

DRUGS AND ALCOHOL, THEIR RISKS AND PENALTIES

TYPES OF ALCOHOL

Alcoholic beverages means alcohol, brandy, whiskey, rum, gin, cordial, beer, ale, porter, stout, wine, cider, and any other spirituous, vinous, malt, or fermented liquor, liquid, or compound, by whatever name called, which contains, 1/2 of 1% or more of alcohol by volume.

Risks

Alcohol: Single doses cause impaired coordination and motor control, impaired attention, cognitive function and judgment. Heavy drinking results in a hangover the next day. Long-term effects include depression, confusion, loss of memory, blackouts, loss of appetite, vitamin deficiencies and gastrointestinal problems. Also respiratory depression; depression of the immune system; increased risk of heart disease including alcoholic cardiomyopathy; accidents; hypertension; brain damage; damage to the unborn fetus; impotence; liver disease including cirrhosis and increased risk of hepatic cancer. Psychosis or death may result from withdrawal.

PENALTIES

Maryland

Obtaining an alcoholic beverage for underage consumption:

- First offense—a fine not to exceed \$500
- Subsequent Violation—a fine not to exceed \$1,000

Furnishing for or allowing underage consumption:

- First offense—a fine not to exceed \$2,500
- Subsequent Violation—a fine not to exceed \$5,000

Citations

- First Offense—in any amount not exceeding \$500
- Subsequent Violation—in any amount not exceeding \$1,000

Washington, D.C.

Adults who make available or purchase alcohol for a minor:

- First offense—fined not more than \$1,000 or imprisoned for up to 180 days, or both
- Second offense—fined not more than \$2,500 or imprisoned for up to 180 days or both
- Subsequent offenses—fined not more than \$5,000 or imprisoned up to one year, or both

Adults who contribute to the delinquency of a minor in possessing or consuming alcohol:

- First offense—fined not more than \$1,000 or imprisoned for up to 6 months, or both
- Subsequent offenses—fined not more than \$3,000 or imprisoned for up to 3 years, or both

Washington, D.C.—Misdemeanor

No person shall falsely represent his/her age, or possess/present as proof of age an I.D. document which is in any way fraudulent, for the purpose of purchasing, possessing, or drinking an alcoholic beverage in the District.

Penalty: 1st violation—fine of not more than \$500 and suspension of driving privileges in the District for 90 consecutive days; 2nd violation, fine of not more than \$600 and suspension of driving privileges in the District for 180 days, and 3rd and each subsequent violation, a fine of not more than \$1,000 and suspension of driving privileges in the District for one year.

Maryland

Driving while under the influence of alcohol or under the influence per se, or while impaired by a controlled dangerous substance if the person is not entitled to use the controlled dangerous substance.

Possible suspension or revocation of license

Points on driver's license

Fines, and or imprisonment

- 1st offense: fine of not more than \$1,000 and/or imprisonment not more than one year
- 2nd offense: fine of not more than \$2,000 and/or imprisonment not more than 2 years
- 3rd offense: fine of not more than \$3,000 and/or imprisonment not more than 3 years

Washington, D.C.

DUI/DWI of alcohol, intoxicating liquor or drug

Points on license, suspension or revocation of license

- 1st offense: fine of not more than \$300 and/or 90 day's imprisonment
- 2nd offense: fine of not less than \$1,000 and not more than \$5,000 and/or imprisonment of not less than 5 days, not more than 1 year or 30 days community service
- 3rd offense: fine of not less than \$2,000 and not more than \$10,000 and/each imprisonment of not less than 10 days and not more than 1 year or 60 days community service

Other Offenses

Disorderly Intoxication

A person may not be intoxicated and endanger the safety of others; or be intoxicated or drinking any alcoholic beverage in a public place or cause a public disturbance. Any person who violates this provision is guilty of a misdemeanor and on conviction is subject to a fine not to exceed \$100 or imprisonment not exceeding 90 days, or both (Maryland).

Possession of Alcohol in Open Containers

Any person possessing an open container of any alcoholic beverage in a public place or vehicle except as provided by law is guilty of a misdemeanor and upon conviction is subject to a fine of up to \$100 (Maryland).

Possession of an open container of an alcoholic beverage in a vehicle in or upon any street, alley, park or parking area—Fine not more than \$500 or imprisonment of not more than 90 days or both (Washington).

JOHNS HOPKINS UNIVERSITY

3400 N. Charles Street
Baltimore, MD 21218

Office of the Vice President for Human Resources
Office of the Provost
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Drug and Alcohol Resources and Clinical Services

CAMPUS-BASED PROGRAMS

Faculty & Staff and Student Assistance and <i>Worklife</i> Programs	443-997-7000
Occupational Health Services Office	
East Baltimore Office	410-955-6211
Homewood Campus Office	410-516-0450
Counseling Center (Eligible students at Homewood, Nursing and Peabody)	410-516-8278
University Mental Health Service	410-955-1892
University Student Health and Wellness Center	410-516-8270
University Health Service	410-955-3250
JHU Center for Health Education and Wellness	410-516-8396
Professional and Nursing Assistance Committee	410-955-9222

JOHNS HOPKINS BAYVIEW CAMPUS

Addiction Treatment Services (ATS)	410-550-0051
Acute Psychiatry Unite (Dual Diagnosis)	410-550-0069
Baltimore Adolescent Drug Treatment Prog.	410-550-0149
Behavioral Pharmacology Research Unit	410-550-1102
Center for Addiction & Pregnancy	410-550-3066
Center for Learning & Health	410-550-7713
Chemical Dependency Unit (inpatient)	410-550-1910
Cornerstone	410-550-7680
Mentally Ill Substance Abuse Program	410-550-0104
Outpatient Detox	410-550-1258
Primary Care Practice (Buprenorphine Certified)	410-955-2999

JOHNS HOPKINS MEDICINE—East Baltimore Campus

The Program for Alcoholism & Other Drug Dependencies (PAODD)	410-955-6313 <i>or</i> 410-614-3244
Comprehensive Womens's Center	410-955-9535
Department of Psychiatry: Intensive Treatment Unit (inpatient)	410-614-4675
JH Center for Substance Abuse Treatment and Research	410-550-2774

ACADEMIC RESOURCE

School of Public Health	410-955-3080
School of Nursing	410-955-7548

HOTLINES

Center for Disease Control	1-800-232-4636
Baltimore/Carroll County Sexual Assault and Domestic Violence Hotline	410-828-6390
Grassroots Crisis Intervention (suicide)	410-531-6677 <i>or</i> 1-800-422-0009
Helpline (alcohol and other drugs)	1-800-821-HELP (4357)
House of Ruth (battered women) 24-hour hotline	410-889-7884
National Health Information Clearinghouse	1-800-336-4797

LOCAL AND NATIONAL SUPPORT GROUPS

Adult Children of Alcoholics/Al-Anon and Alateen Groups	410-832-7094
Al-Anon Family Group meeting information line	1-800-356-9996 410-832-7094
Alcoholics Anonymous	410-832-7094
Alcohol & Drug Abuse Hotline (24 hours)	1-800-ALCOHOL (1-800-252-6465)
Mothers Against Drunk Drivers	1-800-438-6233
Narcotics Anonymous Free State Region	1-800-317-3222
The Family Tree	1-800-243-7337

OTHER ORGANIZATIONS

American Cancer Society	410-931-6850
American Council on Alcoholism	1-800-527-5344
American Lung Association	410-560-2120
Mental Health Association of MD	410-235-1178
Office of Education & Training for Addiction Services (OETAS)	410-402-8585

OUTREACH SERVICES

Dayspring (transitional living for recovering men and women with children in their custody who are homeless and have two months of clean time and are residents of Baltimore City)

Maintaining a Drug-Free Environment: The Hopkins Commitment

Philosophy, Policy, Prevention and Treatment

A Guide for Students, Faculty and Staff of The Johns Hopkins University

A Letter from the Vice President for Human Resources

Dear Faculty, Staff and Students:

At Johns Hopkins, we are concerned for the well-being of any member of our university family who is experiencing a problem with alcohol or substance abuse. We recognize that alcoholism and other drug addictions are often times difficult to resolve on one's own and may require the help of professionals, along with comprehensive treatment. To this end we encourage any individual who is experiencing difficulty with drug or alcohol issues to take advantage of the many programs and services offered by the university, including our Faculty and Staff Assistance Program, Student Assistance Program, Student Health Services, Counseling Center, the Office of Occupational Health Services, and other resources. As soon as you contact us, we will make the appropriate arrangements to get you help.

As part of our ongoing commitment to achieve a drug-free environment and to ensure that every member of our university community is healthy and safe, we have created this guide. This publication is also being issued to you in response to federal legislation, the Drug-Free Schools and Communities Act Amendments of 1989.

In this guide, you will find a statement of the university's philosophy, along with key policies and educational materials on the health risks associated with alcohol and other drugs. Along with outlining legal penalties imposed by the federal, state and local governments, we have also included ideas on how to recognize if one of your friends, colleagues or family members is having problems with alcohol or drugs. We have also listed a variety of diagnostic, referral, counseling and preventive services outside of the university to help anyone who may have a problem.

It is important to remember that while this guide is by no means all-inclusive, it is a good starting point as you begin your journey here. I hope that you find this information helpful and that you will lend your support in creating an educational and work environment free of the influence of alcohol and substance abuse.

Sincerely,

Charlene Moore Hayes

The Johns Hopkins University has a long tradition of dedication to research, teaching and service. An effective and efficient staff and a supportive organizational environment are central to the pursuit of this mission. The university community, comprised of faculty, staff and students, shares the responsibility for creating and maintaining a healthy educational environment. The community has a history of upholding the highest standards of professional and personal behavior. The illegal or abusive use of alcohol or other drugs has a corrosive effect on the university and is not condoned.

In keeping with its mission and values, the university is pursuing a comprehensive approach to the problem of substance abuse that emphasizes the following components:

- The university will take effective steps to create and maintain a drug-free educational and work environment for its faculty, staff and students.
- The university's approach will emphasize prevention and rehabilitation. Other active measures may be pursued as laws, regulations or situations require.
- Individuals who have a problem with the use and/or abuse of alcohol or other drugs are encouraged to seek treatment confidentially and voluntarily.
- Treatment and rehabilitation services are made available through the benefits programs of the university.
- Any information provided by individuals in treatment and rehabilitation services will remain confidential and not be used against them.
- Manufacture, distribution, use or possession of illegal drugs may be prosecuted under applicable state and federal laws and individuals involved in such activities will be subject to disciplinary measures within university policies.

Recognizing Signs and Symptoms of Alcohol and Other Drug Abuse

Everyone occasionally has days when he or she exhibits behavior not normally associated with an educational or work environment or with that person. Indeed, unusual behavior during times of stress can be understood and accepted. However, there are a number of behaviors common to substance abuse that may also be the result of personal problems. Generally, when unusual behavior is displayed on a gradually increasing scale along with a general decline in work habits over a period of time, it indicates that an individual needs professional help.

If a faculty or staff member or their family has questions or concerns about these signs and symptoms, they should call the Faculty and Staff Assistance Program (FASAP) and arrange a convenient time to come in

Disclaimer:

Information given on this brochure regarding offenses and penalties are summary in nature and not in any manner intended as legal advice. More detailed information concerning specific offenses or penalties are provided in the Maryland Annotated Code, the District of Columbia Code, and the United States Code.

and talk about it. (See the last page for a list of resources.) The FASAP clinician will help clarify exactly what the problem is and how to deal with it. Students with similar concerns about these signs or symptoms should contact the appropriate student health facility or Student Assistance Program Health facilities for faculty, staff and students are also listed. Below are some of the more common signs or symptoms of unusual behavior:

Absenteeism and Tardiness

- Arriving late and leaving early
- Absences before and after payday or holidays
- Sporadic but significant use of sick time
- Taking frequent breaks
- Taking long lunches
- Unexplained absences
- Friday and Monday absences
- Absences resulting from accidents on and off the work site

Impaired Job Performance

- Increased operating errors
- Increasingly unsatisfactory results in work quality and quantity
- Lost time on the job
- “Putting things off”
- Irresponsibility in completing tasks
- Faulty decision making
- Increased accident rates
- Wasted materials or damaged equipment
- High performance that slowly declines over time
- Job performance that becomes focused on a specialized, repetitious activity (rather than the entire array of job duties)
- Irregular or non-existent office hours
- Sudden, extreme gaps in performance (missing a grant deadline, unexpected missing of final exams)

Unusual Interpersonal Interactions

- Sudden emotional outbursts—anger, tears, laughter
- Mood swings; especially early or late in the workday
- Overreaction to criticism
- Blaming others for poor performance
- Making inappropriate statements
- Rambling or incoherent speech
- Isolation from co-workers/increasing social withdrawal
- Disinterest in teamwork

Declining Physical Appearance

(sudden changes or changes over time)

- Poor personal hygiene—body odor; dirty hair, nails, skin
- Less interest in dress, appearance (or a noticeable decline from previous meticulousness)
- Glazed or red eyes
- Slurred speech
- Poor coordination, staggering
- Tremors/poor eye-hand coordination
- Frequent gastrointestinal distress
- Deterioration of oral hygiene

Other Signs

- Legal—arrested for driving while intoxicated (DWI)
- Domestic situation—children using drugs (children of alcoholics sometimes have drug abuse problems)
- Financial—high debt load, bad loans, wages garnished, unusual spending patterns

Symptoms of Adolescent and Young Adult Alcohol and Drug Abuse

The following are symptoms of adolescent and young adult alcohol or other drug abuse. Although no single symptom listed below is necessarily an indication of substance abuse, the presence of a number of these symptoms should cause concern and further inquiry by a parent or other responsible adult.

- Loss of appetite
- Decreased ability to concentrate, sudden drop in grades
- Excessive feeling of boredom
- Changes in physical activity
- Hypersensitivity to words and actions of others
- General irritability
- Misdirected anger, difficulty handling feelings
- Missing classes—especially Monday/Friday & near holidays
- Complaints of vague illnesses
- Increased use of medications
- Fatigue, chronic tiredness
- Deterioration in personal appearance
- Sudden disregard of family, dorm or institutional rules
- Secretiveness, locking doors
- Outbursts of inappropriate laughter
- Unexplained bruises
- Excessive coughs/colds
- New friends are rarely introduced
- Much older friends
- Mysterious phone calls
- Too much money, no money, missing money
- Missing valuables, unexplained burglaries

<p><i>The Johns Hopkins University</i> <i>Policy on Alcohol and Drug Abuse</i> <i>and a Drug-Free Environment</i></p> <p>Johns Hopkins University recognizes that alcoholism and other drug addictions are illnesses that are not easily resolved by personal effort and may require professional assistance and treatment. Faculty, staff, and students with alcohol or other drug problems are encouraged to take advantage of the diagnostic, referral, counseling, and preventive services available throughout the university. Procedures have been developed to assure confidentiality of participation, program files, and medical records generated in the course of these services.</p> <p>Substance or alcohol abuse does not excuse faculty, staff, or students from neglect of their employment or academic responsibilities. Individuals whose work or academic performance is impaired as the result of the use or abuse of alcohol or other drugs may be required to participate in an appropriate diagnostic evaluation and treatment plan. Further, use of alcohol or other drugs in situations off campus or removed from university activities that in any way impairs work performance is treated as misconduct on campus. Students are prohibited from engaging in the unlawful possession, use, or distribution of alcohol or other drugs on university property or as a part of university activities.</p> <p>It is the policy of Johns Hopkins University that the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances is prohibited on the university property or as a part of university activities. Individuals who possess, use, manufacture, or illegally distribute drugs or controlled dangerous substances are subject to university disciplinary action, as well as possible referral for criminal prosecution. Such disciplinary action of faculty and staff may, in accordance with the university policy on alcohol abuse and maintenance of a drug-free workplace, range from a minimum of a three-day suspension without pay to termination of university employment. Disciplinary action against a student may include expulsion from school.</p> <p>As a condition of employment, each faculty and staff member and student employee must agree to abide by the university Drug-Free Workplace Policy, and to notify the divisional human resources director of any criminal conviction related to drug activity in the workplace (which includes any location where one is in the performance of duties) within five days after such conviction. If the individual is supported by a federal grant or contract, the university will notify the supporting government agency within 10 days after the notice is received.</p>

PENALTIES—STATE, FEDERAL AND LOCAL LAWS

Maximum Penalty—(felony) Schedule I Narcotic Drugs
Up to Twenty (20) years in prison or fine of not more than \$25,000 or both. **(Maryland)**

Not more than 20 years imprisonment, and if death or serious bodily injury results from the use—a term of not less than 20 years or more than life—a fine not to exceed the greater of that authorized in the U.S. Code or \$1 million if individual or \$5 million if defendant is other than an individual, or both. **(Federal)**

Maximum Penalty—(felony) Schedule I

Any other controlled dangerous substance in Schedule I which is not a narcotic drug—five (5) years in prison and/or fine of not more than \$15,000. **(Maryland)**

Hallucinogenic substances—penalty of up to 20 years in prison, fine of not more than \$20,000 or both. **(Maryland)**

Maximum Penalty—Washington, D.C. (felony) Schedule I Narcotic Drugs

Abusive drug—up to thirty (30) years in prison and/or fine of not more than \$500,000. **(Washington, D.C.)**

Any other controlled substance classified in Schedule I, except for a narcotic or abusive drug or narcotic—up to five (5) years in prison and/ or fine of not more than \$50,000. **(Washington, D.C.)**

Schedule II: High potential for abuse. Accepted medical use with severe restrictions.

Maximum Penalty—(felony) Schedule II

Up to twenty (20) years in prison or fine of not more than \$25,000 or both. **(Maryland)**

Violations with respect to selected hallucinogenic substances in Schedule I, II subject to 20 years imprisonment and/or fine of up to \$20,000.

Not more than 20 years imprisonment, and if death or serious bodily injury results from the use—a term of not less than 20 years or more than life—a fine not to exceed the greater of that authorized in the U.S. Code or \$1 million if individual or \$5 million if defendant is other than an individual, or both. **(Federal)**

Any other controlled dangerous substance in Schedule II, which is not a narcotic drug—five (5) years in prison and/or fine of not more than \$15,000. **(Maryland)**

Maximum Penalty—Washington, D.C. (felony) Schedule II

Narcotic drug or abusive drug—thirty (30) years in prison and/or fine of not more than \$500,000. **(Washington, D.C.)**

Any other controlled dangerous substance in Schedule II which is not a narcotic drug—five (5) years in prison and/or fine of not more than \$50,000. **(Washington, D.C.)**

Maximum Penalty—(felony) Schedule III
Up to five (5) years in prison and/or fine of not more than \$15,000. **(Maryland)**

Any controlled dangerous substance in Schedule III which is not a narcotic drug—Up to five (5) years in prison and/or a fine of not more than \$50,000. **(Washington, D.C.)**

Not more than 10 years imprisonment, a fine not to exceed the greater of that authorized in the U.S. Code or \$500,000 if individual or \$2,500,000 if the defendant is other than an individual, or both. **(Federal)**

Maximum Penalty—(felony) Schedule IV

Up to five (5) years in prison and/or fine of not more than \$15,000. **(Maryland)**

Not more than 5 years imprisonment, a fine not to exceed the greater of that authorized in the U.S. Code or \$250,000 if individual or \$1 million if the defendant is other than an individual, or both. **(Federal)**

Up to three (3) years in prison and/or fine of not more than \$25,000. **(Washington, D.C.)**

Maximum Penalty—(felony) Schedule V

Up to five (5) years in prison and/or fine of not more than \$15,000. **(Maryland)**

Up to one (1) year in prison and/ or fine of not more than \$10,000. **(Washington, D.C.)**

Not more than 1 year imprisonment, a fine not to exceed the greater of that authorized in the U.S. Code or \$100,000 if individual or \$250,000 if the defendant is other than an individual, or both. **(Federal)**

RISKS

Abuse may lead to physical or psychological dependence

Narcotics: Effective analgesics which also cause dependence. Single doses can produce impaired cognitive and motor functioning, and fluctuations in mood and awareness. Higher doses can cause respiratory arrest. Mood may swing from irritability (during withdrawal) to euphoria or sedation (immediately following use) to normal mood and then back to irritability during withdrawal. Withdrawal can also include restlessness, tears, diarrhea, abdominal cramps, goose bumps, and a runny nose. Tolerance can develop to many of the desired effects, and users must increase the dose in order to have the same effect.

Barbiturates: These substances can cause dependence with associated withdrawal symptoms. Small doses tend to be relaxing; larger doses cause slurred speech, slowed reactions and sleep. Can produce dependence; withdrawal can be life-threatening. Large doses or doses in combination with alcohol and other sedative hypnotics can result in respiratory depression and death.

Abuse may lead to severe psychological or physical dependence.

Narcotics: See Risks listed under Schedule I.

Barbiturates: See Risks listed under Schedule I.

Stimulants: Can cause irritability, impaired judgment, impulsivity and grandiosity. Increased blood pressure, heart rate, body temperature, respiration, sweating. Have been linked to cardiovascular problems and convulsions, which can be lethal. Repeated dosing can lead to dependence as well as a paranoid psychosis.

Schedule III: Lower potential for abuse relative to the drugs or other substances in Schedule I and II. Accepted medical use in treatment.

Medications containing small amounts of narcotics, including Tylenol #3; Empirin with codeine, codeine-based cough suppressants such as Tussex and Hycoamine

Medications containing small amounts of barbiturates, such as Fiorinal

Anabolic steroids

Schedule IV: Low potential for abuse relative to the drugs or other substances in Schedule III. Accepted medical use in treatment.

Sedative-hypnotics (Tranks, Downers) diazepam (Valium), chloriazepoxide (Librium), triazolam (Halcion), temazepam (Restonil), meprobamate (Equanil), ethchlorvynol (Placidyl) and oxazepam (Serax).

Rohypnol (Flunitrazepam) known as “club drug” or “date rape drug.”

Stimulants, including phentermine (lomanin), and diethylpropion (Tenuate)

Narcotics, including pentazocine (Talwin) and propoxyphene (Darvon, Darvocet)

Schedule V: Low potential for abuse. Accepted medical use in treatment.

Compounds that contain very limited amounts of codeine, dihydrocodeine, ethylmorphine, opium and atropine, such as Terpine Hydrate with codeine, Robitussin AC