



**HICKEY
COLLEGE**

***DRUG
PREVENTION
MANUAL***

SCHOOL YEAR 2016-2017

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DRUG PREVENTION PROGRAM

In accordance with the Federal Drug-Free Schools and Communities Act Amendments of 1989 and Missouri's Comprehensive Drug Control Act of 1989 and subsequent amendments, Hickey College hereby notifies all employees and students that the following policies are a condition of employment or attendance at Bradford Schools.

1. Employees and students are expected to conduct themselves as responsible adults.
2. Employees and students are prohibited from (1) illegal possession, use or furnishing of alcoholic beverages while on campus, in school-provided residences, or while involved in school-related activities; (2) illegal possession, use or furnishing of controlled substances while on campus, in school-provided residences, or while involved in school-related activities.
3. Sanctions may be imposed for non-compliance with either item 1 or 2.

HEALTH RISKS

Hallucinogens:

Type: Phencyclidine, Lysergic Acid Diethylamide, Mescaline, Peyote and Psilocybin

Phencyclidine (PCP) interrupts the functions of the neocortex, the section of the brain that controls the intellect and keeps instincts in check. Because the drug blocks pain receptors, violent PCP episodes may result in self-inflicted injuries.

The effects of PCP vary, but users frequently report a sense of distance and estrangement. Time and body movement are slowed down. Muscular coordination worsens and senses are dulled. Speech is blocked and incoherent.

Chronic users of PCP report persistent memory problems and speech difficulties. Some of these effects may last six months to a year following prolonged daily use. Mood disorders--depression, anxiety, and violent behavior--also occur. In later stages of chronic use, users often exhibit paranoid and violent behavior and experience hallucinations.

Large doses may produce convulsions and coma, as well as heart and lung failure.

Lysergic acid (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. Sensations and feelings may change rapidly. It is common to have a bad psychological reaction to LSD, mescaline, and psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

Stimulants:

Type: Amphetamines, Methamphetamines, Ritalin, Cylert, Preludin, Didrex, Pre-State, Voranil, Tenuate, Tepanil, Pondimin, Sandrex, Plegine, Ionamin, Cocaine and Crack

Stimulants can cause increased heart and respiratory rates, elevated blood pressure, dilated pupils, and decreased appetite. In addition, users may experience sweating, headache, blurred vision, dizziness,

sleeplessness, and anxiety. Extremely high doses can cause a rapid or irregular heartbeat, tremors, loss of coordination, and even physical collapse. An amphetamine injection creates a sudden increase in blood pressure that can result in stroke, very high fever, or heart failure.

In addition to the physical effects, users report feeling restless, anxious, and moody. Higher doses intensify the effects. Persons who use large amounts of amphetamines over a long period of time can develop an amphetamine psychosis that includes hallucinations, delusions, and paranoia. These symptoms usually disappear when drug use ceases.

Crack or freebase rock is extremely addictive, and its effects are felt within 10 seconds. The 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.

Narcotics:

Type: Heroin, Methadone, Codeine, Morphine, Meperidine, Opium, Percocet, Percodan, Tussionex, Fentanyl, Darvon, Talwin and Lomotil

Narcotics initially produce a feeling of euphoria that often is followed by drowsiness, nausea, and vomiting. Users also may experience constricted pupils, watery eyes, and itching. An overdose may produce slow and shallow breathing, clammy skin, convulsions, coma, and possible death.

Tolerance to narcotics develops rapidly and dependence is likely. The use of contaminated syringes may result in disease such as AIDS, endocarditis, and hepatitis. Addiction in pregnant women can lead to premature, still-born, or addicted infants who experience severe withdrawal symptoms.

Depressants:

Type: Barbiturates, Methaqualone, Valium, Librium, Equanil, Miltown, Serax and Tranxene

The effects of depressants are in many ways similar to the effects of alcohol. Small amounts can produce calmness and relaxed muscles, but somewhat larger doses can cause slurred speech, staggering gait, and altered perception. Very large doses can cause respiratory depression, coma, and death. The combination of depressants and alcohol can multiply the effects of the drugs, thereby multiplying the risks.

The use of depressants can cause both physical and psychological dependence. Regular use over time may result in a tolerance to the drug, leading the user to increase the quantity consumed. When regular users suddenly stop taking large doses, they may develop withdrawal symptoms ranging from restlessness, insomnia, and anxiety to convulsions and death.

Babies born to mothers who abuse depressants during pregnancy may be physically dependent on the drugs and show withdrawal symptoms shortly after they are born. Birth defects and behavioral problems also may result.

Inhalants:

Type: Nitrous Oxide, Anyl Nitrite, Butyl Nitrite, Chlorohydrocarbons (aerosol sprays), Hydrocarbons (solvents)

The immediate negative 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 the 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 the oxygen in the lungs or by depressing the central nervous system to the point that breathing stops.

Long-term use can cause weight loss, fatigue, electrolyte imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over time can permanently damage the nervous system.

Cannabis:

Type: Marijuana, Tetrahydro-cannabinol, Hashish and Hashish Oil

All forms of cannabis have negative physical and mental effects. Several regularly observed physical effects of cannabis are a substantial increase in the heart rate, bloodshot eyes, a dry mouth and throat, and increased appetite.

Use of cannabis may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, such as driving a car. Research also shows that students do not retain knowledge when they are "high". Motivation and cognition may be altered, making the acquisition of new information difficult. Marijuana can also produce paranoia and psychosis.

Because users often inhale the unfiltered smoke deeply and then hold it in their lungs as long as possible, marijuana is damaging to the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco smoke.

Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect. The drug can become the center of their lives.

Alcohol:

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 greater risk than other youngsters of becoming alcoholics.

SANCTIONS

Institutional:

Sanctions that the school may impose for students include (1) warning, (2) suspension, (3) required completion of an appropriate rehabilitation program or (4) expulsion from school. Sanctions for employees include (1) warning, (2) suspension, (3) required completion of an appropriate rehabilitation program or (4) termination of employment. In general the student or employee will be issued a warning prior to expulsion or termination. The school, however, may dismiss a student or terminate an employee without warning if the offense is serious. Serious offenses are considered to be those that directly affect the physical well-being of other students or employees.

State:

The penalties for manufacturing, delivering, possessing, selling, or transferring a controlled substance, or possessing drug paraphernalia, as defined in Sections 195.010, 195.017, and 195.022 et seq., RSMo, can include a penalty of a term not to exceed six months, up to and including a term of years not less than ten years and not to exceed thirty years, or life imprisonment, and/or a fine not to exceed \$5000.

Federal:

The penalties for manufacturing, delivering or possessing a controlled substance as defined in Schedules I through V under the Federal Controlled Substance Act, 21 U.S.C. §§ 811-812 can include from 30 days up to life imprisonment and/or fines up to \$10,000,000.

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	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. 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.	Cocaine 5 kilograms or more mixture	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. 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. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
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				
Any Amount Of Other Schedule III Drugs		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.		

http://www.dea.gov/druginfo/ftp_chart1.pdf

Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances	
<p>Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants</p>	<p>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.</p> <p>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.</p>
<p>Marijuana 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants</p>	<p>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.</p> <p>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.</p>
<p>Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants</p>	<p>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.</p>
<p>Hashish More than 10 kilograms</p>	<p>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.</p>
<p>Hashish Oil More than 1 kilogram</p>	<p>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.</p>
<p>Marijuana less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight)</p>	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.</p>
<p>1 to 49 marijuana plants</p>	
<p>Hashish 10 kilograms or less</p>	
<p>Hashish Oil 1 kilogram or less</p>	

WWW.DEA.GOV

NCADA
National Council on Alcoholism & Drug Abuse
DO YOU HAVE AN ALCOHOL/DRUG ADDICTION?

	YES	NO
1. Do you lose time from work due to drinking/drugging?	___	___
2. Is drinking/drugging making your home life unhappy?	___	___
3. Do you drink/drug because you are shy with other people?	___	___
4. Is drinking/drugging affecting your reputation?	___	___
5. Have you ever felt remorse after drinking/drugging?	___	___
6. Have you gotten into financial trouble as a result of drinking/drugging?	___	___
7. Do you turn to people you normally don't associate with when drinking/drugging?	___	___
8. Does your drinking/drugging make you careless of your family's welfare?	___	___
9. Has your ambition decreased since drinking/drugging?	___	___
10. Do you crave a drink/drug at a definite time daily?	___	___
11. Do you want to drink/drug the next morning?	___	___
12. Does your drinking/drugging cause you to have difficulty sleeping?	___	___
13. Has your efficiency decreased since drinking/drugging?	___	___
14. Is drinking/drugging jeopardizing your job or business?	___	___
15. Do you drink/drug to escape worries or troubles?	___	___
16. Do you drink/drug alone?	___	___
17. Have you ever had a memory loss as a result of drinking/drugging?	___	___
18. Has a physician ever treated you for drinking/drugging?	___	___
19. Do you drink/drug to build up your self-confidence?	___	___
20. Have you ever been to a hospital or institution because of drinking/drugging?	___	___

If you answered YES to any . . .

one of the questions, you may have an alcohol/drug addiction.

two questions, chances are that you have an alcohol/drug addiction.

three or more, you definitely have the disease of alcohol/drug addiction.

*The above test questions (alcohol only) are used by John Hopkins University Hospital, Baltimore MD, in deciding whether or not a patient is alcoholic.
Reviewed 7/09*

Resource from NCADA's RADAR library. For more information visit the NCADA's website at www.ncada-stl.org.
For questions on substance use, abuse and related problems, call NCADA's Help Line at (314) 962-3456.

NCADA
National Council on Alcoholism & Drug Abuse
QUESTIONS ABOUT PRESCRIPTION DRUG USE

The following questions refer to mood-altering drugs (uppers and downers), sedatives (sleeping pills), and tranquilizers (for nerves and anxiety), stimulants (diet pills) and any other medications that relax or stimulate you:

- Have you been taking sleeping pills every day for more than three months?
- Do you visit several doctors/clinics to get the same prescriptions?
- Do you sometimes feel the need to take pills in order to make life more bearable?
- Have you tried to stop taking pills and felt very vulnerable or frightened?
- Have you tried to stop taking pills and felt your body start to tremble and shake?
- Do you continue to take pills even though the medical reason for taking them is no longer present?
- Do you think your pills are more important than family and friends?
- Are you mixing pills with wine, wine coolers, beer or liquor?
- When your doctor gives you a prescription, do you avoid telling him or her what other medications you are taking?
- Do you take prescriptions from your doctor without knowing what they are for?
- Are you taking one kind of pill to combat the effects of another pill?
- Do you take pills to get high and to have fun?
- Do you take pills that have been prescribed for family members and friends?
- When you visit the doctor, do you feel happy if he or she writes you a prescription for pills that change your mood?
- Do you find it difficult to go to work or to fulfill work obligations when you are taking pills?
- Do you take more than the recommended amount of a prescribed drug?
- Do you take pills to combat loneliness?
- Do you take pills to cope with the feeling that you cannot possibly do everything that is expected of you?
- Are you taking pills to achieve the same effect you used to experience with a smaller dose?
- Do you take pills before you anticipate an emotional or physical discomfort?
- Do you take pills when you are upset?
- Do you ever promise yourself that you are going to stop taking pills, and then break that promise?
- Are you taking different types of pills to lose weight, relax or sleep?

*If you answered **yes** or **sometimes** to three or more of these questions, you may be developing a problem with pills. Talk with a professional in the alcohol and drug field or consult with a doctor who specializes in treating drug problems. For help, contact NCADA at (314) 962-3456.*

Reviewed 7/09

Source: NCADD, Questions About Prescription Drug Use

DATE RAPE DRUGS

Frequently Asked Questions

U.S. Department of Health and Human Services, Office on Women's Health

Q: What are date rape drugs?

A: These are drugs that are sometimes used to assist a sexual assault. Sexual assault is any type of sexual activity that a person does not agree to. It can include touching that is not okay; putting something into the vagina; sexual intercourse; rape; and attempted rape. These drugs are powerful and dangerous. They can be slipped into your drink when you are not looking. The drugs often have no color, smell, or taste, so you can't tell if you are being drugged. The drugs can make you become weak and confused – or even pass out – so that you are unable to refuse sex or defend yourself. If you are drugged, you might not remember what happened while you were drugged. Date rape drugs are used on both females and males.

The three most common date rape drugs are:

- **Rohypnol** (roh-HIP-nol). Rohypnol is the trade name for flunitrazepam (FLOO-neye-TRAZ-uh-pam). Abuse of two similar drugs appears to have replaced Rohypnol abuse in some parts of the United States. These are: clonazepam (marketed as Klonopin in the U.S. and Rivotril in Mexico) and alprazolam (marketed as Xanax).
- **GHB**, which is short for gamma hydroxybutyric (GAM-muh heye-DROX-ee-BYOO-tur-ihk) acid
- **Ketamine** (KEET-uh-meen)

These drugs also are known as “club drugs” because they tend to be used at dance clubs, concerts, and “raves.” They go by many street name:

Rohypnol is also known as:		
Circles	Roopies	Rope
Forget Pill	R-2	Rophies
LA Rochas	Rib	Ruffies
Lunch Money	Roach	Trip-and-Fall
Mexican Valium	Roach-2	Whiteys
Mind Erasers	Roches	
Poor Man's Quaalude	Roofies	

GHB is also known as:		
Bedtime Scoop	G-Juice	Liquid X
Cherry Meth	Gook	PM
Easy Lay	Goop	Salt Water
Energy Drink	Great Hormones	Soap
G	Grievous Bodily Harm (GBH)	Somatomax
Gamma 10	Liquid E	Vita-G
Georgia Home Boy	Liquid Ecstasy	

Ketamine is also known as:

Black Hole	Jet	Psychedelic Heroin
Bump	K	Purple
Cat Valium	K-Hole	Special K
Green	Kit Kat	Super Acid

The term “date rape” is widely used. But most experts prefer the term “drug-facilitated sexual assault.” These drugs also are used to help people commit other crimes, like robbery and physical assault. They are used on both men and women. The term “date rape” also can be misleading because the person who commits the crime might not be dating the victim. Rather, it could be an acquaintance or stranger.

Q: What do the drugs look like?

A: Rohypnol comes as a pill that dissolves in liquids. Some are small, round, and white. Newer pills are oval and green-gray in color. When slipped into a drink, a dye in these new pills makes clear liquids turn bright blue and dark drinks turn cloudy. But this color change might be hard to see in a dark drink, like cola or dark beer, or in a dark room. Also, the pills with no dye are still available. The pills may be ground up into a powder.

GHB has a few forms: a liquid with no odor or color, white powder, and pill. It might give your drink a slightly salty taste. Mixing it with a sweet drink, such as fruit juice, can mask the salty taste.

Ketamine comes as a liquid and a white powder.

Q: What effects do these drugs have on the body?

A: These drugs are very powerful. They can affect you very quickly and with-out your knowing. The length of time that the effects last varies. It depends on how much of the drug is taken and if the drug is mixed with other drugs or alcohol. Alcohol makes the drugs even stronger and can cause serious health problems – even death.

Rohypnol

The effects of Rohypnol can be felt within 30 minutes of being drugged and can last for several hours. If you are drugged, you might look and act like someone who is drunk. You might have trouble standing. Your speech might be slurred. Or you might pass out. Rohypnol can cause these problems:

Muscle relaxation or loss of muscle control	Difficulty with motor movements
Drunk feeling	Problems talking
Nausea	Can’t remember what happened while drugged
Loss of consciousness (black out)	Confusion
Problems seeing	Dizziness
Sleepiness	Lower blood pressure
Stomach problems	Death

GHB

GHB takes effect in about 15 minutes and can last 3 or 4 hours. It is very potent: A very small amount can have a big effect. So it's easy to overdose on GHB. Most GHB is made by people in home or street "labs." So, you don't know what's in it or how it will affect you. GHB can cause these problems:

Relaxation	Drowsiness
Dizziness	Nausea
Problems seeing	Loss of consciousness (black out)
Seizures	Can't remember what happened while drugged
Problems breathing	Tremors
Sweating	Vomiting
Slow heart rate	Dream-like feeling
Coma	Death

Ketamine

Ketamine is very fast-acting. You might be aware of what is happening to you, but unable to move. It also causes memory problems. Later, you might not be able to remember what happened while you were drugged. Ketamine can cause these problems:

Distorted perceptions of sight and sound	Lost sense of time and identity
Out of body experiences	Dream-like feeling
Feeling out of control	Impaired motor function
Problems breathing	Convulsions
Vomiting	Memory problems
Numbness	Loss of coordination
Aggressive or violent behavior	Depression
High blood pressure	Slurred speech

Q: Are these drugs legal in the United States?

A: Some of these drugs are legal when lawfully used for medical purposes. But that doesn't mean they are safe. These drugs are powerful and can hurt you. They should only be used under a doctor's care and order.

Rohypnol is NOT legal in the United States. It is legal in Europe and Mexico, where it is prescribed for sleep problems and to assist anesthesia before surgery. It is brought into the United States illegally.

Ketamine is legal in the United States for use as an anesthetic for humans and animals. It is mostly used on animals. Veterinary clinics are robbed for their ketamine supplies.

GHB was recently made legal in the United States to treat problems from narcolepsy (a sleep disorder). Distribution of GHB for this purpose is tightly restricted.

Q: Is alcohol a date rape drug? What about other drugs?

A: Any drug that can affect judgment and behavior can put a person at risk for unwanted or risky sexual activity. Alcohol is one such drug. In fact, alcohol is the drug most commonly used to help commit sexual assault. When a person drinks too much alcohol:

- It's harder to think clearly.
- It's harder to set limits and make good choices.

- It's harder to tell when a situation could be dangerous.
- It's harder to say "no" to sexual advances.
- It's harder to fight back if a sexual assault occurs.
- It's possible to blackout and to have memory loss.

The club drug "ecstasy" (MDMA) has been used to commit sexual assault. It can be slipped into someone's drink without the person's knowledge. Also, a person who willingly takes ecstasy is at greater risk of sexual assault. Ecstasy can make a person feel "lovey-dovey" towards others. It also can lower a person's ability to give reasoned consent. Once under the drug's influence, a person is less able to sense danger or to resist a sexual assault.

Even if a victim of sexual assault drank alcohol or willingly took drugs, the victim is NOT at fault for being assaulted. You cannot "ask for it" or cause it to happen.

Q: How can I protect myself from being a victim?

- A:**
- Don't accept drinks from other people.
 - Open containers yourself.
 - Keep your drink with you at all times, even when you go to the bathroom.
 - Don't share drinks.
 - Don't drink from punch bowls or other common, open containers. They may already have drugs in them.
 - If someone offers to get you a drink from a bar or at a party, go with the person to order your drink.
 - Watch the drink being poured and carry it yourself.
 - Don't drink anything that tastes or smells strange. Sometimes, GHB tastes salty.
 - Have a nondrinking friend with you to make sure nothing happens.
 - If you realize you left your drink unattended, pour it out.
 - If you feel drunk and haven't drunk any alcohol – or, if you feel like the effects of drinking alcohol are stronger than usual – get help right away.

Q: Are there ways to tell if I might have been drugged and raped?

- A:** It is often hard to tell. Most victims don't remember being drugged or assaulted. The victim might not be aware of the attack until 8 or 12 hours after it occurred. These drugs also leave the body very quickly. Once a victim gets help, there might be no proof that drugs were involved in the attack. But there are some signs that you might have been drugged:
- You feel drunk and haven't drunk any alcohol – or, you feel like the effects of drinking alcohol are stronger than usual.
 - You wake up feeling very hung over and disoriented or having no memory of a period of time.
 - You remember having a drink, but cannot recall anything after that.
 - You find that your clothes are torn or not on right.
 - You feel like you had sex, but you cannot remember it.

Q: What should I do if I think I've been drugged and raped?

- A:**
- Get medical care right away. Call 911 or have a trusted friend take you to a hospital emergency room. Don't urinate, douche, bathe, brush your teeth, wash your hands, change clothes, or eat or drink before you go. These things may give evidence of the rape. The hospital will use a "rape kit" to collect evidence.
 - Call the police from the hospital. Tell the police exactly what you remember. Be honest about all your activities. Remember, nothing you did – including drinking alcohol or doing drugs – can justify rape.
 - Ask the hospital to take a urine (pee) sample that can be used to test for date rape drugs. The drugs leave your system quickly. Rohypnol stays in the body for several hours, and can be detected in the urine up to 72 hours after taking it. GHB leaves the body in 12 hours. Don't urinate before going to the hospital.
 - Don't pick up or clean up where you think the assault might have occurred. There could be evidence left behind – such as on a drinking glass or bed sheets.
 - Get counseling and treatment. Feelings of shame, guilt, fear, and shock are normal. A counselor can help you work through these emotions and begin the healing process.
 - Calling a crisis center or a hotline is a good place to start. One national hotline is the **National Sexual Assault Hotline at 1-800-656-HOPE (4673)**.

For more information on date rape drugs, please call womenshealth.gov at 1-800-994-9662 or contact the following organizations:

Drug Enforcement Administration, DOJ Phone: (202) 307-1000 General Questions (314) 538-2600 St. Louis Division Internet Address: http://www.usdoj.gov/dea	Office of National Drug Control Policy Phone: (800) 666-3332 (Information Clearing house) Internet Address: http://www.whitehousedrugpolicy.gov
Food and Drug Administration, OPHS, HHS Phone: (800) 332-4010 Hotline or (888) 463-6332 (Consumer Information) Internet Address: http://www.fda.gov	Men Can Stop Rape Phone: (202) 265-6530 Internet Address: http://www.mencanstoprape.org
National Institute on Drug Abuse, NIH, HHS Phone: (800) 662-4357 Hotline Internet Address: http://www.drugabuse.gov/	National Center for Victims of Crime Internet Address: http://www.ncvc.org/ncvc
Rape, Abuse, and Incest National Network Phone: (800) 656-4673 (HOPE) Internet Address: http://www.rainn.org	

Date rape drugs fact sheet was reviewed by:

*Susan Weiss
Chief, Science Policy Branch
National Institute on Drug Abuse*

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COUNSELING AND REHABILITATION

The main concern and responsibility of Bradford Schools to the abuser of chemical substances is constructive rehabilitation. Counseling and assistance referrals are available through the Director of Education or the President of the college. Available counseling, treatment or rehabilitation programs include:

The Crossroads Program (Drugs/Alcohol)
626 Capi Drive
St. Louis, MO 63005
(636) 532-9991
www.thecrossroadsprogram.com

Behavioral Health Response, Inc.
Missouri Crisis Hotlines
Local (314) 469-6644
Toll Free 1-800-811-4760
www.bhrstl.org

BASIC – Black Alcohol/Drug Service Information Center
3026 Locust St.
St. Louis, MO 63103
(314) 621-9009
www.basicinc.org

Centerpointe Hospital
4801 Weldon Spring Parkway
St. Charles, MO 63304
(800) 345-5407
www.centerpointehospital.com

Outpatient Locations in:
St. Peters, MO
St. Louis, MO (Downtown)
South County, MO
West County, MO
Washington, MO
Columbia, MO
Alton, IL

Hyland Behavioral Health Center at St. Anthony's
10018 Kennerly Road
St. Louis, MO 63128
(314) 525-4400
www.stanthonysmedcenter.com/Hyland

Bridgeway Counseling Services Administration Offices
1570 S. Main Street
St. Charles, MO 63303
(636) 224-1210
www.bridgewaycounseling.com

Locations in:
St. Charles, MO
St. Peters, MO

West County, MO
Brentwood, MO
Olivette, MO
City Center-St. Louis, MO
Troy, MO
Union, MO
Warrenton, MO
Montgomery City, MO

NCADA
National Council on Alcoholism & Drug Abuse
8790 Manchester Road
Brentwood, MO 63144
(314) 962-3456
www.ncada-stl.org
Free Counselors
Mon-Fri 9:00 a.m. to 5:00 p.m.
Other Locations in:
Washington, MO

Provident Counseling
2650 Olive Street
St. Louis, MO 63103
Office: (314) 533-8200
24/7 Crisis Intervention Hotline:
(314) 647-HELP (4357)
(800) 273-TALK (8255)
Gambling Hotline:
(888) BETSOFF (238-7633)
www.providentstl.org

United Way 2-1-1 Missouri & Southwest Illinois
910 North 11th Street
St. Louis, MO 63101
Call: 2-1-1 (from service area only)
(314) 421-4636
(800) 427-4626
(866) 385-6525 TTY

Email: 211@stl.unitedway.org
24 hours/7 days a week
www.stl.unitedway.org
www.211helps.org/gethelp
*Go to 2-1-1 resource directory
*Search by Service Topic

OTHER PROGRAMS

Many other resources exist to help friends, family members, and others struggling with alcohol and other drug abuse/addiction or other unhealthy, risky behaviors. The numbers listed below are possible resources that may be helpful to you. This list is not an inclusive one.

Alcoholics Anonymous: 314-647-3677
www.aastl.org

Al-Anon and Alateen: 314-645-1572

Cocaine Anonymous: 314-361-3500
www.camissouri.org

Narcotics Anonymous: 314-830-3232
St. Charles: 636-697-8406

Nicotine Anonymous: 314-832-9279