

Date Updated and Published:

Review: Annually

Last Date Reviewed: December 18, 2023

Revision History:

- July 2019
- June 2020
- July 2021
- August 2022
- June 2023
- December 2023

Federal Drug-Free Schools and Campuses Regulations [Edgar Part 86] Bethel University's Annual Policy Notification/Distribution

As a requirement of these regulations, Bethel University is to disseminate and ensure receipt of the policy/information below to all students, faculty, and staff on an annual basis. This process is formally conducted by emailing this policy to each student, faculty, and staff member. Questions concerning this policy and/or alcohol and other drug programs, interventions and policies may be directed to Rachael Brooks at brooksra@bethelu.edu and (731) 352-4246.

This policy contains:

- **Bethel University Alcohol & Drug Policies and Sanctions for Students, Staff, and Faculty**
- **Student Medical Care Amnesty Policy for Alcohol and Other Drug Use Treatment**
- **Legal Sanctions, Health Risks, and Drug and Alcohol Programs**

ALCOHOL AND OTHER DRUG POLICIES

As an academic community, Bethel University is committed to providing an environment in which learning and scholarship can flourish. The possession, distribution, or use of illegal drugs, or the abuse or misuse of drugs that are legally possessed, detrimentally affects the University environment, as well as the individual potential of our students, faculty, and staff.

It is a University policy that Bethel students and employees must obey the law. Therefore, a violation of alcohol or drug laws while admitted to the University, wherever that violation occurs, is a violation of the University's policy.

Further, it is a violation of the University's policy for a student to drink, possess, be impaired by, manufacture, or sell alcoholic beverages; to possess, use, sell, solicit for the sale, distribute, barter, manufacture, or be under the influence of illegal drugs, including paraphernalia supporting such use; or to abuse or misuse drugs that are legally possessed on campus or at any event sponsored by the University or by a University-approved student organization. Additionally, there is no smoking

allowed in any building on campus, including residence hall rooms, bathrooms, hallways, or lobbies. THIS INCLUDES SMOKING OF ALL TOBACCO PRODUCTS, HEMP PRODUCTS, AND THE USE OF VAPOR PRODUCTS. In conjunction with Tenn. Code Ann. § 39-17-1505, the possession of any tobacco, smoking hemp, and/or vapor product is also prohibited for anyone under the age of 21 on campus or at any event sponsored by the University or by a University-approved student organization and for anyone in the residence halls, specifically.

- The term “tobacco product” includes, but is not limited to cigarettes, cigars, hookah, and smokeless tobacco.
- The term “smoking hemp” means hemp that is offered for sale to the public with the intention that it is consumed by smoking.
- The term “vapor product” includes, but is not limited to any electronic smoking devices, including any electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe, or similar product, and any vapor cartridge, any substance used to refill a vapor cartridge, or other container of a solution containing nicotine or any other substance that is intended to be used with or in an electronic cigarette, electronic cigar, electronic cigarillo, electronic pipe.

Without limiting the foregoing, the above prohibitions specifically include any University sponsored trip. The University encourages students to notify their parents or guardians if the student is found to have acted in violation of this policy. If the University, through its disciplinary procedures, determines that a student has violated this policy regarding the use or possession of alcohol or controlled substances, the University will disclose the violation to a student’s parent or legal guardian if the student is under 21 years of age at the time of the disclosure to the student’s parent or legal guardian (34 C.F.R. § 99.31), except as prohibited by the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g).

If any of the above-mentioned products are found in a residence hall, and possession is disputed among the students assigned as occupants of the dorm room, all students assigned as occupants of the dorm room will be assumed to possess the product, unless and until such time that one occupant claims to have solely possessed the product.

Tennessee Code Annotated Title 39, Chapter 17 Sections 39-17-1801 and 39-17-1802, also known as the “Non-Smoker Protection Act,” deals with smoking in public areas. This law restricts people from smoking in specific public areas.

Designated areas on the McKenzie campus for smoking, 50 feet from buildings, include:

- Behind Baker and in front of Vera Low in grassy area
- Behind Odom and in front of parking area
- Walking trail behind the Library
- Middle awning behind baseball field
- Courtyard behind Crisp Arena / Rear of Vera Low

Smoking and vaping are strictly prohibited on the Paris campus, grounds, and parking lot.

All University employees are also subject to the University's "Smoke-Free Workplace" Policy, located in Bethel University's Employee Handbook, which states that smoking is prohibited in buildings and work areas, but is allowed during break times in designated outdoor areas.

The University maintains the right to define and determine, on a case-by-case basis, and at its sole discretion, if any substance, possession, or use violates this policy. The University can, and will, impose disciplinary sanctions for violations. Students, staff, and faculty are also subject to city ordinances and state and federal laws. Arrest and prosecution for alleged violations of criminal law or city ordinances may result from the same incident for which the University imposes disciplinary sanctions.

The University strongly encourages students, staff, and faculty members to voluntarily obtain assistance for dependency or abuse problems before such behavior results in an arrest and/or disciplinary referral which could result in their separation from the institution.

Help is available on campus and within the community for students, staff, and faculty members who are dependent on or who abuse the use of alcohol or other drugs. Referrals for counseling are available to students through **Bethel University's Office of Student Development (Office: 731-352-4225 or Email loudens@bethelu.edu)**. **Bethel University's Human Resources Department (Office: 731-352-6405 or Email: williamsv@bethelu.edu)** offers assistance to employees through appropriate referrals. Additionally, **Hometown Healthcare Clinic (Office: 731-352-4027)** provides a counselor for both students and employees in the Student Health Center and the McKenzie Hometown Healthcare Clinic.

Violation of this policy may result in any sanction deemed appropriate by the University, including, but not limited to, required participation in a drug or alcohol treatment or rehabilitation program, suspension, expulsion, or termination.

STUDENT SANCTIONS

Bethel University CAS Alcohol & Drug Sanction Policy

	ALCOHOL, DRUGS, SMOKING, VAPING USE & POSSESSION
1st Violation	<ul style="list-style-type: none"> • \$100 fee • Intervention/Prevention Program (if appropriate) • Parental Notification (if under 21 years old) • Conduct Probation • Possibility of Other Disciplinary Measures
2nd Violation	<ul style="list-style-type: none"> • \$200 Fee • Parental Notification (if under 21 years old) • Assessment (minimum of 3-10 sessions) • Conduct Probation • Possibility of Other Disciplinary Measures
3rd Violation	<ul style="list-style-type: none"> • \$300 Fee • Housing Cancelled • Parental Notification (if under 21 years old)

- Conduct Probation
- Possibility of Other Disciplinary Measures

Students may be responsible for fees associated with mandatory assessment and counseling. The sanction fee would be placed on the student's account as an "Assessment Fee" and credited to a restricted account to provide revenue for prevention programming/funding. Failure to complete the sanction process will result in a "Conduct Hold" on the student's account. The hold can be removed by completing the sanction process. Failure to comply with the Intervention/Prevention Program may result in being moved to the next sanction level, with the additional fine assessed.

Students whose use of alcohol or drugs results in harm or the threat of harm to themselves or others, or to property, regardless of the location of the incident, may face disciplinary action by the University up to and including expulsion.

Sanctions for alcohol and drug violations by students in the College of Professional Studies encompass a range of penalties, including, but not limited to, mandatory counseling, suspension, and/or expulsion.

Students in Athletics, the Nursing Department, and the Physician's Assistant Program face additional penalties for alcohol and drug violations, such as suspension or expulsion from sports and their respective programs. For more information, review each department's and program's specific policies.

EMPLOYEE SANCTIONS

Drug-Free Workplace

Bethel University has a longstanding commitment to provide a safe and productive work environment. Alcohol and drug abuse pose a threat to the health and safety of employees and students and to the security of our employees, students, equipment and facilities. For these reasons, Bethel is committed to the elimination of drug and/or alcohol use and abuse in the workplace.

This policy outlines the practice and procedure designed to correct instances of identified alcohol and/or drug use in the workplace. This policy applies to all employees and all applicants for employment. The Human Resource Department is responsible for policy administration regarding employees.

Employee Assistance and Drug-Free Awareness

Illegal drug use and alcohol misuse have many adverse health and safety consequences. Information about those consequences and sources of help for drug/alcohol problems is available from the Human Resource Department.

Bethel will assist and support employees who voluntarily seek help for such problems before subjecting them to discipline and/or termination under this or other policies. Such employees

may be allowed to use accrued paid time off, placed on a leave of absence, referred to treatment a provider and/or otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold safety sensitive jobs or assignments that require driving. Also, any employee may be required to document that they are successfully following prescribed treatment and take and pass follow-up tests if they have violated this policy previously.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the effect of the medication on fitness for duty and ability to work safely and shall promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions unless directed to do so by their treating physician or if the employee holds an assignment in which disclosure is required.

Work Rules

The following work rules apply to all employees:

- Whenever employees are working, are operating any university vehicle, are present on university premises, or are conducting related work off-site, they are prohibited from:
 - Using, possessing, buying, selling, soliciting the sale of, manufacturing, or dispensing an illegal drug (this prohibition includes the possession by an employee of any drug paraphernalia);
 - Being under the influence of alcohol or any illegal drug as defined in this policy.
- Bethel University will not allow any employee to perform their duties while taking prescribed drugs that adversely affect the employee's ability to safely and effectively perform their job duties. Prescribed medications must be carried in a container labeled with a prescription protocol that was issued by a licensed pharmacist or be prepared to produce the properly-labeled container if requested.
- Any illegal drugs or drug paraphernalia will be turned over to the appropriate law enforcement agency, which may result in criminal prosecution.
- Violation of these work rules may result in disciplinary action up to and including discharge.

Required Testing

The university retains the right to require the following tests:

- **Pre-employment:** All applicants must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment consideration.
- **Reasonable suspicion:** Employees are subject to testing based on observations by a supervisor of apparent workplace use, possession or impairment. Human Resources must

be consulted before sending an employee for reasonable suspicion testing. If an employee refuses to submit to testing he/she will be subject to immediate discharge from employment.

- **Post-accident:** Employees are subject to testing when they cause or contribute to accidents that seriously damage a university vehicle, machinery, equipment or property and/or result in an injury to themselves or another employee requiring off-site medical attention. In any of these instances, the investigation and subsequent testing must take place within two (2) hours following the accident. If an employee refuses to submit to testing he/she will be subject to immediate discharge from employment.
- **Follow-up:** Employees who have tested positive, or otherwise violated this policy, are subject to discipline up to and including discharge. Depending on the circumstances and the employee's work history/record, Bethel University may offer an employee who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies for a minimum of one (1) year but not more than two (2) years. If the employee does not complete his/her rehabilitation program, tests positive after completing the rehabilitation program, and/or refuses to submit to further testing he/she will be subject to immediate discharge from employment.

Consequences

Applicants who refuse to cooperate in a drug test or who test positive for illicit drugs will not be hired.

Employees who refuse to cooperate in required tests or who use, possess, buy, sell, solicit the sale, manufacture, or dispense an illegal drug in violation of this policy will be terminated.

The first time an employee tests positive for alcohol or illegal drug use under this policy, the result will be discipline up to and including discharge.

Employees will be paid for time spent in alcohol/drug testing and then suspended without pay pending the results of the drug/alcohol test. After the results of the test are received, a date/time will be scheduled to discuss the results of the test; this meeting will include a member of management and Human Resources. Should the results prove to be negative the employee will receive back pay for the times/days of suspension.

Confidentiality

Information and records relating to positive test results, drug and alcohol dependencies and legitimate medical explanations provided to the medical review officer (MRO) shall be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files.

Inspections

Bethel University reserves the right to inspect all portions of its premises for drugs, alcohol, or other contraband. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas and property, including automobiles that might conceal

a drug, alcohol or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline up to and including discharge.

Crimes Involving Drugs

Bethel University prohibits all employees from manufacturing, distributing, dispensing, possessing, soliciting the sale, or using an illegal drug in or on university premises or while conducting university business. Employees are also prohibited from misusing legally prescribed or over-the-counter (OTC) drugs. Law enforcement personnel shall be notified, as appropriate, when criminal activity is suspected.

STUDENT MEDICAL CARE AMNESTY POLICY FOR ALCOHOL AND OTHER DRUG USE TREATMENT

Philosophy

Bethel University advocates that students not use alcohol; however, those who choose to consume alcohol should do so in a safe and responsible manner within the limits set by Tennessee Law and Bethel policies. Excessive alcohol consumption, illegal drug use, and/or abuse of legal drugs can place a student at risk, and Bethel encourages students to seek immediate medical treatment where such risk is present.

Importantly, students who are in distress from alcohol or drug consumption should seek medical attention. Students who see others in distress should call for help. Bethel also urges students to obtain help when there is doubt about the condition of another person or whether help is needed - it is better to make an unnecessary call for help than to "wait and see" when someone is in real distress. Student health and safety are always important concerns. While this policy relates to alcohol and drug consumption only, we hope it is obvious that appropriate medical attention should be sought whenever any member of the community or person present on campus needs such attention.

Purpose

In recognition of these concerns, students who require and receive medical attention for excessive consumption of alcohol or drugs, as well as students who obtain help for students in distress, will not be referred through the Student Code of Responsibility process with respect to violations concerning their possession or consumption of alcohol or drugs related to that incident, provided they comply with this policy.

Please note that nothing in this policy precludes referral for other violations that may have occurred while under the influence of alcohol or drugs. This policy does not prevent an individual who is obligated by federal, state, or local law, or Bethel policies and guidelines, from reporting or taking action related to and conduct otherwise subject to the policy.

Student Regulation and Policy

- a) If any member(s) of the community and/or their guests is/are concerned with an individual's health or safety as a consequence of alcohol or drug consumption, he or she should call the proper authorities to obtain medical attention. Appropriate first responses

would typically include calling 911 and Campus Security (731-415-7599) and Student Life Staff.

- b) A student who (i) needs and receives medical treatment for alcohol or drug consumption; or (ii) obtains assistance or treatment for any person in need of such treatment will not face charges for violation of the Student Code of Responsibility related solely to that student's possession or consumption of alcohol or drugs in connection with that incident, provided the student in question (a) agrees to meet with the Dean of Student Development to discuss the situation; and (b) agrees with the Dean of Student Development on the scope of the problem and, further, participates fully in an appropriate program of education or counseling designed to help the student avoid excessive or illegal use of alcohol and drugs in the future.

Examples of educational activities that might be assigned include: attending or participating in an alcohol or drug education course; the Directions Program, researching and writing a reflective essay, parental notification, or other activities that should help the student make better decisions in the future.

- c) If a student complies with this policy, the incident will not be recorded as a reported or confirmed violation of the Student Code of Responsibility. Instead, the information will be maintained by the Student Development Staff for reference purposes only. Bad faith or repeated violations of this policy may lead to a determination that amnesty is not available.

NOTE: The idea and much of this policy is borrowed from Presbyterian College.

LEGAL SANCTIONS FOR ALCOHOL & DRUG USE

Students, faculty, and staff who violate Bethel University's Alcohol and Drug Policy are subject to both the institution's sanctions and to criminal sanctions provided by federal, state, and/or local law. The University provides the following in a good faith effort to give students, faculty, and staff information, but the University does not guarantee its accuracy.

Each student, faculty, and staff member is expected to review local and state law sanctions in the jurisdiction where he/she lives and/or works.

State Law Sanctions

1. It is unlawful for any person under the age of twenty-one to possess either a tobacco, smoking hemp, or vapor product, to purchase or accept receipt of either product, or to present or offer to any person any purported proof of age that is false, fraudulent, or not actually that person's own for the purpose of purchasing or receiving any tobacco, smoking hemp, or vapor product. These violations are punishable by a citation, a civil penalty of not less than ten dollars (\$10.00) nor more than fifty dollars (\$50.00), community service work not to exceed fifty (50) hours, and/or successful completion of a prescribed court program for a second or subsequent violation that occurred within a one-year period. (Tenn. Code Ann. § 39-17-1505)

2. It is unlawful for any person under the age of twenty-one to buy, possess, transport, or consume alcoholic beverages or for anyone to buy or furnish alcoholic beverages to them. These violations are punishable by imprisonment for not more than eleven months and twenty-nine days, or a fine of not more than \$2,500, or both. (Tenn. Code Ann. § 39-15-404)
3. It is illegal to be intoxicated in public. Conviction can result in up to 30 days in jail and/or a \$50.00 fine. (Tenn. Code Ann. § 39-17-310)
4. Driving while under the influence of alcohol or drugs, including prescription medications, (first offense) is punishable by a jail term of not less than 48 hours and up to 11 months and 29 days, and up to a \$1,500 fine, and loss of driving privileges for one year for the first offense. Depending on the offender's blood alcohol content, punishment may be greater for the first and subsequent convictions. Punishment increases for subsequent convictions and includes mandatory jail time and loss of driving privileges for up to five years. It is illegal for a driver of an automobile to consume or possess an open container of any alcoholic beverage, including beer, while operating a motor vehicle. (Tenn. Code Ann. §§ 55-10-401, 55-10-402, 55-10-403, 55-10-404, 55-10-405, 55-10-416).
5. Killing a person while driving a vehicle under the influence of alcohol or drugs may result in a sentence of up to fifteen years, a fine of up to \$10,000, and the loss of one's license to drive for up to ten years. (Tenn. Code Ann. § 39-13-213).
6. Causing serious bodily injury to another person in a manner adjudged to be reckless while driving a vehicle under the influence of alcohol or drugs may result in a sentence of up to twelve years, a fine of up to \$5,000, and the loss of one's license to drive for up to five years. (Tenn. Code Ann. § 39-13-106)
7. It is illegal to possess or manufacture an illicit drug or controlled substance with the intent to sell or deliver it to another. Such an act is punishable by up to life in prison and a \$500,000 fine. (Tenn. Code Ann. § 39-17-417).
8. The simple possession or casual exchange of an illicit drug or controlled substance is subject to a jail term of 11 months and 29 days and a \$2,500 fine; with two or more prior convictions, the sentence increases to six years in prison and a \$3,000 fine. (Tenn. Code Ann. § 39-17-418).
9. The casual exchange of an illicit drug or controlled substance with a minor may result in a penalty of up to life in prison and a \$500,000 fine. (Tenn. Code Ann. § 39-17-418(d))
10. Inhaling, selling, giving or possessing glue, paint, gas aerosol or gas for an unlawful purpose is punishable by a sentence of 11 months and 29 days to six years and a fine of up to \$3,000. (Tenn. Code Ann. § 39-17-422).
11. It is illegal to sell or buy any item represented to be an illicit drug or controlled substance, and such is punishable by up to six years in prison and a \$3,000 fine. (Tenn. Code Ann. § 39-17-423).

12. It is illegal to sell, deliver or possess the seed of jimsonweed on the premises of any elementary or secondary school. The penalty for violation is 11 months and 29 days and/or a fine of up to \$2,500. (Tenn. Code Ann. § 39-17-426).
13. It is illegal for any person to use personally, or to possess with intent to use personally, drug paraphernalia, and such is punishable by up to 11 months and 29 days in jail and a fine of up to \$2,500. (Tenn. Code Ann. § 39-17-425)

Tennessee Sanctions Under 21 Alcohol Offenses	
Offense	Penalty
Tenn. Code. Ann § 55-10-415 Underage Driving While Impaired	>17 years and <21 years old: Class A Misdemeanor that is punishable by suspension of driving privileges for 1 year, a fine of \$250, and public service work in discretion of court. <18: Same as above, but delinquent act, not misdemeanor. Note that no jail time is applicable in conflict with general penalty relating to delinquent children, see T.C.A. § 37-1-131.
Tenn. Code Ann. § 57-3-412 (a)(3)(A) Prohibits the possession, consumption, or transporting of alcoholic beverages unrelated to employment by anyone under 21.	Class A misdemeanor. Regardless of disposition, the record can be expunged 6 months after the date of the violation and such offense cannot be used against them in any criminal proceeding. Under section (a)(5)(C), an order denying the offender of driving privileges is required, and the court and dept. of safety shall follow the same provisions of T.C.A. 55-10-701 et seq. that apply to persons 13 to 18.
Tenn. Code Ann. § 57-3-412 (a)(4) Prohibits the purchase of an alcoholic beverage for anyone under 21.	Class A misdemeanor. 1st offense also includes a fine of not less than \$25 nor more than \$500, and 2nd and subsequent offenses also include minimum \$50 fine with max of \$1,000.

For information regarding sanctions related to *Driving Under the Influence*, including *Implied Consent (refusal to submit to BAC)*, *Vehicular Assault*, *Child Endangerment*, *Vehicular Homicide*, *Aggravated Vehicular Assault While Driving Intoxicated*, *Fees to reinstate a driver's license after an alcohol-related offense*, and *Penalties for drug and alcohol-related offenses committed by minors*, see T.C.A. 55-10-401, et seq. and

<https://www.tn.gov/content/tn/safety/publicsafety/duioutline.html#duifirst>.

Tennessee Statutory Sanctions for Illegal Drugs Manufacture or Delivery

It is a crime in Tennessee for a person to knowingly manufacture a controlled substance; deliver a controlled substance; sell a controlled substance; or possess a controlled substance with intent to manufacture, deliver or sell such controlled substance. T.C.A. § 39-17-417. Controlled substances are classified according to their potential for abuse, utility in medical treatment, and potential for dependency. The Tennessee Drug Control Act of 1989, T.C.A. § 39-17-401 et seq., establishes the following schedule of controlled substances:

Schedule I	High potential for abuse; no accepted medical use in treatment or lacks accepted safety for use in treatment under medical supervision.	This includes certain opiates (e.g., heroin); hallucinogens (e.g., LSD) depressants (e.g., methaqualone) and
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		stimulants (e.g., MDMA). See T.C.A. § 39-17-406.
Schedule II	High potential for abuse; has currently accepted medical use in treatment, or currently accepted medical use with severe restrictions; abuse of the substance may lead to severe psychic or physical dependence	Examples: cocaine, morphine, amphetamines, amobarbital. See T.C.A. § 39-17-408.
Schedule III	Potential for abuse less than the substances listed in Schedules I and II; has currently accepted medical use in treatment; and may lead to moderate or low physical dependence or high psychological dependence.	Example: Anabolic steroids. See T.C.A. § 39-17-410.
Schedule IV	Low potential for abuse relative to substances in Schedule III; has currently accepted medical use in treatment; and may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III.	Examples: Phenobarbital and Fenfluramine. See T.C.A. § 39-17-412.
Schedule V	Low potential for abuse relative to the controlled substances listed in Schedule IV; has currently accepted medical use in treatment in the United States; and has limited physical dependence or psychological dependence liability relative to the controlled substances listed in Schedule IV.	Example: A medicine containing not more than two hundred (200) milligrams of codeine per one hundred (100) grams. See T.C.A. § 39-17-414.
Schedule VI	Substances the commissioner of mental health and substance abuse has decided should not be included in Schedules I through V.	Examples: Marijuana; hashish; synthetic equivalents. See T.C.A. § 39-17-415.
Schedule VII.	Butyl nitrite and any isomer thereof. See T.C.A. § 39-17-416.	

Similar to all other jurisdictions (federal and state), Tennessee distinguishes among offenses based on their seriousness. These offenses range from minor misdemeanors to capital crimes. See T.C.A. § 40-35-111, "Authorized terms of imprisonment and fines for felonies and misdemeanors."

The following table sets forth the basic levels of offenses involving manufacture, sale, distribution, or possession with intent to distribute a controlled substance. However, one must understand that the law provides additional penalties for violations involving large amounts of numerous substances, including heroin, cocaine, LSD, morphine, peyote, barbiturates and amphetamines.

Level of Controlled Substance	Level of Offense
Schedule I	Class B felony, potential fine of no more than \$100,000.
Cocaine or methamphetamine (.5 grams or more)	Class B felony, potential fine of no more than \$100,000.

Schedule II, including cocaine (less than .5 grams).	Class C felony, potential fine of no more than \$100,000.
Schedule III	Class D felony, potential fine of no more than \$50,000.
Schedule IV	Class D felony, potential fine of no more than \$50,000.
Schedule V	Class E felony, potential fine of no more than \$5,000.
Schedule VI	Depends on amount. See T.C.A. §39-17-417.
Schedule VII	Class E Felony, potential fine of no more than \$1,000.

For more details regarding the levels of offenses for specific substances, see T.C.A. § 39-17-417.

Federal Law Sanctions

Federal Drug Laws

The possession, use, or distribution of illicit drugs is prohibited by federal law. Strict penalties are enforced for drug convictions, including mandatory prison terms for many offenses. The following information, although not complete, is an overview of federal penalties for first convictions. All penalties are doubled for any subsequent drug conviction.

Denial of Federal Aid (20 USC § 1091(r)(1))

Under the Higher Education Act of 1998, students convicted under federal or state law for the sale or possession of drugs will have their federal financial aid eligibility suspended. This includes all federal grants, loans, federal work study programs, and more. Students convicted of drug possession will be ineligible for one year from the date of the conviction of the first offense, two years for the second offense, and indefinitely for the third offense. Students convicted of selling drugs will be ineligible for two years from the date of the first conviction, and indefinitely for the second offense. Those who lose eligibility can regain eligibility by successfully completing an approved drug rehabilitation program.

Forfeiture of Personal Property and Real Estate (21 USC § 853)

Any person convicted of a federal drug offense punishable by more than one year in prison shall forfeit to the United States any personal or real property related to the violation, including houses, cars, and other personal belongings. A warrant of seizure is issued and property is seized at the time an individual is arrested on charges that may result in forfeiture.

Federal Drug Trafficking Penalties (21 USC § 841)

Penalties for federal drug trafficking convictions vary according to the quantity of the controlled substance involved in the transaction. Penalties for subsequent convictions are twice as severe.

If death or serious bodily injury result from the use of a controlled substance which has been illegally distributed, the person convicted on federal charges of distributing the substance faces mandatory life sentence and fines ranging up to \$8 million.

Persons convicted on federal charges of drug trafficking within 1,000 feet of a University (21 USC § 860) face penalties of prison terms and fines which are twice as high as the regular penalties for the offense, with a mandatory prison sentence of at least 1 year.

Federal Drug Possession Penalties (21 USC § 844)

Persons convicted on Federal charges of possessing any controlled substance face penalties of up to 1 year in prison and a mandatory fine of no less than \$1,000 up to a maximum of \$100,000. Second convictions are punishable by not less than 15 days but not more than 2 years in prison and a minimum fine of \$2,500. Subsequent convictions are punishable by not less than 90 days but not more than 3 years in prison and a minimum fine of \$5,000. Possession of drug paraphernalia is punishable by a minimum fine of \$750.

Drugs of Abuse A DEA Resource Guide: 2020 Edition Federal Trafficking Penalties

<u>Drug/Schedule</u>	<u>Quantity</u>	<u>Penalties</u>	<u>Quantity</u>	<u>Penalties</u>
Cocaine (Schedule II)	500–4999 grams mixture	<u>First Offense:</u> Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. <u>Second Offense:</u> Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	5 kgs or more mixture	<u>First Offense:</u> Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. <u>Second Offense:</u> Not less than 15 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. <u>2 or More Prior Offenses:</u> Not less than 25 years. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or	

			more mixture
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid) Flunitrazepam (Schedule IV)	Any amount 1 gram	<p><u>First Offense:</u> 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.</p> <p><u>Second Offense:</u> 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.</p>	
Other Schedule III drugs	Any amount	<p><u>First Offense:</u> 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.</p> <p><u>Second Offense:</u> 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.</p>	
All other Schedule IV drugs	Any amount	<p><u>First Offense:</u> Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p><u>Second Offense:</u> Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.</p>	
Flunitrazepam (Schedule IV)	Other than 1 gram or more		
All Schedule V drugs	Any amount	<p><u>First Offense:</u> Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p><u>Second Offense:</u> Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>	

Drugs Of Abuse A DEA Resource Guide: 2020 Edition Federal Trafficking Penalties: Marijuana

<u>Drug</u>	<u>Quantity</u>	<u>1st Offense</u>	<u>2nd Offense*</u>
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	Not less than 15 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.

Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50 million if other than an individual.
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not less than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	Not less than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kilograms marijuana (except 50 or more marijuana plants regardless of weight); 1 to 49 marijuana plants	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule I)	1 kg or less		

*The minimum sentence for a violation, after two or more prior convictions for a felony drug offense have become final, is not less than 25 years imprisonment and a fine up to \$20 million if an individual and \$75 million if other than an individual.

For more information, see [Drugs of Abuse \(dea.gov\)](https://www.dea.gov).

Reports to Law Enforcement Officials

The University is required by state law to report to law enforcement officials when the University has probable cause to believe that a student is committing or has committed a felony or Class A misdemeanor under Tennessee law, upon the University's grounds or within any building under its supervision.

HEALTH RISKS ASSOCIATED WITH DRUG OR ALCOHOL USE

Alcohol Use:

The following information on health risks is from *What Works: Schools Without Drugs*, U.S. Department of Education (1992):

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the

likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver. Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

Drug Use:

The following information on health risks is from *DRUGS OF ABUSE I A DEA Resource Guide: 2017 EDITION*, U.S. Department of Justice (2022):

Use of most forms of illicit drugs create a risk of the user developing physical dependence on the drug and withdrawal can take place when use is discontinued. The intensity and character of the physical symptoms experienced during withdrawal are directly related to the particular drug used, the total daily dose, the interval between doses, the duration of use, and the health and personality of the user. These symptoms usually appear shortly before the time of the next scheduled dose.

Use can also create psychological dependence. Long after the physical need for the drug has passed, the addict may continue to think and talk about using drugs and feel overwhelmed coping with daily activities. Relapse is common if there are no changes to the physical environment or the behavioral motivators that prompted the abuse in the first place.

Narcotics (examples: opium, oxycodone, methadone, morphine, heroin, and fentanyl)

- Possible effects: constricted pupils, slowed physical activity, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing.
- Symptoms of an overdose: constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing.
 - Some of preparations of narcotics are so potent that a single dose can be lethal to an inexperienced user.
- Possible withdrawal symptoms: watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, restlessness, drug craving, severe depression, vomiting, increased heart rate and blood pressure, and chills alternating with flushing and excessive sweating.
- Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration for use as an analgesic (pain relief) and anesthetic. It is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic.

Depressants (examples: barbiturates, benzodiazepines, GHB, Rohypnol, and Quaaludes)

- Possible effects: slurred speech, disorientation, drunken behavior, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, slowed breathing, amnesia (leaving no memory of events that occur while under the influence), reduced reaction time, and impaired mental functioning and judgment.
- Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment.
- Symptoms of an overdose: shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, and possible death.
 - Unlike barbiturates, large doses of benzodiazepines are rarely fatal, unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.

Stimulants (examples: cocaine, meth, khat, amphetamines, crack, and "uppers")

- Possible effects: a sense of exhilaration, enhanced self-esteem, improved mental and physical performance, increased activity, reduced appetite, extended wakefulness for prolonged period, and "getting high".
 - Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur.
 - Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs.
 - Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."
 - 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, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death.
- Because accidental death is partially due to the effects of stimulants on the body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.

Hallucinogens (examples: LSD, ketamine, peyote & mescaline, shrooms and MDMA/ecstasy tablets)

- Possible effects: illusions and hallucinations, poor perception of time and distance, elevated heart rate, increased blood pressure, dilated pupils, and flashbacks of the drug experience weeks to months after use.
- Symptoms of an overdose: respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest.
 - Serious psychological harm can occur after administration. Effects such as fear, depression, anxiety, and paranoia can occur and be long-lasting. Deaths exclusively from acute overdose of LSD, psilocybin-containing mushrooms, and mescaline are

extremely rare. Deaths generally occur due to suicide, accidents, and dangerous behavior, or due to the person inadvertently eating poisonous plant material or poly-substance use.

Marijuana/Cannabis

- Clinical studies that the physiological, psychological, and behavioral effects of marijuana vary among individuals and present a list of common responses to cannabinoids, as described in the scientific literature: dizziness, nausea, tachycardia, facial flushing, dry mouth, and tremor initially; merriment, happiness, and even exhilaration at high doses; disinhibition, relaxation, increased sociability, and talkativeness; enhanced sensory perception, giving rise to increased appreciation of music, art, and touch; heightened imagination leading to a subjective sense of increased creativity; time distortions; illusions, delusions, and hallucinations are rare except at high doses; impaired judgement, reduced coordination, and ataxia, which can impede driving ability or lead to an increase in risk-taking behavior; emotional lability, incongruity of affect, dysphoria, disorganized thinking, inability to converse logically, agitation, paranoia, confusion, restlessness, anxiety, drowsiness, and panic attacks may occur, especially in inexperienced users or in those who have taken a large dose; increased appetite and short-term memory impairment are common; sedation; bloodshot eyes; increased heart rate; coughing from lung irritation; increased appetite; and increased blood pressure (although prolonged use may cause a decrease in blood pressure).
- The effect of marijuana on perception and coordination are responsible for serious impairments in learning, associative processes, and psychomotor behavior (driving abilities).
- Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychic addiction or dependence.
- Symptoms of an overdose: No deaths from overdose of marijuana have been reported. Although, there have been an increasing number of emergency room visits involving marijuana edibles.
- Possible withdrawal symptoms: restlessness, irritability, sleep difficulties, and decreased appetite.
 - Withdrawal from chronic use of high doses of marijuana causes physical signs including headache, shakiness, sweating, and stomach pains and nausea.
- Hashish and hashish oil are drugs made from the cannabis plant that are like marijuana, only stronger.

Steroids (examples: testosterone, nandrolone, stanozolol, methandienone, and boldenone)

- Possible effects: dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression
 - When users stop taking steroids, they may experience depression that may be severe enough to lead one to die by suicide.
 - Anabolic steroid use may also cause psychological dependence and addiction.
 - In men: shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer.

- In men and women: high cholesterol levels (which may increase the risk of coronary artery disease, strokes, and heart attacks), acne and fluid retention.
- Oral preparations of anabolic steroids, in particular, can damage the liver.
- Users who inject steroids run the risk of contracting various infections, including HIV/AIDS, due to non-sterile injection techniques, sharing of contaminated needles, and the use of steroid preparations manufactured in non-sterile environments.
- Symptoms of an overdose: Anabolic steroids are not associated with overdoses. The adverse effects a user would experience develop from the use of steroids over time.

Inhalants

- Possible effects: damage to the parts of the brain that control thinking, moving, seeing, and hearing; a slowing down of the body's functioning; slight stimulation; feeling of less inhibition; loss of consciousness; intoxication; slurred speech; an inability to coordinate movements; euphoria; dizziness; drowsiness for several hours; and lingering headache.
 - Cognitive abnormalities can range from mild impairment to severe dementia
 - Possible long-term use effects: weight loss; muscle weakness; disorientation; inattentiveness; lack of coordination; irritability; depression; damage to the nervous system and other organs; paint or stains on body or clothing; 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
 - 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.
- Symptoms of an overdose:
 - With successive inhalations over several hours, users may suffer loss of consciousness and/or death.
 - "Sudden sniffing death" can result from a single session of inhalant use by an otherwise healthy young person and is particularly associated with the abuse of butane, propane, and chemicals in aerosols.
 - Inhalant abuse can also cause death by asphyxiation from repeated inhalations, which lead to high concentrations of inhaled fumes displacing the available oxygen in the lungs, suffocation by blocking air from entering the lungs when inhaling fumes from a plastic bag placed over the head and choking from swallowing vomit after inhaling substances.

Designer Drugs: (examples: Bath Salts and K-2/Spice)

- Bath Salts:
 - Possible effects: euphoria; alertness; confusion; acute psychosis; agitation; combativeness; aggressive, violent, self-destructive behavior; 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.

- Symptoms of overdose: in addition to effects above, reports of death from individuals abusing drugs in this class indicate the seriousness of the risk users are taking when ingesting these products.
- K-2/Spice
 - Possible effects: acute psychotic episodes, dependence, and withdrawal; intense hallucinations; severe agitation; disorganized thoughts; paranoid delusions; violence; tachycardia (elevated heart rate); elevated blood pressure; unconsciousness; tremors; seizures; vomiting; hallucinations; agitation; anxiety; pallor; numbness; and tingling.
 - Symptoms of overdose: Severe adverse effects have been attributed to the abuse of synthetic cannabinoids, including nausea, vomiting, agitation, anxiety, seizures, stroke, coma, and death by heart attack or organ failure. Acute kidney injury requiring hospitalization and dialysis in several patients reportedly having smoked synthetic cannabinoids has also been reported.

The following information is from *THE NATIONAL INSTITUTE ON DRUG ABUSE*, revised June 2021, located at <https://www.drugabuse.gov/publications/drugfacts/fentanyl/>:

- Fentanyl is a powerful synthetic opioid analgesic that is similar to morphine but is 50 to 100 times more potent. In its prescription form it is prescribed for pain, but fentanyl is also made illegally.
- Fentanyl and other synthetic opioids are the most common drugs involved in overdose deaths.
- Illegal fentanyl is sold in the following forms: as a powder, dropped on blotter paper like small candies, in eye droppers or nasal sprays, or made into pills that look like real prescription opioids.
- Illegal fentanyl is being mixed with other drugs, such as cocaine, heroin, methamphetamine, and MDMA. This is especially dangerous because people are often unaware that fentanyl has been added.
- Fentanyl works by binding to the body's opioid receptors, which are found in areas of the brain that control pain and emotions. Its effects include extreme happiness, drowsiness, nausea, confusion, constipation, sedation, tolerance, addiction, respiratory depression and arrest, unconsciousness, coma, and death.
- The high potency of fentanyl greatly increases risk of overdose, especially if a person who uses drugs is unaware that a powder or pill contains it.
- Naloxone is a medicine that can be given to a person to reverse a fentanyl overdose. Multiple naloxone doses might be necessary because of fentanyl's potency.
- Medication with behavioral therapies has been shown to be effective in treating people with an addiction to fentanyl and other opioids.

The following information is from the United States Drug Enforcement Administration's PUBLIC SAFETY ALERT, "DEA Reports Widespread Threat of Fentanyl Mixed with Xylazine," located at <https://www.dea.gov/alert/dea-reports-widespread-threat-fentanyl-mixed-xylazine> and the United States Food and Drug Administration's "FDA warns about the risk of xylazine exposure in humans" (November 2022) located at <https://www.fda.gov/media/162981/download>:

- The DEA Laboratory System is reporting that in 2022 approximately 23% of fentanyl powder and 7% of fentanyl pills seized by the DEA contained xylazine.
- Xylazine, also known as “Tranq,” is a non-opioid veterinary tranquilizer.
- Since it does not work on mu receptors, it is believed that **naloxone does not work on xylazine.**
- Xylazine is usually found in combination with other drugs, including opioids, so naloxone should be given in the event of a suspected overdose.
- Xylazine is not detected in routine toxicology tests, so the extent of its presence in the drug supply is not fully known.
- Repeated exposure to xylazine may lead to severe, necrotic skin ulcerations.
- Opioids in combination with xylazine and other depressants (such as alcohol and/or benzo) can significantly increase the risk of an overdose.

Tobacco, Nicotine, and E-Cigarettes:

The following information is from the USA Food and Drug Administration at <https://www.fda.gov/tobacco-products/health-information/nicotine-addictive-chemical-tobacco-products#references> (June 2022) and <https://www.fda.gov/tobacco-products/health-information/chemicals-tobacco-products-and-your-health> (May 2020):

Nicotine is a highly addictive chemical compound present in the tobacco plant. Tobacco products, including cigarettes, cigars, smokeless tobacco, hookah tobacco, and most e-cigarettes, contain nicotine. Nicotine is what addicts and keeps people using tobacco products, but it is not what makes tobacco use so deadly. Tobacco and tobacco smoke contain thousands of chemicals. It is this mix of chemicals—not nicotine—that causes serious disease and death in tobacco users, including fatal lung diseases, like chronic obstructive pulmonary disease (COPD) and cancer.

While some chemicals are added to cigarettes during the manufacturing process, some chemicals in cigarettes—along with nicotine—are found in the tobacco plant itself. As the tobacco plant grows, it absorbs chemicals—like cadmium, lead, and nitrates—from the soil and fertilizer. Cadmium is a carcinogen and is also found in batteries, while lead is a chemical that was once used in house paint. Cadmium and lead are both toxic metals. When the plant is harvested for manufacturing, these chemicals are present in the tobacco leaves.

As the tobacco leaves are cured, dangerous chemicals can form. These chemicals, called tobacco-specific nitrosamines, (TSNAs), remain in the tobacco leaves after the curing process. During manufacturing, ammonia—a chemical found in household cleaning products—along with other chemicals may be added to increase nicotine absorption. Sugar and flavor additives may also be added during this stage to mask the harshness of smoke. These additives form cancer-causing chemicals when they are burned.

Once a cigarette is lit, still more chemicals are formed in the burning process that were not present in the growing and manufacturing stages. These chemicals are then inhaled by smokers or those exposed to secondhand smoke. Lastly, dangerous chemicals that are detrimental to human

health, wildlife, and water supplies can be released from cigarette butt waste into the environment.

In addition to nicotine, other tobacco products, like hookah, contain some of the same chemicals as cigarettes. Carbon monoxide, metals, and carcinogens can be found in hookah smoke, and hookah users are at risk for some of the same health effects as smokers as a result of these chemicals. Research shows that hookah smokers may absorb even more of the toxic chemicals found in cigarette smoke because of the length of hookah smoking sessions. A typical 1-hour hookah session can produce as much smoke as several packs of cigarettes.

Smokeless tobacco, although not combustible, contains a mix of 4,000 chemicals, including as many as 30 or more that are linked to cancer. These chemicals include heavy metals cadmium, lead, and nickel; as well as arsenic, a chemical used in insecticides; formaldehyde, which is used in embalming fluid; and N-Nitrosornicotine (NNN), among others. NNN is known to cause cancer in animals and has been linked to an increase in the risk of cancer among humans.

About 1,300 people in the U.S. are diagnosed with oral cancer each year because of smokeless tobacco use. Smokeless tobacco use also causes esophageal and pancreatic cancer.

As e-cigarettes have only recently come under FDA's regulatory authority, their effects on individual and population health are still being studied. Preliminary studies suggest switching completely to e-cigarettes could be less harmful than combustible cigarettes for adults who already have a nicotine addiction. Most e-cigarettes contain nicotine, the same highly addictive chemical in cigarettes that keeps people smoking even when they want to quit. Other chemicals found in cigarette smoke, like formaldehyde, acrolein, and acetaldehyde, are also found in some e-cigarette aerosols. These chemicals can cause irreversible lung damage at certain concentration. E-cigarettes can also contain flavorings such as diacetyl and acetoin. Diacetyl and acetoin are considered safe to eat but inhaling them can be harmful to the lungs. More research is needed to determine the levels at which these chemicals are present in e-cigarette aerosols.

There is not yet enough evidence to support claims that e-cigarettes and other electronic nicotine delivery systems are effective tools for quitting smoking. According to research findings, the effects are particularly unclear when it comes to newer types of e-cigarettes that have better nicotine delivery, and the effect of electronic nicotine delivery systems when combined with a nicotine replacement therapy.

To date, no e-cigarette has been approved as a cessation device or authorized to make a modified risk claim, and more research is needed to understand the potential risks and benefits these products may offer adults who use tobacco products.

Because all tobacco products contain the addictive chemical nicotine, no tobacco product can be considered safe. Using no tobacco products whatsoever is the best way to safeguard your health.

DRUG AND ALCOHOL PROGRAMS

Counseling and Treatment

Referrals for counseling are available to students through **Bethel University's Office of Student Development (Office: 731-352-4225 or Email: loudens@bethelu.edu)**. Bethel University's **Human Resources Department (Office: 731-352-6405 or Email: williamsv@bethelu.edu)** offers assistance to employees through appropriate referrals. Additionally, **Hometown Healthcare Clinic (Office: 731-352-4027)** provides a counselor for both students and employees in the Student Health Center and McKenzie Hometown Healthcare Clinic. Bethel University also provides the following list as a good faith effort to give students, faculty, and staff information on local and regional drug and alcohol treatment programs, but the University does not guarantee its accuracy. Interested individuals are encouraged to contact each agency for additional information regarding specific services and costs.

TN Licensed AD/MH Treatment Facilities		Tennessee REDLINE (1-800-889-9789)			
Facility	Telephone	Adult A&D Non Res	Adult A&D Res.	Mental Health Non Res	City
Alliance Healthcare	901-259-9125				Various (Memphis)
Allied Behavioral Health Solutions	615-292-3661				Nashville
Aspell Recovery Center	731-427-7238				Various (West TN)
Behavioral Health Group	844-535-7291				Various
Bradford Health Services	615-291-2956				Various
Buffalo Valley	931-645-9038				Various (West & Mid TN)
Camelot Care Center	615-678-6283				Various
Care of Savannah	731-925-8619				Savannah (men only)
Carey Counseling Center	800-611-7757				Various (West TN)
Centerstone	877-467-3123				Various (Mid TN)
Cherokee Health Systems	866-231-4477				Various (East TN)
Chosen Vessel Ministries	901-361-4763				Bartlett
Cocaine and Alcohol Awareness	901-367-7550				Memphis
Cumberland Heights	866-373-4117				Various (Mid & East TN)
First Step Recovery Center	901-522-1000				Memphis
Focus Treatment Centers	423-308-2560				Chattanooga
Frayser Family Counseling Center	901-353-5440				Memphis

Grace House	901-722-8460				Memphis (women only)
Harbor House	901-743-1836				Memphis (men only)
Healing Hearts	615-656-4999				Memphis
Health Connect America	615-567-6726				Various
Helen Ross McNabb Center	800-255-9711				Various (East TN)
Here's Hope Counseling Center	731-885-2911				Various (West TN)
Innovative Counseling and Consulting	901-276-0220				Memphis
JACOBA	731-423-3653				Jackson
Journey Pure	865-247-5196				Various (Mid & East TN)
Lakeside Behavioral Health System	901-377-4754				Memphis
Lloyd C. Elam Mental Health	615-327-6255				Nashville
Make a Difference	901-283-5551				Memphis
Memphis Recovery Centers	901-272-7751				Memphis
Mental Health Cooperative	615-743-1654				Various (Mid & East TN)
Mental Health Resources	901-682-6136				Memphis
Meridian Behavioral Health Services	901-347-2850				Memphis
Nashville Cares	615-259-4866				Nashville
Pathways	800-587-3854				Various (West TN)
Professional Care Services	844-727-2778				Various (West TN)
Quinco Community Mental Health Center	731-658-6113				Various (West TN)
Renewal Place Intensive Outpatient	901-543-8586				Memphis (women only)
Samaritan Recovery Community	615-244-4802				Nashville
The Serenity Recovery Center	901-521-1131				Memphis
The Synergy Foundation, Inc.	901-332-2227				Memphis
Volunteer Behavioral Health Care System	877-567-6051				Various (Mid & East TN)

A&D=Alcohol and Drug Res=Residential Non Res=Non Residential

Tennessee Redline=statewide toll free 24/7 referral line

This list is not inclusive of all levels/types of services or providers in TN. This list was provided by Carey Counseling Center and last updated by Rachael Brooks in May 2021.

For further information, see the TDMHSAS License Inquiry Report at

<https://cloudmh.tn.gov/Licensure/Inquiry.aspx?RPT=TDMHSAS%20License%20Inquiry>.

Prevention and Education

Bethel University's Title IX and Prevention Services Department and other departments and offices administer a variety of individual, group, and community programs designed to prevent and reduce alcohol and other drug use/abuse within the Bethel community. Some examples of these programs include the Alcohol (and Other Drugs) Awareness Fair, Bystander Intervention Training, Signs of Overdose Training, eCHECKUP TO GO, Social Norms Campaign, and more. In addition, Bethel University is a member of CHASCo, the statewide Coalition for Healthy and Safe Campus Communities, and the Carroll County Prevention Coalition. For more information concerning current programs, interventions, and policies, contact Rachael Brooks at brooksra@bethelu.edu or (731) 352-4246.

On-Campus Resources/Information (in alphabetical order)

Bethel University Dean of Student Development	(731) 352-4095; loudens@bethelu.edu
Bethel University Office of Human Resources	(731) 352-6405; williamsv@bethelu.edu https://www.bethelu.edu/employees
Bethel University Office of the Chaplains	(731) 352-4066 or (731) 352-6449 chaplain@bethelu.edu or burnsg@bethelu.edu https://www.bethelu.edu/student-life/christian-life/chaplains
Bethel University Safety and Security Department	(731) 352-4222 or (731) 415-7599 busecurity@bethelu.edu ; https://www.bethelu.edu/current-students/safety-and-security
Bethel University Title IX and Prevention Services Department	(731) 352-4246 or brooksra@bethelu.edu https://www.bethelu.edu/about/title-ix-and-prevention-services

In accordance with Americans with Disabilities Act of 1990, no individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of the University. Further, no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of the University or be subjected to discrimination by the University.

DISSEMINATION

This policy is to be disseminated to all Bethel University's students and employees on an annual basis in compliance with the Drug Free Schools and Campuses Regulations [EDGAR Part 86].

FREQUENCY OF REVIEW

This policy is to be reviewed on an annual basis and included in the Biennial Review every two years.

MONITORING/RESPONSIBLE PARTIES

This policy is to be maintained and reviewed by the Title IX and Prevention Services Coordinator. This policy is to be enforced by the Dean of Student Development and other University administration.

PUBLICATION

This policy will be posted on the University website and sent by email to all Bethel students and employees.

BethelUniversity

This document was last updated December 2023