

AMARILLO COLLEGE

SUBSTANCE ABUSE PREVENTION PROGRAM

Amarillo College is totally committed to providing a learning and working environment that is free of any alcohol or drug abuse. Through the use of communication and training, the Substance Abuse Prevention Program is designed to enlighten students and employees as to the personal and community risks of alcohol and drug abuse and to provide the necessary procedure when violation of the Amarillo College Substance Abuse Policy occurs. This program will be reviewed and modified every two years for effectiveness and compliance. The Substance Abuse Policy as approved by the Amarillo College Board of Regents on August 21, 1990, is stated below.

SUBSTANCE ABUSE POLICY

The policy of the Amarillo Junior College District is to provide all students and employees with an environment that is free of substance abuse. The illegal use of controlled substances on Amarillo College campuses subjects the College, its students, and employees to unacceptable risks of accidents, interferes with the learning and working environments, and is inconsistent with the behavior expected of persons associated with the College. Drug or alcohol testing of employees shall be administered if there is reasonable suspicion of substance abuse. The College retains the right to screen prospective employees in key employment areas (*) through drug and/or alcohol tests.

An employee who is determined by testing to be under the influence of a controlled substance, or who is involved in the sale, possession, distribution, purchase, dispensation, manufacture or transfer of controlled substances, as defined by state or federal law, on College property or property under College control will be subject to disciplinary action up to and including termination of employment.

Any employee who is convicted of or pleads guilty or nolo contendere to a controlled substance-related violation in the workplace under state or federal laws, must notify the Director of Administrative Services/Human Resources within five days of such a conviction or plea. Failure to notify the Director of Administrative Services/Human Resources of conviction, guilt or nolo contendere to a controlled substance-related violation in the workplace is grounds for suspension and/or termination of employment. Employees who are convicted of or plead nolo contendere to such drug related violation and whose employment is not terminated must successfully complete the Amarillo College Employee Assistance Program as a condition of continued employment.

Student behavior with regard to substance abuse will be governed by the provisions contained in Amarillo College Students Rights and Responsibilities.

This Policy will be administered under the provisions of the Amarillo College Substance Abuse Prevention Program. Amarillo College is aware of and values the atmosphere of respect and trust that exists among the students, faculty, classified and administrative employees at the College. Due process will include the possibility of rehabilitation for all appropriate cases.

*Key employment areas include physical plant operations, maintenance, building and grounds maintenance, custodial, safety and security, areas involving confidential and/or classified data, transportation involving College activities, supervision of students in situations involving working with and/or handling dangerous chemicals, high-voltage electrical equipment, radio/tv equipment, electrical equipment, physical education activities, welding and automotive repair.

Student Responsibilities

Each student receives notification regarding the Amarillo College Student Rights and Responsibilities document. This publication describes the applicable code of conduct and the Student Assistance Program as they relate to substance abuse education and prevention and discipline.

Employee and Applicant Statement

All College employees including non-appointed employees and student workers will be provided a copy of the Amarillo College Substance Abuse Prevention Program and will attest as a condition of continued employment that they:

1. have read and understand the Substance Abuse Policy and
2. accept and fully abide with the Policy provisions.

Upon application for employment, all applicants will be provided a copy of the Amarillo College Substance Abuse Policy and will attest as a condition of employment that they:

1. have read and understand the Policy,
2. are not currently abusing any controlled substance, and
3. accept and fully abide with the Policy provisions.

Orientation of New Employees

Explanation of the Substance Abuse Prevention Program will be part of the new employee orientation procedure for all Board-appointed personnel.

Continuing Education Awareness

Managers and supervisors will be presented periodic programs relative to substance abuse and the supervisor-employee relationship. Staff development programs about substance abuse will be made available annually for employees. At least once annually, written materials relating to substance abuse will be sent to all College employees including student workers.

Legal Sanctions

Local, State, and Federal laws have been passed to govern the use of alcohol and drugs. All College students and employees are subject to those laws. Since the laws may change from time to time, it is the responsibility of each student and employee to stay abreast of these changes and to abide by all laws currently in effect. Attachment 1 contains the most recent list of applicable laws for information purposes.

Health Risks Associated with Substance Abuse

Certain health risks are directly and indirectly associated with substance abuse. To make students and employees aware of those health risks, Attachment 2 contains information about the wide range of illnesses and other effects of substance abuse.

Resources Available

In addition to the Employee and Student Assistance Programs, there are other resources available to anyone who needs assistance in dealing with a substance abuse problem. These resources include

counseling, treatment, and rehabilitation opportunities. Attachment 3 contains the list of agencies and resources for the treatment of alcohol and drug abuse.

Drug Testing and Disciplinary Sanctions

Drug or alcohol testing of employees or job applicants shall be administered only if there is reasonable suspicion of substance abuse. All testing will be done in a laboratory approved by the National Institute of Drug Abuse (NIDA) and in accordance with their standards. Test results will be confidential and available only to personnel with an official need to know.

An employee or job applicant who is asked to submit to drug or alcohol testing under the provisions of this program is entitled to refuse to undergo such testing. However, the College shall explain to such individuals in writing that such refusal will be treated as a failure to comply with a lawful directive and will be considered cause not to hire a job applicant, or in the case of an employee, cause for disciplinary action in accordance with policies set forth in the applicable employee handbook, up to and including termination of employment.

The College will not use a positive test result for an initial drug-screening test that has not been verified by a confirmatory test as grounds for disciplinary action. If the results of a confirmatory test are positive, an employee may:

1. request further re-testing (at his/her own expense)
2. offer a written explanation for the positive results, or
3. request permission to participate in an alcohol or drug abuse treatment and rehabilitation program under the College's Employee Assistance Program.

Employees who enter a voluntary alcohol or drug abuse treatment and rehabilitation program under the College's Employee Assistance Program and who do not follow the instructions provided by their drug or alcohol counselors, or who fail to remain drug or alcohol free, shall be subject to immediate termination of employment. Employees will have only one opportunity to participate in such voluntary rehabilitation program. Upon completion of alcohol or drug abuse rehabilitation, the employee shall be subject to alcohol and/or drug testing at the discretion of the College for two years.

Employee Assistance Program (EAP)

In recognition of the serious threat to the College and to society as a whole that is posed by drug and alcohol abuse, Amarillo College is making a determined effort to deal with the problem not only through a disciplinary approach but through a therapeutic approach as well. In 1987, the College instituted the Employee Assistance Program (EAP) to train supervisors to identify and refer to the EAP those employees who are experiencing personal problems serious enough to interfere with their work performance. The EAP also provides confidential assistance to employees and their families who are struggling with drug or alcohol abuse or other personal problems. Employees or members of their families may utilize the Employee Assistance Program by calling **Lynn Thornton** (Office: 371-5044) or **Brenda Bussey** (Office: 371-5046).

HEALTH RISKS OF ALCOHOL / DRUG ABUSE

Alcohol

Alcohol is absorbed into the blood through the stomach and small intestine; and it is damaging to every cell and organ of the body. It depresses the central nervous system, causing impaired judgment, decreased self-control, impaired coordination, slow reactions, slurred speech, and sometimes unconsciousness. Alcohol may cause permanent brain cell damage and reduce the ability of bone marrow to make red blood cells, causing anemia. Alcohol also reduces the number of white blood cells and their ability to fight infections. It may weaken the lungs, leading to a greater risk of lung infections. Alcohol produces severe swelling of the liver, hepatitis, and cirrhosis. It causes inflammation and ulcers of the stomach, inflammation of the pancreas and intestines, diarrhea, weakness and loss of muscle tissue, and sexual impotence. It seems to worsen skin diseases such as acne. Alcohol may cause birth defects in babies whose mothers drank during pregnancy. Driving under the influence of alcohol is the major cause of fatal highway accidents.

Narcotics

Narcotics are used to relieve pain, induce sedation or sleep, or to elevate "moods." They are highly addictive and debilitating (they can induce drowsiness, nausea, and vomiting), and are dangerous when used without medical supervision (an overdose can lead to respiratory depression, coma, and death). Severe physical and psychological dependence and a high degree of tolerance are common with prolonged, continuous use. Symptoms of withdrawal tend to be severe.

This class of drugs includes opium and its derivatives: morphine, heroin, methadone, codeine, Demerol, and Darvon. The drugs may be taken orally, by injection, smoked, or sniffed. They are detectable in blood and urine samples.

Heroin: According to the Bureau of Narcotics and Dangerous Drugs, heroin accounts for the largest amount of narcotics abuse in the United States. Tolerance to the drug, which is also known as "smack" and "horse," develops rapidly. Although they may start using the drug with a dosage of 2 to 8 milligrams, individuals who become addicts may use up to 450 milligrams per day. Usually, heroin is obtained as a white powder which is heated and dissolved; then, the solution is injected intravenously. The drug can also be sniffed or smoked. Heroin is detectable in a urine sample.

Signs of abuse include drowsiness, needle marks, and unhealthful appearance attributable to poor diet and personal neglect. Withdrawal symptoms include shaking, sweating, muscle twitching, vomiting, and diarrhea. Other symptoms include an increase in breathing rate, blood pressure, and temperature. Individuals may exhibit a feeling of desperation and an obsession with securing a "fix."

Individuals who inject heroin may present symptoms of other diseases (e.g., AIDS or hepatitis) contracted through the sharing of dirty needles.

Morphine: This drug may be used by addicts when heroin is scarce. Usually, it is injected. The morphine addict's signs and symptoms are similar to those of the heroin user.

Codeine: This is a weak derivative of opium, most commonly abused with cough medicines. It is less addictive than heroin and, also, less potent. When withdrawal symptoms occur, they are less severe than those associated with the stronger drug. When heroin is unavailable, addicts will sometimes consume codeine in large quantities.

Sedatives and Tranquilizers

Sedatives and tranquilizers have a depressant effect on the central nervous system. Taken in even small doses, these drugs can reduce tension and anxiety, relax muscles, cause drowsiness, and impair motor functions. Dependence and tolerance may develop with prolonged use; and, there is a danger of addiction.

Barbiturates, which include seconal, Nembutal, and Fiorinal, constitute the largest group of sedatives. These chemically manufactured drugs are known on the street as "downers," "barbs," "yellow jackets," "red devils," and "blue devils." Usually, they come in capsules (which may be red, yellow, blue, or red and blue in color) and are swallowed. Some, such as methaqualone (also known as "Quaaludes," "ludes," or "sopers") are in tablet form.

Barbiturates exert a powerful depressant effect on the central nervous system. When used under medical supervision, barbiturates can be safe and effective; when abused, they can result in respiratory failure, coma, and death. They are particularly dangerous when combined with alcohol.

Signs of abuse are similar to symptoms presented by alcoholics: staggering or stumbling, falling asleep, confusion, slurred speech, dilated pupils, disorientation, impaired judgment, and loss of balance and coordination. Users who are not "high" generally suffer from heightened anxiety or stress, are jittery, or experience insomnia; they may experience abdominal cramping, headaches, nausea, and vomiting. Convulsions and delirium are among the manifestations of withdrawal from long-term barbiturate use.

Non-barbiturate sedatives are used medically to induce sleep or for sedation. Tolerance and physical and psychological dependence may occur with continued use. Signs of abuse and withdrawal symptoms are similar to those for users of barbiturates.

Tranquilizers, introduced in the early 1950's, come in tablet or capsule form and are taken orally. Valium, Librium, other tranquilizers may be prescribed to counteract tension and anxiety when such feelings interfere with the ability to function normally. Persons who use these anti-anxiety agents may appear to be lethargic and slow to react.

The use of tranquilizers is widespread, but detection of misuse is complicated because the drugs are often obtained with legitimate prescriptions.

Signs of abuse are the same as those for barbiturates. Certain tranquilizers, such as Valium, may produce severe withdrawal symptoms, including convulsions.

Stimulants

Stimulants heighten the action of the central nervous system. Often used to improve alertness and induce wakefulness, stimulants depress the appetite and provide a feeling of well-being and increased ability. Tolerance develops rapidly with use; psychological dependence is possible. The most widely used stimulant in this country is caffeine, which is found in coffee, tea, and cola; its effects, generally, are mild. Synthetic or chemically manufactured stimulants (e.g., amphetamines, such as Benzedrine) are considerably more potent.

Stimulants, usually, are ingested. They also may be sniffed, injected intravenously, or smoked. They are detectable in blood and urine samples.

Amphetamines may be prescribed for the treatment of obesity, asthma or hay fever, fatigue, Parkinson's disease, and various behavioral disorders. They commonly are referred to as "speed," "uppers," "ups," and "pep pills." Widely available, amphetamines often are distributed illegally.

Most "uppers" are manufactured in capsule, pill, or tablet form. (Methamphetamine - a type of stimulant whose effects are similar to those of amphetamines - comes in a white powder, pill, or off-white "rock" and may be swallowed, injected, or inhaled into the nose through a tube. Methamphetamine often is called "methadrine," "crank," or "crystal.")

Amphetamines increase alertness, dispel depression, and produce an elevated feeling of well-being or euphoria. Their use enables some people to go relatively long periods without sleep, although once the effects wear off, physical exhaustion and depression may set in; a severe "crash" may produce suicidal behavior.

Physical effects include increased blood pressure and respiratory rates, dilated pupils, decreased appetite, dizziness, headaches, blurred vision, sweating, and loss of coordination. Depending on the dosage, amphetamines may cause tremors or physical collapse.

Injections of amphetamines can cause blood pressure to increase suddenly, which, in turn, can cause stroke or heart failure. Abuse of amphetamines can produce psychological dependence. Especially large doses can induce psychoses, which may manifest themselves in violent or self-destructive behavior.

Signs of abuse may include drastic weight loss; malnutrition; skin infections; hypertension; nervousness, irritability, and erratic mood shifts; and hallucinations, acute anxiety, paranoia, or other psychotic behavior. Generally, an abuser is talkative, excitable, and restless; a "speed" user experiences especially intense reactions.

Cocaine, a stimulant that once was valued as a local anesthetic, is believed to be used by over six million Americans. It is considered the most dangerous, commonly-used illegal drug in the U.S., with one of every two users becoming addicted. Extracted from leaves of coca plants, which are grown in semitropical climates, cocaine is referred to as "coke," "blow," "snow," and "nose candy." A white crystalline powder, cocaine usually is inhaled or "snorted" through a tube into the nostrils; however, it may be injected into the veins. When "freebased" - purified and chemically altered by the application of heat - cocaine yields a substance that is volatile (users risk injury or death from fire or explosion) and that produces intense effects rapidly upon inhalation of the cocaine fumes. "Crack" is an especially potent, extremely addictive, solid form of cocaine. It comes in light brown pellets or crystalline "rocks" and is smoked.

Cocaine, which stays in the system for two to three days after use, stimulates the central nervous system. Users experience intense (though brief) feelings of euphoria, mental alertness, and competence, which are followed quickly by feelings of depression and anxiety. Pulse, blood pressure, body temperature, and respiratory rate increase and the pupils become dilated; muscles may twitch. Users may become extremely vocal and be both emotionally expressive and physically energetic.

Prolonged use of cocaine results in a high degree of tolerance, as well as psychological and physical dependence. Addiction, ultimately, can lead to heart or respiratory failure and death.

Signs of abuse include runny nose, bleeding, and other damage to the nasal passages. A chronic user coming off a "high," or "crashing," may be irritable, nervous, and impatient. They may experience fatigue and seem pessimistic. Occasionally, abusers manifest signs of paranoid psychoses, hallucinate, or display other mental abnormalities.

Marijuana use is common. Next to alcohol, it is believed to be the most widely-abused drug in the U.S. (More than 20 million Americans are estimated to use marijuana regularly.) A stimulant, marijuana is derived from a weed, *Cannabis sativa* (Indian hemp). The drug, also known as "pot," "dope," "grass," "weed," and "reefer," consists of greenish-brown dried and chopped leaves, small stems, and seeds. It is smoked, often

communally, in pipes, hand-rolled cigarettes known as "joints," or water pipes called "bongs." The drug has a distinctive odor - like burning rope or alfalfa - that tends to hang in the air.

Marijuana's psychoactive ingredient is tetrahydrocannabinol (THC) which, in distilled form, comes in soft gelatin capsules that are swallowed. The higher the presence of THC, the more potent the marijuana is. Hashish, or "hash," is a potent refined form of marijuana that comes in brown or black balls, or "cakes," and is smoked.

Marijuana can be detected in a urine sample.

Signs of abuse are difficult, if not impossible, to detect. The drug's effects vary from person to person, depending on the individual's personality and health, the amount and frequency of use, and the potency of the marijuana. While one marijuana user may be talkative, excitable, and restless, another may be withdrawn and quiet. Some users say they experience the same kind of "high" they get when they are slightly drunk. Other physical signs include dry mouth and throat, increased appetite, increased heart rate, bloodshot eyes, and impaired coordination, concentration, and memory. Heavy users may suffer from respiratory illnesses such as bronchitis.

Continued medical research into the physical and mental effects of marijuana indicates that, for long-term continuous users, marijuana may present a number of risks, including deteriorating physical performance. Other risks include "burnout" manifested in lethargy, confused thinking, depression, and acute frustration. Marijuana can cause a decreased blood supply to the heart, which can have serious implications for persons with heart conditions. Additional risks can include impaired sexual development and fertility, hallucinations, damage to the brain, lungs, and pulmonary system, and uncontrolled outbursts of emotion (anger, crying, and laughter).

Hallucinogens

Hallucinogens, or psychedelics, effect changes in sensation, thinking, self-awareness, and emotion. Altered or distorted perceptions of time and space, illusions, hallucinations, and delusions may occur. The intensity and duration of the effects depend on the individual and the particular drug and dosage involved.

Most hallucinogens are taken by mouth, and all produce a relatively long "high"; typically, eight or more hours. Tolerance may develop with use of some hallucinogens; there are, however, no clear signs of physical dependence.

PCP (phencyclidine) is one of the most common and most abused hallucinogens. An animal tranquilizer, the drug has dramatic effects on humans. Users frequently engage in bizarre, violent, and self-destructive behaviors; or, they appear to be experiencing acute mental illness. PCP is known as "angel dust" and "killer weed." It may be taken orally, but more often is smoked, sometimes in a mixture containing marijuana. The drug can be detected in a urine sample.

LSD (lysergic acid diethylamide), or "acid" primarily affects the central nervous system, producing changes in mood and behavior. Its effects on emotions vary with the user, but run the gamut from exhilaration to panic. Some users experience especially bad "trips" or psychological reactions, such as exaggerated suspicions, fear, confusion, anxiety, loss of control, and "flashbacks." Use of the drug can trigger suicidal tendencies or intensify existing psychoses in some individuals. Physical effects may include dilated pupils, lack of coordination, numbness, tingling, mild hypertension, and nausea. Usually, LSD is in a liquid form and is placed on a sugar cube or cookie and swallowed. It typically is used in a group setting.

Mescaline, obtained from the peyote cactus, has a long history of use dating back to the religious ceremonies of North American natives. It is taken orally, often in capsule or liquid form; occasionally, it is injected. Its effects are similar to those of LSD.

Inhalants

Inhalants are found in most households and offices. They include airplane glue, paint thinners, gasoline, aerosol propellants, nail polish remover, Liquid Paper correcting fluid, and a variety of other volatile products that most people would not categorize as drugs.

Inhalants are very dangerous and can be fatal. Sniffing such products will deprive a person of oxygen, and can damage the brain, heart, kidneys, and digestive system. Milder physical effects include slurred speech, impaired coordination, and rapid pulse.

Designer Drugs

The so-called "designer" drugs, or **analogs**, are drugs whose molecular structures have been altered. There are analogs of narcotics, amphetamines, and PCP; these go by such names as "China White," "synthetic heroin," and "ecstasy," which is known to cause brain damage. Designer drugs, produced primarily by underground chemists/drug pushers, tend to be extremely potent, and their effects are mostly unpredictable.

Resources for Treatment

Student Assistance Program

Students may receive confidential assistance for personal problems relating to drug or alcohol abuse by making an appointment with the office of the **Director of Advising and Counseling**, located in the Student Services Center, or by calling 371-5440.

The **most current** referral information concerning counseling and other resources for substance abuse and addiction can be obtained by contacting the **Coordinator of Substance Abuse Counseling**, Dr. Bob Banks, at 371-5338.

Employee Assistance Program (EAP)

The **EAP** provides confidential assistance to employees, and their families, who are struggling with drug or alcohol abuse or other personal problems. Employees, or members of their families, may utilize the Employee Assistance Program by calling the **Director of Human Resources**, Lynn Thornton, at 371-5044 or by calling Brenda Bussey, Human Resources Manager, at 371-5046.

AGENCIES / RESOURCES for TREATMENT of ALCOHOL / DRUG ABUSE

Hotlines:

Alcohol & Drug Treatment Center 24-Hour Action Helpline 1-800-566-3694 (Call Toll Free)

Alcohol Treatment Center 24-Hour Helpline 1-806-371-9500 (Call Toll Free)

Alcoholics Anonymous (Amarillo Central Office) 373-4600 (Call 24 Hours)

Funding: Contributions
Services: A program to help and rehabilitate alcoholics who are trying to overcome their drinking problems
Eligibility: Alcoholics and/or their families
Residence: None
Cost: None
Hours: 24-hour number, volunteers on-call through answering service

Amarillo Council on Alcohol and Drug Abuse 374-6688 or 1-800-566-6688

Location: 803 South Rusk Street, Amarillo, Texas
Funding: The United Way
TCADA (Texas Commission on Alcohol and Drug Abuse)
Junior League of Amarillo
Don and Sybil Harrington Foundation
Services: Educational programs providing current scientific and factual information on alcohol, drugs and alcoholism, and state-of-the-art programs for the prevention of substance abuse among all age groups - particularly, teenagers and young adults
Eligibility: None
Residence: None
Cost: Call for current information
Hours: Call for current information

AGENCIES / RESOURCES for TREATMENT of ALCOHOL / DRUG ABUSE

Amarillo Alcoholic Women's Recovery Center "The Haven" 374-5654

Location: 1308 S. Buchanan, Amarillo, Texas
Funding: TCADA (licensed and funded in part by TCADA)
Services: 24-hour, supervised living by a trained and qualified staff;
3- to 6-month treatment program
Eligibility: Must be 18 years of age or older
Females only
Sobriety required
Residence: None
Cost: Call for current information
Hours: 24-hour

Alcoholic Recovery Center 376-7993

Location: 1522 South Buchanan Street
Funding: Texas Rehabilitation Commission
TCADA
U.S. Veterans Administration
Private donations
Client payments
Services: Alcoholics Anonymous; Narcotics Anonymous; TCADA Level 4 Residential
Treatment Program; Texas Workforce Commission Job Training
Eligibility: Must be 18 years of age
Males only
Cost: Call for current information
Hours: 24-hour

The Pavillion 354-1848 or Hotline (806) 354-1810

Location: 1501 Coulter Road
Services: Mental health and substance abuse services; detoxification; hospital inpatient and outpatient services.
Cost: Call for current information
Hours: Call for current information

West Texas Counseling and Rehabilitation Program 373-0922

Location: 2300 Line Avenue
Services: Substance abuse treatment, detoxification, methadone maintenance, methadone detoxification; outpatient
services.
Cost: Call for current information
Hours: Call for current information

APPLICABLE LAWS CONCERNING ALCOHOL / DRUG ABUSE

The following is a partial listing of applicable laws concerning alcohol/drug abuse with special emphasis on those statutes that might apply on college campuses as well as in residential and commercial areas. The references used to obtain this information are: *Black's Law Dictionary, 5th Edition*; *Penal Laws of Texas, 1st Edition*; *Texas Criminal Law and Motor Vehicle Handbook*; and, the *Texas Peace Officer's Basic Training Guide*.

I. Alcohol Related Offenses

A. State and Local Level

1. Section 42.08. Public Inebriation
 - a. An individual appearing in a public place under the influence of alcohol or any other substance to the degree that the individual may endanger himself or another.
 - b. An offense under this section is a Class "C" misdemeanor punishable by a fine not to exceed \$200.00.
2. Section 6701 L-1. Driving While Intoxicated
 - a. A person commits an offense if the person is intoxicated while driving or operating a motor vehicle in a public place.
 - b. An offense under this section is a fine of not less than \$100 or more than \$2,000.00 and confinement in jail not less than 72 hours or more than two years. Previous convictions may enhance fines and jail time.
3. Minor in Possession

This statute is interpreted in the Texas Alcohol Beverage Code.
4. Drinking an Alcoholic Beverage In or Near a Motor Vehicle

This is a local ordinance and is defined within the City Ordinance Manual.

II. Drug-Related Offenses

Note: There are approximately 280 drug-related offenses in Texas at the State level. The following represent only those that most likely will involve the College community.

A. State and Local Level

1. Section 481.112, 113, and 114. Manufacture or Delivery of a controlled substance
 - a. A person knowingly or intentionally manufactures, delivers, or possesses with intent to manufacture or deliver a controlled substance.
 - b. An offense under this section is a felony. The punishment varies with the amount of substance and disposition of the specific act.
2. Section 481.115, 116, 117, and 118. Possession of a Controlled Substance
 - a. A person knowingly or intentionally possesses a controlled substance unless the substance was obtained directly from or under a valid prescription or order of a practitioner.
 - b. An offense under this section is a felony. The degree and punishment varies with the amount of substance and disposition of the specific act.
3. Sections 481, 120, and 121. Delivery and/or Possession of Marijuana
 - a. A person knowingly or intentionally delivers or possesses a usable quantity of marijuana.
 - b. An offense under this section is at least a Class "B" misdemeanor and may be enhanced pertaining to the quantity of substance and disposition of offense.
4. Section 481.127. Unauthorized Disclosure of Information
 - a. A person intentionally or knowingly gives, permits, or obtains unauthorized access to information submitted to the Department of Public Safety regarding drug-related offenses or evidence.
 - b. An offense under this section is a Third Degree Felony.
5. Section 4812.002. Unlawful Delivery or Manufacture With Intent to Deliver a Simulated Controlled Substance

This statute has the same interpretation as the offenses relating to actual drug violations and carries the same penalties.
6. Sections 483.041 and 483.042. Possession and "Delivery or Offer of Delivery" of a Dangerous Drug
 - a. A person possesses, delivers or offers to deliver a dangerous drug unless obtained from a licensed pharmacist.
 - b. Offenses under these sections vary as to quantity and violation disposition.

B. Federal Level

All state laws listed will coincide with Federal Law. Federal statutes may include interstate transportation of drugs or alcohol and certain customs violations that would not normally be encountered within the Amarillo College community.