conduct research on alcohol; for more information, please visit the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the Centers for Disease Control (CDC).</p>
<p><b>Effects:</b></p>	<p>Alcohol affects every organ in the drinker’s body and can damage a developing fetus. Intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke, and liver disease. Alcoholism or alcohol dependence is a diagnosable disease characterized by a strong craving for alcohol, and/or continued use despite harm or personal injury. Alcohol abuse, which can lead to alcoholism, is a pattern of drinking that results in harm to one’s health, interpersonal relationships, or ability to work.</p>
<p><b>Statistics and Trends:</b></p>	<p>In 2008, 51.6% of Americans age 12 and older had used alcohol at least once in the 30 days prior to being surveyed; 23.3% had binged (5+ drinks within 2 hours); and 23.3% drank heavily (5+ drinks on 5+ occasions). In the 12-17 age range, 14.6% had consumed at least one drink in the 30 days prior to being surveyed; 8.8% had binged; and 2.0% drank heavily. Source: National Survey on Drug Use and Health (Substance Abuse and Mental Health Administration Web Site). The NIDA-funded 2008 Monitoring the Future Study showed that 15.9% of 8th graders, 28.8% of 10th graders, and 43.1% of 12th graders had consumed at least one drink in the 30 days prior to being surveyed, and 5.4% of 8th graders, 14.4% of 10th graders, and 27.6% of 12th graders had been drunk. Source: Monitoring the Future (University of Michigan Web Site)</p>

\* This information is taken from the NIDA website: <http://www.drugabuse.gov/drugpages/alcohol.html>

**Useful links:**

National Institute on Alcohol Abuse and Alcoholism (NIAAA): [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

Centers for Disease Control (CDC): [www.cdc.gov/alcohol](http://www.cdc.gov/alcohol)

# COMMONLY ABUSED DRUGS

Visit NIDA at [www.drugabuse.gov](http://www.drugabuse.gov)

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	DEA Schedule*/ How Administered**	Intoxication Effects/Potential Health Consequences
<b>Cannabinoids</b>			<i>euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination/cough, frequent respiratory infections; impaired memory and learning; increased heart rate, anxiety, panic attacks; tolerance, addiction</i>
hashish	boom, chronic, gangster, hash, hash oil, hemp	I/swallowed, smoked	
marijuana	blunt, dope, ganja, grass, herb, joints, Mary Jane, pot, reefer, sinsemilla, skunk, weed	I/swallowed, smoked	
<b>Depressants</b>			<i>reduced anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration/fatigue; confusion; impaired coordination, memory, judgment; addiction; respiratory depression and arrest; death</i> <i>Also, for barbiturates—sedation, drowsiness/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness, life-threatening withdrawal</i> <i>for benzodiazepines—sedation, drowsiness/dizziness</i> <i>for flunitrazepam—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects</i> <i>for GHB—drowsiness, nausea/vomiting, headache, loss of consciousness, loss of reflexes, seizures, coma, death</i> <i>for methaqualone—euphoria/depression, poor reflexes, slurred speech, coma</i>
barbiturates	<i>Amytal, Nembutal, Seconal, Phenobarbital</i> : barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	
benzodiazepines (other than flunitrazepam)	<i>Ativan, Halcion, Librium, Valium, Xanax</i> : candy, downers, sleeping pills, tranks	IV/swallowed, injected	
flunitrazepam***	<i>Rohypnol</i> : forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	
GHB***	<i>gamma-hydroxybutyrate</i> : G, Georgia home boy, grievous bodily harm, liquid ecstasy	I/swallowed	
methaqualone	<i>Quaalude, Sopor, Parest</i> : ludes, mandrex, quad, quay	I/injected, swallowed	
<b>Dissociative Anesthetics</b>			<i>increased heart rate and blood pressure, impaired motor function/memory loss; numbness; nausea/vomiting</i> <i>Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest</i> <i>for PCP and analogs—possible decrease in blood pressure and heart rate, panic, aggression, violence/loss of appetite, depression</i>
ketamine	<i>Ketalar SV</i> : cat Valiums, K, Special K, vitamin K	III/injected, snorted, smoked	
PCP and analogs	<i>phencyclidine</i> : angel dust, boat, hog, love boat, peace pill	I, II/injected, swallowed, smoked	
<b>Hallucinogens</b>			<i>altered states of perception and feeling; nausea; persisting perception disorder (flashbacks)</i> <i>Also, for LSD and mescaline—increased body temperature, heart rate, blood pressure; loss of appetite, sleeplessness, numbness, weakness, tremors</i> <i>for LSD—persistent mental disorders</i> <i>for psilocybin—nervousness, paranoia</i>
LSD	<i>lysergic acid diethylamide</i> : acid, blotter, boomers, cubes, microdot, yellow sunshines	I/swallowed, absorbed through mouth tissues	
mescaline	buttons, cactus, mesc, peyote	I/swallowed, smoked	
psilocybin	magic mushroom, purple passion, shrooms	I/swallowed	
<b>Opioids and Morphine Derivatives</b>			<i>pain relief, euphoria, drowsiness/nausea, constipation, confusion, sedation, respiratory depression and arrest, tolerance, addiction, unconsciousness, coma, death</i> <i>Also, for codeine—less analgesia, sedation, and respiratory depression than morphine</i> <i>for heroin—staggering gait</i>
codeine	<i>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine</i> : Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV, V/injected, swallowed	
fentanyl and fentanyl analogs	<i>Actiq, Duragesic, Sublimaze</i> : Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	I, II/injected, smoked, snorted	
heroin	<i>diacetylmorphine</i> : brown sugar, dope, H, horse, junk, skag, skunk, smack, white horse	I/injected, smoked, snorted	
morphine	<i>Roxanol, Duramorph</i> : M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	<i>laudanum, paregoric</i> : big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
oxycodone HCL	<i>OxyContin</i> : Oxy, O.C., killer	II/swallowed, snorted, injected	
hydrocodone bitartrate, acetaminophen	<i>Vicodin</i> : vike, Watson-387	II/swallowed	
<b>Stimulants</b>			<i>increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness/rapid or irregular heart beat; reduced appetite, weight loss, heart failure, nervousness, insomnia</i> <i>Also, for amphetamine—rapid breathing/tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction, psychosis</i> <i>for cocaine—increased temperature/chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition, panic attacks</i>
amphetamine	<i>Biphetamine, Dexedrine</i> : bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	
cocaine	<i>Cocaine hydrochloride</i> : blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	

\*Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Some Schedule V drugs are available over the counter.

\*\*Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

\*\*\*Associated with sexual assaults.

Substances: Category and Name	Examples of <i>Commercial and Street Names</i>	DEA Schedule*/ How Administered**	<i>Intoxication Effects/Potential Health Consequences</i>
<b>Stimulants (continued)</b>			
MDMA (methyl-enedioxymeth-amphetamine)	Adam, clarity, ecstasy, Eve, lover's speed, peace, STP, X, XTC	I/swallowed	<i>for MDMA</i> —mild hallucinogenic effects, increased tactile sensitivity, empathic feelings/impaired memory and learning, hyperthermia, cardiac toxicity, renal failure, liver toxicity
methamphetamine	<i>Desoxyn</i> : chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	<i>for methamphetamine</i> —aggression, violence, psychotic behavior/memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction
methylphenidate (safe and effective for treatment of ADHD)	<i>Ritalin</i> : JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	<i>for nicotine</i> —additional effects attributable to tobacco exposure: adverse pregnancy outcomes; chronic lung disease, cardiovascular disease, stroke, cancer; tolerance, addiction
nicotine	cigarettes, cigars, smokeless tobacco, snuff, spit tobacco, bidis, chew	not scheduled/smoked, snorted, taken in snuff and spit tobacco	
<b>Other Compounds</b>			
anabolic steroids	<i>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise</i> : roids, juice	III/injected, swallowed, applied to skin	<i>no intoxication effects</i> /hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; in adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, menstrual irregularities, development of beard and other masculine characteristics
Dextromethorphan (DXM)	Found in some cough and cold medications; Robotripping, Robo, Triple C	not scheduled/swallowed	<i>Dissociative effects, distorted visual perceptions to complete dissociative effects</i> /for effects at higher doses see 'dissociative anesthetics'
inhalants	<i>Solvents (paint thinners, gasoline, glues), gases (butane, propane, aerosol propellants, nitrous oxide), nitrites (isoamyl, isobutyl, cyclohexyl)</i> : laughing gas, poppers, snappers, whippets	not scheduled/inhaled through nose or mouth	<i>stimulation, loss of inhibition; headache; nausea or vomiting; slurred speech, loss of motor coordination; wheezing/unconsciousness, cramps, weight loss, muscle weakness, depression, memory impairment, damage to cardiovascular and nervous systems, sudden death</i>

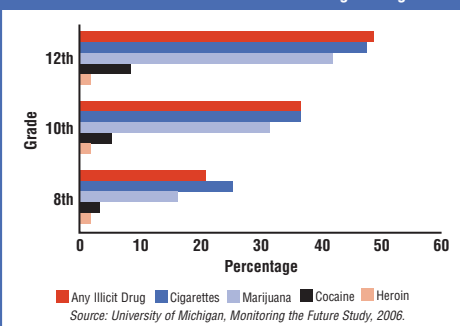
## Principles of Drug Addiction Treatment

More than three decades of scientific research have yielded 13 fundamental principles that characterize effective drug abuse treatment.

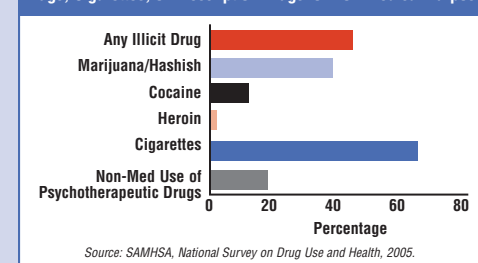
These principles are detailed in NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide*.

- No single treatment is appropriate for all individuals.** Matching treatment settings, interventions, and services to each patient's problems and needs is critical.
- Treatment needs to be readily available.** Treatment applicants can be lost if treatment is not immediately available or readily accessible.
- Effective treatment attends to multiple needs of the individual, not just his or her drug use.** Treatment must address the individual's drug use and associated medical, psychological, social, vocational, and legal problems.
- At different times during treatment, a patient may develop a need for medical services, family therapy, vocational rehabilitation, and social and legal services.**
- Remaining in treatment for an adequate period of time is critical for treatment effectiveness.** The time depends on an individual's needs. For most patients, the threshold of significant improvement is reached at about 3 months in treatment. Additional treatment can produce further progress. Programs should include strategies to prevent patients from leaving treatment prematurely.
- Individual and/or group counseling and other behavioral therapies are critical components of effective treatment for addiction.** In therapy, patients address motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding nondrug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships.
- Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.** Buprenorphine, methadone, and levo-alpha-acetylmethadol (LAAM) help persons addicted to opiates stabilize their lives and reduce their drug use. Naltrexone is effective for some opiate addicts and some patients with co-occurring alcohol dependence. Nicotine patches or gum, or an oral medication, such as bupropion, can help persons addicted to nicotine.
- Addicted or drug-abusing individuals with coexisting mental disorders should have both disorders treated in an integrated way.**
- Medical detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use.** Medical detoxification manages the acute physical symptoms of withdrawal. For some individuals it is a precursor to effective drug addiction treatment.
- Treatment does not need to be voluntary to be effective.** Sanctions or enticements in the family, employment setting, or criminal justice system can significantly increase treatment entry, retention, and success.
- Possible drug use during treatment must be monitored continuously.** Monitoring a patient's drug and alcohol use during treatment, such as through urinalysis, can help the patient withstand urges to use drugs. Such monitoring also can provide early evidence of drug use so that treatment can be adjusted.
- Treatment programs should provide assessment for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors that place them or others at risk of infection.** Counseling can help patients avoid high-risk behavior and help people who are already infected manage their illness.
- Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.** As with other chronic illnesses, relapses to drug use can occur during or after successful treatment episodes. Participation in self-help support programs during and following treatment often helps maintain abstinence.

U.S. Teens Who Have Ever Used Illicit Drugs or Cigarettes



U.S. Population (Aged 12 and Over) Who Have Ever Used Illicit Drugs, Cigarettes, or Prescription Drugs for Non-Medical Purposes



Order NIDA publications from NCADI:  
**1-800-729-6686**  
 or TDD: **1-800-487-4889**

# Selected Prescription Drugs With Potential for Abuse

Visit NIDA at [www.drugabuse.gov](http://www.drugabuse.gov)

Substances: Category and Name	Examples of <i>Commercial</i> and Street Names	DEA Schedule*/ How Administered**	<i>Intoxication Effects/Potential Health Consequences</i>
<b>Depressants</b>			
barbiturates	<i>Amytal, Nembutal, Seconal, Phenobarbital</i> ; barbs, reds, red birds, phennies, tooies, yellows, yellow jackets	II, III, V/injected, swallowed	<i>reduced pain and anxiety; feeling of well-being; lowered inhibitions; slowed pulse and breathing; lowered blood pressure; poor concentration/confusion, fatigue; impaired coordination, memory, judgment; respiratory depression and arrest, addiction</i>
benzodiazepines (other than flunitrazepam)	<i>Ativan, Halcion, Librium, Valium, Xanax</i> ; candy, downers, sleeping pills, tranks	IV/swallowed	<i>Also, for barbiturates—sedation, drowsiness/depression, unusual excitement, fever, irritability, poor judgment, slurred speech, dizziness</i>
flunitrazepam****	<i>Rohypnol</i> ; forget-me pill, Mexican Valium, R2, Roche, roofies, roofinol, rope, rophies	IV/swallowed, snorted	<i>for benzodiazepines—sedation, drowsiness/dizziness</i> <i>for flunitrazepam—visual and gastrointestinal disturbances, urinary retention, memory loss for the time under the drug's effects</i>
<b>Dissociative Anesthetics</b>			
ketamine	<i>Ketalar SV</i> ; cat Valium, K, Special K, vitamin K	III/injected, snorted, smoked	<i>increased heart rate and blood pressure, impaired motor function/memory loss; numbness; nausea/vomiting</i> <i>Also, for ketamine—at high doses, delirium, depression, respiratory depression and arrest</i>
<b>Opioids and Morphine Derivatives</b>			
codeine	<i>Empirin with Codeine, Fiorinal with Codeine, Robitussin A-C, Tylenol with Codeine</i> ; Captain Cody, Cody, schoolboy; (with glutethimide) doors & fours, loads, pancakes and syrup	II, III, IV/injected, swallowed	<i>pain relief, euphoria, drowsiness/respiratory depression and arrest, nausea, confusion, constipation, sedation, unconsciousness, coma, tolerance, addiction</i> <i>Also, for codeine—less analgesia, sedation, and respiratory depression than morphine</i>
fentanyl	<i>Actiq, Duragesic, Sublimaze</i> ; Apache, China girl, China white, dance fever, friend, goodfella, jackpot, murder 8, TNT, Tango and Cash	II/injected, smoked, snorted	
morphine	<i>Roxanol, Duramorph</i> ; M, Miss Emma, monkey, white stuff	II, III/injected, swallowed, smoked	
opium	laudanum, paregoric; big O, black stuff, block, gum, hop	II, III, V/swallowed, smoked	
other opioid pain relievers (oxycodone, meperidine, hydromorphone, hydrocodone, propoxyphene)	<i>Tylox, OxyContin, Percodan, Percocet</i> ; oxy 80s, oxycotton, oxycet, hillbilly heroin, percs <i>Demerol, meperidine hydrochloride</i> ; demmies, pain killer <i>Dilaudid</i> ; juice, dillies <i>Vicodin, Lortab, Lorcet; Darvon, Darvocet</i>	II, III, IV/swallowed, injected, suppositories, chewed, crushed, snorted	
<b>Stimulants</b>			
amphetamines	<i>Biphetamine, Dexedrine</i> ; bennies, black beauties, crosses, hearts, LA turnaround, speed, truck drivers, uppers	II/injected, swallowed, smoked, snorted	<i>increased heart rate, blood pressure, metabolism; feelings of exhilaration, energy, increased mental alertness/rapid or irregular heart beat; reduced appetite, weight loss, heart failure</i> <i>Also, for amphetamines—rapid breathing; hallucinations/tremor, loss of coordination; irritability, anxiousness, restlessness, delirium, panic, paranoia, impulsive behavior, aggressiveness, tolerance, addiction</i> <i>for cocaine—increased temperature/chest pain, respiratory failure, nausea, abdominal pain, strokes, seizures, headaches, malnutrition</i> <i>for methamphetamine—aggression, violence, psychotic behavior/memory loss, cardiac and neurological damage; impaired memory and learning, tolerance, addiction</i> <i>for methylphenidate—increase or decrease in blood pressure, psychotic episodes/digestive problems, loss of appetite, weight loss</i>
cocaine	<i>Cocaine hydrochloride</i> ; blow, bump, C, candy, Charlie, coke, crack, flake, rock, snow, toot	II/injected, smoked, snorted	
methamphetamine	<i>Desoxyn</i> ; chalk, crank, crystal, fire, glass, go fast, ice, meth, speed	II/injected, swallowed, smoked, snorted	
methylphenidate	<i>Ritalin</i> ; JIF, MPH, R-ball, Skippy, the smart drug, vitamin R	II/injected, swallowed, snorted	
<b>Other Compounds</b>			
anabolic steroids	<i>Anadrol, Oxandrin, Durabolin, Depo-Testosterone, Equipoise</i> ; roids, juice	III/injected, swallowed, applied to skin	<i>no intoxication effects/hypertension, blood clotting and cholesterol changes, liver cysts and cancer, kidney cancer, hostility and aggression, acne; adolescents, premature stoppage of growth; in males, prostate cancer, reduced sperm production, shrunken testicles, breast enlargement; in females, menstrual irregularities, development of beard and other masculine characteristics</i>

\*Schedule I and II drugs have a high potential for abuse. They require greater storage security and have a quota on manufacturing, among other restrictions. Schedule I drugs are available for research only and have no approved medical use; Schedule II drugs are available only by prescription (unrefillable) and require a form for ordering. Schedule III and IV drugs are available by prescription, may have five refills in 6 months, and may be ordered orally. Most Schedule V drugs are available over the counter.

\*\*Taking drugs by injection can increase the risk of infection through needle contamination with staphylococci, HIV, hepatitis, and other organisms.

\*\*\*Associated with sexual assaults.

\*Not available by prescription in U.S.

# Facts About Prescription Drug Abuse

Medications can be effective when they are used properly, but some can be addictive and dangerous when misused. This chart provides a brief look at some prescribed medications that—when used in ways other than they are prescribed—have the potential for abuse and even addiction.

Fortunately, most Americans take their medications responsibly. Addiction to prescription drugs is rare. However, in 2003, approximately 15 million Americans reported using a prescription drug for nonmedical reasons at least once during the year.

## What types of prescription drugs are misused or abused?

Three types of drugs are misused or abused most often:

- Opioids—prescribed for pain relief
- CNS depressants—barbiturates and benzodiazepines prescribed for anxiety or sleep problems (often referred to as sedatives or tranquilizers)
- Stimulants—prescribed for attention-deficit hyperactivity disorder (ADHD), the sleep disorder narcolepsy, or obesity.

## How can you help prevent prescription drug misuse or abuse?

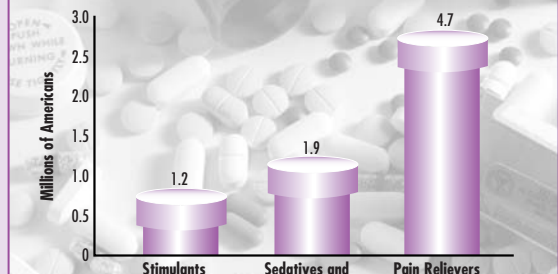
- Keep your doctor informed about all medications you are taking, including over-the-counter medications.
- Take your medication(s) as prescribed.
- Read the information your pharmacist provides before starting to take medications.
- Ask your doctor or pharmacist about your medication, especially if you are unsure about its effects.



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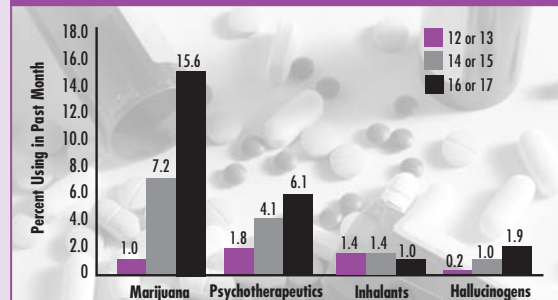
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or TDD, 1-800-487-4889

## More than 6.3 Million Americans Reported Current Use of Prescription Drugs for Nonmedical Purposes in 2003



Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health, 2004.

## Past Month Use of Selected Illicit Drugs Among Youths, by Age: 2003



Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health, 2004.