Y A L E
U N I V E R S I T Y

Drug Prevention Program

RESOURCES

ALL STUDENTS

Substance Abuse Counselor	(203) 432-1891
Mental Health & Counseling	(203) 432-0290
Student Health	(203) 432-0312

FACULTY AND STAFF

All Faculty and Employees (including YHP members)

Employee Health	(203) 432-7978
Counseling and Support Services Magellan Health Services	1-800-327-9240
Yale Health Center - Primary Clinician	(203) 432-0038

PLEASE READ IMPORTANT INFORMATION INSIDE

September 2016

WHY WE GIVE YOU THIS INFORMATION

The Drug-Free Schools and Communities Act Amendments of 1989 require an institution of higher education, as a condition of receiving funds or any other form of financial assistance under any federal program, to certify that it has adopted and implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.

As part of its drug prevention program for students and employees, the University annually distributes in writing to each student and employee the following information contained in this publication:

- standards of conduct that clearly prohibit the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities;

- a clear statement of the disciplinary sanctions that the University will impose on students and employees who violate the standards of conduct;

- a description of applicable local, state, and federal legal sanctions pertaining to the unlawful possession, use, or distribution of illicit drugs and alcohol;

- a description of health risks associated with the use of illicit drugs and the abuse of alcohol; and

- a description of available drug and alcohol counseling, treatment, rehabilitation, and re-entry programs.

The University has conducted a biennial review of its drug prevention program to determine its effectiveness, implement needed changes, and ensure that disciplinary sanctions are consistently enforced. The University will continue to conduct such reviews.

Standards of Conduct

The unlawful possession, use, or distribution of illicit drugs and alcohol by students or employees on University property or as part of any University activity is prohibited.

Disciplinary Sanctions

The University will impose disciplinary sanctions on students and employees who violate the University's standards of conduct. Among the disciplinary sanctions which may be imposed on students are the following: reprimand, probation, rustication, restriction, suspension, expulsion, and referral for prosecution. Among the disciplinary sanctions which may be imposed on employees are: oral warning, written reprimand, suspension, termination,

and referral for prosecution. The University also may require completion of an appropriate rehabilitation program.

State and Federal Legal Sanctions Concerning Drugs and Alcohol

Connecticut statutes cover a wide range of drug offenses, including the offer of, the sale, the possession with intent to sell, the gift, and the mere possession of various types of drugs [Connecticut General Statutes §§ 21a–277, 278, 278a, 279, 279a]. Among other provisions, the state laws create the following mandatory minimum prison sentences for first-time offenders who are not "drug-dependent" persons:

- Five years for the manufacture, distribution or sale, possession with intent to sell, offer, or gift, of one ounce or more of heroin, methadone, or one-half ounce or more of cocaine, or one-half gram or more of cocaine in a free-base form (including "crack"), or five milligrams or more of lysergic acid diethylamide ("LSD") (except as authorized);

- Five years for the manufacture, distribution or sale, or possession with intent to sell, offer, or gift, of any narcotic substance, hallucinogenic substance (other than marijuana), amphetamine-type substance, or one kilogram or more of a cannabis-type substance, which includes marijuana (except as authorized);

Convictions for drug-related offenses involving minors or occurring in proximity to elementary or secondary schools carry the following mandatory sentences in addition and consecutive to any term of imprisonment imposed for violations of the statutes which prohibit the distribution, sale, and possession with intent to sell of various types of drugs:

- Two years for the distribution, sale, offer, or gift of any controlled substance by a person 18 years of age or older who is not drug dependent to a person under 18 years of age who is at least two years younger than the person violating a statute prohibiting the distribution, sale, or possession with intent to sell of various types of drugs;

- Three years, for the manufacture, distribution, sale, transport, or possession with intent to sell, dispensation, offer or gift to another person of any controlled substance in or on, or within one thousand five hundred feet of, the real property comprising a public or private elementary or secondary school, a public housing project, or an identified, licensed child day care center;

- Three years for employing, hiring, using, persuading, inducing, enticing, or coercing a person under 18 years of age to violate a statute prohibiting the manufacture, sale, possession with intent to sell, offer, or gift of any controlled substance.

Conviction for illegal possession or control of drugs carries no mandatory minimum sentence, but the following are the maximum sentences for first-time offenders:

- A $150 fine for possession or control of less than one-half ounce of a cannabis-type substance (except as authorized).

Any person who possesses any controlled substance other than a cannabis-type substance in a quantity less than one-half ounce within one thousand five hundred feet of the real property comprising a public or private elementary or secondary school and who is not enrolled in such school, or any person who possesses any controlled substance in or on, or within one thousand five hundred feet of the real property comprising an identified and licensed child day care center, shall be guilty of a Class A misdemeanor and shall be sentenced to a term of imprisonment and a period of probation during which such person shall perform community services as a condition of such probation.

Connecticut law also prohibits any person from selling, shipping, delivering, or giving any alcoholic liquor to a minor by any means, including over the Internet or through any other on-line computer network [Conn. Gen. Stat. §30-86]. The penalty for conviction for delivering or giving alcoholic liquor to a minor is:

- Not more than eighteen months imprisonment or a fine of not more than $3,500, or both.

Any person who induces a minor to procure alcoholic liquor from a person authorized to sell such liquor also faces penalties under Connecticut law [Conn. Gen. Stat. §30-87], which include:

- Not more than one year imprisonment or a fine of not more than $1,000, or both.

In addition, Connecticut law prohibits any person to whom the sale of alcoholic liquor is by law forbidden from purchasing or attempting to purchase such liquor or from making any false statement for the purpose of procuring such liquor [Conn. Gen. Stat. §30-89], and provides the following penalty for conviction:

- A fine of not less than $200 or more than $500.

Connecticut law also prohibits any person from misrepresenting his or her age or using another's motor vehicle or motorcycle operator's license for the purpose of procuring alcoholic liquor [Conn. Gen. Stat. §30-88a]. Penalties for conviction under this statute include:

- Not more than thirty days imprisonment or a fine of not less than $200 nor more than $500, or both.

As of October 1, 2006, Connecticut law prohibits any minor from possessing any alcoholic liquor on public or private property [Conn. Gen. Stat. §30-89] and provides the following penalty:

- For a first offense, an infraction is issued, and for any subsequent offense, a fine of not less than $200 nor more than $500.

This law, however, does not apply to a minor who possesses alcohol on order of a practicing physician or to a minor who possesses alcohol when accompanied by a parent, guardian, or spouse who is 21 or over.

Moreover, Connecticut law prohibits private property owners from knowingly, recklessly, or with criminal negligence, permitting any minor to possess alcoholic liquors on their property or failing to make reasonable efforts to halt such possession [Conn. Gen. Stat. §30-89a]. Effective October 1, 2012, any person who violates this provision will be guilty of a Class A misdemeanor, punishable by imprisonment of not more than one year, a fine of not more than $2,000, or both.

Effective October 1, 2012, certain individuals who suffer from a small number of specified medical conditions will be eligible to purchase marijuana for palliative use. Individuals who meet all eligibility criteria and follow a detailed procedure established by statute shall not be subject to arrest or prosecution, penalized in any manner or denied any right or privilege for their palliative use of marijuana. [Conn. Gen. Stat. §§ 21a-408 to 408q]. However, these protections do not apply to the ingestion of marijuana in the workplace or on any school grounds or any public or private school, dormitory, college or university property.

Federal law also penalizes the manufacture, distribution, possession with intent to manufacture or distribute, and simple possession of drugs ("controlled substances") [Controlled Substances Act, 21 U.S.C. §§841, 843(b), 844, 846, 859, 860, 861, 862]. The law sets the following sentences for first-time offenders:

- A minimum of ten years without parole (twenty years if death or serious bodily injury results) and a maximum of life imprisonment, a fine not to exceed the greater of $10,000,000 or other applicable penalties, or both, for the knowing or intentional manufacture, distribution, or possession with intent to manufacture or distribute, of large amounts of heroin (1 kilogram), cocaine (5 kilograms), "crack" (280 grams), phencyclidine ("PCP") (100 grams or 1 kilogram of a mixture or substance containing a detectable amount of PCP), LSD (10 grams), N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide (400 grams) or its analogues (100 grams), methamphetamine (50 grams or 500 grams of a mixture or substance containing detectable amount of methamphetamine), or marijuana (1,000 kilograms or more or 1,000 or more marijuana plants, regardless of weight);

- A minimum of five years without parole (twenty years if death or serious bodily injury results) and a maximum of forty years imprisonment, a fine

not to exceed the greater of $5,000,000 or other applicable penalties, or both, for similar actions involving smaller amounts of heroin (100 grams), cocaine (500 grams),"crack" (28 grams),PCP (10 grams or 100 grams of a mixture or substance containing detectable amounts), LSD (1 gram), N-phenyl-N-[1-(2-phenylethyl)-4-piperidinyl] propanamide (40 grams) or its analogues (10 grams), methamphetamine (5 grams or 50 grams of a mixture or substance containing detectable amounts), or marijuana (100 kilograms or more or 100 or more marijuana plants regardless of weight);

- A maximum of twenty years imprisonment (a minimum of twenty years and maximum of life if death or serious bodily injury results), a fine not to exceed the greater of $1,000,000 or other applicable penalties, or both, for actions involving any amount of controlled substances such as heroin, morphine, LSD, GHB, PCP, amphetamines or peyote (except as provided above);

- A maximum of five years imprisonment, a fine not to exceed the greater of $250,000 or other applicable penalties, or both, for similar actions involving smaller amounts of marijuana (less than 50 kilograms, except in the case of 50 or more marijuana plants, regardless of weight), hashish (10 kilograms), hashish oil (1 kilogram), or any amounts of prohibited anabolic steroids, and many barbiturates;

- A maximum of one year imprisonment, a minimum fine of $1,000, or both, for knowing or intentional possession of any controlled substance. The gift of a "small amount" of marijuana is subject to the penalties for simple possession

- A maximum of four years imprisonment, a fine not to exceed the greater of $250,000 or other applicable penalties, or both, for knowingly or intentionally using the mail, telephone, radio, or any other public or private means of communication to commit acts that violate the laws against the manufacture, sale, and possession of drugs.

Penalties may be doubled, however, when an individual at least 18 years old (1) distributes a controlled substance to a person under 21 years of age; (2) employs, uses, induces, or coerces any person under 18 to violate federal drug laws or to assist the individual to avoid detection for his or her own violations of federal drug laws; (3) receives a controlled substance from a person under 18 years of age who is not an immediate family member; or (4) regardless of the individual's age, distributes, possesses with intent to distribute, or manufactures a controlled substance in or on, or within one thousand feet of, the real property comprising a public or private elementary, vocational, or secondary school, a public or private college, junior college, or university, or a playground, or housing facility owned by a public housing authority, or within one hundred feet of a public or private youth center, public swimming pool, or video arcade facility. A term of imprisonment for these offenses shall not be less than one year, except in certain situations involving five grams or less of marijuana.

Penalties may be tripled when an individual who is at least 21 years old knowingly and intentionally employs, uses, induces, or coerces a person who is under 18 years of age to (1) distribute, possess with intent to distribute, or manufacture a controlled substance in or on, or within one thousand feet of, the real property comprising a public or private elementary, vocational, or secondary school, a public or private college, junior college, or university, or a playground, or housing facility owned by a public housing authority, or within one hundred feet of a public or private youth center, public swimming pool, or video arcade facility or (2) assist in avoiding detection or apprehension for violations of the law prohibiting distribution, possession with intent to distribute, or manufacture of controlled substances near these protected locations.

A person who is at least 18 years old who violates the prohibitions on employing persons under 18 to violate federal drug laws or assist in avoiding detection by knowingly providing or distributing a controlled substance to any person under 18 years of age is subject to a term of imprisonment of not more than five years or a fine of not more than $50,000, or both, in addition to any other authorized punishment.

In addition to fines and prison sentences, courts, at their discretion, may deprive drug offenders of federal benefits—including direct and government-guaranteed student loans and work-study wages. Persons convicted for the first time of possessing a controlled substance can lose their federal benefits for up to one year, and first-time distribution offenders can be deprived of benefits for up to five years.

Any attempt or conspiracy to commit one of the above federal offenses, even if unsuccessful, is punishable by the same sentence prescribed for that offense.

State and federal law thus make crimes of many different activities involving drugs. Simple possession, giving, or even merely offering drugs is illegal, as are such offenses as the manufacture or sale of drugs. Actual penalties imposed depend on the severity and the circumstances of the offense and the character and background of the offender.

Health Risks of Use of Illicit Drugs and Abuse of Alcohol

In our society today, substance abuse and drug dependency are problems of staggering proportions. In 2009, 23.5 million Americans needed treatment for drug or alcohol problems.[1] Millions more are affected by the actions of the substance abuser; these include their families, the victims of substance abuse-related crimes, and those injured or killed by intoxicated drivers or in drug-related accidents. The cost to our society in lost productivity, increased health care costs and increased crime is estimated to be $700 billion a year.[2]

[1]National Institute on Drug Abuse (2011) – National Institute of Health www.drugabuse.gov
[2] National Institute on Drug Abuse (2015) – National Institute of Health www.drugabuse.gov

Impact of Substance Abuse on Families

When a family member is a substance abuser, there are often far-reaching consequences for the family as a whole. The substance abuser may be unable to perform adequately his or her daily work, and then the family's economic status almost always suffers. Family members often experience emotional tensions and feelings of desperation, which may also lead to violence in the home. As the substance abuser needs more money for drugs, he or she may steal from relatives and employers. This may involve law enforcement officers and lead to legal proceedings, which further undermines the family's financial base. Any of these consequences puts a great strain on the family and interferes with its cohesive functioning.

Women who abuse alcohol and other addictive substances during pregnancy run the risk of giving birth to children with cognitive deficits, developmental problems, and physical deformities. Alcohol ingestion by the mother during pregnancy is the most commonly identified cause of preventable mental retardation in children. This is one of a characteristic group of severe defects known as "fetal alcohol syndrome." These defects include facial malformations, seizure disorders and heart malformations.

When a family member is a substance abuser, other family members frequently feel emotionally overwhelmed. Often they attempt to cope with the situation by denying to themselves and others that a problem exists. Family members may take over the abuser's responsibilities at home and even at work. When this becomes a pattern, it may be difficult for the person abusing the substances to face the seriousness of his or her problem. Facing the problem is the necessary first step toward recovery. Family members can be instrumental in bringing about the recognition of the problem. Families may obtain help for themselves by attending support groups such as Al-Anon or Nar-Anon.

Counseling and Treatment for Alcohol and Drug Abuse

Alcohol and drug abuse are multi-faceted disorders involving psychological, environmental, and biological factors. Thus, treatment programs have been designed to address these multiple factors and the various stages of recovery. Treatment settings may be inpatient or outpatient and may involve individual therapy, group therapy, family therapy, medications, or a combination of these. Medical attention may be necessary to address the range of health risks associated with life-threatening complications of substance abuse. Medications may be required to make the detoxification process safer.

The goals of treatment vary depending on the severity of the problem. Often a person does not accept or acknowledge that the use of alcohol or other drugs is playing a harmful role in his or her life. In these instances, a planned supportive intervention by family, friends, employers, and health professionals may be a useful first step.

Educational and family therapies can be used to outline facts and clarify myths about substance abuse and address disordered patterns of family and social interactions. Self-help groups such as Alcoholics Anonymous and Narcotics Anonymous are important resources for long-term support, continued abstinence, and social rehabilitation. Lastly, individual and group therapy may be helpful in understanding behaviors and motivations that lead to the

substance abuse. These therapies can help increase the person's self-esteem and his or her ability to cope with stress. They also can help address the person's concurrent psychological difficulties.

Counseling and treatment for substance abuse issues can be accessed through Magellan by calling 1-800-327-9240 and speaking to a mental health clinician on the phone who will arrange for appointments to be made. The Behavioral Health Department at Yale Health can also be contacted at 203-436-5706 for further information. Students may receive counseling and treatment through the Mental Health and Counseling Department at Yale Health and they can call 203-432-0290 to be put in touch with the alcohol and substance abuse clinicians.

Alcohol

Alcohol is a powerful chemical. When it is taken in small amounts it usually produces a pleasant sense of relaxation. In larger amounts, alcohol produces a variety of psychological and physiological changes which can place the person or those around him or her in danger.

Alcohol abuse can be characterized by one of three different patterns: (1) regular drinking that affects one's ability to function at his or her best, (2) drinking large amounts of alcohol at regular times (e.g., getting drunk most Fridays and Saturdays), or (3) periods of heavy daily drinking separated by extended periods of sobriety (i.e., binges).

Alcohol dependence, often called alcoholism, usually appears between the ages of 20 and 40, although onset prior to age 20 or after age 40 does occur. It is much more prevalent in people with a family history of alcoholism. The course of the disorder is usually progressive, with adverse effects on one's work and social life and with the development of physical dependence.

The short-term effects of alcohol abuse can include problems with comprehension and memory, slowed motor responses, depression, sexual impotence, severe stomach and pancreas inflammation, coma and respiratory arrest. There may also be behavioral changes and an increase in violent behavior towards strangers as well as family and friends. Chronic alcohol abuse can produce physical complications, including brain damage, liver damage, impotence and infertility, and gastrointestinal bleeding. Memory problems and depression can also occur. In addition, abrupt cessation of drinking can cause serious, sometimes even life-threatening problems including high blood pressure, seizures, and hallucinations. Death can occur as a result of coma and respiratory failure, from serious chronic medical complications, or as a result of severe reaction to withdrawal of alcohol. The person may also die from the consequences of impaired judgment and coordination such as in a car accident or suicidal act.

Marijuana (Cannabis)

Marijuana is the most commonly used illegal drug in the United States. The physiological consequences of marijuana use depend on the frequency and duration of use, and the amount used. Its use is associated with impairment of short-term memory, concentration,

judgment, information processing, perception, and fine motor skills. These impairments will increase the risk of accidents and injury. These impairments continue for at least four to six hours after marijuana use because the active chemical in marijuana (THC tetrahydrocannabinol) remains stored in body fat cells long after ingestion. When there has been frequent use of marijuana and then the use of the drug has stopped completely, the above impairments may still last for three to six months.

Marijuana use can also be associated with anxiety, depression, and paranoid feelings. It can precipitate or increase underlying emotional problems. Frequent use by children and adolescents may produce motivation difficulties, apathy, and difficulty managing current stresses and responsibilities, and future planning.

Hallucinogens

This category of drugs includes LSD, lysergic acid diethylamide, (also known as "acid"), mescaline, peyote, PCP, and "mushrooms." The short-term use of these drugs produces illusions, hallucinations, altered sense of time and space, impaired visual perceptions, and disorientation. These effects lead to impaired judgment and may result in dangerous behavior. Hallucinogen use also may lead to a "bad trip" with anxiety, agitation, hallucinations, and paranoia, which may result in self-endangering behavior. After a "bad trip," the person can experience "flashbacks" which are recurrences of hallucinogenic experiences without actually having taken a hallucinogen. Flashbacks usually occur within weeks or months of the person's last use of the drug; however, they can occur after longer periods. Long-term use of hallucinogens may lead to impaired thinking and may precipitate psychosis.

PCP (also known as "angel dust") may induce violent or destructive behavior leading to injury to the person who has taken the drug or to other people. PCP use also raises the person's blood pressure, which may result in a medical emergency.

Cocaine

Cocaine is a highly addictive illegal stimulant drug. Other names for it are coke, C., lady, and snow. Cocaine is a white powder that is snorted, injected into veins, or smoked as freebase or crack. Crack is a crystalline form of cocaine that also is known as "rock" due to its small, white, rock-like appearance. Crack produces the most intense cocaine high and addiction can occur after using it only a few times. Cocaine highs are characterized by feelings of extreme happiness and a sense of limitless power and energy. A cocaine "crash" follows the "high" and often produces symptoms of depression (including thoughts of suicide), dullness, irritability, and paranoia. Serious medical complications may occur with cocaine use. These include heart attacks (even in young people), seizures, and strokes due to high blood pressure. The psychological effects of cocaine use include paranoia, depression, anxiety, confusion, and personality changes and may lead to acts of violence.

Amphetamines, Methamphetamine and Ritalin

Amphetamines are substances (both prescribed medications and illegal drugs) that stimulate the nervous system and are very addictive. Drugs in this group include benzadrine, dexedrine, Adderall, Ritalin, and methamphetamine ("speed," "meth," "chalk"). Amphetamines give a person increased energy, increased alertness, and a feeling of exhilaration. When amphetamines are abused, adverse effects such as restlessness, nervousness, tremors, loss of appetite, and insomnia are common. Psychotic symptoms such as paranoia, auditory hallucinations, mood disturbances, and delusions may be precipitated by amphetamine abuse. Tolerance to the euphoric effect of amphetamines may also occur, which may lead the person to take larger amounts of the drug, which in turn may lead to more paranoia and agitation. This state also may be associated with loss of self-control and violence. If the amphetamines are stopped suddenly, withdrawal symptoms (cramps, sweating, headaches, lethargy, and severe depression) may occur.

Methamphetamine, while chemically related to other amphetamines, appears to have particularly potent and toxic effects. Once more common in the western United States, it has become increasingly popular in other parts of the country. In its smoked form, methamphetamine is referred to as "ice," "crystal," and "glass." The use of methamphetamine carries a high risk of psychosis developing and of the person engaging in violent behavior.

Ritalin (methylphenidate) and Adderall are central nervous system stimulants prescribed for Attention Deficit Disorder. Although generally safe when used as prescribed, in recent years they have increasingly become drugs of abuse, particularly among high school and college students. Their use carries the risk of amphetamines as described above.

Designer Drugs Including Ecstasy

According to the National Institute on Drug Abuse, "designer drugs" are substances created by slight alterations of the molecular structure of existing drugs. Ecstasy, or MDMA (methylenedioxymethamphetamine), is perhaps the most widely used of the designer drugs. It is derived from amphetamines, a group of drugs known for their stimulant effects. Ecstasy has both stimulant and hallucinogenic properties. Users report a sense of wellbeing and openness to environmental stimuli.

Ecstasy is often used at all night parties called "raves." When it is used in this setting, severe dehydration and dysregulation of body temperature can occur and can be fatal. Research strongly suggests that permanent neurologic damage may result from Ecstasy use.

Narcotics Including Heroin

There are a variety of medications that are taken to relieve pain. Most nonprescription pain relievers (such as aspirin, Tylenol, Motrin, and Nuprin) are not considered addictive. However, there is a class of stronger pain-relievers, available only by a doctor's prescription, that can be addictive. These are referred to as narcotics, most of which are derived from opium. Examples of these drugs include morphine, codeine, Darvon, Darvocet, Percocet, Percodan, Demerol, Oxycontin and Vicodin. These drugs differ from the

nonprescription pain relievers in their potential for abuse and dependence. With close medical supervision, these drugs may be safely used in specific medical circumstances. However, as narcotics also produce euphoria, a person may not want to stop the drug when the pain has stopped, and addiction may occur. Tolerance to the drug is shown by an increase in the amount of drug necessary for the relief of pain. For the narcotics addict, tolerance leads to the craving and need for larger and larger doses of the drug. Without the drug the person becomes extremely uncomfortable and physically ill with withdrawal symptoms. These symptoms include nausea, diarrhea, cramps, weight loss, irritability, sweating, chills, insomnia, and craving for the drug. The time may come when the person "needs" such a large dose of the drug that it is at a poisonous or lethal level. Under these circumstances, coma, suffocation, and death may ensue.

Heroin is a commonly abused illegal narcotic. It may be used by injection into a vein ("shooting up") or intranasally ("snorting"), and death may occur if the amount used is sufficient to slow or stop breathing. The intravenous use of drugs also carries the additional medical dangers of AIDS and hepatitis from use of unclean needles and syringes. Recently, heroin seems to be available in purer forms and thus the risk of accidental overdose is increased.

Oxycodone, also known by the brand name Oxycontin, is another opioid prescription analgesic that is highly addictive. Oxycodone has become more widely available through the illegal drug market in the past several years. Some people who become dependent on oxycodone may turn to heroin, morphine, or other opioids when they cannot obtain oxycodone. As with any drug addiction, people may engage in previously unimaginable behaviors in order to obtain the drug(s), often simply to prevent withdrawal. Tolerance to oxycodone builds rapidly, leading to increasing amounts used and the high risk of overdose.

Sedatives and Tranquilizers

Barbiturates and benzodiazepines are two of the most commonly used drugs in this group and they are both known as depressants. The barbiturates (such as phenobarbital, seconal, and amytal) are highly addictive and can be fatal if taken in excess. Although they still have medical uses, they have been replaced largely by benzodiazepines for the relief of anxiety and insomnia. The benzodiazepine group includes such drugs as Valium, Librium, Ativan, Xanax, Klonopin, and Restoril. Although benzodiazepines have approved medical usage and are safe and effective at moderate doses for short periods of time, all the benzodiazepines have the potential for physical and psychological dependence if used at higher doses for longer periods of time. Benzodiazepines may also be used by some people to get "high."

Intoxication with benzodiazepines may occur and it resembles alcohol intoxication. Drowsiness, slurred speech, unsteady gait, and lack of coordination are common signs of intoxication. The effects of benzodiazepines, barbiturates, and other sedatives add to the effects of alcohol. When they are taken together, there is an increased risk of coma, depressed respiration, and death. Withdrawal from benzodiazepines resembles alcohol withdrawal and it most often occurs when they are stopped abruptly. Withdrawal begins within hours to days of stopping the drug. Because benzodiazepine withdrawal may have life-

threatening complications (such as seizures), discontinuing their use should not be attempted without a physician's supervision.

Anabolic-Androgenic Steroids

Anabolic-Androgenic Steroids (AAS) are a family of hormones, which include the natural male hormone, testosterone, as well as many other synthetically related hormones. They have both anabolic (muscle building) and androgenic (masculinizing) properties. These substances are usually used not for an immediate reward, but rather with long term goal of building up muscle mass. In 1994, the National Household survey on Drug Abuse showed that 1 million men have used these drugs at some point in their lives. Women rarely use these compounds because of the masculinizing effects, though there are health concerns for both men and women in the context of their use.

AAS users usually do not seek treatment because they may view their use as healthy, when used in conjunction with a healthy diet and exercise. Also, some AAS users do not believe that health care professionals have proper knowledge and understanding of their use.

This group of drugs can be injected or taken orally and can be obtained through prescriptions, diverted from the legal market, or purchased illegally. These drugs when obtained from illegal sources or the internet are often falsely labeled, which means both that dosing is not reliable and that they may be unsterile.

Health risks of taking AAS include gynecomastia (enlarged breast tissue) which may require surgical removal, testicular atrophy and sterility, male pattern baldness, hirsutism (excessive hair growth), hypertension, liver disease, enlarged prostate, and premature death.

Psychiatric risks include mood symptoms such as depression, anxiety, hypomania, mania, aggression, violent behavior, and rarely psychosis. During the withdrawal phase, the individual may notice depressed mood, tiredness, difficulty sleeping, decrease in appetite, decrease in sex drive, and restlessness.

Associated syndromes include muscle dysmorphia, which is an illness in which the individual views himself to be small and weak, though he is muscular. These individuals are preoccupied with their appearance and will avoid situations where their build will be noticed.

Another co-occurring illness is opioid use and dependence, including heroin, which has led to many deaths.

The American Psychiatric Publishing Textbook of Substance Abuse Treatment, 4th edition
Edited by Marc Galanter, Herbert D. Kleber