

**BOARD OF EDUCATION  
UMPQUA COMMUNITY COLLEGE  
DOUGLAS COUNTY, OREGON**

Information Item

Action Item

Subject: Second Reading of Policies

Date: Feb. 10, 2021

The following policies are coming to the Board for a second reading:

<u>Old #</u>	<u>New #</u>	<u>Title</u>	<u>Addendum</u>	<u>Page #</u>
N/A	3550	Drug Free Environment and Drug Prevention Program		1
<i>Information only:</i>				
614	6316	Debt Issuance and Management		2-3

The associated administrative procedures are being shared as an information item:

<u>Old #</u>	<u>New #</u>	<u>Title</u>	<u>Addendum</u>	<u>Page #</u>
N/A	3550	Drug Free Environment and Drug Prevention Program		4-11

***See Board Packet Addendum for 2<sup>nd</sup> reading policies and procedure***

Recommendation by:

Approved for Consideration:





# BOARD POLICY

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**TITLE: DRUG FREE ENVIRONMENT & DRUG PREVENTION PROGRAM**

**BOARD POLICY # 3550** *(was 346.01 Drug Alcohol Abuse Prevention Program)*

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- A. Umpqua Community College shall be free from all drugs. Students and employees may not possess, use, or distribute illicit drugs and alcohol while they are on campus.
- B. The unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in all facilities under the control and use of the College
- C. Any student or employee who violates this policy will be subject to disciplinary action (consistent with local, state, or federal law), which may include referral to an appropriate rehabilitation program, suspension, demotion, expulsion, or dismissal.
- D. The President shall assure that the College distributes annually to each student and employee the information required by the Drug-Free Schools and Communities Act Amendments of 1989 and complies with other requirements of the Act.
- E. A biennial review of UCC’s drug and alcohol prevention program (DAAPP) will take place every even numbered year.

**REFERENCES:**

Drug Free Schools and Communities Act, 20 U.S. Code Section 1011g;  
 34 Code of Federal Regulations Parts 86.1 et seq.;  
 Drug Free Workplace Act of 1988, 41 U.S. Code Section 8103

**RESPONSIBILITY:**

The Dean of Students is responsible for implementing and updating this policy. Specific guidance for policy implementation may be found in the associated Administrative Procedure(s).

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**NEXT REVIEW DATE:**  
**DATE OF ADOPTION:**  
**DATE(S) OF REVISION:**  
**DATE(S) OF PRIOR REVIEW:**



## BOARD POLICY

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**TITLE: Debt Issuance and Management**

**BOARD POLICY # 6316 (was 614)**

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- I. The College President or designee shall be responsible for the issuance and management of debt. These responsibilities include:
  - A. Ensuring full compliance with the terms and conditions outlined in bond resolutions approved by the College Board of Education.
  - B. Ensuring compliance with the Oregon Revised Statutes (ORS) governing public borrowing and issuance of bonds and all applicable legislative and administrative rule updates since the adoption of this policy.
  - C. Ensuring full compliance with the federal tax and securities law that apply to any debt. The College shall adopt compliance procedures so the proceeds of all bonds, certificates of participation, bond anticipation notes, bank loans, tax, and revenue anticipated notes are used in accordance with applicable federal tax and securities law requirements.
- II. To meet the objectives of this policy, the College President or designee shall ensure that the college carries out the following functions when incurring and servicing all debt:
  - A. Upon the approval by the College Board of Education, issue bonds and other obligations in accordance with the laws, rules, and limitations set forth in the ORS, the Oregon Administrative Rules (OAR), and any applicable legislative and rule updates since the adoption of this policy.
  - B. Ensure that sufficient funds are available to meet current and future debt service requirements on all indebtedness while adequately providing for recurring operating requirements.
  - C. Maintain and enhance the college's ability to obtain access to credit markets at favorable interest rates.

- D. Act in the best interest of the College and taxpayers when issuing debt, and market the College's debt with advice from independent financial advisors and legal counsel to get unbiased professional opinions on methodology and structure.
- E. Account for the debt issues and related transactions in accordance with local budget law and Generally Accepted Accounting Principles (GAAP).
- F. Monitor post issuance federal tax and securities law compliance in accordance with established procedures.

**References:**

ORS 287A.001  
ORS 294.305  
Internal Revenue Code 15(c)2-12;  
17 CFR Part 240

The Chief Financial Officer is responsible for implementing and updating this policy. Specific guidance for policy implementation may be found in the associated Administrative Procedure(s).

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**NEXT REVIEW DATE:**  
**DATE OF ADOPTION: 3/11/2020**  
**DATE(S) OF REVISION:**  
**DATE(S) OF PRIOR REVIEW:**



## ADMINISTRATIVE PROCEDURE

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**TITLE: Drug Free Environment & Drug Prevention Program**

**ADMINISTRATIVE PROCEDURE # 3550** *(was 346.01)*

**RELATED TO POLICY # 3550 DRUG FREE ENVIRONMENT & DRUG PREVENTION PROGRAM**

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Umpqua Community College is committed to providing its employees and students with a drug free workplace and campus environment. It emphasizes prevention and intervention through education, institutional assistance, and community resources.

### **I. Education**

**A. UCC-curated materials and resources** (audio/visual module) Umpqua Community College has developed online materials and resources to teach students about Alcohol and Drug Abuse and has curated these items on the Student Engagement webpage. A link to these materials is sent via the Announcements e-mail every term.

**B. Employee Trainings** Through various platforms, UCC Employees are provided the opportunity to learn about Drug Free Workplace, Student Drug and Alcohol Abuse, through annual mandatory trainings.

### **II. Institutional Assistance**

**A.** UCC provides assistance for the prevention of alcohol and controlled substance abuse by college employees as well as assistance for employees with problems related to controlled substance abuse.

1. The Director of Human Resources facilitates employee participation in drug and alcohol awareness training sessions; employees are encouraged to attend.
2. Evaluation, mental health, and referral services are available, and assistance is provided on a confidential basis. In addition, the college provides drug-free awareness programs to inform employees of the dangers of drug abuse; information regarding the policy for maintaining a drug-free workplace, availability of drug counseling, rehabilitation, and employee assistance programs; and penalties that may be imposed for drug-abuse violations occurring in the workplace.

- B. Students seeking referral assistance for drug and/or alcohol related abuse may contact the Life Coach at 541-440-7900.
- C. Part-time hourly, adjunct faculty, and student employees should consult with the Director of Human Resources for referral to available treatment programs. Salaried employees (who are eligible) are encouraged to seek assistance for alcohol and controlled substance dependence problems through the college **Employee Assistance Program (EAP)**. The EAP helps employees privately solve problems that may interfere with work, family, and life in general. EAP services are free to UCC employees, their dependents, and all household members. EAP Services are always confidential and provided by experts. (866-750-1327).
- D. Employees seeking assistance for drug and/or alcohol related abuse may also contact the Office of Human Resources. An explanation of benefits available to employees for chemical and alcohol dependency is contained in the Employee Assistance Program brochure. Additional copies of these brochures are available in the Office of Human Resources and online at [www.umpqua.edu/daapp](http://www.umpqua.edu/daapp).

### III. **Community Resources**

#### A. **ADAPT**

For over 40 years, ADAPT has provided quality substance abuse treatment in Southern Oregon. They offer quality residential and outpatient treatment services for teens and adults. ADAPT is a preferred provider for Cigna, LifeWise, ODS, Pacific Source, Regence Blue Cross Blue Shield and other health plans. Adapt also routinely contracts as a service provider with the counties we serve, the State of Oregon and with the local Coordinated Care Organizations Umpqua Health Alliance (UHA) and Western Oregon Advanced Health (WOAH).

#### B. **Serenity Lane**

Serenity Lane is a private, not-for-profit treatment center for alcohol and other drug addictions. They offer inpatient/residential and outpatient services to adults 18 years and older. They offer clinical assessment, special family programs, long term treatment and recovery support for a full year.

#### C. **Alcoholics Anonymous**

The primary purpose of AA is to carry out the message of recovery to the alcoholic seeking help. They are 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 others recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees. Umpqua Community College has partnered with Alcoholics Anonymous to host on-campus

meetings for employees, students, and the community once weekly, when the campus is open.

**D. Lines for Life Helpline:**

Lines for Life is a regional non-profit dedicated to preventing substance abuse and suicide. They offer help and hope to individuals and communities and promote mental health for all. Their work addresses a spectrum of needs that include intervention, prevention, and advocacy. They educate, train, and advocate to prevent issues of substance abuse, mental illness, and thoughts of suicide from reaching crisis levels.

**E. Umpqua Valley Area of Narcotics Anonymous**

Narcotics Anonymous is a nonprofit fellowship or society of men and women for whom drugs had become a major problem. The members are recovering addicts who meet regularly to help each other stay clean. The only requirement for membership is the desire to stop using. Umpqua Community College has partnered with Umpqua Valley Area of Narcotics Anonymous to host on-campus meetings for employees, students, and the community once weekly, when the campus is open.

**F. Oregon Al-Anon**

For over 50 years Al-Anon has been carrying a message of hope: no matter what relationship a person has with an alcoholic (whether he or she is still drinking or not), a person who has been affected by someone else's drinking can find solutions that lead to serenity in the Al-Anon/Alateen fellowship. Meetings are anonymous and confidential. There are no dues or fees for membership.

**G. Treatment Services Locator**

The U.S. Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration's toll-free telephone number for alcohol and drug information and treatment referral assistance. When calling the toll-free number, a person can speak to a representative concerning substance abuse treatment, request printed materials on alcohol or drugs or learn more about local substance abuse treatment referral information in the person's area of residence.

**IV. Health Risks Associated with Alcohol and Other Drugs**

Numerous health risks have been identified with substance abuse (use of illicit drugs and excessive use of alcohol). Abusers can lose resistance to disease, develop heart problems, contract infections, or become malnourished, physically exhausted, and even die.

1. Reality is often distorted, reactions may be slower, and the risk of accidents can increase. Extended substance abuse can cause coma, respiratory arrest, and convulsions. Injected drugs increase the risk for infectious diseases such

- as hepatitis and AIDS. Body systems are affected. The liver, lungs, and heart are damaged.
2. For women, there is an increase in birth defects associated with use during pregnancy.
  3. The Student Services office located in the LaVerne Murphy Student Center has more in-depth information on the inherent health risks related to substance abuse.
  4. Adapted from U.S. Department of Justice-publication Drugs of Abuse (website September 2009)

#### **A. Tobacco and Nicotine**

The Surgeon General has confirmed that tobacco use is the number one cause of preventable death in the United States. Smokers are more likely than nonsmokers to contract heart disease. Lung, larynx, esophageal, bladder, pancreatic, and kidney cancers also strike smokers at increased rates. Thirty percent of cancer deaths are linked to smoking. Chronic obstructive lung diseases, such as emphysema and chronic bronchitis, are 10 times more likely to occur among smokers than among nonsmokers. Smoking during pregnancy also poses risks, such as spontaneous abortion, preterm birth, and low birth weights. Fetal and infant deaths are more likely to occur when the pregnant woman is a smoker. Nicotine is both psychologically and physically addictive.

#### **B. Alcohol**

Low doses significantly impair the judgment and coordination needed to operate vehicles. Small amounts can also lower inhibitions. Moderate to high doses cause marked impairments in higher mental functions, and loss of memory and the ability to learn and remember information. High doses cause respiratory depression and death. Long-term consumption, particularly when combined with poor nutrition, can also lead to dependence and permanent damage to vital organs such as the brain and the liver. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described. Women who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation.

#### **C. Cannabis (Marijuana, Hashish, Hashish Oil, Tetrahydrocannabinol)**

Physical effects of cannabis include increased heart rate, bloodshot eyes, dry mouth and throat, and increased appetite. Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, reduce ability to perform tasks requiring concentration and coordination, and impair driving ability. Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana, hashish, THC, etc. can also produce paranoia and psychosis.



Long term use may result in possible lung damage, reduced sperm count and sperm motility, and may affect ovulation cycles. Cannabis can also be psychologically addictive.

**D. Inhalants** (Nitrous Oxide, Amyl Nitrite, Butyl Nitrite, Chlorohydrocarbons, Hydrocarbons)

Immediate effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays also decrease the heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches, and involuntary passing of urine and feces. Long-term use may result in hepatitis or brain damage. Deeply inhaling vapors, or using large amounts over a short time, may result in disorientation, violent behavior, unconsciousness, or death. High concentrations of inhalants can cause suffocation by displacing oxygen in lungs. Long-term use can cause weight loss, fatigue, electrolyte imbalance, muscle fatigue, and permanent damage to the nervous system.

**E. Cocaine** (Crack)

Cocaine stimulates the central nervous system. Its immediate effects include dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. Occasional use can cause nasal irritation: chronic use can ulcerate the mucous membrane of the nose. Crack or freebase rock is extremely addictive. Physical effects include dilated pupils, increased pulse rate, elevated blood pressure, insomnia, loss of appetite, tactile hallucinations, paranoia, and seizures. The use of cocaine can cause death by cardiac arrest or respiratory failure.

**F. Stimulants** (Amphetamines, Methamphetamines, Adderall, Ritalin, Crank, Ice)

Stimulants cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. Users may experience sweating, headache, blurred vision, dizziness, sleeplessness, and anxiety. Extremely high doses can cause rapid or irregular heartbeat, tremors, loss of coordination, and physical collapse. Amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure. In addition to physical effects, feelings of restlessness, anxiety, and moodiness can result. Use of large amounts over a long period of time can cause amphetamine psychosis that includes hallucinations, delusions, and paranoia. The use of amphetamines can cause physical and psychological dependence.

**G. Depressants** (Barbiturates, Methaqualone, Tranquilizers)

Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Large doses can cause respiratory depression, coma, and death. Combination of depressants and alcohol can multiply effects of the drugs, thereby multiplying risks.

Babies born to women who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after birth. Birth defects and behavioral problems may also result. The use of depressants can cause both physical and psychological dependence.

**H. Hallucinogens** (Mushrooms, PCP, LSD, Mescaline, Peyote, Psilocybin)

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls intellect and instinct. PCP blocks pain receptors, and users can have violent PCP episodes resulting in self-inflicted injuries. Lysergic acid diethylamide (LSD), mescaline, and psilocybin cause illusions and hallucinations. The physical effects may include dilated pupils, elevated body temperature, increased heart rate and blood pressure, loss of appetite, sleeplessness, and tremors.

**I. Narcotics** (Heroin, Methadone, Codeine, Morphine, Meperidine, Opium, Oxycontin)

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users may experience constricted pupils, watery eyes and itching. Overdoses may produce respiratory depression, clammy skin, convulsions, coma, and death. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms. Use of narcotics can cause physical and psychological dependence.

**J. Designer Drugs** (Analogues of Fenatyl, Analogues of Meperidine, MDMA, Ecstasy, Analogues of PCP)

Many "designer drugs" are related to amphetamines and depressants and have mild stimulant and depressant properties. Use can produce severe neurochemical damage to the brain. Narcotic analogues can cause symptoms such as those seen in Parkinson's disease: uncontrollable tremors, drooling, impaired speech, paralysis, and irreversible brain damage. Analogues of amphetamines and methamphetamines cause nausea, blurred vision, chills or sweating, and faintness. Psychological effects include anxiety, depression, and paranoia. Analogues of PCP cause illusions, hallucinations, and impaired perception.

**K. Anabolic Steroids**

Steroid users subject themselves to more than 70 side effects, ranging in severity from acne to liver cancer, including psychological as well as physical reactions. The liver and cardio-vascular and reproductive systems are most seriously affected by use. In males, use can cause withered testicles, sterility, and impotence. In females, irreversible masculine traits can develop along with breast reduction and sterility. Psychological effects in both sexes include very aggressive behavior, known as 'roid rage' and depression. While some side effects appear quickly, others, such as heart attacks and strokes, may not show up for years.

## **V. Prohibition of Drugs**

- A. The unlawful manufacture, distribution, dispensing, possession or use of alcohol or any controlled substance is prohibited on UCC property, during College-sponsored field trips, activities or workshops, and in any facility or vehicle operated by the College.
- B. Violation of this prohibition will result in appropriate action up to and including termination of employment, expulsion, and referral for prosecution, or, as permitted by law, may require satisfactory participation in an alcohol or drug abuse assistance or rehabilitation program.
- C. As a condition of employment, employees must notify the College within five days of any conviction for violating a criminal drug statute while in the workplace. Umpqua Community College is required to inform any agencies that require this drug-free policy within ten days after receiving notice of a workplace drug conviction.

## **VI. Biennial Review of DAAPP**

- A. Umpqua Community College will conduct a biennial review of the College's Drug and Alcohol Abuse Prevention Program (DAAPP) every even-numbered year. This procedure will determine the effectiveness of the DAAPP by reviewing:
  1. The number of drug and alcohol-related violations and fatalities that occurred on campus or as part of UCC-sponsored activities that were reported to UCC officials in the previous two calendar years;
  2. The number and type of sanctions that are imposed by UCC as a result of drug and alcohol-related violations and fatalities on campus or as part of UCC-sponsored activities in the previous two calendar years; and
  3. The consistent application of sanctions for violations of the applicable standards of conduct pertaining to the unlawful possession, use, or distribution of illicit drugs or abuse of alcohol.
- B. The review will be conducted by a committee comprised of the:
 

<ol style="list-style-type: none"> <li>1. Director of Student Engagement / Dean of Students</li> <li>2. Human Resources Director</li> <li>3. Director of Facilities</li> </ol>	<ol style="list-style-type: none"> <li>4. Chief of Security</li> <li>5. Athletics Director</li> <li>6. Provost</li> <li>7. Chief Financial Officer</li> </ol>
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C. Review Timeline:

1. The committee will begin its work in April, and finalize its report by the end of June. Relevant data, including the information described above, will be provided to the committee by:
  - a. The Office of the Dean of Student Services
  - b. Campus Safety and Security
  - c. Advising and Wellness Center
  - d. Human Resources
  - e. Other UCC departments, upon the committee's request
2. The committee will then identify any recommendations for improving the effectiveness of the DAAPP.

D. The review will also ensure that the College complies with the regulatory requirements of the DAAPP program including, but not limited to:

1. Distribution of information
2. Accurate collection of data
3. Consistent enforcement of sanctions
4. Timely completion of the biennial review
5. Implementation of recommendations

E. The final report will be available to all students and employees via UCC's Consumer Information webpage (<http://www.umpqua.edu/about/facts-visitor-information/consumer-information>).

**REFERENCES:**

U.S. Department of Justice-publication Drugs of Abuse (September 2017)

**RESPONSIBILITY:**

The Dean of Students and the Director of Human Resources are jointly responsible for implementing and updating this procedure.

**NEXT REVIEW DATE:**

**DATE OF ADOPTION:**

**DATE(S) OF REVISION:**

**DATE(S) OF PRIOR REVIEW:**