



2018 - 2019
Drug and Alcohol
Abuse
Prevention
Program
(DAAPP)

Drug Free Campus Guidelines

In compliance with the Drug-Free Schools and Communities Act (DFSCA) and Part 86 of the Department's General Administrative Regulations requirement, Lively Technical Center (LTC) has developed and implemented a drug and alcohol abuse prevention program (DAAPP). This guide provide the legal penalties under Federal law for the illegal possession or distribution of drugs and alcohol, as well the range of school sanctions that can be enforced for violation of the LTC's policies regarding substance abuse. All students and employees are required sign as receiving these guidelines. The DAAPP guidelines and policies are distributed annually to students and employees in August and January. If any employees are hired after the distribution in August and January, LTC will be distributed their information during their orientation to the school.

Policy: The United States Department of Education has issued regulations for the implementation of the provisions of the "Drug-Free Schools and Communities Act Amendments of 1989" (Public law 101-226). The school will distribute annually to each student and employee information regarding the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on school property.

Standards of Conduct: Lively Technical Center is committed to a campus free of illegal drug use, misuse and abuse of prescription drugs, underage drinking and alcohol abuse. The school has no tolerance for illegal activity or any other harmful conduct influenced by drugs or alcohol. Unlawful possession as well as the distribution of illegal drugs or alcohol is prohibited on school property or as part of its activities. The school will cooperate fully with the School Resource Office and other law enforcement agencies and will apply appropriate internal disciplinary processes should a student or an employee violate criminal statutes with regard to illegal drugs or possession or sale of alcohol.

Federal Trafficking Penalties

| Federal Trafficking Penalties for Schedules I, II, III, IV, and V (except Marijuana) | | | | |
|--|--|---|--|---|
| Schedule | Substance/Quantity | Penalty | Substance/Quantity | Penalty |
| II | Cocaine 500-4999 grams mixture | <p>First Offense: Not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual.</p> <p>Second Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.</p> | Cocaine 5 kilograms or more mixture | <p>First Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual.</p> <p>Second Offense: Not less than 20 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p> <p>2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p> |
| II | Cocaine Base 28-279 grams mixture | | Cocaine Base 280 grams or more mixture | |
| IV | Fentanyl 40-399 grams mixture | | Fentanyl 400 grams or more mixture | |
| I | Fentanyl Analogue 10-99 grams mixture | | Fentanyl Analogue 100 grams or more mixture | |
| I | Heroin 100-999 grams mixture | | Heroin 1 kilogram or more mixture | |
| I | LSD 1-9 grams mixture | | LSD 10 grams or more mixture | |
| II | Methamphetamine 5-49 grams pure or 50-499 grams mixture | | Methamphetamine 50 grams or more pure or 500 grams or more mixture | |
| II | PCP 10-99 grams pure or 100-999 grams mixture | PCP 100 grams or more pure or 1 kilogram or more mixture | | |
| Substance/Quantity | | Penalty | | |
| Any Amount Of Other Schedule I & II Substances | | First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than Life. Fine \$1 million if an individual, \$5 million if not an individual. | | |
| Any Drug Product Containing Gamma Hydroxybutyric Acid | | 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. | | |
| Flunitrazepam (Schedule IV) 1 Gram | | First Offense: Not more than 10 yrs. If death or serious bodily 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. |
| Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam) | 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. |
| Any Amount Of All Schedule V Drugs | 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. |

Federal Trafficking Penalties - Marijuana

| Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances | |
|--|--|
| Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants | First Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual. Second Offense: Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual. |
| Marijuana 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants | First Offense: Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual. Second Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50million if other than an individual. |
| Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants | First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual. |
| Hashish More than 10 kilograms | Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual. |
| Hashish Oil More than 1 kilogram | |
| Marijuana less than 50 kilograms marijuana (but does not | |

| Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances | |
|--|---|
| include 50 or more marijuana plants regardless of weight) | First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual. |
| 1 to 49 marijuana plants | |
| Hashish 10 kilograms or less | Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual. |
| Hashish Oil 1 kilogram or less | |

Health Risks

The following briefly summarizes health risks and symptoms associated with the use of alcohol and other drugs. It is important to note that individuals experience alcohol and drugs in different ways based on physical tolerance, body size and gender, and on a variety of other physical and psychological factors.

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

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

Prescription Medications - Prescription drugs that are abused or used for non-medical reasons can alter brain activity and lead to dependence. Commonly abused classes of prescription drugs include opioids (often prescribed in the treatment of pain), central

nervous system depressants (often prescribed to treat anxiety and sleep disorders), and stimulants (prescribed to treat narcolepsy, ADHD, and obesity). Long-term use of opioids or central nervous system depressants can lead to physical dependence and addiction. Taken in high doses, stimulants can lead to compulsive use, paranoia, dangerously high body temperatures and irregular heartbeat.

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

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

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

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

Heroin and other opiates - Addiction and dependence can develop rapidly. Use is characterized by impaired judgment, slurred speech, and drowsiness. Overdose is

manifested by coma, shock, and depressed respiration, with the possibility of death from respiratory arrest. Withdrawal problems include sweating, diarrhea, fever, insomnia, irritability, nausea, vomiting, and muscle and joint pains.

Hallucinogens or psychedelics - These include LSD, mescaline, peyote, and phencyclidine or PCP. Use impairs and distorts one's perception of surroundings, causes mood changes, and results in visual hallucinations that involve geometric forms, colors, persons, or objects.

Solvent inhalants (e.g., glue, lacquers, plastic cement) - Fumes from these substances cause problems similar to alcohol. Incidents of hallucinations and permanent brain damage are more frequent with chronic use.

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

Damage from intravenous drug use - In addition to the adverse effects associated with the use of a specific drug, intravenous drug users who use unsterilized needles or who share needles with other drug users can develop HIV, hepatitis, tetanus (lock jaw), and infections in the heart. Permanent damage or death can result.

Synthetic cannabis (K2 and Spice) - This is a psychoactive designer drug derived of natural herbs sprayed with synthetic chemicals that, when consumed, allegedly mimic the effects of cannabis. Synthetic cannabis can precipitate psychosis and in some cases it is prolonged. These studies suggest that synthetic cannabinoid intoxication is associated with acute psychosis, worsening of previously stable psychotic disorders, and also may have the ability to trigger a chronic (long-term) psychotic disorder among vulnerable individuals such as those with a family history of mental illness.

Bath Salts (Brand names include Blizzard, Blue Silk, Charge+, Ivory Snow, Ivory Wave, Ocean Burst, Pure Ivory, Purple Wave, Snow Leopard, Stardust, Vanilla Sky, White Dove, White Knight and White Lightning) - Bath salts are a dangerous drug whose full risks and effects are still unknown. Doctors have reported that bath salts can cause rapid heartbeat, high blood pressure, chest pains, agitation, hallucinations, extreme paranoia and delusions. Long-term effects are believed to be similar to methamphetamine (meth). Taking a lot of it for a long time can lead to emotional and physical "crash-like" feelings of depression, anxiety and intense cravings for more of the drug. Since it contains amphetamine-like chemicals, bath salts will always carry the risk of stroke, heart attack and sudden death.

Quick Glance

Narcotics

| Drugs | Physical Dependence | Psychological Dependence |
|------------------------|---------------------|--------------------------|
| Heroin | High | High |
| Morphine | High | High |
| Codeine | Moderate | Moderate |
| Hydrocodone | High | High |
| Hydromorphone | High | High |
| Oxycodone | High | High |
| Methadone and LAAM | High | High |
| Fentanyl and Analogues | High | High |
| Other Narcotics | High – Low | High - Low |

Possible Effect, Effects of Overdose and Withdrawal Symptoms

| Possible Effects | Effects of Overdose | Withdrawal Symptoms |
|------------------------|----------------------------|---------------------|
| Euphoria | Slow and shallow breathing | Yawning |
| Drowsiness | Clammy skin | Loss of Appetite |
| Respiratory depression | Convulsions | Irritability |
| Constricted pupils | Coma | Tremors |
| Nausea | Possible death | Panic |
| | | Cramps |
| | | Nausea |

| Possible Effects | Effects of Overdose | Withdrawal Symptoms |
|------------------|---------------------|---------------------|
| | | Runny nose |
| | | Chills and sweating |
| | | Watery eyes |

Depressants

| Drugs | Physical Dependence | Psychological Dependence |
|-------------------|---------------------|--------------------------|
| Chloral Hydrate | Moderate | Moderate |
| Barbiturates | High-Moderate | High-Moderate |
| Benzodiazepines | Low | Low |
| Glutethimide | High | Moderate |
| Other Depressants | Moderate | Moderate |

Possible Effect, Effects of Overdose and Withdrawal Symptoms

| Possible Effects | Effects of Overdose | Withdrawal Symptoms |
|--|----------------------|---------------------|
| Slurred speech | Shallow respiration | Anxiety |
| Disorientation | Clammy skin | Insomnia |
| Drunken behavior without odor of alcohol | Dilated pupils | Tremors |
| | Weak and rapid pulse | Delirium |

| Possible Effects | Effects of Overdose | Withdrawal Symptoms |
|------------------|---------------------|---------------------|
| | Coma | Convulsions |
| | Possible death | Possible death |

Stimulants

| Drugs | Physical Dependence | Psychological Dependence |
|-------------------------------|---------------------|--------------------------|
| Cocaine | Possible | High |
| Amphetamine / Methamphetamine | Possible | High |
| Methylphenidate | Possible | High |
| Other Stimulants | Possible | High |

Possible Effect, Effects of Overdose and Withdrawal Symptoms

| Possible Effects | Effects of Overdose | Withdrawal Symptoms |
|---|----------------------------|-----------------------|
| Increased alertness | Agitation | Apathy |
| Euphoria | Increased body temperature | Long periods of sleep |
| Increased pulse rate and blood pressure | Hallucinations | Irritability |
| Excitation | Convulsions | Depression |
| Insomnia | Possible death | Disorientation |
| Loss of appetite | | |

Cannabis

| Drugs | Physical Dependence | Psychological Dependence |
|-------------------------|----------------------------|---------------------------------|
| | | |
| Marijuana | Unknown | Moderate |
| | | |
| Tetrahydrocannabinol | Unknown | Moderate |
| | | |
| Hashish and Hashish Oil | Unknown | Moderate |
| | | |

Possible Effect, Effects of Overdose and Withdrawal Symptoms

| Possible Effects | Effects of Overdose | Withdrawal Symptoms |
|-------------------------|----------------------------|--------------------------------|
| | | |
| Euphoria | Fatigue | Occasional reports of insomnia |
| | | |
| Relaxed inhibitions | Paranoia | Hyperactivity |
| | | |
| Increased appetite | Possible psychosis | Decreased appetite |
| | | |
| Disorientation | | |
| | | |

Hallucinogens

| Drugs | Physical Dependence | Psychological Dependence |
|----------------------|----------------------------|---------------------------------|
| | | |
| LSD | None | Unknown |
| | | |
| Mescaline and Peyote | None | Unknown |
| | | |
| Amphetamine Variants | Unknown | Unknown |
| | | |

| Drugs | Physical Dependence | Psychological Dependence |
|------------------------------|---------------------|--------------------------|
| Phencyclidines and Analogues | Unknown | High |
| Other Hallucinogens | None | Unknown |

Possible Effect, Effects of Overdose and Withdrawal Symptoms

| | Effects of Overdose | Withdrawal Symptoms |
|---|--------------------------------------|---------------------|
| Illusions and hallucinations | Longer, more intense "trip" episodes | Unknown |
| Altered perception of time and distance | Psychosis | |
| | Possible death | |

Anabolic Steroids

| Drugs | Physical Dependence | Psychological Dependence |
|--|---------------------|--------------------------|
| Testosterone (Cypionate, Enanthate) | Unknown | Unknown |
| Nandrolone (Decanoate, Phenpropionate) | Unknown | Unknown |
| Oxymethalone | Unknown | Unknown |

Possible Effect, Effects of Overdose and Withdrawal Symptoms

| Possible Effects | Effects of Overdose | Withdrawal Symptoms |
|--------------------|---------------------|---------------------|
| Virilization | Unknown | Possible depression |
| Acne | | |
| Testicular atrophy | | |
| Gynecomastia | | |
| Edema | | |

Treatment

Medication and behavioral therapy, alone or in combination, are aspects of an overall therapeutic process that often begins with detoxification, followed by treatment and relapse prevention. Easing withdrawal symptoms can be important in the initiation of treatment; preventing relapse is necessary for maintaining its effects. And sometimes, as with other chronic conditions, episodes of relapse may require a return to prior treatment components. A continuum of care that includes a customized treatment regimen, addressing all aspects of an individual's life including medical and mental health services, and follow-up options (e.g. community or family based recovery support systems) can be crucial to a person's success in achieving and maintaining a drug-free lifestyle.

In addition, LTC will conduct a biennial review to determine the effectiveness of the DAAPP. A report will be available at the begin of each school term to ensure LTC enforcement of applicable drug and alcohol-related statutes, ordinances, and our policies against students and employees found to be in violation. This helps LTC enhance their policies.

Communicating Evaluation Results: Feedback

LTC is deeply interested in whether the intervention is effective, but often there are more specific questions, too, regarding the effectiveness of each component, which is being affected and in what way, and how much effort is expended to achieve the impact. Support for the intervention often hinges on gathering and reporting this information. Feedback helps improve the intervention, or transfer resources to an alternative strategy for good reasons.

Methods to Collect Information

The following table provides an overview of the methods that will be used for collecting data during evaluations. Survey is attached.

| Method | Overall Purpose | Advantages | Challenges |
|-------------------------------------|---|---|---|
| questionnaires, surveys, checklists | when need to quickly and/or easily get lots of information from people in a non-threatening way | <ul style="list-style-type: none"> -can complete anonymously -easy to compare and analyze -administer to many people -can get lots of data -many sample questionnaires already exist | <ul style="list-style-type: none"> -might not get careful feedback -wording can bias client's responses -are impersonal -in surveys, may need sampling expert - doesn't get full story |

Analyzing and Interpreting Information

Analyzing and interpreting quantitative and qualitative data is the evaluation methods used LTC.

- In analyzing the data (questionnaires), LTC will review the goals of the program. This helps organize the data and focus of the analysis.
- We will organize the data into program strengths, weaknesses and suggestions to improve the program. Also, organize comments into similar categories, e.g., concerns, suggestions, strengths, weaknesses, and recommendations,
- Identify patterns, or associations and causal relationships of all students or employees who attended programs in the morning or evening that had similar concerns.

Interpreting Information

- Put the information in perspective, e.g., compare results to what you expected, promised results; management or program staff; any common standards for

services; original program goals; indications of accomplishing outcomes; description of the program's experiences, strengths, weaknesses, etc.

- Recommendations to help program staff improve the program, conclusions about program operations or meeting goals, etc.
- Record conclusions and recommendations in a report document, with conclusions or recommendations.

Reporting Evaluation Results

- LTC will review the evaluation with faculty and staff during staff meeting in August during Pre-Planning. A session will be held on recommendations and how to process with an action plan, including who is going to do what about the program and by when.
- A flyer will be available for all students in August and January to review and comment. Student Services Department have a comment box for students to place that information.

Evaluation

The Project Manager will be responsible for implementing the evaluation for employees and students. The following format will be used for the report:

- Title Page
- Table of Contents
- Summary (one-page, concise overview of findings and recommendations)
- Purpose of the Report (what type of evaluation(s) was conducted, what decisions are being aided by the findings of the evaluation, who is making the decision, etc.)
- Background a) Description/History; b) Program Description c) Problem Statement; d) Overall Goal(s) of Program; e) Outcomes and Performance; f) Activities; and g) Staffing
- Overall Evaluation Goals (eg, what questions are being answered by the evaluation)
- Methodology
- Types of data/information that were collected

- How data/information was collected (what instruments were used, etc.)
- How data/information were analyzed
- Interpretations and Conclusions (from analysis of the data/information)
- Recommendations

Instruments used to collect data/information; Data, eg, in tabular format, etc.;
Testimonials; comments;

Resources

The Drug-Free Schools and Communities Act requires that Lively Technical Center notify each student and employee annually of its programs to prevent the illicit use of drugs and the abuse of alcohol by students and employees. Lively Technical has listed a number of resource programs to combat the misuse and abuse of alcohol and other chemical substances.

American Council for Drug Education

www.acde.org/youth

American Council for Drug Education (ACDE) is an agency that develops substance abuse prevention and education programs and materials. This link is to the section of their website specifically for youth who are involved (or want to be involved) in a community coalition or who are passionate about keeping their communities safe and drug free.

Alcoholics Anonymous (AA)

www.aa.org

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help other recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees, and AA is not allied with any sect, denomination, politics, organization, or institution.

Alcoholics Anonymous/Intergroup 5

Group support for overcoming alcoholism
<http://intergroup5.org/tallahassee/>

1106-H Thomasville Road
Tallahassee, FL 32303
(850) 224-1818

Big Bend 2-1-1

Crisis counseling, community information and referrals to local agencies sponsored by the United Way

Big Bend Area Narcotics Anonymous

Group support for overcoming drug abuse and addiction
<http://bb.naflorida.org/>
P.O. Box 2665
Tallahassee, Florida 32316-2885
(850) 224-2321

Community Anti-Drug Coalitions of America

www.cadca.org

The Community Anti-Drug Coalitions of American (CADCA) is an organization whose purpose is to strengthen the capacity of community anti-drug coalitions to create and maintain safe, healthy, and drug free communities.

Counseling

Counseling services are available to currently enrolled students who find themselves in need of assistance with a wide variety of difficulties ranging from decision-making to personal awareness and understanding. Counseling services are offered on a short-term basis by appointment only. Students can be assured they are receiving top-quality, professional counseling in a completely confidential setting.

DISC Village Adult Outpatient Services

Assessment, Case Management, and Counseling
<http://discvillage.com/sadultOUT.html>

Leon County: Central Intake
1000 West Tharpe Street Suite 17
Tallahassee, Florida 32303
Telephone: 850/487-0432

Adult Services Center
603 N. Martin Luther King Blvd.

Tallahassee, FL 32301
Telephone: (850) 561-0717

Drug Counseling and Rehabilitation for Employees

Employees and Faculty are referred to Leon County Schools Human Resources Department to the Employee Assistance Program (EAP).

Drug counseling and rehabilitation for employees can be obtained through our Employee Assistance Program (EAP). The Employee Assistance Program is offered through a contract with Tallahassee Memorial Hospital. The service provides offsite, CONFIDENTIAL, assistance to Leon County School Board employees and their families to help them cope with personal and work related issues. Contact Candy Southern, Coordinator, (850)487-7150

<http://leonschools.schoolwires.net/Page/2249>

Drug Enforcement Administration (DEA)

www.justice.gov/dea

The mission of the DEA is to enforce the controlled substances laws and regulations of the United States and to recommend and support non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets. The DEA has created a drug education website for teens at:

www.justthinktwice.com and a drug education resource for parents at www.getsmartaboutdrugs.com.

DrugStrategies.org

www.drugstrategies.org

This is a drug and alcohol addiction treatment website dedicated to providing resources for fighting substance abuse, including helping you find drug treatment centers and addiction rehab programs in your town or city. They staff a toll-free 24-hour hotline at 1-800-559-9503.

Narcotics Anonymous

www.NA.org

Narcotics Anonymous is a 12-step fellowship of recovering addicts. Membership is open to all drug addicts, regardless of the particular drug or combination of drugs used. Meetings are free.

National Council on Alcoholism and Drug Dependence

www.ncadd.org

An organization that provides information on how to overcome alcohol and drug addiction, including how to find help in your area.

National Suicide Prevention Hotline: 1 (800) SUICIDE

If you are experiencing a mental health crisis or emergency such as being suicidal, please phone 911 or call the UMHB Campus Police at (254) 295-5555.

Start Your Recovery

StartYourRecovery.org

StartYourRecovery.org is a tool that helps students take steps toward a more healthy relationship with drugs and alcohol. SYR helps individuals learn about addiction, recognize signs of a problem, and find local support and treatment

Other Resources

Governmental Resources

- NIDA: National Institute on Drug Abuse
NIAAA: National Institute on Alcohol Abuse and Alcoholism
SAMHSA: Substance Abuse & Mental Health Services Administration
Office of National Drug Control Policy
CDC: Centers for Disease Control
MedlinePlus from the National Institutes of Health

Support & 12-Step Meetings

- Alcoholics Anonymous (AA)
Narcotics Anonymous (NA)
Gamblers Anonymous (GA)
Heroin Anonymous (HA)
Crystal Meth Anonymous (CMA)

Family Support Programs

- Al-Anon / Alateen
The Partnership
MADD: Mothers Against Drunk Driving

Addiction Counselors

- The Academy for Addiction Professionals – Become a Certified Addiction Professional
Florida Certification Board (FCB)
NAADAC, the Association for Addiction Professionals

Reporting Procedures

Lively Technical Center will accurate records of the number of incidents involving students, faculty or employees to determine where there is a pattern of incidents with regard to a particular location, method, or assailant, and alert the SRO and Leon County Schools Safety and Security department to potential danger. Reports filed in this manner are counted and disclosed in the annual report statistics for the school.