

BEVILL STATE COMMUNITY COLLEGE
DRUG-FREE WORKPLACE ACT OF 1988

In accordance with U.S. Department of Education regulations published January 31, 1989, and by direction of the Alabama State Board of Education, the following policy applies to all personnel employed by Bevill State Community College:

The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited at Bevill State Community College. Any employees engaging in unlawful acts will be subject to disciplinary action in accordance with applicable policies adopted by the Alabama State Board of Education and Bevill State Community College. This policy is stated in the College Catalog and will be included in subsequent catalogs. As a condition of employment, you are expected to abide by the terms of this policy statement and to notify the President of the college no later than five (5) days after any such conviction occurs.

EMPLOYEE VERIFICATION OF COMPLIANCE

I have read and understand Bevill State Community College's Drug-Free Workplace Policy as stated above and in the College Catalog. I understand and agree that my acceptance of employment obligates me to abide by this policy.

Employee's Signature

Date

Employee's Social Security Number

DRUG AND ALCOHOL ABUSE PREVENTION POLICY

INTRODUCTION

Bevill State complies with the regulations and initiative as prescribed by federal regulations in the Anti-Drug Abuse Act of 1988. The College is strongly committed to providing a drug-free learning and working environment. It is the policy of Bevill State Community College that, during the month of September of each academic year, information reported in compliance with the Drug-Free Workplace Act shall be distributed to each student and employee of Bevill State. It is further the policy of Bevill State that each May, the Dean of Students and other Student Services administrators review the College's Drug and Alcohol Abuse Prevention Program and shall:

1. Determine the effectiveness of its program and report to the President any revisions needed by the program to make it more effective;
2. Ensure that the standards of conduct described in Part II hereof are fairly and consistently enforced; and
3. Submit any findings and/or recommendations. The President shall implement, effective the ensuing September, any of the Committee's recommended revisions deemed appropriate and reasonable.

STANDARDS OF CONDUCT AND ENFORCEMENT

Bevill State Community College is a public educational institution of the State of Alabama and, as such, shall not permit on its premises, or at any activity which it sponsors, the possession, use, or distribution of any alcoholic beverage or any illicit drug by any student, employee, or visitor. In the event of the confirmation of such prohibited possession, use, or distribution by a student or employee, Bevill State Community College shall, within the scope of applicable Federal and State due process requirements, take such administrative or disciplinary action as is appropriate. For a student, the disciplinary action may include, but shall not be limited to, suspension or expulsion. For an employee, such administrative or disciplinary action may include, but shall not be limited to, reprimand, or suspension or termination of employment, or requirement that the employee participate in and/or successfully complete an appropriate rehabilitation program. Any visitor engaging in any act prohibited by this policy shall be called upon to desist from such behavior immediately. If any employee, student, or visitor shall engage in any behavior prohibited by this policy which is also a violation of Federal, State, or local law or ordinance, that employee, student, or visitor shall be subject to referral to law enforcement officials for arrest and prosecution.

LEGAL SANCTIONS REGARDING UNLAWFUL USE, POSSESSION OR DISTRIBUTION OF ALCOHOLIC BEVERAGES AND ILLICIT DRUGS STATE OFFENSES

Activities which violate Alabama laws concerning illicit possession, use, and distribution of alcoholic beverages or drugs include, but are not limited to, the following: (Those provisions which refer to drug "Schedules" are making reference to the authorization by the State

Legislature for the State Board of Health to classify drugs in semesters of their potential for abuse and their current usage in medical treatment. Schedule I consists primarily of “street drugs” such as heroin, morphine, marijuana, LSD, mescaline, etc. Schedule

II includes opium, cocaine, and methadone, among other illicit drugs. Schedule III drugs include those which have less potential for abuse than Schedule I or II, and those substances with the least potential for abuse are included in Schedules IV and V. The Schedules may be found in the Code of Alabama (1975), sec. 20-2-23, et seq.)

1. Public intoxication is punishable by up to 30 days in jail. (Code of Alabama [1975], sec. 13A-11-10).
2. Possession, consumption, or transportation of an alcoholic beverage by a person of less than 21 years of age is punishable by fine of \$25-\$100 or a 30-day jail term. (Code, sec. 28-1-5).
3. Possession or distribution of an alcoholic beverage in a dry county is punishable by a fine of \$50-\$500 and, at the discretion of a judge, a jail sentence of up to six (6) months. (Code, sec. 28-4-20, et seq).
4. Possession of an alcoholic beverage illegally manufactured or illegally brought into the State of Alabama is punishable by fine of \$100-\$1,000 plus, at the discretion of a judge, a jail sentence of up to six (6) months (Code, sec. 28-1-1).
5. Driving or being in actual physical control of a vehicle while under the influence of alcohol or other drugs is punishable, upon first conviction, by a fine of \$250-\$1,000 and/or one year in jail plus suspension of drivers' license for 90 days. (Code, sec. 32-5A-191).
6. Possession of marijuana for personal use is punishable by a fine of up to \$2,000 and/or a jail sentence of up to one year (Code, sec. 13A-12-214).
7. Possession of marijuana for other than personal use is punishable by a fine of up to \$5,000 and a prison sentence of not more than ten years (Code, sec. 13A-12-213).
8. The selling, furnishing, or giving away, manufacturing, delivery, or distribution of a controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$10,000 and/or a prison term of not less than 2 years and not more than 20 years (Code, sec. 13A-12-211).
9. The selling, furnishing or giving by a person 18 years or older to a person under 18 years of age any controlled substance listed in Schedules I-V of the Alabama Controlled Substance Act is punishable by a fine of up to \$20,000 and/or a prison term of not less than 10 years and up to life (Code, sec. 13A-12-215).

10. Possession of a controlled substance enumerated in Schedule I through V is punishable by a fine of not more than \$5,000 and/or prison term of not more than 10 years (Code, sec. 13A-12-212).

11. Conviction for an unlawful sale of a controlled substance within a three-mile radius of an educational institution brings with it an additional penalty of five years of imprisonment with no provision for parole (Code, sec. 13A-12-250).

12. The use, or possession with intent to use, of drug paraphernalia is punishable by up to 1 year in jail and/or a fine of up to \$2,000 (Code, sec. 13A-12-260).

13. The sale or delivery of, or possession with the intent to sell or deliver, drug paraphernalia is punishable by not more than 1 year in prison and/or a fine of up to \$1,000. If the delivery or sale is to a person under 18 years of age, it is punishable by up to 20 years in prison and/or a fine of up to \$10,000 (Code, sec. 13A-12-260).

Penalties for subsequent violations of the above-described provisions are progressively more severe than the initial convictions.

FEDERAL OFFENSES

Activities which violate Federal laws concerning illicit possession, use, or distribution of alcoholic beverages and drugs include, but are not limited to, the following: (21 U.S.C. 841) makes it a crime: (a) to manufacture, distribute, or dispense, or possess with intent to manufacture, distribute, or dispense, a controlled substance; or (b) to create, distribute, or dispense or possess with intent to distribute or dispense, or counterfeit a controlled substance. (The U.S. Code establishes, and authorizes the U.S. Attorney General to revise as needed classifications of controlled substances. The drugs are each classified in one or more of five "schedules," Schedule I being comprised essentially of "street drugs" and Schedule V being comprised of drugs with a "low potential for abuse" as compared with drugs in Schedules I-IV). Examples of Schedule I drugs are heroin and marijuana. PCP, for example, is a Class I drug. Amphetamine is a Schedule II drug, while Barbitol is a Schedule IV drug. An example of a Schedule V drug would be a prescription medication with not more than 200 mg. of codeine per 100 grams. Penalties for a first offense conviction of violating the laws described in items (a) and (b) above are:

1. In the case of a Schedule I or II drug which is a narcotic drug, not more than fifteen (15) years in prison, a fine of not more than \$25,000, or both.
2. In the case of a Schedule I or II drug which is not a narcotic drug or in the case of a Schedule III drug, not more than five (5) years in prison, a fine of not more than \$15,000, or both.
3. In the case of a Schedule IV drug, not more than three (3) years in prison, a fine of not more than \$10,000, or both.
4. In the case of a Schedule V drug, not more than one (1) year in prison, a fine of not more than \$5,000, or both.
5. Notwithstanding sub-paragraphs (1) through (4) above, the distribution of a small amount of marijuana for no remuneration is punishable by imprisonment of not more than one (1) year and/or a fine of not more than \$5,000.

6. Notwithstanding subparagraph (1) through (4) above, the manufacture, possession, or distribution, or intent to manufacture, possess, or distribute phenecylidine (PCP, “angel dust”) is punishable by up to ten (10) years in prison and/or a fine of not more than \$25,000. Penalties for subsequent violations of these provisions are progressively more severe than for initial convictions.

LOCAL ORDINANCES

The State of Alabama Code has been adopted locally. Any other provisions as are applicable to the City of Jasper, City of Sumiton, City of Fayette, City of Hamilton, City of Carrollton, Walker, Marion, Pickens, Fayette, Lamar, and Winston counties have also been adopted.

HEALTH RISKS OF DRUG AND ALCOHOL USE AND ABUSE

The following is a list of some of the health risks and symptoms associated with the following categories or substances. This list is not intended to be the final word on such health risks, since the scientific and medical communities will continue their research into and discoveries concerning the abusive use of drugs and alcohol.

CANNABIS

1. Includes marijuana, hashish, hashish oil, and tetrahydrocannabinol (THC).
2. Regularly observed physical effects of cannabis are a substantial increase in 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 damages the lungs and pulmonary system. Marijuana smoke contains more cancer-causing agents than tobacco. Long-term users of cannabis may develop psychological dependence and require more of the drug to get the same effect.

COCAINE

1. Includes cocaine in powder form and “crack” in crystalline or pellet forms.
2. 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 a stuffy or runny nose, while chronic use can ulcerate the mucous membrane of the nose. Injecting cocaine with unsterile equipment may transmit AIDS, hepatitis, and other diseases. Preparation of free base, which involves the use of volatile solvents, can result in death or injury from fire or explosion. Cocaine can produce psychological and physical dependency, a feeling that the user cannot function without the drug. In addition, tolerance develops rapidly. Crack or free base 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 disrupting the brain’s control of the heart and respiration.

OTHER STIMULANTS

1. Include amphetamines and methamphetamines (“speed”); phenmetrazine (Preludin); methylphenidate (Ritalin); and “anorectic” (appetite suppressant) drugs such as Didrex, Pre-Sate, Fastin, Profast, etc.
2. 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 rapid or irregular heartbeat, tremors, loss of coordination, and 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 amount 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 uses ceases.

DEPRESSANTS

1. Include such drugs as barbiturates, methaqualone (Quaaludes), and tranquilizers such as Valium, Librium, Equanil, Meprobamate, Xanax, etc.
2. 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.

NARCOTICS

1. Include such substances as heroin, morphine, opium, and codeine as well as methadone, meperidine (Demerol), hydromorphone (Dilaudin), and such drugs as Percocet, Percodan, Darvon, Talwin, Lortab, Lorcet, Anexia, etc.
2. 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 possibly death.
3. 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, stillborn, or addicted infants who experience severe withdrawal symptoms.

HALLUCINOGENS

1. Include phencyclidine (“PCP”), lysergic acid diethylamide (“LSD”), mescaline peyote, and psilocybin (mushrooms).
2. 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.
3. 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 such as depression and 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, heart, lung, and brain.
4. 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, or psilocybin. The user may experience panic, confusion, suspicion, anxiety, and loss of control. Delayed effects, or flashbacks, can occur even after use has ceased.

INHALANTS

1. Include such substances as nitrous oxide (“laughing gas”), amyl nitrate, butyl nitrate (found in asthma inhalants), chlorohydrocarbons (used in aerosol sprays), and hydrocarbons (found in gasoline, glue, and paint thinner).
2. Immediate negative effects of inhalants include nausea, sneezing, coughing, nosebleeds, fatigue, lack of coordination, and loss of appetite. Solvents and aerosol sprays decrease heart and respiratory rates and impair judgment. Amyl and butyl nitrite (asthma inhalant) cause rapid pulse and feces. Long-term use may result in hepatitis or brain hemorrhage.
3. Deeply inhaling the vapors or using large amounts over a short period of time may result in disorientation, violent behavior, unconsciousness, or death. High concentration of inhalants can cause suffocation by displacing 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.

DESIGNER DRUGS

1. Designer drugs include analogs of fentanyl and analogs of meperidine (synthetic heroin), analogs of amphetamines and methamphetamines (such as “Ecstasy”), and analogs of phencyclidine.
2. Illegal drugs are defined in terms of their chemical formulas. Underground chemists modify the molecular structure of certain designer drugs. These drugs can be several hundred times stronger than the drugs they are designed to imitate.
3. The narcotic analogs 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. As little as one dose can cause brain damage. The analogs of phencyclidine cause illusions, hallucinations, and impaired perceptions.

ALCOHOL

1. Ethyl alcohol, a natural substance formed by the fermentation that occurs when sugar reacts with yeast, is the major active ingredient in wine, beer, and distilled spirits.
2. Ethyl alcohol can produce feelings of well-being, sedation, intoxication, unconsciousness or can cause death depending on how much is consumed and how fast it is consumed.
3. Alcohol is a “psychoactive” or mind-altering drug, as are narcotics and tranquilizers. It can alter moods, cause changes in the body, and become habit forming. Alcohol depresses the central nervous system, and too much can cause slowed reactions, slurred speech, and unconsciousness. Chronic use of alcohol has been associated with such diseases as alcoholism and cancers of the liver, stomach, colon, larynx, esophagus, and breast. Alcohol abuse can also lead to damage to the brain, pancreas and kidneys; high blood pressure, heart attacks, and strokes; hepatitis and cirrhosis of the liver; stomach and duodenal ulcers; colitis; impotence and infertility; and premature aging. Abuse of alcohol has also been linked to birth defects and Fetal Alcohol Syndrome.

WHERE TO GET ASSISTANCE

Help is available for persons who are in need of counseling or other treatment for substance abuse. Listed below are agencies and organizations, which can assist persons in need of such services.

1. On-Campus Assistance

The Campus Office of Student Services is available to students and employees of the College concerning information on substance abuse as well as information on, and assistance in, obtaining counseling or other treatment.

2. National Toll-free Hotlines

1-800-662-HELP (4357)

Website: www.drughelp.org

3. Local Information

Northwest Alabama Mental Health Center

24-Hour Toll-Free Number 1-800-489-3971

4. Treatment Facilities

The treatment facilities listed below provide either alcohol (A), drug (D), or alcohol and drug (A/D) treatment on an outpatient, residential, or inpatient basis. Outpatient care generally consists of counseling and other therapy on a periodic basis, such as twice a week. Inpatient services include such treatment as detoxification and short-term hospital care. Residential services include residing (generally from one to six months) at a treatment facility and participating in such therapeutic activities as lectures, group counseling, individual counseling, and self-analysis. Some of the listed facilities are private and some are public. In most instances, the care offered at a public facility is less expensive than similar services offered

at private facilities. However, many health and hospitalization insurance policies include coverage for substance abuse treatment. There are also situations in which private facilities are provided public funding to offer services to eligible clients who would not otherwise be able to afford such services.

Local Facilities

1. Behavioral Medicine Unit - Walker Baptist Medical Center,
Jasper: 205-387-4555
2. Walker Recovery Center: 205-221-1799
3. Northwest Alabama Mental Health Center
Fayette Office: 205-932-3216
Hamilton Office: 205-921-2186
Jasper Office: 205-387-0541

GUIDELINES FOR POLICY NUMBER 806.02

DRUG TESTING OF STUDENT ATHLETES

I. PERSONS TO BE TESTED

Any student who desires to participate in intercollegiate athletics at any institution of the Alabama Community College System will be required to submit to appropriate drug testing as determined by the Chancellor.

II. TYPES OF TESTS TO BE PERFORMED

A. An initial drug test will be required prior to eligibility determination for any scholarship and/or participation in intercollegiate athletics, and all student athletes will be required each year to complete a mandatory drug test before each school year begins. A student will be required to authorize a drug test result to be provided to the Athletic Director, head coach, or other designated representative. The student's specimen must have been collected and tested within the two-week period prior to eligibility determination and prior to the beginning of each year thereafter. The institution will not be responsible for the initial testing of the student although an institution may elect to pay for the initial screening with external funds.

B. After the initial drug test has been provided, further testing of the student athlete will be conducted throughout the year at regular and random intervals, both announced and unannounced, utilizing an on-site testing device. All testing following the initial test will be controlled by and the responsibility of an assigned member college employee who is both disassociated with athletics and who is at least at the Dean level a dean level college employee. The individual who conducts all random drug testing must be an employee of a recognized provider who is certified to do drug testing and not an employee of a member college. The on-site testing device shall be used only for subsequent testing and not for the initial test coordinated by the student. The Athletic Director, head coach, or other designated representative may request a test at any time. Random individual and/or random team testing will be done at least four times per year. Each college will test at least ten percent of its total athletes at each random testing, and this testing can be conducted outside of the student athlete's particular competitive season. For random testing, all student athletes will be included in a pool of names from which they may be selected by a computerized method of random selection. This selection shall be done by each institution by utilizing random number selection computer software. Each institution shall be

responsible for maintaining an updated listing of student athletes to provide an accurate random selection pool.

III. DRUGS TO BE TESTED

The following panel of five (5) drugs shall be tested. Additional drugs may be added to the panel on the recommendation of the Athletic Director and with the approval of the president.

- A. Amphetamines
- B. Cocaine
- C. THC
- D. Opiates
- E. PCP

IV. CONSENT TO DRUG TESTING

A. Each student athlete is required to sign a statement certifying that he or she has received a copy of the drug testing policy and guidelines and consents to provide urine specimen(s) for the purpose of analysis. If the student athlete is under eighteen (18) years of age, the student athlete's parent or legal guardian must sign the drug testing consent form in addition to the student athlete. The Athletic Director, head coach, or other designated representative shall maintain the original of the signed consent form and may provide a copy of the consent form to the student athlete upon request.

B. Student athletes have the right to refuse to consent to drug testing under this program; however, student athletes who decline participation in the program will not be permitted to participate in intercollegiate athletics.

C. Student athletes may be excused from drug testing only under the most extreme circumstances (e.g., illness, family emergency). The student athlete is responsible for providing written verification for such absences. Approval of a verifiable absence is the responsibility of the Athletic Director, head coach, or other designated representative.

V. SPECIMEN COLLECTION

A copy of the guidelines must be provided to each collection site person, prior to the collection of the specimen, to ensure that all specimens are collected and tested within these requirements. A specimen collection should not be initiated until the collection site has been made aware of the requirements of this program. Collection site personnel should contact the Athletic Director, head coach, or other designated representative to obtain a copy of these guidelines before any specimen collection is performed.

A. The collection site person shall be a licensed medical professional or technician who has been trained for collection in accordance with chain of custody and control procedures – not a coach, Athletic Director, or any other employee.

B. Specimen collection procedures shall provide for the designated collection site to be secured in accordance with chain of custody and control procedures. Security during collection may be maintained by effective restriction of access to the collection materials and specimens.

C. When the student athlete arrives at the collection site, the collection site person shall ensure that the student athlete is positively identified as the individual selected for testing. This identification can be done through the presentation of photo identification or by an authorized institution representative. If the student athlete's identity cannot be established, the collection site

person shall not proceed with the collection until such identification can be made.

D. The student shall remove any unnecessary outer garments such as a coat or jacket. The collection site person shall ensure that all personal belongings such as bags, backpacks, purses, etc. remain with the outer garments. Through a visual check, the collection site person will make an effort to ensure that no concealed containers are on the student athlete's person.

E. The student athlete may provide his/her specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy, unless there is reason to believe that a particular individual may alter or substitute the specimen to be provided. If direct observation is required, the collection site person or designated representative shall review and concur in advance with any decision by a collection site person to obtain a specimen under direct observation by a same gender collection site person.

F. If the student athlete is unable to provide a specimen during the collection process, the individual may leave the collection site and return at a later time to begin the process again. The designated representative should be notified by the collection site person that the student athlete was not able to provide a specimen at that time. The Athletic Director, Head Coach, or other designated representative is responsible for ensuring that the student athlete returns to the collection site within the same day or, if not possible, no later than the following day.

G. Once the specimen has been collected, the student athlete and the collection site person shall keep the specimen in view at all times prior to its being sealed and labeled. The collection site person and the student athlete will complete the necessary information on the custody and control form. The student athlete will sign the custody and control form certifying that the specimen identified as having been collected from him or her is in fact the specimen he or she provided. The specimen and the chain of custody and control form shall then be sealed in a plastic bag and labeled in the presence of the student athlete. The student athlete's participation in the specimen collection process is complete.

VI. ON-SITE TESTING TO BE USED

A. Regular and random testing by the institution shall be performed by utilizing an on site testing device. The collection site person performing the test shall check the specimen containers to ensure that the seals have not been broken and that all identifying numbers of the specimen containers match the information on the chain of custody and control form.

B. Using only the primary specimen, the individual performing the test shall transfer the urine onto the testing device. A negative test result shall be recorded on the chain of custody and control form and in a test results log book. The log book shall contain the student athlete's identification number, date of test, and test result. The testing device that was used shall be maintained with the completed chain of custody and control form for each student athlete. Positive test results shall be recorded on the chain of custody and control form and in the test results log book. A positive test shall require that the specimen be sent to a certified laboratory for confirmatory testing. The split sample which has not been tested shall be the specimen sent to the laboratory.

VII. DRUG TESTING LABORATORY

Laboratories certified by the Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (HHS), must be used to perform confirmatory urine drug

testing analysis. These laboratories have met the minimum criteria established in the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

VIII. MEDICAL REVIEW OF POSITIVE DRUG TEST RESULTS

A. All specimens identified as positive on the initial test shall be confirmed by the testing laboratory.

B. A Medical Review Officer (MRO), who shall be a licensed physician with knowledge of substance abuse disorders, shall review and interpret positive test results obtained from the testing laboratory. The MRO shall:

1. Examine alternate medical explanations for any positive test results. This action may include conducting a medical interview and review of the student athlete's medical history, or review of any other relevant biomedical factors.
2. Review all medical records made available by the tested student athlete when a confirmed positive test could have resulted from legally prescribed medication. Prior to making a final decision on the results of the confirmed positive test, the MRO shall give the student athlete an opportunity to discuss the result. The MRO shall contact the student athlete directly to discuss the results of the test or if unsuccessful in contacting the student athlete directly, the MRO shall contact the designated representative who shall have the student athlete contact the MRO as soon as possible.

IX. REPORTING OF DRUG TEST RESULTS

A. Reporting of drug test results shall be made to the Athletic Director, head coach or other designated representative. Test results will not be released to any individual who has not been authorized to receive such results.

B. A written notification of the test results shall be provided to the Athletic Director, head coach, or other designated representative. The test result shall not be received from any student or any person who is not a designated representative of the service provider. Students shall not be allowed to hand deliver any test results to representatives. Drug test results can be received by U.S. mail, if sent directly from the service provider. The envelope should be marked "CONFIDENTIAL" and should not be opened by any person not authorized by the institution to receive such results.

C. Any institution of the Alabama Community College System may refuse to accept any test result that does not meet the requirements of the policy and guidelines.

D. When drug test results are received by the Athletic Director, head coach, or other designated representative, these records shall be maintained in a confidential manner in a secured file with limited access. Individual records shall not be released to any person, other than the student athlete, without first obtaining a specific written authorization from the student athlete.

E. Any positive drug test results are to be communicated by the Athletic Director, head coach, or other designated representative within three business days to the college President.

X. PENALTIES FOR A CONFIRMED POSITIVE DRUG TEST OR REFUSAL TO BE TESTED

A. First Positive Test:

1. Student athlete will be temporarily suspended from athletic competition for a minimum two-week period.
2. Student athlete will be required to participate and successfully complete a substance abuse program before the student athlete will be permitted to return to participation in the athletic program.
 - a. The Athletic Director, head coach, or other designated representative will assign and/or refer the student athlete to a substance abuse program. The length of the substance abuse program will be determined by the program counselor. The student athlete must inform the designated representative of athletics regarding the expected completion date of the substance abuse program and whether or not the student athlete successfully completes the program. The student athlete will be responsible for any costs associated with the counseling and treatment in the substance abuse program. Any referrals to any substance abuse program shall be confidential.
 - b. A refusal and/or failure to successfully complete the assigned substance abuse program will require immediate suspension from the athletic program, as well as notification to the ACCC and parents/guardian of the student athlete of the positive drug test result and suspension.
 - c. If a student athlete does not successfully complete the assigned substance abuse program within two (2) weeks, permanent suspension from athletic competition and forfeiture of any athletic scholarship will be required.
3. Student athlete must receive a negative follow-up drug test before the student athlete will be permitted to return to participation in the athletic program. A failure to receive a negative follow-up drug test within a reasonable time will require immediate and permanent suspension from the athletic program, as well as notification to the ACCC and parents/guardian of the student athlete of the positive drug test result.
4. Student athletes who are suspended for a positive drug test and successfully complete a substance abuse program will be required to submit to follow-up drug testing for up to twelve (12) months while in the athletic program.

B. Second Positive Test:

1. Permanent suspension from athletic competition and forfeiture of any athletic scholarship.
2. Notification of the permanent suspension to the student athlete's parent/guardian as a result of the second positive test result.
3. Notification of the permanent suspension to the ACCC by the member college President as a result of second positive drug test result.

C. Prohibition from Enrolling at Other Member College Students who are suspended, whether temporarily or permanently, from a member college for failing to comply with the drug policy will be prohibited from enrolling at any other member college until such student is in compliance with the drug policy.

D. Refusal To Be Tested

A student athlete who refuses to be tested for drugs, after initially consenting to be tested, shall be considered to have made a decision not to participate in the athletic program. A refusal to cooperate in testing will result in suspension from the athletic program and forfeiture of any athletic scholarship. The designated representative shall be notified of any refusal to be tested.

E. Failure To Appear

A student athlete who fails to appear for drug testing will be given an opportunity to explain the failure to appear. If the student athlete agrees to be tested, another collection will be scheduled. If the student athlete fails to appear for the second time, the failure to appear shall be treated as if a

positive test result had occurred. The designated representative shall be notified of any failure to appear.

F. Interference With the Collection Process. The student athlete designated to provide a specimen shall not be interfered with in any manner, by any person, other than those properly and specifically authorized by collection site personnel in order that the collection process shall be conducted within these guidelines. Any other student or student athlete who interferes or in any way attempts to alter the results of the designated student athlete's specimen shall be subject to discipline, including suspension from the institution, suspension from the athletic program, and forfeiture of any athletic scholarship. Any student athlete designated to provide a specimen, who voluntarily participates in this interference, shall be subject to discipline, including suspension from the institution, suspension from the athletic program, and forfeiture of any athletic scholarship.

XI. EDUCATION PROGRAM

A drug use and abuse education program shall be provided to all student athletes at the beginning of the fall term and at other times as deemed necessary by the Athletic Director, head coach or other designated representative. Attendance is mandatory for all student athletes. An attendance roster shall be maintained for each session of this program and shall include the signatures of each student athlete and the date of attendance. This program should include, at a minimum, the following:

- A. Discussion of drug testing policy for student athletes; and
- B. Presentation by a qualified substance abuse counselor or an individual with relative qualifications for such presentations; and
- C. Distribution of education materials concerning the use and abuse of illegal drugs.

XII. PUBLICATION OF POLICY

The institution shall include the Drug Testing of Student Athletes policy in the student handbook and other appropriate institution publications, to ensure adequate notice and distribution.