Health Risks of Alcohol and Drugs

Alcohol

Health hazards associated with the excessive use of alcohol or with alcohol dependency include dramatic behavioral changes, retardation of motor skills, and impairment of reasoning and rational thinking. These factors result in a higher incidence of accidents and accidental death for such persons than in nonusers of alcohol. Nutrition also suffers, and vitamin and mineral deficiencies are frequent. Prolonged alcohol abuse causes bleeding from the intestinal tract, damage to nerves and the brain, psychotic behavior, loss of memory and coordination, damage to the liver often resulting in cirrhosis, impotence, severe inflammation of the pancreas, and damage to the bone marrow, heart, testes, ovaries, and muscles. Damage to the nerves and organs is usually irreversible. Cancer is the second leading cause of death in alcoholics and is 10 times more frequent than in nonalcoholics. Sudden withdrawal of alcohol from persons dependent on it will cause serious physical withdrawal symptoms. Drinking during pregnancy can cause fetal alcohol syndrome. Overdoses of alcohol can result in respiratory arrest and death.

Drugs

The use of illicit drugs usually causes the same general type of physiological and mental changes as alcohol, although frequently, those changes are more severe and more sudden. Death or coma resulting from overdose of drugs is more frequent than from alcohol.

Cocaine

Cocaine is a stimulant that is most commonly inhaled as a powder. It can be dissolved in water and used intravenously. The cocaine extract (crack) is smoked. Users can progress from infrequent use to dependence within a few weeks or months. Psychological and behavioral changes resulting from use include overstimulation, hallucinations, irritability, sexual dysfunction, psychotic behavior, social isolation, and memory problems. An overdose produces convulsions and delirium and may result in death from cardiac arrest. Discontinuing the use of cocaine requires considerable assistance, close supervision, and treatment.

Amphetamines

Patterns of use and associated effects are similar to cocaine. Severe intoxication may produce confusion, rambling or incoherent speech, anxiety, psychotic behavior, ringing in the ears, hallucinations, and irreversible brain damage. Intense fatigue and depression resulting from use can lead to severe depression. Large doses may result in convulsions and death from cardiac or respiratory arrest.

MDA and MDMA (XTC, ecstasy)

These amphetamine-based hallucinogens are sold in powder, tablet, or capsule form and can be inhaled, injected, or swallowed. They cause similar, but usually milder, hallucinogenic effects than those of LSD. Because they are amphetamines, tolerance can develop quickly, and overdose can happen. Exhausation and possible liver damage can occur with heavy use. In high doses, these drugs can cause anxiety, paranoia, and delusions. While rare, these drugs have been associated with deaths in users with known or previously undiagnosed heart conditions.

Rhohypnol (rophies, roofies, rope)

This drug is in the same category of drugs as Valium, a benzodiazepine, but it is more potent than Valium. Initially, it causes a sense of relaxation and reduction of anxiety. At higher doses, light-headedness, dizziness, lack of coordination, and slurred speech occur. The drug affects memory and, in higher doses or if mixed with other drugs or alcohol, can result in amnesia for the time period the user is under the influence. Because of this amnesia effect, Rhohypnol has been given intentionally to others to facilitate sexual assault and other crimes. Combining this drug with other sedating drugs, including alcohol, will increase the intensity of all effects of the drug and, in sufficient doses, can cause respiratory arrest and death. Dependency can occur.

Heroin and other opiates

These drugs are usually taken intravenously. “Designer” drugs similar to opiates include fentanyl, demerol, and “china white.” Addiction and dependence develop rapidly. Use is characterized by impaired judgment, slurred speech and drowsiness. Overdose is manifested by coma, shock, and depressed respiration, with the possibility of death from respiratory arrest. Withdrawal problems include sweating, diarrhea, fever, insomnia, irritability, nausea and vomiting, and muscle and joint pains.

Hallucinogens or psychedelics

These include LSD, mescaline, peyote, and phencyclidine (PCP or “angel dust”). Use impairs and distorts one’s perception of surroundings, causes bizarre mood changes, and results in visual hallucinations that involve geometric forms, colors, and persons or objects. Users who discontinue use experience “flashbacks” consisting of distortions of virtually any sensation. Withdrawal may require psychiatric treatment for the accompanying persistent psychotic states. Suicide is not uncommon.

Solvent inhalants (glue, lacquers, plastic cement, etc.)

Fumes from these substances cause problems similar to alcohol. Incidents of hallucinations and permanent brain damage are more frequent with chronic use.

Marijuana (cannabis)

Marijuana is usually ingested by smoking. Smoking marijuana causes disconnected ideas, alteration of depth perception and sense of time, impaired judgment, and impaired coordination. Prolonged use can lead to psychological dependence.

Intravenous drug use

In addition to the adverse effects associated with the use of a specific drug, intravenous drug users who use unsterilized needles or who share needles with other drug users can develop HIV disease, hepatitis, tetanus (lockjaw), and infections in the heart. Permanent damage may also result.

UTSA is a Drug-Free School

The Drug-Free Schools and Communities Act Amendments of 1989 requires institutions of higher education to adopt and implement programs to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol. Information concerning these programs must be distributed to students annually. The University of Texas at San Antonio has adopted the following:
Standards of Conduct

Series 50000, Rule 50101, Sec. 2 of the Rules and Regulations of the Board of Regents of The University of Texas System provides for disciplinary action against any student who engages in conduct that is prohibited by state, federal, or local law. This includes those laws prohibiting the use, possession or distribution of drugs and alcohol or possession of drug paraphernalia.

The use or possession of alcohol or drugs by an employee on University premises is defined as misconduct by The University of Texas System’s “Policies and Procedures for Discipline and Dismissal of Employees.” The unlawful use, possession, or distribution of illicit drugs or alcohol on University premises by an employee is prohibited by The University of Texas System’s “Policy on Drugs and Alcohol.”

University Sanctions

Students

The University will impose at least a minimum disciplinary sanction of suspension for a specified period of time, or suspension of rights and privileges, or both, for conduct related to the use, possession, or distribution of drugs that are prohibited by state, federal, or local law. Other sanctions that may be imposed for conduct related to the unlawful use, possession, or distribution of drugs or alcohol include disciplinary probation, payment for damage to or misappropriation of property, suspension of rights and privileges, suspension for a specified period of time, expulsion, or other such sanction as may be deemed appropriate under the circumstances.

Employees

The unlawful use, possession, or distribution of drugs or alcohol will result in a penalty of disciplinary probation, demotion, suspension without pay, or termination, depending upon the circumstances.

Student Health Services

Student Health Services provides information on and referrals for counseling and/or rehabilitation services in addition to general health services. The clinic is located at the Main Campus Recreation and Wellness Center, room 1.500. The clinic at the Downtown Campus is located at the Buena Vista Building, room 1.308.

Penalties under State and Federal Law

I. Texas Law

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<tr>
<th>Offense</th>
<th>Minimum Punishment</th>
<th>Maximum Punishment</th>
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<tbody>
<tr>
<td>Manufacture or delivery of controlled substance</td>
<td>Confinement in jail for not more than 2 years nor less than 180 days, and a fine not to exceed $10,000.</td>
<td>Confinement in a state prison for life or for a term of not more than 99 years nor less than 15 years, and a fine not to exceed $250,000.</td>
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<tr>
<td>Possession of controlled substances (drugs)</td>
<td>Confinement in jail for a term of not more than 180 days, a fine not to exceed $2,000, or both.</td>
<td>Confinement in a state prison for life or for a term of not more than 99 years nor less than 10 years, and a fine not to exceed $100,000.</td>
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II. Federal Law

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<tr>
<td>Manufacture, distribution or dispensing of drugs (includes marijuana)</td>
<td>A term of imprisonment for up to 5 years, and a fine of $250,000.</td>
<td>A term of life imprisonment without release (no eligibility for parole) and a fine not to exceed $8,000,000 (for an individual) or $20,000,000 (if other than an individual).</td>
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<tr>
<td>Possession of drugs (including marijuana)</td>
<td>Imprisonment for up to 1 year, and a fine of not less than $1,000.</td>
<td>Imprisonment for not more than 20 years nor less than 5 years and fine of not less than $5,000 plus costs of investigation and prosecution.</td>
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Operation of a Common Carrier under the influence of alcohol or drugs

Imprisonment for up to 15 years and a fine not to exceed $250,000.

The Rules and Regulations of the Board of Regents, the Institutional Rules, and state or federal laws are subject to amendment or change; when such changes occur, these changes are incorporated into this document by reference.