GRCC

GRAND RAPIDS COMMUNITY COLLEGE

Drug and Alcohol Abuse Prevention Program (DAAPP)

Updated July 2026

Grand Rapids Community College

Grand Rapids Community College (GRCC) is an alcohol-free campus. Possession, use, or sale of alcoholic beverages is not permitted on college properties (with exception of approved events) and will be addressed in accordance with college regulations.

Laws regarding the possession, sale, and furnishing of alcohol are governed by the state of Michigan and enforced on campus by the GRCC Police Department, Grand Rapids Police Department, and Ottawa County Sheriff Office . Violations of state laws or local ordinances include the illegal manufacturing, sale, transport, furnishing, or possession of intoxicating liquor; maintaining unlawful drinking places; bootlegging; operating a still; furnishing liquor to a minor or intemperate person; or using a vehicle for illegal transportation of liquor. Any attempt to commit the aforementioned acts is a violation of college policy and subject to college disciplinary actions, criminal prosecution, fines and/or imprisonment. Possession of paraphernalia associated with the use, possession, manufacture, or distribution of an illegal prescription or controlled substance is also prohibited.

GRCC is a designated "Drug Free" campus. The possession, use, sale, manufacture and/or distribution of any controlled substance are illegal under both state and federal laws. Such laws are strictly enforced by the GRCC Police Department. Violations are subject to college disciplinary action, and/or criminal prosecution, fines and/or imprisonment.

Under federal legislation entitled *The Drug Free Schools and Campuses Regulations (34 CFR Part 86) of the Drug-Free Schools and Communities Act (DFSCA)* require an Institution of Higher Education (IHE), such as GRCC, to certify that it has implemented programs to prevent the abuse of alcohol and use, and/or distribution of illicit drugs by GRCC students and employees on its premises and as a part of any of its activities. No institution of higher education is eligible to receive funds or any other form of financial assistance under any federal program unless they comply with these regulations.

At a minimum, an IHE must annually distribute the following in writing to all students and employees:

I. Standards of conduct that clearly prohibit the unlawful possession, use or distribution of illicit drugs and alcohol by students and employees;

II. A description of the legal sanctions under local, state, or federal law for the unlawful possession or distribution of illicit drugs and alcohol;

III. A description of the health risks associated with the use of illicit drugs and alcohol abuse;

IV. A description of any drug or alcohol counseling, treatment, or rehabilitation or reentry programs that are available to employees or students; and

V. A clear statement that the institution will impose sanctions on students and employees and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the

standards of conduct or law.

GRCC, in compliance with the Drug-Free Workplace Act (41 U.S.C. 701) and the Drug Free Schools and Communities Act (20 U.S.C. 1145g), has adopted a policy entitled, "Drug and Alcohol Policy."GRCC is committed to the elimination of drug/and or alcohol abuse in the workplace and in all learning environments.

I. Standards of Conduct

A. Employees

The manufacture, distribution, dispensation, possession, use or sale of a controlled substance, marijuana in any form or alcohol on property owned or controlled by the college or as part of any college sponsored program off campus is strictly prohibited. Exceptions exist only when specifically permitted for work-related social or educational purposes or during non-work time on campus at the Fountain Hill Brewery and Heritage Restaurant.

Sanctions for violating this policy are outlined in the Drug and Alcohol policy found at: http://www.grcc.edu/humanresources/drugandalcoholabuseresources

B. Students

Students attending GRCC are expected to adhere to the Student Code of Conduct. In addition to local, state and federal laws, the Student Code of Conduct prohibits the unauthorized use, possession, manufacturing or distribution of illegal drugs, controlled substances, look-alike drugs, narcotics, marijuana in any form or alcoholic beverages or being under the influence of the same on campus.

Sanctions for violating this standard of conduct are outlined under General Conduct items 11 and 12 in the Student Code of Conduct which can be found at: www.grcc.edu/studentconduct/studentcodeofconduct

II. Legal Sanctions

Enforcement and Definitions

The GRCC Police Department enforces all federal and state laws and local ordinances. The Drug and Alcohol Policy defines "substances" as

- Alcohol of any form,
- Controlled or illegal drugs/substances (including but not limited to hallucinogens, barbiturates, depressants, stimulants, cannabinoids, opioids, club drugs, dissociative drugs and any other compounds whose use possession or transfer is restricted or prohibited by law),

- marijuana in any form,
- Synthetic drugs; and
- any substance that influences a person in a way that jeopardizes the safety of the individual or others, or hinders their ability to perform work responsibilities.

A. Federal Laws & Sanctions

Federal law provides criminal and civil penalties for unlawful possession or distribution of a controlled substance. Under the Controlled Substance Act, as well as other related federal laws, the penalties for controlled substance violations include but are not limited to: incarceration, fines, potential for the forfeiture of property used in possession or to facilitate possession of a controlled substance (which may include homes, vehicles, boats, aircrafts and any other personal or real property), ineligibility to possess a firearm, and potential ineligibility to receive federal educational benefits (such as student loans and grants).

The federal government decides if and how a drug should be controlled. Psychoactive (mind-altering) chemicals are categorized according to Schedule I to V. This schedule designates if the drug must be prescribed by a physician and under what conditions. Factors considered in this categorization include a drug's known and potential medical value, its potential for physical or psychological dependence, and risk, if any, to public health. Penalties for the illegal sale or distribution of a drug are established using the designation of Schedule I to V.

Schedule I

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

Schedule II

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

Schedule III

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are: products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone

Schedule IV

Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol

Schedule V

Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin

FEDERAL TRAFFICKING PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500-4999 grams mixture	**First Offense:** 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. **Second Offense:** 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	**First Offense:** 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. **Second Offense:** 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. **2 or More Prior Offenses:** 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	

PENALTIES		
DRUG/SCHEDULE	**QUANTITY**	**PENALTIES**
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid) **Flunitrazepam (Schedule IV)**	Any amount 1 gram	**First Offense:** 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. **Second Offense:** 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.
Other Schedule III drugs	Any amount	**First Offense:** 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. **Second Offense:** 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.
All other Schedule IV drugs **Flunitrazepam (Schedule IV)**	Any amount Other than 1 gram or more	**First Offense:** Not more than 5 yrs. Fine not more than $250,000 if an individual, $1 million if not an individual. **Second Offense:** Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if other than an individual.
All Schedule V drugs	Any amount	**First Offense:** Not more than 1 yr. Fine not more than $100,000 if an individual, $250,000 if not an individual. **Second Offense:** Not more than 4 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.

Drug Enforcement Administration Drug Policy. *Drugs of Abuse: A DEA* Resource *Guide* (2024edition). Retrieved from Federal Trafficking Penalties

Federal Penalties for simple possession of a controlled substance

Penalties for simple possession
Pursuant to 21 U.S.C. § 844, it is unlawful for any person knowingly or intentionally to possess a controlled substance except as authorized by law. The statue also defines the term "drug or narcotic offense" as used in this section. For the complete statutory language and applicable penalties,, please refer to **21 U.S.C. § 844 – Simple Possession (Official U.S. Code):** 21 USC 844: Penalties for simple possession

Michigan Controlled Substance Laws

The State of Michigan regulates the possession, use, manufacture, creation, delivery, and distribution of controlled substances through the Michigan Public Health Code. Except as otherwise authorized by law (such as pursuant to a valid prescription), it is unlawful to knowingly possess, manufacture, create, deliver, or possess with intent to manufacture, create, or deliver a controlled substance, prescription form, or counterfeit prescription form.

Individuals who violate Michigan law may be subject to criminal penalties, including fines and imprisonment. Penalties vary depending on factors such as the type and quantity of the controlled substance, the nature of the offense, the location where the offense occurred, and whether the violation is a first or subsequent offense. Certain offenses involving the manufacture or delivery of controlled substances may be subject to enhanced penalties under Michigan law.

Michigan law also includes provisions addressing drug overdose response and provides limited protections from prosecution in certain circumstances when an individual seeks medical assistance for a drug overdose. In addition, Michigan law permits the medical use of marijuana under specific conditions and provides legal protections for qualified registered patients, caregivers, and other individuals as authorized by law.

For the current statutory language and applicable penalties, please refer to the Michigan Public Health Code, including **MCL 333.7401** (Manufacture, Delivery, or Possession with Intent to Manufacture or Deliver Controlled Substances), **MCL 333.7403** (Possession of Controlled Substances), **MCL 333.7404** (Immunity Related to Seeking Medical Assistance for an Overdose), and other applicable provisions. The official Michigan Compiled Laws are available through the Michigan Legislature at https://www.legislature.mi.gov.

Michigan Alcohol Laws

Michigan law regulates the purchase, possession, consumption, transportation, manufacture, sale, and furnishing of alcoholic beverages. Individuals who violate Michigan alcohol laws may be subject to civil or criminal penalties, including fines, imprisonment, community service, substance use education or treatment, driver's license sanctions, and other penalties as provided by law. Penalties vary depending on the nature of the offense, the age of the individual, prior violations, and other factors established by law.

Michigan law prohibits individuals under the age of 21 from purchasing, possessing, consuming, or attempting to purchase, possess, or consume alcoholic beverages, except as otherwise permitted by law. Michigan law also prohibits furnishing alcohol to individuals under the age of 21, the use of fraudulent identification to obtain alcohol, operating a vehicle while under the influence of alcohol or other intoxicating substances, possessing or transporting open containers of alcohol in a motor vehicle except as permitted by law, and other alcohol-related offenses.

For the current statutory language and applicable penalties, please refer to the Michigan Compiled Laws, including **MCL 436.1703** (Purchase, Possession, or Consumption of Alcohol by Individuals Under 21 Years of Age), **MCL 436.1701** (Selling or Furnishing Alcohol to Minors), **MCL 257.625** (Operating While Intoxicated or Visibly Impaired), and other applicable provisions. The official Michigan Compiled Laws are available through the Michigan Legislature at https://www.legislature.mi.gov.

Local Alcohol Laws

In addition to federal and state law, local ordinances may regulate the possession, consumption, sale, and use of alcoholic beverages. GRCC locations are subject to applicable local ordinances, including those adopted by the City of Grand Rapids and Ottawa County, as well as any municipality in which college programs or activities occur. Violations of local ordinances may result in civil infractions, fines, probation, rehabilitation, imprisonment, or other penalties as authorized by law.

For the current local ordinances, please refer to the applicable local code, including the City of Grand Rapids Code of Ordinances and the Ottawa County Code of Ordinances.

- City of Grand Rapids Code of Ordinances: https://www.municode.com/library/mi/grand_rapids/codes/code_of_ordinances
- Ottawa County Code of Ordinances: https://library.municode.com/mi/holland_charter_township,_(ottawa_co.)/codes/code_of_ordinances

Health Risks

According to the National Institute of Drug Abuse (NIDA), addiction is a chronic, relapsing disease characterized by compulsive drug seeking and use despite negative consequences and by long-lasting changes in the brain. Most drugs of abuse can alter a person's thinking and judgment, leading to health risks, including addiction, drugged driving and infectious disease. Most drugs could potentially harm an unborn baby.

The Controlled Substances Act (CSA) regulates five classes of drugs: Narcotics, Depressants, Stimulants, Hallucinogens and Anabolic steroids. Each class has distinguishing properties, and drugs within each class often produce similar effects. However, all controlled substances, regardless of class, share a number of common features.

All controlled substances have abuse potential or are immediate precursors to substances with abuse potential. With the exception of anabolic steroids, controlled substances are abused to alter mood, thought, and feeling through their actions on the central nervous system (brain and spinal cord). Some of these drugs alleviate pain, anxiety, or depression. Some induce sleep and others energize.

Though some controlled substances are therapeutically useful, the "feel good" effects of these drugs contribute to their abuse. The extent to which a substance is reliably capable of producing intensely pleasurable feelings (euphoria) increases the likelihood of that substance being abused.

When controlled substances are used in a manner or amount inconsistent with the legitimate medical use, it is called drug abuse. The non-sanctioned use of substances controlled in Schedules I through V of the CSA is considered drug abuse. The use of these

pharmaceuticals outside the scope of sound medical practice is drug abuse. In addition to having abuse potential, most controlled substances are capable of producing dependence, either physical or psychological.

NARCOTICS (Vary from Schedule I-Schedule V), also known as "opioids," the term "narcotic" comes from the Greek word for "stupor" and originally referred to a variety of substances that dulled the senses and relieved pain. Though some people still refer to all drugs as "narcotics," today "narcotic" refers to opium, opium derivatives, and their semi-synthetic substitutes.

A more current term for these drugs, with less uncertainty regarding its meaning, is "opioid." Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin®, Vicodin®, codeine, morphine, methadone, and fentanyl. Besides their medical use, narcotics/opioids produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to the drugs' abuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy. Effects on the body are slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing.

Physical dependence is a consequence of chronic opioid use and withdrawal takes place when drug use is discontinued. Early withdrawal symptoms often include watery eyes, runny nose, yawning and sweating. As withdrawals worsen, symptoms may include restlessness, irritability, loss of appetite, nausea, tremors, drug craving, severe depression, vomiting, increased heart rate and blood pressure, and chills alternating with flushing and excessive sweating.

Overdoses are not uncommon and can be fatal. Some effects of overdosing can include the following constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing.

Narcotics/opioids are controlled substances that vary from Schedule I to Schedule V, depending on their medical usefulness, abuse potential, safety, and drug dependence profile. Schedule I narcotics, like heroin, have no medical use in the U.S. and are illegal to distribute, purchase, or use outside of medical research.

STIMULANTS (Schedule I) Speed up the body's systems. Examples of the drug are prescription drugs such as amphetamines [Adderall® and Dexedrine®], methylphenidate [Concerta® and Ritalin®], diet aids [such as Didrex®, Bontril®, Preludin®, Fastin®, Adipex P®, Ionomin®, and Meridia®] and other illicitly used drugs such as methamphetamine, cocaine, methcathinone, and other synthetic cathinones that are commonly sold under the guise of "bath salts.

Chronic high dose use is associated with agitation, hostility, panic, aggression, and suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur. 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 situations, high fever, convulsions, and cardiovascular

collapse may precede death.

A number of stimulants have no medical use in the United States but have a high potential for abuse. These stimulants are controlled in Schedule I. Some prescription stimulants are not controlled, and some stimulants like tobacco and caffeine don't require a prescription — though society's recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking. Stimulant chemicals in over-the-counter products, such as ephedrine and pseudoephedrine, can be found in allergy and cold medicine.

DEPRESSANTS (controlled substances that range from Schedule I-Schedule IV) are known to put you to sleep, relieve anxiety and muscle spasms, and prevent seizures. They are abused to experience euphoria. Depressants like GHB and Rohypnol are also misused to facilitate sexual assault. Some of the effects are causing amnesia, leaving no memory of events that occur while under the influence, reduce reaction time, impair mental functioning and judgment, and cause confusion. Long term use will produce psychological dependence.Physical effects include slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision, dizziness, nausea, vomiting, low blood pressure, and slowed breathing. Barbiturates are older drugs and include butalbital (Fiorina®), phenobarbital, Pentothal®, Seconal®, and Nembutal®. A person can rapidly develop dependence on and tolerance to barbiturates, meaning a person needs more and more of them to feel and function normally. This makes them unsafe, increasing the likelihood of coma or death. Benzodiazepines were developed to replace barbiturates, though they still share many of the undesirable side effects including tolerance and dependence. Some examples are Valium®, Xanax®, Halcion®, Ativan®, Klonopin®, and Restoril®. Rohypnol® is a benzodiazepine that is not manufactured or legally marketed in the United States, but it is used illegally. Lunesta®, Ambien®, and Sonata® are sedative-hypnotic medications approved for the short-term treatment of insomnia that share many of the properties of benzodiazepines. Other CNS depressants include meprobamate, methaqualone (Quaalude®), and the illicit drug GHB. Large doses combined with other drugs or alcohol can be fatal.

Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-approved medical uses. Rohypnol® and Quaaludes® are not manufactured, legally marketed, and have no accepted medical use in the United States

HALLUCINOGENS (Schedule I) Hallucinogens are found in plants and fungi or are synthetically produced and are among the oldest known group of drugs used for their ability to alter human perception and mood. Psychic effects include distortions of thought associated with time and space. Time may appear to stand still, and forms and LSD powder and capsules colors seem to change and take on new significance. Weeks or even months after some hallucinogens have been taken, the user may develop an uncommon disorder called Hallucinogen Persisting Perception Disorder (HPPD) or experience "flashbacks." HPPD can include fragmentary recurrences of certain aspects of the drug experience in the absence of actually taking the drug. The occurrence of HPPD is unpredictable, but may be more likely to occur during times of stress and seems to occur more frequently in younger individuals.

Physiological effects include elevated heart rate, increased blood pressure, dilated pupils and often can include nausea and vomiting. A severe overdose can result in respiratory depression, coma, convulsions, seizures, and death due to respiratory arrest. Examples of hallucinogens are ecstasy/MDMA, ketamine, LSD, peyote & mescaline, psilocybin, marijuana/cannabis, and marijuana concentrates (honey, oil, butter).

Many hallucinogens are Schedule I under the Controlled Substances Act, meaning that they have a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.

STEROIDS (Schedule III) are synthetically produced variants of the naturally occurring male hormone testosterone. High doses of anabolic steroids may cause mood and behavioral effects. In some individuals, steroid use can cause dramatic mood swings, increased feelings of hostility, impaired judgment, and increased levels of aggression (often referred to as "roid rage"). When users stop taking steroids, they may experience depression that may be severe enough to lead one to commit suicide. In men, anabolic steroid use can cause shrinkage of the testicles, reduced sperm count, enlargement of the male breast tissue, sterility, and an increased risk of prostate cancer. In both men and women, anabolic steroid use can cause high cholesterol levels, which may increase the risk of coronary artery disease, strokes, and heart attacks.
Anabolic steroid use can also cause acne and fluid retention. Testosterone, trenbolone, oxymetholone, methandrostenolone, nandrolone, stanozolol, boldenone, and oxandrolone are some of the anabolic steroids that are most commonly encountered.

Anabolic steroids are Schedule III substances under the Controlled Substances Act. Only a small number of anabolic steroids are approved for either human or veterinary use. Anabolic steroids may be prescribed by a licensed physician for the treatment of testosterone deficiency, delayed puberty, low red blood cell count, breast cancer, and tissue wasting resulting from AIDS.

INHALANTS (not controlled by CSA) are known to induce psychoactive or mind-altering effects. Inhalant abuse can cause damage to the parts of the brain that control thinking, moving, seeing, and hearing. Cognitive abnormalities can range from mild impairment to severe dementia. Depending on the degree of abuse, the user can experience slight stimulation, feeling of less inhibition, or loss of consciousness. Within minutes of inhalation, the user may experience slurred speech, an inability to coordinate movements, euphoria, and dizziness. After heavy use of inhalants, users may feel drowsy for several hours and experience a lingering headache. Long term inhalant users include weight loss, muscle weakness, disorientation, inattentiveness, lack of coordination, irritability, depression, and damage to the nervous system and other organs. Some of the damaging effects to the body may be at least partially reversible when inhalant abuse is stopped; however, many of the effects from prolonged abuse are irreversible. 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. Other signs may include 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. With successive inhalations,

users may suffer loss of consciousness and/or death. Some examples are glue, lighter fluid, cleaning fluids and paint.

The common household products that are misused as inhalants are legally available for their intended and legitimate uses. Even though some substances are not currently controlled by the Controlled Substances Act, they pose risks to individuals who abuse them.

DESIGNER DRUGS Recently, the abuse of clandestinely synthesized drugs has re-emerged as a major worldwide problem. These drugs are illicitly produced with the intent of developing substances that differ slightly from controlled substances in their chemical structure while retaining their pharmacological effects. These substances are commonly known as designer drugs and fall under several drug categories. The following section describes these drugs of concern and their associated risks. Examples being, bath salts, K2 spice, and synthetic opioids.

BATH SALTS/SYNTHETIC CATHINONES are substances abused for their desired effects, such as euphoria and alertness and to mimic effects similar to those produced by cocaine, methamphetamine, and MDMA (ecstasy). Other effects that have been reported from the use of these drugs include psychological effects such as confusion, acute psychosis, agitation, combativeness, aggressive, violent, and self-destructive behavior. Adverse or toxic effects associated with the abuse of cathinones, including synthetic cathinones, include 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. Fatal reactions have occurred to those that are ingesting these products.

In July 2012, the U.S. Government passed Pub. L. 112- 144, the Synthetic Drug Abuse Prevention Act (SDAPA), that classified a number of synthetic substances under Schedule I of the Controlled Substances Act. SDAPA placed these substances in the most restrictive category of controlled substances. Cannabimimetic agents, including 15 synthetic cannabinoid compounds identified by name, two synthetic cathinone compounds (mephedrone and MDPV), and nine synthetic hallucinogens known as the 2C family, were restricted by this law. In addition, methylone and ten (10) synthetic cathinones that were subject to temporary control were permanently controlled by DEA through the administrative process. Another synthetic cathinone, N-ethylbentylone, was temporarily controlled in 2018. Other synthetic cathinones may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows these dangerous substances to be treated as Schedule I controlled substances if certain criteria can be met

K2/SPICE are intended to mimic THC, the main psychoactive ingredient in marijuana. These chemical compounds are generally found in bulk powder form, and then dissolved in solvents, such as acetone, before being applied to dry plant material to make the “herbal incense” products. They have been responsible for overdose deaths, including death by heart attack. Acute kidney injury requiring hospitalization and dialysis have occurred. Acute psychotic episodes, dependence, and withdrawal are associated with use of these synthetic cannabinoids. Some individuals have suffered from intense hallucinations. Other effects include severe agitation, disorganized thoughts, paranoid delusions, and violence after smoking products laced with these substances. These adverse bodily effects include tachycardia (elevated heart rate), elevated blood pressure, unconsciousness, tremors, seizures,

vomiting, hallucinations, agitation, anxiety, pallor, numbness, and tingling.

These substances have no accepted medical use in the United States and have been reported to produce adverse health effects. Currently, 43 substances are specifically listed as Schedule I substances under the Controlled Substances Act either through legislation or regulatory action. In addition, there are many other synthetic cannabinoids that meet the definition for "cannabimimetic agent" under the Controlled Substances Act and thus are Schedule I substances.

Synthetic cannabinoids may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows noncontrolled drugs to be treated as Schedule I controlled substances if certain criteria can be met. The DEA has successfully investigated and prosecuted individuals trafficking and selling these dangerous substances using the Controlled Substance Analogue Enforcement Act.

SYNTHETIC OPIOID are substances that are synthesized in a laboratory and that act on the same targets in the brain as natural opioids (morphine and codeine) to produce analgesic effects. Abuse parallels that of heroin and prescription opioid analgesics. Many of these illicitly produced synthetic opioids are more potent than morphine and heroin and thus have the potential to result in a fatal overdose. Overdose effects of clandestinely produced synthetic opioids are similar to other opioid analgesics. These effects may include stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to deGRCCath. The presence of triad of symptoms such as coma, pinpoint pupils, and respiratory depression are strongly suggestive of opioid poisoning.
Many synthetic opioids are currently controlled under the Controlled Substances Act. The DEA temporarily placed U-47700 and several other substances that are structurally related to fentanyl, such as acetyl fentanyl, butyryl fentanyl, beta-hydroxythiofentanyl, and furanyl fentanyl, in Schedule I of the Controlled Substances Act. In February 2018, the DEA temporarily placed fentanyl-related substances in Schedule I of the CSA. Other synthetic opioid substances may be subject to prosecution under the Controlled Substance Analogue Enforcement Act which allows non-controlled substances to be treated as Schedule I substances if certain criteria are met. The DEA has successfully investigated and prosecuted individuals trafficking and selling these dangerous substances using the Controlled Substances Analogue Enforcement Act

DRUGS OF CONCERN
Even though some substances are not currently controlled by the Controlled Substances Act, they pose risks to individuals who abuse them. The following section describes these drugs of concern and their associated risks. Examples are DMX, Kratom and Salia Divinorum.

DMX is a cough suppressor found in more than 120 over-the counter (OTC) cold medications, either alone or in combination with other drugs such as analgesics (e.g., acetaminophen), antihistamines (e.g., chlorpheniramine), decongestants (e.g., pseudoephedrine), and/ or expectorants (e.g., guaifenesin). It is abused in high doses to experience euphoria and visual and auditory hallucinations. Some of the many psychoactive effects associated with a high dose of DXM include: Confusion, inappropriate laughter, agitation, paranoia, and hallucinations. Other sensory changes, including the feeling of

floating and changes in hearing and touch. Long-term abuse of DXM is associated with severe psychological dependence. Intoxication involves over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, and involuntary spasmodic movement of the eyeballs. Users may experience liver damage, rapid heart rate, lack of coordination, vomiting, seizures and coma.

DXM is a legally marketed cough suppressant that is neither a controlled substance nor a regulated chemical under the Controlled Substances Act.

KRATOM is a tropical tree native to Southeast Asia. Consumption of its leaves produces both stimulant effects (in low doses) and sedative effects (in high doses), and can lead to psychotic symptoms, and psychological and physiological dependence. It produces stimulant effects with users reporting increased alertness, physical energy, and talkativeness. At high doses, users experience sedative effects. Kratom consumption can lead to addiction. Individuals addicted to kratom exhibited psychotic symptoms, including hallucinations, delusion, and confusion. Kratom's effects on the body include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Users of kratom have also experienced anorexia, weight loss, insomnia, hepatotoxicity, seizure, and hallucinations.

Kratom is not controlled under the Controlled Substances Act. The FDA has not approved Kratom for any medical use. In addition, DEA has listed kratom as a Drug and Chemical of Concern.

SALVIA DIVINORUM is a perennial herb in the mint family that is abused for its hallucinogenic effects. It affects a user's perceptions of bright lights, vivid colors, shapes, and body movement, as well as body or object distortions. Salvia divinorum may also cause fear and panic, uncontrollable laughter, a sense of overlapping realities, and hallucinations. Adverse physical effects may include: Loss of coordination, dizziness, and slurred speech.

Neither Salvia divinorum nor its active constituent Salvinorin A has an approved medical use in the United States. Salvia divinorum is not controlled under the Controlled Substances Act.

For a complete list of short- and long-term health effects and treatment options, visit https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts

Drug Enforcement Administration Drug Policy. *Drugs of Abuse: A DEA* Resource *Guide* (2024 edition). Retrieved from https://www.getsmartaboutdrugs.gov/publication/drugs-abuse

III. Drug and Alcohol Programs

The following training, programs, resources, counseling, treatment, rehabilitation, or reentry programs are available to employees and/or students as described below.

A. Employees

i. Human Resources provides compliance training to all new employees via Vector

Solutions (formerly known as SafeColleges). Drug Free Workplace is included in the compliance training package to complete. In addition to the training module, all new employees receive information on GRCC's Drug and Alcohol Policy and DAAPP.

ii. The College offers an Employee Assistance Program (EAP), contracted through Pine Rest, free and accessible to any employee who may be seeking confidential counseling, assessment and/or treatment options. The EAP is a benefit paid for by the College. The EAP hotline (800) 442-0809 is accessible 24 hours a day, seven days a week. Employees are eligible for up to three pre-treatment and assessment interviews per incident at no cost for problems requiring further assistance. Additional information about the EAP is available on the HR webpage: https://www.grcc.edu/faculty-staff/human-resources/benefits-insurance/health-insurance-plans/employee-assistance-program

iii. Substance abuse needs are also covered by all medical plans offered by GRCC Employees pay only their plan's deductible or co-pay for all treatment services.

iv. Leaves of Absence. GRCC provides leave options for employees under the Family and Medical Leave Act (FMLA), as well as other leave options that are not covered by the FMLA. Employees who need time away from work to participate in treatment should contact the Human Resources Department to discuss available leave options and request a leave of absence. The reason for the leave will be maintained as confidential, consistent with applicable laws and College policy.

Approved leaves may be taken as a continuous leave of absence or, when appropriate, on an intermittent basis. Medical leave requests and any required documentation must be supported by the employee's health care provider and coordinated through the Human Resources Department.

B. Students

i. An email is sent to all students enrolled in credit and non-credit courses each semester from the Dean of Students Office covering a variety of topics around safety, rights and responsibilities.

ii. The Center for Counseling and Well-Being webpage offers an Online Mental Health Screening tool, which can be accessed at: https://www.grcc.edu/students-resources/counseling-wellbeing
At the end of each anonymous screening, the student will receive an immediate result that can be printed and taken to a clinician for further evaluation. A screening test is not a substitute for a complete evaluation but it can help them learn if their symptoms are consistent with depression, bipolar disorder, an alcohol problem, an anxiety disorder or post-traumatic stress disorder and how to access help. This program is designed for individuals age 17 and above. The online screening is completely confidential.

iii. During the Fall and Winter Welcome Week Activities, the Campus Activities Board set up an Alcohol Awareness table, distributing flyers on alcohol awareness. A GRCC Police Officer was involved and engaged in discussion with students around this topic.

iv. Center for Student Life and Leadership hosted a panel discussion on Marijuana

and passage of proposal 1.

v. The College offers Question, Persuade, and Refer (QPR) workshops which provide trainees with the knowledge to recognize suicide warning signs as well as the skills to be able to refer students to the appropriate services.

vi. Through the GRCC Center for Counseling and Well-Being, students have free access to licensed counselors on campus for initial screening/consultation in regards to a concern around substance use, with possible referral to an outside agency.

vii. Student athletes are presented with general information during their Orientation about alcohol/drug use, as well as resources if they find themselves struggling with abuse.

viii. As part of our Addiction Studies Certificate, GRCC offers the following classes for credit:

a. CJ 245 Substance Abuse
b. CJ 246 Alcohol Use and Abuse
c. CJ 250 Addiction Recovery and Client Advocacy
d. CJ 275 Addiction Treatment with Diverse Populations

C. Local and Regional Resources (Students and Employees)

i. The following drug and alcohol related services and resources are available through local agencies:

1. **Detoxification Services:** Detoxification is a service for adults intended to help them manage the physical process of withdrawal from substances more comfortably. The goal is to prepare a person for continued treatment for a substance use or co-occurring disorder.
2. **Outpatient Services:** Individual and/or group-oriented counseling services for individuals, typically on the basis of scheduled appointments of an hour or more at a community agency.
3. **Services for Pregnant Women and Women with Children:** *Eligible pregnant women and women with children are given priority status in accessing substance use disorder treatment*. network180 providers offer many different programs that are gender specific, outreach based, and are designed to work with the whole family. Gender specific services not only provide therapy but also case management, support, and ensuring families basic needs are met.
4. **Residential Treatment Services:** Organized system of comprehensive services in a facility setting for individuals with a substance use disorder. A course of treatment will vary according to need, and the focus is on acquiring the skills and resources needed to transition to ongoing community-based care and recovery.
5. **Methadone:** Counseling, case management and methadone dosing services along with precisely measured doses of methadone to help individuals with longer histories of opiate use. The program helps individuals manage cravings, reduce the risks they might otherwise take (or present to others) and engage in a process of recovery.

6. **Specialized Treatment Services:**
   Arbor Circle Recovery Management**:** Long-term community-based treatment and recovery coaching for men and women with chronic and unstable substance use disorders, family focused treatment and case management services for women with a substance use disorder who also have responsibility for children.

7. **National Clearinghouse for Alcohol and Drug Information:** Educational information on Drug and Alcohol Abuse

8. Regional resources and agencies available to students and employees include, but are not limited to:

   1. Arbor Circle (http://www.arborcircle.org)
      Main Campus
      1115 Ball Ave NE
      Grand Rapids, MI
      49505 (616) 456-6571
      Newaygo Campus
      1035 E Wilcox Ave
      White Cloud, MI 49349
      (231) 652-1780

   2. Mel Trotter Ministries (https://www.meltrotter.org/)
      225 Commerce Ave SW
      Grand Rapids, MI 49503
      (616) 454-8249

   3. Network180 (http://network180.org/en/)
      790 Fuller Ave. NE
      Grand Rapids, MI
      49403
      (616) 336-3909 or (800) 749-7720
      Routine business hours:
      Monday – Friday 8am –5pm
      Access Line open 24/7

   4. Reach for Recovery (https://reachforrecovery.org/)
      Holland Location
      483 Century Lane

Holland, MI 49423
(616) 396-5284

Grand Haven Location
700 Washington Ave., Suite 220
Grand Haven, MI 49417
(616) 396-5284

5. Wedgewood (www.wedgwood.org)
   3300 36th Street SE
   Grand Rapids, Michigan 49512
   (616) 942-2110

6. Salvation Army Adult Rehabilitation Center
   (https://www.salvationarmyusa.org/mi/grand-rapids/south-division-ave/) 1491 S Division Ave
   Grand Rapids, MI 49507
   (616) 452-3133 ext 101

7. Pine Rest Psychiatric Urgent Care
   Center/Pine Rest Christian Mental
   Health Services 300 68th St. SE
   Grand Rapids, MI 49548
   Urgent Care: (616) 455-5490
   https://www.pinerest.org/services/psychiatric-urgent-care-center/

   Non Emergency: (866) 852-4001
   https://www.pinerest.org/addiction/

Alcohol Screening Assessment

- http://www.rehabs.com/assessments/alcohol-addiction-quiz/
- Self-Assessment Quizzes are available on their website

For additional resources:

- Addiction Center https://www.addictioncenter.com/ 1-844-359-5766
- Al-Anon Family Group Headquarters https://al-anon.org/ 1-757-563-1600
- Substance Abuse and Mental Health Services Administration 1-877-726-4727
- National Council on Alcoholism and Drug Dependence 1-800-NCA-CALL
- National Center on Drug Abuse Hotline 1-800-662-HELP (4357)
- Help Crisis Line 616-459-2255
- Alcoholics Anonymous 616-913-9149 (24-Hour Helpline)
- National Institute on Alcohol Abuse and Alcoholism Provides general information about Alcoholism https://www.niaaa.nih.gov/
- United Way First Call for Help Line – Dial 2-1-1 or visit www.211.org

- National Director of Addiction and Recovery Programs and Treatment Centers www.recoverycorps.us

IV. Disciplinary Sanctions

GRCC will impose sanctions on students and employees for violation of GRCC's policies and standards of conduct (consistent with federal, state, and local laws) up to and including reprimands, expulsion, termination, and referral for prosecution. Possible sanctions are described in more detail below.

A. Employees:

Human Resources handles disciplinary matters at GRCC. The concept of progressive discipline will be utilized in most cases, taking into consideration the severity of the incident, prior disciplinary action, applicable policies, and other relevant factors.

The following corrective actions (sanctions) may be imposed by the College for a violation of our Drug and Alcohol Policy:

1. Verbal Notice. The supervisor will consult with Human Resources and will meet with the employee to discuss the problem and the improvements that are expected. The supervisor will document the meeting and place a copy of the results of that meeting in the department's employee file.
2. Written Warning. A formal, written reminder documenting the problem and expected improvements. A copy of the formal written notice is provided to the employee, and placed in the Human Resources employee file.
3. Suspension Without Pay. A formal, written explanation of the problem and time off to emphasize the seriousness of the problem and that dramatic behavior change is needed immediately. A copy of the suspension without pay notice is provided to the employee, and placed in the Human Resources employee file.
4. Final Written Warning. The College may, at its discretion, choose to impose a final written warning in lieu of suspension. Exempt salaried personnel who are suspended for less than one week shall receive their wages in accordance with the Fair Labor Standards Act.
5. Termination. When it has been determined that an employee is unable or unwilling to meet the conditions of employment at GRCC, termination results.

B. Students:

The Director of Student Life and Leadership or designee handles matters that require disciplinary action at GRCC. The concept of progressive discipline will be utilized in all cases, taking into consideration the severity of the incident, the number of times the student has been referred to the conduct system, etc.

The following sanctions/consequences may be imposed by the College for general misconduct:

1. Verbal warning
2. Written warning

3. Probation – A period of observation and review of conduct during which the student or recognized Student Organization must demonstrate compliance with College standards. Terms of this probationary period will be determined at the time probation is imposed.
4. Removal from a course
5. Restitution – compensation for loss, damage, or injury. This may take the form of appropriate service and/or monetary or material replacement.
6. Suspension – The student or recognized Student Organization has temporary loss of student status for a specified length of time.
7. Expulsion – Is an act of terminating a student's enrollment at GRCC. This means the student may no longer participate in any GRCC activity or be on GRCC property owned, operated, leased, or maintained for any purpose.
8. Other Sanctions – Other sanctions may be imposed instead of, or in addition to, specific sanctions listed in this section. These may include, but are not limited to: recommendations for counseling, establishment of mandatory behavior conditions/contract-signing stating agreed-upon behavior expectations for continued enrollment or reenrollment; loss of access to college computers and/or network; a specific project designed to assist the student in better understanding the overall impact of his or her behavioral infraction; a contract of terms for restitution of damages/stolen property before enrollment is continued and/or records are released. Suspension without pay from his or her on campus job; prohibit participation in extracurricular activities or interscholastic or leadership positions, or community service.
9. Revocation of Admission and/or Degree – Admission to or a degree awarded from GRCC may be revoked for fraud, misrepresentation, or other violation of GRCC standards in obtaining the degree, or for other serious violations committed by a student prior to graduation.
10. Withholding Degree – GRCC may withhold awarding a degree otherwise earned until the completion of the process set forth in this Student Code of Conduct, including the completion of all sanctions imposed, if any.

V. Notification of the DAAPP

A. Employee Notification

Notification of the information contained in the DAAPP is distributed to all current employees of the College on an annual basis via an all-staff email and Employee News. New employees will receive notification during their Orientation process. The DAAPP is also available for review online via our Consumer Information section of our website. This can be found at Drug and Alcohol Abuse Resources | Grand Rapids Community College.

B. Student Notification

Notification of the information contained in the DAAPP is distributed to all currently

enrolled students each semester via email. Queries are run to ensure all late-starting students are notified. The DAAPP is also available for review online via our Consumer Information section of our website. This can be found at Drug and Alcohol Abuse Resources | Grand Rapids Community College.

VI. Oversight Responsibility

The Dean of Students and the Executive Director of Human Resources designees shall serve as the main contacts that will have oversight responsibility of the DAAPP including, but not limited to: updates, coordination of information required in the DAAPP, and coordination of the annual notification to employees and students, and the biennial review. The DAAPP Oversight Team has been established to assist with these responsibilities. This team is responsible to the College President and provides a report to the President's Cabinet annually.

July 2026