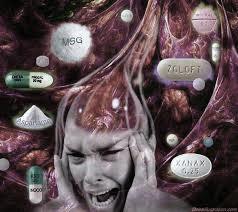


Annual Alcohol and other Drug Abuse (AOD) Notification

March 2017



**Standards of Conduct**

The manufacture, distribution, sale, possession, or use of alcoholic beverages, marijuana, controlled substances, or other illegal or dangerous drugs on campus or at any VCC approved event off-campus is prohibited. Any student or employee in violation will be subject to disciplinary action by the Owner and/or Director of the school and further action may be taken to the legal authorities. Students have the right to due process when accused of a violation of the Alcohol and other dangerous Drugs (AOD) Policy. The student will be terminated indefinitely from VCC on the date of determination of guilt.

The AOD Policy remains in effect for each individual participating in an organization or group function. All events promoted by Vogue College of Cosmetology for students will only provide non-alcoholic beverages. The manufacture, distribution, sale, possession, or use of alcoholic beverages, marijuana, controlled substances, or other illegal or dangerous drugs on campus or at any VCC approved event off-campus is prohibited. Any student in violation will be subject to disciplinary action by the Owner and/or Director of the school and further action may be taken to the legal authorities. Students have the right to due process when accused of a violation of the AOD Policy. The student will be terminated indefinitely from VCC on the date of determination of guilt. The Student Drug and Alcohol Policy remains in effect for each individual participating in an organization or group function.

**Health Risks of Alcohol**

The following information on health risks is from *What Works: Schools Without Drugs,* U.S. Department of Education:

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person’s ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants, of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at a greater risk than other youngsters of becoming alcoholics.

**Health Risks of other Drugs**

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| **Cannabis (Marijuana)** | |
| Greenish-gray mixture of the dried, shredded leaves, stems, seeds, and/or flowers of Cannabis sativa or cannabis indica—the hemp plant | |
| **Health Effects** | |
| Acute | Heightened sensory perception; euphoria, followed by drowsiness/relaxation; impaired short-term memory, attention, judgment, coordination and balance; increased heart rate; increased appetite |
| Long-term | Addiction: About 9 percent of users; about 1 in 6 of those who started using in their teens; 25 to 50 % of daily users. Mental disorders: may be a causal factor in schizophrenia disorders (in those with a pre-existing vulnerability); is associated with depression and anxiety.  Smoking related: chronic cough; bronchitis; lung and upper airway cancers is undetermined |
| In combination with alcohol | Magnified tachycardia and effect on blood pressure; amplified impairment of cognitive, psychomotor, and driving performance |
| Withdrawal symptoms | Irritability, difficulty sleeping, strange nightmares, craving, and anxiety |
| **Associated Special Vulnerabilities/Populations** | |
| Youth | Almost 44 percent of teens have tried marijuana by the time they graduate from high school (MTF, 2010) |
| **Treatment options** | |
| Medications | There are no FDA-approved medications to treat marijuana addiction. |
| Behavioral Therapies | * Cognitive-behavioral therapy (CBT) * Contingency management, or motivational incentives * Motivational Enhancement Therapy (MET) * Behavioral treatments geared to adolescents   (For more information on these treatments, please see NIDA’s [Principles of Drug Addiction Treatment: A Research-Based Guide - Behavioral Therapies](http://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies).) |

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| **Cocaine** | |
| White crystalline powder that can be snorted, injected or smoked | |
| **Health Effects** | |
| Acute | Dilated pupils; increased body temperature, heart rate, and blood pressure; nausea; increased energy, alertness; euphoria; decreased appetite and sleep.  High doses: Erratic and violent behavior, panic attacks |
| Long-term | Addiction, restlessness, anxiety, irritability, paranoia, panic attacks, mood disturbances; insomnia; nasal damage and difficulty swallowing from snorting; GI problems; HIV |
| In combination with alcohol | When combined, there is a greater risk of overdose and sudden death than either drug alone. |
| Withdrawal symptoms | Depression, fatigue, increased appetite, insomnia or hypersomnia, vivid unpleasant dreams, psychomotor retardation or agitation |
| **Associated Special Vulnerabilities/Populations** | |
| Pregnancy | Premature delivery, low birth weights, and smaller for gestational age. |
| **Treatment options** | |
| Medications | There are no FDA-approved medications to treat cocaine addiction. |
| Behavioral Therapies | * Cognitive-behavioral therapy (CBT) * Community reinforcement approach plus vouchers * Contingency management, or motivational incentives The matrix model * 12-Step facilitation therapy   (For more information on these treatments, please see NIDA’s [Principles of Drug Addiction Treatment: A Research-Based Guide - Behavioral Therapies](http://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies).) |

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| **Prescription Stimulants (Abuse)** | |
| Amphetamine (Dexedrine, Adderall), Methylphenidate (Ritalin, Concerta) | |
| **Health Effects** | |
| Acute | Increased alertness, attention, energy; irregular heartbeat, dangerously high body temperature, potential for cardiovascular failure or seizures. |
| Long-term | High doses especially, or alternate routes of administration (e.g., snorting, injecting) can lead to anxiety, hostility, paranoia, psychosis; addiction. |
| In combination with alcohol | Masks the depressant action of alcohol, increasing risk of alcohol overdose. May increase blood pressure; jitters. |
| Withdrawal symptoms | Depression, fatigue, increased appetite, insomnia or hypersomnia, vivid unpleasant dreams, psychomotor retardation or agitation |
| **Associated Special Vulnerabilities/Populations** | |
| Female adolescents | Unlike some illicit drugs and alcohol, stimulants are used at equal or greater frequency by young females vs. males. Use is often to lose weight, stay awake to study, or perform better on exams. |
| Mixing with antidepressants or OTC cold medicines | May enhance adverse effects; cause blood pressure to become dangerously high or lead to irregular heart rhythms. |
| **Treatment options** | |
| Medications | There are no FDA-approved medications to treat stimulant addiction. |
| Behavioral Therapies | Behavioral therapies that have proven effective for treating addiction to illicit stimulant drugs, such as cocaine and methamphetamine, may be useful in addressing prescription stimulant addiction. (For more information on these treatments, please see NIDA’s [Principles of Drug Addiction Treatment: A Research-Based Guide - Behavioral Therapies](http://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies).) |

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| **Methamphetamine** | |
| White, odorless, bitter-tasting crystalline powder that is easily dissolved in water or alcohol; can be ingested orally, intranasally, injected, or smoked | |
| **Health Effects** | |
| Acute | Enhanced mood; increased heart rate, blood pressure, body temperature, energy and activity; decreased appetite; dry mouth; increased sexuality; jaw-clenching |
| Long-term | Addiction, memory loss; weight loss; impaired cognition; insomnia, anxiety, irritability, confusion, paranoia, aggression, mood disturbances, hallucinations, violent behavior; liver, kidney, lung damage; severe dental problems; cardiac and neurological damage; HIV, Hepatitis |
| Withdrawal symptoms | Depression, anxiety, fatigue, and intense craving for the drug. |
| **Associated Special Vulnerabilities/Populations** | |
| Pregnancy | Increased risk of premature birth, placental abruption, fetal growth retardation, and heart and brain abnormalities |
| **Treatment options** | |
| Medications | There are no FDA-approved medications to treat methamphetamine addiction. |
| Behavioral Therapies | * Cognitive-behavioral therapy (CBT) * Contingency management, or motivational incentives * The matrix model * 12-Step facilitation therapy   (For more information on these treatments, please see NIDA’s [Principles of Drug Addiction Treatment: A Research-Based Guide - Behavioral Therapies](http://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies).) |

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| **Inhalants** | |
| Volatile solvents, Aerosols, Gases, Nitrites (Poppers). Effects depend on the properties of the chemical, but inhalation is the common route of abuse | |
| **Health Effects** | |
| Acute | Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/ delusions; headaches; suffocation; convulsions/seizures; hypoxia; heart failure; coma; sudden sniffing death (butane, propane, and other chemicals in aerosols)  **Nitrites -** Systemic vasodilation; increased heart rate; brief sensation of heat and excitement; dizziness; headache. |
| Long-term | Myelin break down leading to muscle spasms, tremors and possible permanent motor impairment; liver/kidney damage. Addiction - A minority inhale on a regular basis, but among those, some report symptoms of addiction (need to continue using, despite severe adverse consequences).  **Nitrites -** HIV/AIDS and hepatitis; lipoid pneumonia |
| In combination with alcohol | **Nitrites –** Increased risk of adverse cardiovascular effects. Alcohol may increase the blood-vessel relaxant effect of organic nitrates (such as amyl nitrite) and result in dangerously low blood pressure. |
| Withdrawal symptoms | A mild withdrawal syndrome (e.g., irritability, restlessness, insomnia, headaches, poor concentration) can occur with long-term inhalant abuse. |
| **Associated Special Vulnerabilities/Populations** | |
| Youth | Abused mostly by younger (8th graders) rather than older teens (10th and 12th graders)  Nitrites have been linked to high risk sexual behaviors and HIV transmission. |
| Pregnancy | Although rigorous studies have not been conducted, data from occupational exposure to abused solvents like toluene suggest increased spontaneous abortion and fetal malformations. |
| **Treatment options** | |
| Medications | There are no FDA-approved medications to treat inhalant addiction |
| Behavioral | There are no published reports of behavioral approaches for the treatment of inhalant abuse. |

### Possible Legal Sanctions and Penalties

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| **What is the drinking age in New Mexico?** | You must be 21 to purchase or drink alcohol in New Mexico. |
| **Is the drinking age different for beer and liquor?** | No. In New Mexico, the age is the same for both – age 21 – to buy beer, wine or liquor. |
| **What is the punishment for buying, drinking, or possessing an alcoholic beverage as a minor?** | This is a misdemeanor offense punishable by fines, which increase with each prior conviction. The court can also suspend your driver’s license, and you may be required to do some community service work. In addition, the court may require that you attend an alcoholic awareness course. |
| **May a person under age 21 buy beer, wine or liquor with parental Consent?** | No. A person under the legal drinking age may not buy beer, wine or alcohol even if accompanied by a parent, legal guardian, or spouse who is over the drinking age. All places that sell beer, wine or liquor have a duty to ask for identification for proof of age of all persons who appear to be and might be under the drinking age. All places have the right to refuse to sell alcohol to all persons who cannot show true proof of age, even if that person is 21 years or older. It is a felony to give alcohol to a minor. |
| **What is the penalty for using a fake ID?** | Using a fake ID is a misdemeanor; making or applying for a fake ID is a felony. A felony is a charge for which you could be sent to prison and lose your civil rights. |
| **What happens if I get arrested for drug possession?** | It depends on the type and the amount of drugs, as well as other factors. Possessing some drugs, like marijuana, may either be a misdemeanor or felony, depending on the amount. Possessing other drugs, like cocaine or methamphetamine, is a felony. Any conviction for drug possession or any conviction related to drugs can affect your eligibility for federal programs like student loans. |
| **If I get caught selling drugs at school, could I be in even more trouble?** | Yes. New Mexico law imposes increased penalties on anyone who sells or gives a controlled substance in a drug-free school zone. |
| **Is it against the law to use someone else’s prescription drugs?** | Yes. To possess or use someone else’s prescription is illegal. The punishment depends on the type of drug and how it was used or sold to someone else. |
| **Is it illegal to take steroids to build up my muscles to improve my game?** | Yes. All non-medical use of anabolic steroids is illegal. |

State Bar of New Mexico *‘Know the Law Before the Law Knows You’* 2011 [*http://www.nmbar.org/Public/KnowtheLaw/KTLalcoholdrugs.html*](http://www.nmbar.org/Public/KnowtheLaw/KTLalcoholdrugs.html)

National Institute on Drug Abuse *‘The Science of Drug Abuse and Addiction’* 2010 [*http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/health-effects*](http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/health-effects)