HAVERFORD COLLEGE

What Every Student Should know about:

Substance Use, Abuse And Health Risks Alcohol and Other Drug Policy
A FRESHMAN’S STORY

“I didn’t drink much in high school and I can count the number of times I smoked weed on one hand. Lots of my friends partied more than I did but I was busy with other things and didn’t really get into that scene. I couldn’t wait to get to Haverford and be on my own. I didn’t know what to expect but I definitely expected good things. I have to admit that I was surprised at how much beer drinking went on during the first weekends on campus. I wanted to fit in and meet people of course and I was anxious about it. Without thinking much about it, I began drinking a lot more than I was used to.

“To make a long story short, on the third weekend of school, I woke up at 4 AM in the emergency room at the hospital. There were tubes in my arms and I was very, very sick. If my friends hadn’t called Safety and Security it could have been much worse. But the worst of it was when bits and pieces of the night before started coming back. I felt completely embarrassed by my behavior. I remembered vomiting and staggering around and talking complete nonsense. And then I realized that I would have to break the news to my parents about what happened before they got the hospital bill. That’s was a conversation I’ll never forget. “This all happened almost a year ago but I still cringe every time I think about it. What a waste that was. I had seen other people get really messed up at parties and I never thought that would ever be me.”

A 2006 published in The Journal of American College Health reveals the following problems encountered among college freshmen as a result of drinking.

Sick and vomiting 52%
Having a blackout (loss of memory) 43%
Regrettable sexual situations 29%
Missing class or work 27%
Problems in relationships 20%
Medical emergencies 14%
Physical altercations 12%
Cited or arrested for alcohol violation 11%
Academic trouble at school 9%
Suspended or expelled from school 4%

Freshman year at Haverford College is enough of a challenge without having the problems listed above. We hope you take the time to become familiar with the valuable information in this handbook and use it to avoid the unnecessary consequences of irresponsible drinking and substance use.

Catherine Sharbaugh, Director, Student Health Services
Joye Shragar, Substance Abuse Educator
HELPFUL TIPS AND USEFUL INFORMATION

The following pages are designed to provide students with basic information to help make healthy choices regarding alcohol and other drug use and to avoid the potentially dangerous and self-destructive incidents that can occur, especially during freshman year. Please take a few moments to familiarize yourself with the Blood Alcohol Level Charts, the dangers of mixing alcohol and prescription medications, facts about typical drugs of abuse, and the “DO’S and DON”TS” of Alcohol First Aid.

But first, here are some tips based on the experience of hundreds of Haverford students. Remember that the effects of overdrinking, such as vomiting, blackouts, being embarrassed in front of your friends, sexual encounters that you later regret, and the possibility of your parents’ receiving a bill from Bryn Mawr Hospital Emergency Department, etc. are an optional part of your college experience.

**Tip #1.**
Don’t drink when you are feeling intense emotions, either positive or negative. Many students have had a bad drinking experience after the elation of a success or the deflation of a perceived failure.

**Tip #2.**
Don’t “pregame” (i.e. drinking several drinks in a short amount of time prior to attending an event). Consequences include a greater possibility of alcohol poisoning, blacking out, passing out and/or getting physically ill. It takes time for your body to feel the effect of the alcohol, don’t drink it all at once.

**Tip #3.**
Don’t play drinking games. Students who have never drunk irresponsibly have found themselves with alcohol overdoses and the ensuing complications because they played a drinking game especially for the first time.

**Tip #4.**
Don’t mix alcohol with other street drugs or prescription medication. Don’t take prescription stimulants e.g. Adderall to artificially increase your capacity to drink. This has led many students into blackout situations, (being awake, but not remembering what you said or did,) with the ensuing complications.

**Tip #5.**
Don’t fall into the trap of using prescription stimulants or over-the-counter medications to fuel marathon study sessions. These prescription drugs are highly addictive. Students have found that the “rebound effect” of using stimulants for improved academic performance defeats the purpose they are trying to achieve.

**Tip #6.**
Do know the laws in Pennsylvania. The legal age for drinking alcohol in
Pennsylvania is 21. Pennsylvania is a Zero Tolerance state in regard to drinking and driving. For drivers under the age of 21, the Blood Alcohol Content (BAC) limit is .02%, which is easily exceeded after one drink. For those 21 and over, the legal limit for driving is .08%.

**Tip #7.**
Don’t drink mixed drinks which contain grain alcohol (everclear). Don’t drink out of punch bowls.

**Tip #8.**
Do know what constitutes a “drink”. In general, a “drink” is considered: 12 oz of beer, 1.25 oz of 80 proof alcohol, 1 oz of 100 proof alcohol or 4 oz of wine. Many students believe they are only having 1 or 2 drinks, but in reality they may be consuming much more.

**Tip #9.**
If you choose to drink, do set the tone from the first on-campus party for a standard of healthy, responsible drinking by using the following “0-1-2-3” wellness model of drinking designed for college students.

- **0** - Drinks if you are driving.
- **1** - Drink per hour. (Which is how fast your body metabolizes one drink of alcohol)
- **2** - No more than two drinking occasions per week.
- **3** - No more than three drinks per drinking occasion.

Surveys taken on college campuses throughout the country bring to light a surprising and interesting statistic. That is that 33% of students drink 75% of the alcohol consumed during an academic year. This points out that the majority of students drink moderately or not at all. It also indicates that there is a sizable minority whose drinking may not only put themselves at risk, but whose drinking can effect the environment of the entire floor, dorm or campus. Twenty-five drunken students at a party can seem like 250.

A school such as Haverford, which challenges it’s students with a tradition of personal responsibility and commitment to the community, can be an environment where the Alcohol Policy achieves it’s goal of “maintaining a community in which alcohol abuse and it’s effects are minimal.”

Visit the Student Health Services website to access detailed information relating to alcohol and other drug issues. It also has a self-administered Personal Alcohol Screen- ing Tool where you can see how you rate on a scale that measures criteria for substance abuse. Our Substance Abuse Educator, Joye Shrag, is available for confidential consultations with students to discuss their own issues, or concerns they may have about family or friends. Students can also e-mail questions to jshrager@haverford.edu
HAVERFORD COLLEGE ALCOHOL POLICY

The alcohol policy is an expression of the deep level of trust Haverford has in its students and in their ability to govern themselves. Dealing with alcohol is one of the most difficult challenges of student self-government, and for the policy to work and for the College to continue the tradition of a student-administered alcohol policy students must commit themselves to it - its freedoms as well as its weighty obligations - and respond as required if and when the policy is violated.

It is important to note that the College’s alcohol policy does not suggest or imply that the College supports or encourages underage drinking. Nor does it give license to drink in a dangerous or abusive manner. What it does do is give students the freedom to make individual choices about drinking, with the expectation that students will behave responsibly, safely and respectfully as well as respect the laws of the Commonwealth of Pennsylvania.

There are numerous sections of the Crime Code of the Commonwealth of Pennsylvania that deal with intoxicating liquor. An increasing public concern about alcohol abuse and alcohol-related injuries has been followed by a developing body of case law that has extended the liabilities of vendors to non-commercial or “social” hosts on whose premises alcohol is served to minors or intoxicated persons of any age. The Haverford College Policy of Drug-Free Schools, adopted in compliance with federal requirements, forbids the unlawful possession, use of, or distribution of illicit drugs or alcohol.
THE ALCOHOL POLICY:

The Alcohol Policy, in conjunction with planned educational activities and support services, is designed to achieve the following goals:

1. To remind students of the laws of the Commonwealth of Pennsylvania and of the Social Honor Codes, both of which should govern their behavior with respect to alcohol;
2. To stress moderation, safety, and individual accountability for those who choose to drink;
3. To maintain a social atmosphere that is free of coercion for those who choose not to drink and a climate in which alcohol is not the center of parties or other social events;
4. To maintain a community in which alcohol abuse and its effects are minimal;
5. To provide confidential and effective guidance for those with specific needs related to alcohol use and alcoholism;
6. To provide information and education about the effects of alcohol for all students.

All members of the community are expected to be familiar with and abide by the Alcohol Policy. It is the duty of all students to conduct themselves in a manner consistent with the Honor Code, in addition to helping others to do the same. With regard to the consumption of alcohol, it is recognized that students are responsible for their own well-being, as well as the well-being of others. Thus, behavior that puts lives at risk, in terms of mental and physical health and legal liability, cannot be condoned.

Students have the responsibility to confront others whose behavior under the influence of alcohol is inconsistent with their welfare and concern for others in the community. When community members lose their ability to reason and control their actions due to excessive alcohol consumption, it is threatening to them, to those around them and ultimately to the community as a whole. Students should accept responsibility for preventing themselves and others from ever reaching that point.

(see http://http://jsaapp.haverford.edu/alcohol-policy/)

THE DRUG POLICY

The Colleges are neither law enforcement agencies nor sanctuaries from the larger society and its laws. The drug policy, therefore, in conjunction with planned educational activities and support services, is designed to achieve the following goals:

1. To remind students that the Social Honor Codes, the federal laws and the laws of the Commonwealth of Pennsylvania do apply to their behavior with respect to the use of drugs;
2. To stress individual accountability for those who choose to use illegal drugs;
3. To maintain a Bi-college community where the harmful effects of drug use can be minimized;
4. To inform the members of the Bi-college community of the availability of confidential and effective guidance and resources for those with questions and concerns related to drug use, dependence and abuse;
5. To encourage all members of the Bi-college community to become familiar with the physiological and legal aspects of drug use, dependence and abuse.

**SUMMARY OF PARTY GUIDELINES:**

1. Plan what time your party will start and end, the date, and the location.
2. Remember that invitations may not mention (or depict through illustration) alcohol in any way. Also, invitations may not mention the collection of donations. Invitations must relate the necessity of a tri-co ID for all party guests. If alcohol will be served at your event, you may NOT put up posters or advertise it through mass e-mail (e.g. Weekly Wednesday) or on the GO! web page, unless you receive approval as a fine arts or music event by JSAAPP. In no case may you advertise the presence of alcohol at the party or event.. Notify JSAAPP if alcohol will be present and you expect more than 35 guests. This way, JSAAPP can give you some more information about the Alcohol Policy and how it will pertain to your specific party.
3. Notify JSAAPP if alcohol will be present and you expect more than 35 guests. This way, JSAAPP can give you some information about the alcohol policy and how it will pertain to your specific party.
4. Notify your neighbors about the party so they are aware of potential associated noise. Noise at parties (e.g. loud music and outside talking) should stop at a time appropriate to the party’s location (on-campus, off-campus, or apartments) and night of the week, but no later than 3AM on a Friday or Saturday or 1AM on Sunday -Thursday.
5. Notify Tom King (tking@haverford.edu) so that Safety and Security is aware of the party. Inform him of the location, start time, and designated host(s) of the party.
6. Notify Fern Hall (fhall@haverford.edu) of Housekeeping to arrange for clean-up supplies, e.g. trash bags and cans. Remember that party hosts are responsible for clean-up, not Housekeeping.
7. Check IDs at the door to ensure that only invited tri-co students and their guests are present. Having students from outside the tri-co community (especially those from local high schools) at the party presents legal issues for both you and the college.
8. Control the serving of alcohol, if present.
9. Only the designated party hosts may control the distribution of alcohol at a party. This way, someone can assess how much a guest has drunk and ensure
these alcohol servers may not consume alcohol before or during the time they are serving.

10. As outlined in the Haverford Alcohol Policy, alcoholic beverages must remain within a designated private space. Please remind guests to honor this request for their safety and out of respect for the entire Haverford community.

11. For your protection, alcohol may only be served inside.

12. Display a sheet with the contents of mixed drinks and punch bowls, including amounts and types of alcohol in each. Your guests should know what they’re drinking before they drink it, and this will help them judge how much they wish to consume.

13. Do not accept funds for admission or for the serving of alcohol. Otherwise, you are selling alcohol, which has negative legal consequences for you.

14. In keeping with the goals of the Alcohol Policy, provide non-alcoholic beverages and food in appropriate quantities, since some party guests may not want to drink.

15. Respect and respond to any requests to lower the noise level of your party.

16. Monitor and control the safety and behavior of all party guests.

**What others can do for you:**

JSAAPP (jsaapp@gmail.com):

- can provide reimbursement for non-alcoholic drinks and food served at the party (keep receipts!)
- can give guidance on understanding Haverford’s Alcohol Policy and the Party Guidelines.

Quaker Bouncers (quakerbouncers@gmail.com):

- can provide a sober presence at large parties to ensure safety of students
- can give advice on how to manage alcohol at a party
- can help if a medical emergency arises at the party
- can remove a non-invited or out-of-control guest from campus

*for complete party guidelines, see http://jsaapp.haverford.edu/party-guidelines/
BLOOD ALCOHOL LEVELS AND BEHAVIOR

For individuals who are not tolerant, alcohol effects are a function of blood alcohol level.

Blood Alcohol Level Predictable Behavioral Effects

<table>
<thead>
<tr>
<th>Blood Alcohol Level</th>
<th>Behavioral Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired Use Caution 0.02 to 0.03%</td>
<td>Non-tolerant drinkers begin to feel some effects such as mild relaxation and light-headedness.</td>
</tr>
<tr>
<td>0.04 to 0.05%</td>
<td>Most people feel relaxation and warmth along with mild euphoria; judgment is somewhat impaired.</td>
</tr>
<tr>
<td>0.06 to 0.07%</td>
<td>Euphoria or intensification of existing mood; deficits in motor coordination and reaction time; less ability to make rational decisions; driving is risky,</td>
</tr>
<tr>
<td>0.08 to 0.09%</td>
<td>Euphoria with increasing disorientation; clear impairment of motor skills; slurred speech; no recognition of mental and motor deficits; poor decision making; driving is dangerous.</td>
</tr>
<tr>
<td>Intoxicated Needs Close Observation 0.10 to 0.12%</td>
<td>Emotions are extremely exaggerated; lack of coordination and balance; thought and judgment are markedly impaired; recognition of impairment is lost; driving is extremely dangerous.</td>
</tr>
<tr>
<td>0.13 to 0.15%</td>
<td>Euphoric feelings have given way to dysphoric (unpleasant) feelings, difficulties in walking, talking, or standing; blackouts” possible, loss of control over behavior; accidents.</td>
</tr>
<tr>
<td>Medical Emergency Seek Medical Care Immediately 0.25%</td>
<td>Dysphoric mood or numbness; all mental, physical, and sensory functions are severely impaired; nausea and vomiting; high risk of accidents; many people lose consciousness (pass out).</td>
</tr>
<tr>
<td>0.30%</td>
<td>Stuporous; little comprehension of environment; loss of consciousness likely, difficult to arouse.</td>
</tr>
<tr>
<td>0.35%</td>
<td>Loss of consciousness; physiology at the level of surgical anesthesia; death due to respiratory arrest is possible.</td>
</tr>
<tr>
<td>0.40%</td>
<td>Comatose; absence of perception; death due to respiratory arrest is likely.</td>
</tr>
<tr>
<td>0.45%</td>
<td>Deep coma and death due to anesthesia of nerve centers controlling respiration and heartbeat.</td>
</tr>
</tbody>
</table>
Approximate Blood Alcohol Levels as a Function of Number of Drinks and Time Determined by Weight for Women

<table>
<thead>
<tr>
<th>Number of Drinks</th>
<th>Number of Hours</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 lb. Woman</td>
<td></td>
<td>0.02</td>
<td>0.04</td>
<td>0.06</td>
<td>0.09</td>
<td>0.12</td>
<td>0.16</td>
<td>0.21</td>
<td>0.28</td>
</tr>
<tr>
<td>140 lb. Woman</td>
<td></td>
<td>0.01</td>
<td>0.03</td>
<td>0.05</td>
<td>0.07</td>
<td>0.09</td>
<td>0.12</td>
<td>0.16</td>
<td>0.21</td>
</tr>
<tr>
<td>180 lb. Woman</td>
<td></td>
<td>0.009</td>
<td>0.019</td>
<td>0.029</td>
<td>0.039</td>
<td>0.049</td>
<td>0.060</td>
<td>0.072</td>
<td>0.084</td>
</tr>
<tr>
<td>120 lb. Woman</td>
<td></td>
<td>0.021</td>
<td>0.043</td>
<td>0.066</td>
<td>0.096</td>
<td>0.134</td>
<td>0.171</td>
<td>0.219</td>
<td>0.269</td>
</tr>
<tr>
<td>160 lb. Woman</td>
<td></td>
<td>0.012</td>
<td>0.024</td>
<td>0.036</td>
<td>0.050</td>
<td>0.066</td>
<td>0.084</td>
<td>0.104</td>
<td>0.125</td>
</tr>
<tr>
<td>200 lb. Woman</td>
<td></td>
<td>0.006</td>
<td>0.012</td>
<td>0.018</td>
<td>0.026</td>
<td>0.036</td>
<td>0.048</td>
<td>0.060</td>
<td>0.072</td>
</tr>
</tbody>
</table>

Note: The numbers represent blood alcohol levels in grams per liter of blood.
Approximate Blood Alcohol Levels as a Function of Number of Drinks and Time Determined by Weight for Men

<table>
<thead>
<tr>
<th>120 lb. Man</th>
<th>160 lb. Man</th>
<th>200 lb. Man</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Drinks</strong></td>
<td><strong>Number of Hours</strong></td>
<td><strong>Number of Drinks</strong></td>
</tr>
<tr>
<td>1</td>
<td>0.015</td>
<td>0.007</td>
</tr>
<tr>
<td>2</td>
<td>0.046</td>
<td>0.030</td>
</tr>
<tr>
<td>3</td>
<td>0.077</td>
<td>0.054</td>
</tr>
<tr>
<td>4</td>
<td>0.109</td>
<td>0.077</td>
</tr>
<tr>
<td>5</td>
<td>0.140</td>
<td>0.101</td>
</tr>
<tr>
<td>6</td>
<td>0.171</td>
<td>0.124</td>
</tr>
<tr>
<td>7</td>
<td>0.202</td>
<td>0.155</td>
</tr>
<tr>
<td>8</td>
<td>0.234</td>
<td>0.186</td>
</tr>
<tr>
<td>9</td>
<td>0.265</td>
<td>0.216</td>
</tr>
<tr>
<td>10</td>
<td>0.296</td>
<td>0.246</td>
</tr>
<tr>
<td>11</td>
<td>0.327</td>
<td>0.279</td>
</tr>
<tr>
<td>12</td>
<td>0.359</td>
<td>0.311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>140 lb. Man</th>
<th>180 lb. Man</th>
<th>220 lb. Man</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Drinks</strong></td>
<td><strong>Number of Hours</strong></td>
<td><strong>Number of Drinks</strong></td>
</tr>
<tr>
<td>1</td>
<td>0.010</td>
<td>0.004</td>
</tr>
<tr>
<td>2</td>
<td>0.037</td>
<td>0.025</td>
</tr>
<tr>
<td>3</td>
<td>0.064</td>
<td>0.046</td>
</tr>
<tr>
<td>4</td>
<td>0.091</td>
<td>0.067</td>
</tr>
<tr>
<td>5</td>
<td>0.117</td>
<td>0.088</td>
</tr>
<tr>
<td>6</td>
<td>0.144</td>
<td>0.109</td>
</tr>
<tr>
<td>7</td>
<td>0.171</td>
<td>0.132</td>
</tr>
<tr>
<td>8</td>
<td>0.198</td>
<td>0.150</td>
</tr>
<tr>
<td>9</td>
<td>0.225</td>
<td>0.171</td>
</tr>
<tr>
<td>10</td>
<td>0.253</td>
<td>0.192</td>
</tr>
<tr>
<td>11</td>
<td>0.282</td>
<td>0.216</td>
</tr>
<tr>
<td>12</td>
<td>0.305</td>
<td>0.236</td>
</tr>
</tbody>
</table>
**ALCOHOL: WHAT IT IS WHAT IT CAN DO**

Alcohol is a chemical that acts like a drug in the body. It can affect important organs and systems of the body, such as the brain and nervous system, the stomach and digestive system, the liver, and more. The seriousness of its effects depends on how much and how often you drink alcohol.

The government takes alcohol seriously enough that it legally limits access to adults. This is because the effects of alcohol are especially dangerous for children. Alcohol interferes with the development of the nervous system in the growing child even before birth. In fact, it is now known that alcohol can severely damage the unborn child of a woman who abuses alcohol while she is pregnant, causing what is called Fetal Alcohol Syndrome.

Alcohol should be used responsibly and cautiously by adults because of the many effects it can have on the body. Special caution should be taken by individuals with chronic diseases and those taking medicines.

**WHAT EFFECTS ALCOHOL CAN HAVE ON YOUR BODY**

Alcohol has very different effects on different people. It can even affect the same person differently at different times. Four factors determine the effects of alcohol:

- How much you drink
- How much you weigh
- How much food you have eaten
- How quickly you drink

The central nervous system and brain

Alcohol is a central nervous system depressant. Though at low blood levels you will feel stimulated and less inhibited, alcohol acts much like depressants, such as sedative drugs.

Even moderate amounts of alcohol affect the brain. This is why you should not drink alcohol when you plan to drive a car or operate machinery.

Alcohol and the stomach

Alcohol irritates the lining of the esophagus (food pipe) and the stomach. It can cause gastritis, an inflammation of the stomach that can lead to gastrointestinal bleeding.

These effects of a moderate amount of alcohol are reversible if you stop drinking alcohol. If you are a heavy drinker, the risk for damage is much greater-tearing of the stomach lining, ulceration, and more severe bleeding can result.

Alcohol and the Liver

Alcohol can cause even more problems when used excessively. Chronic use of
excessive amounts of alcohol can lead to serious complications in the liver, the organ where alcohol is processed. Cirrhosis and alcoholic hepatitis are the two most serious consequences in the liver; in fact, chronic excessive alcohol consumption is the single leading cause of illness and death from liver disease in the U.S.

**WHAT YOU NEED TO KNOW ABOUT ALCOHOL & MEDICINES**

You may be unaware of how alcohol affects your body and some of the over-the-counter and prescription medicines you may take. These effects can vary depending on how much alcohol you drink and which medicine you take. With certain medicines, you may need to avoid drinking alcohol altogether.

Over-the-counter and prescription medicines can give you relief and help you stay healthier, as long as you take them correctly. Drinking alcohol can sometimes affect how other medicines work.

Alcohol can interact harmfully with some common over-the-counter medicines. And about 100 prescription medicines can produce unwanted effects when taken with alcohol. These problems can be minor or very severe, and even fatal.

Sometimes it’s just the simple combination of a moderate amount of alcohol and recommended doses of medicines that can cause a bad effect. In other cases, it’s excessive amounts of alcohol consumed on a regular basis combined with excessive doses of medication that cause a bad reaction.

Factors that need to be considered about alcohol and your medicines:

- Specific medicine or medicines taken
- Amount of medicine taken
- Amount of alcohol consumed
- Time of drinking in relation to time of taking medicine
- How the particular medicine is broken down by your body

**ALCOHOL AND OVER-THE-COUNTER PAIN RELIEVERS**

The U.S. Food and Drug Administration (FDA) has urged manufacturers to include an alcohol warning on all over-the-counter pain relievers. This includes acetaminophen (Tylenol®), ibuprofen (Advil®), acetaminophen (Actron® and Orudis® KT™), and naproxen sodium (Aleve®).

If you consume three or more alcohol-containing drinks per day, you should consult your health care provider for advice.

How alcohol interacts with NSAIDs

NSAIDs are Non Steroidal Anti-Inflammatory Drugs—a class of pain relievers that includes aspirin, ibuprofen (Advil®), ketoprofen (Orudis® KT™ and Actron®), and naproxen sodium (Aleve®). NSAIDs to varying degrees can cause serious
gastrointestinal (stomach) ulceration and bleeding. In addition, alcohol by itself is a stomach irritant.

If you take any of these pain relievers and drink alcohol, the risk of stomach irritation and bleeding can be increased. The more you drink and the more medicine you take, the greater the problem can be.

Alcohol and Tylenol

Chronic heavy alcohol abusers and binge drinkers may be at increased risk of liver toxicity from excessive acetaminophen use. If you drink 3 or more alcoholic beverages per day, the usual dosing of acetaminophen should be avoided to prevent liver toxicity. The charts on the following page include some of the most commonly used over-the-counter and prescription medicines and how they react when used with alcohol. Remember that your healthcare professional is the best source of information. So talk to your healthcare professional if you have any questions.

ALCOHOL AND OTHER DRUGS

Recreational drugs and alcohol do not directly transmit microorganisms, but the effects of alcohol and drug use can lead to sexually transmitted infections. Safer sex takes thinking, communicating, planning, and skill. Sex under the influence of alcohol and other drugs, like driving under the influence, is NOT SAFE.

Impairment

Impairment refers to deficits in performance, judgment, memory, and motor skills which occur because of alcohol consumption. As noted earlier in the charts, impairment becomes noticeable at blood-alcohol levels of 0.05% which can occur when as few as two drinks are consumed in an hour by a 120 pound woman.

The deceptive part about impairment is that, by definition, a person with impaired judgment cannot recognize his or her own impairment. The individual thinks he or she is functioning well, when actually he or she is not. Later there is an impaired memory of the impaired performance. Impairment can be a group process. If a group of individuals are all drinking heavily, they may reassure one another that they are all functioning well, when in fact each of them has significant mental and behavioral impairment that would be obvious to an outside observer.

Tolerance

Tolerance means that the alcohol (drug) becomes less effective with repeated administration and that higher doses are needed to gain the same prior effect. It is the body’s way of adapting to having a foreign substance in the system. While tolerance may seem to some to be a desirable state, it significantly increases the risk of dependence, addiction and other long-term health problems, and social problems (see Long-Term Health Risks and Other Medical Problems).

In addition, a person with high tolerance may not feel or look intoxicated when consuming large amounts of alcohol, but his or her cognitive and psychomotor
skills are nevertheless impaired. For example, a heavy drinker could still be lucid at .25%, whereas the average person would barely be able to function. Even so, the heavy drinker would be extremely dangerous if operating a motor vehicle. If an individual has established such a high tolerance that he or she can be awake, aware, and functional at blood-alcohol levels of 0.25% or greater, this fact by itself usually indicates an alcohol addiction.

**Long-Term Health Risks And Other Medical Problems**

Other medical problems and long-term effects of excessive alcohol consumption can include elevated blood pressure, increased risk of heart attack, pancreatitis, cancer of the mouth and throat, cancer of the digestive system, and cirrhosis of the liver. In males, chronic heavy usage is associated with testicular atrophy and breast enlargement. Moderate alcohol intake may increase the risk of breast cancer. Women who drink while pregnant risk the occurrence of fetal alcohol syndrome (FAS) in their unborn children. Fetal alcohol syndrome is associated with birth defects and mental retardation. Another side effect of alcohol consumption is unwanted weight gain. A standard serving of alcohol has between 75-150 calories, depending on the type of drink, and merely adding one glass of wine a day to one’s diet can result in a weight gain of ten pounds in a year.

**Other Depressant Drugs**

Like alcohol, barbiturates, tranquilizers, and methaqualone are also considered depressant drugs. The health risks associated with their uses are:

- **Barbiturates** – slowed heart rate and breathing, lowered blood pressure, slowed reaction, confusion, weakened emotional control, distortion of reality, reduced awareness, intoxication.
- **Tranquilizers** (valium: librium: ativan: tranzene) – slowed heart rate and breathing, lowered blood pressure, relaxation, drowsiness, confusion, loss of coordination, intoxication, changes in personality.
- **Methaqualone** (quaaludes) – slowed heart rate and breathing, lowered blood pressure, sleepiness, feeling of well being, loss of coordination, dizziness, impaired perception, confusion, and hangover.
- **GHB (Date Rape Drug)** This sedative which has been banned by the FDA since 1990, is often produced in-home laboratories. Overdose can occur easily and alcohol seems to increase the effects of GHB. Overdose signs are drowsiness, loss of consciousness, seizures and coma. This drug is the major reason why it’s strongly recommended not to drink out of a punch bowl or open container at a party.

In addition, the abuse of depressants can lead to physical dependence in a relatively brief time. Driving under the influence of depressants can cause accidents due to slowed reactions, confusion, etc. Other serious accidents can happen because the user is not in full control.
Overdoses can cause coma, respiratory arrest, convulsions, and even death. Depressants taken in combination (such as alcohol plus barbiturates) are very dangerous. They can cause coma and death. Withdrawal can be dangerous and may require medical attention.

**Stimulants and Cocaine**

Stimulants speed up the central nervous system. Amphetamines, such as speed (benzedrine and dexedrine), are stimulant drugs that will cause: increased heart rate and blood pressure, loss of appetite, and increased activity levels: a feeling of alertness, self-confidence followed by depression: hallucinations, paranoia, and temporary mental derangement as a result of heavy dose.

Some hazards of abuse are: 1. the user can go beyond physical limits and suffer harmful exhaustion: 2. tolerance and psychological dependence can develop: 3. withdrawal from the drug can result in suicidal depression: 4. continued high doses can cause physical dependence, heart problems, infections, malnutrition, and death.

Cocaine, another stimulant drug, may cause a number of effects including: quickened pulse and circulation, sharpened reactions, restlessness, feelings of well-being, alertness, overconfidence, confusion, anxiety, depression, paranoia, nervous exhaustion, and hallucination as a result of heavy doses.

Some hazards of abuse are: 1. physical and psychological dependence: 2. the destruction of nasal tissues from snorting the drug: 3. lesions in lungs caused by smoking the drug: 4. convulsions, respiratory paralysis, cardiac arrest, and death can result from overdose: 5. impulsive behavior which can lead to high risk actions such as unprotected sex.

Other commonly abused stimulants include dextroamphetamine and methamphetamine. The effects and hazards to health are similar to amphetamines. Other legal and widely used stimulants are nicotine in tobacco and caffeine which is found in coffee, tea, cola, and other beverages.

**Caffeine:**

Caffeine may be found in coffee, tea, soft drinks, specialty drinks such as Red Bull® and Monster Energy® drinks, chocolate, certain prescription and non-prescription medications. Consuming a moderate amount (About 250mgs. or three 8 ounce cups of coffee) of caffeine each day is not believed to pose a threat to your health. More than that is considered excessive and you should probably cut back.

Side effects of caffeine include:

Insomnia, nervousness, and interactions with medications. If you’re pregnant, have heart disease, high blood pressure or gastro-intestinal problems, you should avoid caffeine.
Nicotine:

All commercial tobacco products including chewing tobacco are effective nicotine/drug delivery devices. Nicotine alters the structure of the nervous systems receptor up-regulation. It also alters the modulation of neurotransmitters, hormones, and brain metabolic and electrical activity. It produces physical and psychological dependence, tolerance, reinforcement, and mood altering effects. Smoking increases the levels of dopamine in the brain, and may produce enhanced pleasure from the use of tobacco.

Facts about nicotine:
- Nicotine can impair performance when experiencing withdrawal symptoms.
- Performance impairment has been observed within 4 hours of tobacco deprivation.
- Nicotine withdrawal symptoms include feeling of anger, stress, and irritability.

Successful quitting includes a plan that combines nicotine replacement therapy with behavioral, and psychological changes.

Marijuana

Marijuana is a green, brown, or gray mixture of dried, shredded leaves, stems, seeds, and flowers of the leavy plant (cannabis sativa). Strong forms of cannabis include sinsemilla, hash, and hash oil. All forms are mind-altering (psychoactive) drugs; they all contain THC (delta-9-tetrahydrocanna-binol), the main active chemical in marijuana. They also contain more than 400 other chemicals. Lately, marijuana cigarettes or blunts (sliced opened cigar with replaced tobacco for marijuana) often include crack cocaine.

Side effects include: dizziness, trouble walking, silly and giggly for no reason, very red blood shot eyes, loss of short term memory, dry mouth, confusion, and hallucinations. Long term use may create changes in the brain that make a person more at risk of becoming addicted to other drugs and alcohol, also cause paranoia and a psychosis-like state, and chronic lung disease.

How is marijuana harmful?

Marijuana effects memory, ability to handle complex tasks, effects perception and reaction time - may increase risk of auto crashes. Increased risk of risky sexual behavior. Under the influence of marijuana, students may find it hard to study and learn. Athletes could find their performance is off, timing, movements, and coordination are all affected by THC. Research has shown that marijuana’s adverse impact on memory and learning can last for days or weeks after the acute effects of the drug wear off. Marijuana and THC may also play a role in long-term health problems such as some cancers, respiratory problems and problems with the immune system.
Adderal and Ritalin:

These stimulant medications are often prescribed for individuals with Attention Deficit Disorder. They have become drugs of abuse on college campuses, abused by students for the “speed” effect, which can enable students to drink more or study late into the night. When mixed with alcohol, these stimulants can contribute to intoxication to the point of blackouts or alcohol poisoning. In addition, when mixed with alcohol or other drugs, these medications can cause increased blood pressure and seizures. As a study aid, stimulants have been shown to be ineffective because they disrupt sleep patterns and have a rebound effect, which reduces a student’s ability to concentrate and learn. Both these medications are classified as addictive drugs. Long term use causes problems similar to amphetamine abuse, e.g. heart problems and early stage malnutrition.

Hallucinogens:

Hallucinogens (or psychedelics) are substances capable of distorting perceptions, sensation, self-awareness, and emotions. LSD and PCP are examples of these hallucinogenic drugs.

The effects of using LSD—also known as acid or lysergic acid diethylamid—include increased heartbeat, blood pressure, blood sugar, irregular breathing, euphoria, loss of ability to separate fact and fantasy, distortion of senses, hallucination, paranoia, panic, and violence.

Some hazards of abuse include: 1. the quick development of tolerance: 2. increased risk of birth defects in user’s children: 3. the recurrence of effects (“flashbacks”) days or weeks later, even without further use of LSD: 4. death due to accident or suicide.

The effects of PCP—also known as angel dust or phencyclidine—are unpredictable but may include brief euphoria, distorted perceptions, depressions, hallucinations, confusion, drowsiness, depersonalization, loss of coordination, and irrational behavior. Some hazards of abuse include: 1. tolerance develops quickly: 2. overdose can cause psychosis, convulsions, coma, death: 3. use can result in violent behavior including murder, suicide, or accidents.

“Ecstasy” (MDMA, MDA) is an atypical stimulant with some hallucinogenic qualities. This drug is produced in bootleg labs and it can contain ephedrine, caffeine, ketamine or any number of substances in amounts from 50 mg to 200 mg. Because it can be difficult to know exactly what dose of the drug one is taking, overdosing is an inherent danger, causing kidney failure and possible long-term damage to serotonin neurons. Ecstasy is also known to effect short term memory. It can be highly addictive.

Oxycontin, Heroin and other Narcotics:

Narcotics have become more popular in recent years due to the increased availability of Oxycontin, a powerful prescription painkiller and the increased abuse of heroin by snorting rather than injection with a needle. Percoset and Darvocet are also drugs of abuse in this category. These drugs are extremely addictive. It doesn’t
matter whether the drugs are swallowed, injected or snorted, dependency develops quickly and overdose is a significant danger. Withdrawal from these drugs is difficult and painful. Risks from long-term use include malnutrition, infection and hepatitis. Sharing needles increases the risk of contracting HIV infection and Hepatitis B.

STUDENT ATHLETES

The use of performance-enhancing drugs (e.g. anabolic steroids, amphetamines, etc.) by athletes in an attempt to gain a possible athletic advantage is a threat to their health and undermines the spirit of sportsmanship. Such drug use also threatens the health of others because of the pressure it may put on them to experiment with dangerous substances.

Student athletes often have misconceptions about alcohol and other drug use. For instance, being in good shape doesn’t increase one’s capacity to metabolize alcohol. In other words, a person in good shape can’t drink more without feeling the effects any more than a person in poor shape. Student athletes can often feel it’s disloyal to the team to decline to over drink with the rest of the team on weekends. Drinking together is often seen as a way to develop team solidarity but it usually instead sets a standard for team mediocrity. Drinking or drugging as a way of dealing with the stress of competition only creates more stress. Even moderate drinking or drug use affects performance. In most cases, an athlete’s participation in college sports is the last opportunity for athletes to experience the intensity, excitement and enjoyment of organized competition, and many later express regret that they didn’t take better advantage of this opportunity and challenge to perform at their highest level.

What is in a standard drink?

<table>
<thead>
<tr>
<th>12 fl oz of regular beer</th>
<th>8–9 fl oz of malt liquor (shown in a 12 oz glass)</th>
<th>5 fl oz of table wine</th>
<th>1.5 fl oz shot of 80-proof spirits (“hard liquor”—whiskey, gin, rum, vodka, tequila, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>about 5% alcohol</td>
<td>about 7% alcohol</td>
<td>about 12% alcohol</td>
<td>about 40% alcohol</td>
</tr>
</tbody>
</table>

The percent of “pure” alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.
HOW OVER-THE-COUNTER MEDICINES

Over-the-Counter Medicines
NSAID Pain Relievers, i.e. aspirin, Advil, Aleve, Actron, OrudisKT

Can cause to varying degrees stomach and intestinal bleeding, bleeding ulcers

Non-NSAID Pain Relievers i.e. Tylenol

Chronic alcohol abuse and excessive acetaminophen use have been associated with liver complications

Antihistamines, i.e. Benadryl

Greater sedative effect, drowsiness, convulsions

Decongestants, i.e. Sudafed

Dizziness, nausea, vomiting, nervousness, increased heart rate, increased blood pressure

HOW PRESCRIPTION MEDICINES CAN REACT WITH ALCOHOL

Prescription Medicines
Narcotic Pain Medicines, i.e. Codeine, Darvon*

Can Cause Greater sedative effect, drowsiness, confusion

Antiarthritis, i.e. Naprosyn*, Motrin*

Stomach and intestinal bleeding, bleeding ulcers.

Antianxiety/Sedatives, i.e. Valium*, Barbiturates

Greater sedative effect, drowsiness, confusion

Antidepressants, i.e. Prozac*, Elavil*, MAO inhibitors

Greater sedative effect, drowsiness, confusion, other nervous system effects

Oral Antidiabetics, i.e. Micronase*

Altered control of blood sugar, most often hypoglycemia, facial flushing, and headache

Anti-infectives, i.e. Flagyl*

Facial flushing, headache, nausea, vomiting, and abdominal distress

Birth Control Pills

Nausea, and if vomiting pill may not be effective
ALCOHOL FIRST AID

Severe intoxication and/or alcohol poisoning can be quite dangerous. Here are some basic guidelines to help you size up the scene and decide how to help a drunken friend.

DO

1) Assist the person to a comfortable and safe place.
2) Use a calm, strong voice; be firm.
3) Assess if the person is in a life-threatening situation and Call Safety and Security if in doubt.
4) Lay the person down on their side with knees tip so they won’t choke if they vomit.
5) Check breathing every fifteen minutes. Do not leave them alone!
6) Stay with them if they vomit, to be sure they don’t swallow or breathe in the vomitus.

DON’T

1) Don’t give cold showers - the shock may make the person pass out.
2) Don’t try to walk them around.
3) Don’t provoke a fight by arguing with or laughing at someone who is drunk.
4) Don’t try to counsel the person-confront their behavior later when they are sober.
5) Don’t give them anything to eat or drink - coffee and food will not help, and the person may choke.
6) Don’t permit the person to drive.
7) Don’t give him/her any drugs; drugs will not help him/her sober up, and in combination with alcohol they may be lethal.
8) Don’t induce vomiting.
Call Safety And Security At 610-896-1111 Or Use A Yellow

Emergency Telephone Immediately If:

• the person can not be aroused by shaking or shouting
• the person’s breathing rate is shallow, irregular, slowed to less than 6 - 7 breaths per minute
• the person drank alcohol in combination with any “downer” (sedative or tranquilizer)
• the person sustained a blow to the head or any injury which caused bleeding
• the person drank a large quantity (e.g. 1/2 quart of liquor) within a short period then collapsed

IF YOU ARE NOT SURE WHAT TO DO BUT THINK A PERSON NEEDS HELP, CALL FOR MEDICAL ADVICE

Haverford College Health Services: 610-896-1089
Monday - Thursday 9:00 a.m. - 6:00 p.m.
Friday 9:00 a.m. -5:00 p.m.
After hours and on weekends;
Call Safety and Security (610-896-1111)
to speak to a Health Care Professional
HAVERFORD COLLEGE SERVICES AND REFERRALS

Haverford College Health Services.........................................................(610) 896-1089
Location - Morris Building
Catherine Sharbaugh, Family Nurse Practitioner, Director..................(610) 896-1089
Joye Shrager, Substance Abuse Educator..............................................(610) 896-1089
e-mail -jsrager@haverford.edu
Haverford College Counseling and Psychological Services..............(610) 896-1290
Location - Founders Hall
Philip Rosenbaum, Director. CAPS......................................................(347) 669-0823
For Personal Screening Tool and specific information visit the Student Health Center
Alcohol and Other Drug Website http://www.haverford.edu/healthservices/resources/
drugs_and_alcohol.php
For alcohol policy and policy guideline questions.........................jsaapp@haverford.edu

COMMUNITY SERVICES

Local AA/NA Meetings
Often the best way to learn more about drug and alcohol abuse, and to decide if
it relates to you personally, is to attend an AA or NA meeting. And of course, AA
and NA meetings are one of the best ways to support early recovery. Following is
a list of good local meetings. Contact the Substance Abuse Educator
jsrager@haverford.edu if you have any questions or want to meet another recover-
ing student.
• 562 Center: 562 Lancaster Ave., Haverford, PA – clubhouse with meetings
  throughout the day. (AA)
• Bryn Mawr Hospital, Nurse’s Cafeteria, Monday and Wednesday at 8:00 p.m.,
  Saturday at 9:30 a.m., 7:30 p.m. (AA)
• Church of the Redeemer: Pennswood and New Gulph Rds. Thursday at
  8:30 p.m. (AA & NA)
Online meeting finder for Southeastern PA -www.sepenaa.org/meetings.asp
• Alcoholics Anonymous Information Center
  (Central Office)........................................................................Tel. (215) 923-7900
Narcotics Anonymous......................................................................Tel. (215)-NA-WORKS
Al-Anon................................................................................................Tel. 1-888-4AL-ANON
A support group for the family or friends of an individual who engages in addictive
behavior.
Adult Children of Alcoholics.......................................................www.adultchildren.org
Support groups for individuals who have grown up in an unpredictable or abusive
environment.

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