

# CHOICES:

ALCOHOL AND DRUG

EDUCATION & RESOURCES FOR

NORTHEASTERN STUDENTS



Office of Prevention & Education at Northeastern  
Alcohol & Drugs: Get smart, choose smart

Northeastern University



Dear Northeastern University Community Members,

On behalf of Student Affairs, we would like to welcome parents, students, and friends to Northeastern. We are thrilled that you have selected Northeastern University as your home for the next several years. We understand that college students are faced with many choices throughout their academic careers. As educators, we believe that we have a responsibility to provide information and resources so that students can make the best choices for themselves, especially as it relates to alcohol and other drug use. Our experience tells us that students who consume alcohol underage, consume heavily, and/or use illicit drugs, tend to run into difficulties. These are typically associated with disciplinary issues at the University, poor academic performance, social-emotional-health consequences and implications around being a good neighbor for those living in and frequenting the communities surrounding our campus. We take this issue very seriously and believe that enforcing strong policies to reduce the negative impact of substance use and abuse in and around our community as well as educating students on the topic is of the utmost importance.

We hope that you will spend some time reading through the information in this booklet. As you glance through it, you might be surprised by some of what you read or maybe you'll remember the list of warning signs when worried about a friend who is partying too much. Perhaps, someday you'll want to talk with one of the community resources listed. And if all this booklet does is remind you that you are making choices that work well for you, then it has served a good purpose.

In addition to the enclosed information, please be aware of our campus resources, including the Office of Prevention and Education at Northeastern (O.P.E.N.). O.P.E.N. provides confidential, personalized check-ins for students around alcohol and other drug use as well as a wealth of online assessment, information and resources. All incoming students are required to complete the electronic checkup for alcohol which can be found on O.P.E.N.'s website: <http://www.northeastern.edu/open> under "electronic checkup to go/online self checks."

We would also like to highlight Northeastern's commitment to wellness around alcohol and drug education by including our philosophy, which we hope will be shared by all community members:

*Northeastern University fosters a community that reinforces healthy choices and encourages responsible decision-making regarding the use of alcohol and other drugs. Northeastern strives to maintain a working, living and learning environment that is free from the negative effects that alcohol and other drug use can create. Additionally, the University is committed to enforcing policies and laws surrounding alcohol and other drug use. The University fulfills this philosophy by providing educational programs, resources for treatment, and referrals for students, faculty and staff who may experience problems related to substance use.*

Please don't hesitate to reach out to us for additional information or resources and we wish you much success and wellness as a Husky!



Ed Klotzbier  
Vice President for Student Affairs



Amaura Kemmerer  
Director, Office of Prevention & Education at Northeastern (O.P.E.N.)

## Physical and Psychological Effects of Alcohol & Other Drugs

The drugs reviewed in this section are generally referred to as psychoactive, or mind-altering, drugs. Alcohol and other drugs (AODs) act on the brain and central nervous system, affecting movement, judgement, emotion, perception and many automatic functions of the body (breathing, heart rate, blood pressure, etc.).

The physical and psychological effects of AODs depend upon factors such as health, weight, gender, mood, and expectations of the user; the setting in which the drug is taken; the amount, method and speed of ingestion; whether or not there is food in the stomach; and the level of tolerance and physical or psychological dependence that the user has achieved.

Tolerance to a drug is a user's increasing resistance to the chemical's effects. This means that one's body requires larger amounts of a drug to have the same effects that lower doses used to create.

Physical dependence to a drug occurs when an individual's tissue cells get used to a certain level of intoxication. This means the body physically changes, needing the drug in regular doses to maintain its chemical balance. Psychological dependence to a drug occurs when a person needs regular doses of the drug to maintain mental and emotional stability. In either case, a drug-dependent person will experience some form of withdrawal symptoms when drug use is discontinued.

### ALCOHOL

Alcohol is a central nervous system depressant and toxin, affecting the body in much the same way as opiates, barbiturates and tranquilizers. Alcohol is also classified as a food because it breaks down into simple sugars. About one-third of the adults in the U.S. are nondrinkers, but 10% of those individuals who chose to drink consume over 50% of the alcohol. It is the most widely used and abused mind-altering drug in the world today.

**What effect does alcohol have on the body?** Since alcohol is a depressant, its ingestion slows physical responses, reduces the ability to focus on multiple stimuli, and causes difficulty with muscular coordination, including speech. Its use increases urination and thirst because it draws water out of the body's cells. Drinking alcohol on a hot summer day or after exercise can actually lead to dehydration. The drug increases blood flow to the skin, producing a feeling of warmth, while the body is actually losing heat internally. High levels of alcohol use can lead to dangerously slowed breathing, unconsciousness, alcohol poisoning, coma, or death.

**What is a hangover?** A hangover is the body's reaction to mild alcohol poisoning after a bout of excessive drinking. This often results in dehydration, headaches, stomach pain, and possibly, nausea and vomiting. There is no cure for a hangover, though it can be avoided by moderating alcohol intake.

**What's the best way to sober up?** Coffee, fresh air or cold showers will not sober up an intoxicated person. The only way to sober up is to wait for the consumed alcohol to be processed and removed from the body. For each drink consumed, it takes the liver approximately one hour to process and remove the alcohol from the body's system. One drink equals a 12-ounce beer, a five-ounce glass of wine, or one shot of hard liquor (these all have approximately the same amount of pure alcohol in them).

**Is alcohol a stimulant or a depressant?** Alcohol acts on the emotional center of the brain. It is often mistakenly confused as a stimulant because one of its initial effects includes reduced inhibitions in the user. In low doses, alcohol can produce relaxation and a sense of well-being. As amounts increase, an individual may become confused, forgetful, withdrawn, depressed, angry, or talkative. Because of its effects on the brain, alcohol use has been linked to a significant amount of violent crime. In the U.S., one half of all murders and one third of all suicides involve alcohol. In addition, nearly 90% of all acquaintance rapes occur when one or both people have been drinking.

**How does alcohol affect women?** Women process alcohol slower than men because women have, in general, higher body fat content and less systemic water than men. Also, research has shown that alcohol dehydrogenase (an enzyme responsible for the

“One drink equals a 12-ounce beer, a five-ounce glass of wine, or a shot of hard liquor (these all have approximately the same amount of pure alcohol in them).”

breakdown of alcohol in the body) is found in smaller quantities in women. Alcohol use appears to impact women more just before menstruation due to hormonal changes. Women who use oral contraceptives are more greatly affected by the consumption of alcohol than those who do not use birth control pills.

**What are the long-term effects of heavy alcohol use?** The long-term effects of heavy alcohol use include damage to internal organs. Protein production and energy release are inhibited when the liver is forced to break down large amounts of alcohol. After several weeks of excessive drinking, fat accumulates in the liver, which may eventually lead to liver failure. The liver can also suffer from tissue inflammation, a condition that may result in hepatitis or cirrhosis. Alcohol irritates the esophagus, stomach tissue, and the pancreas as well. Heart disease, cancer, and malnutrition are all linked to chronic drinking. Heavy alcohol use can cause reproductive problems in both sexes. Women may also experience miscarriage, infertility and unusually difficult menstruation, while men risk impotence and sterility.

**What are the withdrawal symptoms?** Because of alcohol's potential for physical dependence, heavy alcohol users and alcoholics can experience withdrawal if they suddenly discontinue regular doses of the drug. Symptoms include the “DTs” (delirium tremens) – shaking, hallucinations, and anxiety. The experience

can be life-threatening. Any user of alcohol may become psychologically dependent on the drug.

**What about drinking and driving?** Operating heavy machinery or drinking alcohol before or while driving is both unsafe and illegal. Fifty percent of all fatal highway collisions involve alcohol. In the U.S., one out of every two people will be in an alcohol-related accident in their lifetime. Research shows that even the most experienced driver's coordination and driving skills can decrease significantly at Blood Alcohol Levels (BALs) as low as 0.03 percent to 0.05 percent (depending on weight and sex, this could be as few as one or two drinks). Not only are motor skills slowed by drinking alcohol, but judgment is impaired as well, causing people to believe that they are driving very well when they are actually reckless.

Information regarding alcohol abuse, University rules pertaining to its use, and resources for help is located later in this booklet.

“The drug does interfere with short-term memory and has been found to trigger a condition known as Amotivational Syndrome. This condition, found in most heavy cannabis users, consists of general lethargy, including loss of interest in work, relationships, health, sex, and exercise.”

## MARIJUANA

Marijuana is derived primarily from the leaves and flowers of the hemp plant. *Cannabis sativa* or *cannabis*. It contains over 400 chemicals, including THC (tetrahydrocannabinol), the mood-altering chemical responsible for marijuana’s mind-altering effects. While THC can act as both a stimulant and a depressant, some first-time users claim to experience no effects at all. Marijuana is now the most frequently used illicit drug in the U.S. (when excluding the underage use of alcohol). One in four people in this country have smoked marijuana at least once in their lives. One in twelve use it on a regular basis.

When smoked, the effects of marijuana last two to three hours. When ingested in foods, the effects may last up to 24 hours and are very difficult to predict or control. Because it is stored in fatty tissue, THC can be detected in the body up to 30 days after its last use.

**What are the physical effects of marijuana?** Low to moderate doses produce feelings of well being, relaxation, drowsiness, exhilaration, and arousal. Time, distance, and body image are distorted, and sensory perception is enhanced. Marijuana can impair speech, concentration, short-term memory, and coordination. A user may feel slightly confused and separated from the environment. The drug acts as a mild hypnotic, exaggerating

mood and personality, and making the smoker more suggestible to other’s feelings.

Marijuana use elevates heart rate and blood pressure. It also causes a reddening of the eyes, dry mouth (“cottonmouth”), increased body temperature, and increased hunger (“the munchies”). Mild anxiety, panic, paranoia, dizziness, and headaches may develop from the use of marijuana. THC slows physical and mental reflexes, making it very dangerous to operate vehicles or heavy machinery. A driver’s reaction time, concentration, perception of signs, and control of speed can all be adversely affected. Highly concentrated forms of marijuana (hashish or hash oil) may produce psychedelic effects in which colors appear more intense, music sounds more distinct, and shapes are distorted.

**How does marijuana affect sexual health?** Marijuana is rumored to enhance sexuality and may lower one’s inhibitions. But like alcohol, this drug can also act as a sedative, reducing one’s responses, performance, and interest in sex. In men, heavy marijuana use decreases testosterone levels and reduces the number and quality of sperm produced. These effects are reversed when the user quits for a period of time. In women, heavy use of marijuana can disrupt the menstrual cycle, especially in teenage girls.

**What about medical marijuana?** A synthetic version of THC,

Dronabinol, has been used to treat nausea and vomiting in cancer patients undergoing chemotherapy. Research continues on the possible uses of marijuana and THC in the treatment of epilepsy, wide-angle glaucoma, anorexia nervosa, and asthma.

**What are marijuana's effects at high doses?** At very high doses, some marijuana users experience effects such as acute psychosis, delusions, and hallucinations. These instances are rare and usually occur only with inexperienced users who are overly anxious, depressed or already suffering from borderline schizophrenia.

**Marijuana smoke is not as bad as cigarette smoke, right?** Marijuana contains over 50% more carcinogenic tars than tobacco and can cause severe lung damage. The fact that users hold marijuana smoke in their lungs for as long as possible means that the potential for damage is greatly increased. Sore throats, bronchitis, emphysema, and lung cancer are found in heavy users, as is a decreased immunity to viral infection.

**What is Amotivational Syndrome?** Marijuana's potential for causing permanent brain damage is still unclear, but the drug does interfere with short-term memory and has been found to trigger a condition known as Amotivational Syndrome. This condition, found in most heavy cannabis users, consists of general lethargy, including loss of interest in work, relationships, health, sex, and exercise. Fortunately, most of these symptoms disappear when drug use is discontinued.

**Does marijuana have withdrawal symptoms?** While marijuana's potential for physical dependence appears low, some heavy cannabis users experience withdrawal symptoms if they suddenly discontinue regular doses of the drug. Disturbed sleep, nervousness, anxiety, sweating, upset stomach and irritability are common symptoms. These effects can last several weeks after the user quits. Contrary to popular belief, heavy marijuana users can become psychologically addicted to the drug.

## PRESCRIPTION DRUG ABUSE

Abuse of prescription and over-the-counter drugs is at an all-time high. To clarify, prescription drugs are drugs prescribed by a doctor or other health care provider, and over-the-counter includes medicines found in any pharmacy, like cough syrup, diet pills, vitamin supplements and herbal remedies. Abuse has become quite common on college campuses.

Commonly abused classes of medicine include: opiates (Percocet), central nervous system depressants (Valium) and stimulants (Adderall). For specific information on types of abused drugs and how they are taken, go to [www.factsontap.org](http://www.factsontap.org).

“Mixing medications is dangerous. Mixing Adderall with over-the-counter medications, like cold medications containing decongestants, is risky. Equally dangerous is mixing pain medications or tranquilizers with alcohol.”

**What’s the Big Deal?** A 2009 report from The National Survey on Drug Use and Health showed the following:

- Full-time college students were twice as likely as their counterparts not enrolled in college full-time to have used the stimulant medication, Adderall, non-medically in the past year.
- Full-time college students who were abusing Adderall were 3 times more likely to have used marijuana in the past year and 8 times more likely to have abused cocaine.
- Nearly 90 percent of full-time college students abusing Adderall in the past year were 3 times more likely to be weekly heavy alcohol users.

**You can become dependent on these medications.**

Misuse of any drugs can lead to dependence. Stimulant drugs, when used incorrectly, can have negative effects. Addiction, paranoia, anxiety, irregular heartbeat, headaches and even hallucinations are possible side effects, just to name a few. Opioid painkillers are also highly addictive and when taken in high doses slow your breathing down and can result in passing out.

**Mixing medications is dangerous.** Mixing Adderall with over-the-counter medications, like cold medications containing decongestants, is risky. Equally dangerous is mixing pain medications or tranquilizers with alcohol.

**Tobacco**

Ok, so the good news first. Despite what it seems like, smoking rates on college campuses haven’t fallen to their lowest rate since 1980. In 2006, about 1 in 5 college students smoked, according to a report by the American Lung Association. In addition, there are increased services available for students ready to quit (1-800-TRY-TO-STOP).

Ready for the bad news? In Massachusetts, tobacco-related illnesses kill more people than HIV/AIDS, car crashes, homicide, suicide and poisoning combined. Following is what we know about tobacco and smoking:

- Cigarette smoke contains over 4,800 chemicals, 69 of which are known to cause cancer. Smoking is directly responsible for approximately 90% of lung cancer deaths and approximately 80-90% of COPD (emphysema and chronic bronchitis) deaths.
- The List of diseases caused by smoking includes: chronic obstructive pulmonary disease (COPD), coronary heart disease, stroke, acute myeloid leukemia, pneumonia, periodontitis, and bladder, esophageal, laryngeal, lung, oral, throat, cervical, kidney, stomach and pancreatic cancers. Smoking is also a major factor in a variety of other conditions and disorders, including slowed healing of wounds, infertility and peptic ulcer disease.

- Tobacco advertising specifically targets young people to encourage them to begin a lifelong addiction to smoking. In fact, 90% of adults who smoke started by the age of 21, and half of them became regular smokers by their 18th birthday.
- Secondhand smoke involuntarily inhaled by nonsmokers from other people's cigarettes is classified by the U.S. EPA as a known human (Group A) carcinogen, responsible for approximately 3,400 lung cancer deaths and 46,000 heart disease deaths in adult nonsmokers in the United States.
- Nicotine is an addictive drug, which when inhaled in cigarette smoke reaches the brain faster than drugs that enter the body intravenously. Smokers not only become physically addicted to nicotine, they also link smoking with many social activities, making smoking a difficult habit to brake.

**Quitting Smoking: 1-800-TRY-TO-STOP** Quitting smoking often requires multiple attempts. Using counseling or medications alone increases the chance of a quit attempt being a success.

There are seven medications approved by the FDA to aid in quitting smoking. Nicotine patches, nicotine gum and nicotine lozenges are available over-the-counter, and a nicotine nasal spray and inhaler are currently available by prescription. Bupropion SR (Zyban) and varenicline tatarate (Chantix) are non-nicotine pills. Talk to your clinician if curious about any of these medications.

## Illegal Drugs

The table on the next page provides information about the physical and psychological effects of illegal drugs.

Information regarding drug abuse, University rules pertaining to its use, and resources for help are located later in this brochure.

## Physical and Psychology

<b>NARCOTICS</b>	<b>CSA *</b>	<b>Trade or Other Names</b>	<b>Medical Uses</b>
Opium	II III V	Dover's powder, Paregoric, Parepectolin	analgesic, antidiarrheal
Morphine	II III	Morphine, MS-Contin, Roxanol, Roxanol-SR	analgesic, antitussive
Codeine	II III V	Tylenol w/Codeine, Empirin w/Codeine, Robitussin A-C, Fiorinal w/Codeine	analgesic, antitussive
Heroin	I	Diacetylmorphine, Horse, Smack	none
Hydromorphone	II	Dilaudid	analgesic
Meperidine (Pethidine)	II	Demerol, Mepergan	analgesic
Methadone	II	Dolophine, Methadone, Methadose	analgesic
Other Narcotics	I II III IV V	Numorphan, Percodan, Percocet, Tylox, Tus-sionex, Fentanyl, Darvon, Lomotil, Talwin(2)	analgesic, antidiarrheal, antitussive
<b>DEPRESSANTS</b>			
Chloral Hydrate	IV	Noctec	hypnotic
Barbiturates	II III IV	Amytal, Butisol, Fiorinal, Lotusate, Nembutal, Seconal, Tuinal, Phenobarbital	anesthetic, anticonvulsant, sedative, hypnotic, veterinary euthanasia agent
Benzodiazepines	IV	Ativan, Dalmane, Diazepam, Librium, Xanax, Serax, Valium, Tranxex, Verstran, Versed, Halcion, Paxipam, Restoril	antianxiety, anticonvulsant, sedative, hypnotic
Methaqualone	I	Quaalude	sedative, hypnotic
Glutethimide	II	Doriden	sedative, hypnotic
Other Depressants	III IV	Equanil, Miltown, Noludar, Placidyl, Valmid	antianxiety, sedative, hypnotic
<b>STIMULANTS</b>			
Cocaine (1)	II	Coke, Flake, Snow, Crack	local anesthetic
Amphetamines	II	Biphetamine, Delcobese, Desoxyn, Dexedrine, Obetrol	attention deficit disorders, narcolepsy, weight control
Phenmetrazine	II	Preludin	weight control
Methylphenidate	II	Ritalin	attention deficit disorders, narcolepsy
Other Stimulants	III IV	Adipex, Cylert, Didrex, Ionamin, Melfiat, Plegine, Sanorex, Tenuate, Tepanil, Prelu-2	weight control
<b>HALLUCINOGENS</b>			
LSD	I	Acid, Microdot	none
Mescaline & Peyote	I	Mexc, Buttons, Cactus	none
Amphetamine Variants	I	2.5-DMA, PMA, STP, MDA, MDMA, TMA, DOM, DOB	none
Phencyclidine	II	PCP, Angel Dust, Hog	none
Phencyclidine Analogues	I	PCE, PCPy, TCP	none
Other Hallucinogens	I	Bufotenine, Ibogaine, DMT, DET, Psilocybin, Psilocyn	none
<b>CANNABIS</b>			
Marijuana	I	Pot, Acapulco Gold, Grass, Reefer, Sinsemilla, Thai Sticks	none
Tetrahydrocannabinol	I II	THC, Marinol	cancer chemotherapy antinauseant
Hashish	I	Hash	none
Hashish Oil	I	Hash Oil	none

\*For more information on the Controlled Substances Act, visit [www.usdoj.gov/dea/pubs/csa.html](http://www.usdoj.gov/dea/pubs/csa.html)

## Physical Effects of Illegal Drugs

### Dependence

Physical	Psychological	Tolerance	Duration	Method	Possible Effects	Effects of Overdose	Withdrawal Symptoms
high	high	yes	3-6 hrs.	oral, smoked	euphoria, drowsiness, respiratory depression, constricted pupils, nausea	slow and shallow breathing, clammy skin, convulsions, coma, possible death	watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
high	high	yes	3-6	oral, sm, inj			
moderate	moderate	yes	3-6	oral, injected			
high	high	yes	3-6	inj, sniff, sm			
high	high	yes	3-6	oral, injected			
high	high	yes	3-6	oral, injected	slurred speech, disorientation, drunken behavior without odor of alcohol	shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	anxiety, insomnia, tremors, delirium, convulsions, possible death
high	high-low	yes	12-24	oral, injected			
high-low	high-low	yes	variable	oral, injected			
moderate	moderate	yes	5-8	oral			
high-moderate	high-moderate	yes	1-16	oral			
low	low	yes	4-8	oral	increased alertness, excitation, euphoria, increased pulse rate and blood pressure, insomnia, loss of appetite	agitation, increase in body temperature, hallucinations, convulsions, possible death	apathy, long periods of sleep, irritability, depression, disorientation
high	high	yes	1-2	sniff, sm, inj			
possible	high	yes	2-4	oral, injected			
possible	high	yes	2-4	oral, injected	illusions and hallucinations, poor perception of time and distance	longer, more intense "trip" episodes, psychosis, possible death	withdrawal syndrome not reported
possible	moderate	yes	2-4	oral, injected			
possible	moderate	yes	2-4	oral, injected			
possible	high	yes	2-4	oral, injected	euphoria, relaxed inhibitions, increased appetite, disoriented behavior	fatigue, paranoia, possible psychosis	insomnia, hyperactivity, and decreased appetite occasionally reported
none	unknown	yes	8-12	oral			
none	unknown	yes	8-12	oral			
unknown	unknown	yes	variable	oral, injected	euphoria, relaxed inhibitions, increased appetite, disoriented behavior	fatigue, paranoia, possible psychosis	insomnia, hyperactivity, and decreased appetite occasionally reported
unknown	high	yes	days	sm, oral, inj			
unknown	high	yes	days	sm, oral, inj			
none	unknown	possible	variable	sm, oral, inj	euphoria, relaxed inhibitions, increased appetite, disoriented behavior	fatigue, paranoia, possible psychosis	insomnia, hyperactivity, and decreased appetite occasionally reported
unknown	moderate	yes	2-4	smoked, oral			
unknown	moderate	yes	2-4	smoked, oral			
unknown	moderate	yes	2-4	smoked, oral	euphoria, relaxed inhibitions, increased appetite, disoriented behavior	fatigue, paranoia, possible psychosis	insomnia, hyperactivity, and decreased appetite occasionally reported
unknown	moderate	yes	2-4	smoked, oral			

(1) Designated a narcotic under the CSA. (2) Not designated a narcotic under the CSA.

## RECOGNIZING SIGNS OF ALCOHOL POISONING

### PASSING OUT DOESN'T MEAN SLEEPING IT OFF

**Different people experience different effects of alcohol. There are no absolutes.**

- If a large amount of alcohol is in a person's system, it can result in unconsciousness. The heart and lungs can be slowed to the point of stopping. It is dangerous to assume a person will just sleep it off.

#### **Critical Signs of Alcohol Poisoning**

- Mental confusion, stupor, coma, or person cannot be roused.
- Vomiting
- Seizures
- Slow breathing (fewer than eight breaths per minute).
- Irregular breathing (10 seconds or more between breaths).
- Hypothermia (low body temperature), bluish skin color, paleness.

#### **What Should I Do If I Suspect Someone Has Alcohol Poisoning?**

- Know the danger signs.
- Do not wait for all symptoms to be present.
- Be aware that a person who has passed out may die.
- If there is any suspicion of an alcohol overdose, call 911 for help. Don't try to guess the level of drunkenness.

#### **What Can Happen to Someone With Alcohol Poisoning That Goes Untreated?**

- Victim chokes on his or her own vomit.
- Breathing slows, becomes irregular, or stops.
- Heart beats irregularly or stops.
- Hypothermia (low body temperature).
- Hypoglycemia (too little blood sugar) leads to seizure.
- Untreated severe dehydration from vomiting can cause seizures, permanent brain damage or death.
- Even if the victim lives, an alcohol overdose can lead to irreversible brain damage. Rapid binge drinking (which often happens on a bet or dare) is especially dangerous because the victim can ingest a fatal dose before becoming unconscious.
- Don't be afraid to seek medical help for a friend who has had too much to drink. Don't worry that your friend may become angry or embarrassed; remember, you cared enough to help. Always be safe, not sorry.

**If you suspect alcohol poisoning or aren't sure: CALL FOR HELP!**

**NUPD: 617-373-3333 or ext. 3333 on any campus phone or 911 off-campus.**

## Helping Someone In Need

### HOW CAN YOU TELL IF THERE IS A PROBLEM?

It's been estimated that one in four U.S. families is affected by problems associated with AOD abuse. Any mind-altering drug, legal or not, has the potential for abuse. There are many theories about how and why certain individuals develop problems with AODs while others remain relatively unharmed. Research has shown that people from families with a history of substance abuse are more likely to abuse substances themselves. Genetics may be a key, and its role in this process continues to be explored. At this point, there is no way of knowing who will have problems and who will not. Not everyone with AOD abuse in their family background develops a problem with substances, and some with abuse troubles were raised in a home where no AOD problems existed.

It is difficult to tell when the use of AODs becomes abusive or addictive. It does not happen overnight. It may be helpful to think of substance use as falling on a continuum:

**Non-use   Use   Misuse   Abuse   Addiction**

The closer someone gets to addiction, the greater the physical, emotional, and spiritual harm that can be caused by substance use. As AODs become a larger part of a person's life, the ability to make free, non-addictive choices about whether or not to use fades away. The specifics are different for everyone, but there are some patterns and behaviors that, in combination, could be warning signs of a problem with AODs (See Table below).

### WARNING SIGNS OF ALCOHOL OR OTHER DRUG (AOD) ABUSE

Negative consequences due to use:

- Trouble with school or work (missing classes or co-op, poor performance, etc.)
- Financial problems
- Relationship difficulties with friends, family, roommates/housemates, partners
- Fighting/arguing/abusive behaviors
- Trouble with authorities, police
- Property destruction, vandalism
- Unwanted sexual activity
- Thoughts or attempts of suicide
- Increased isolation

Physical changes:

- Increased tolerance (when body requires increasing amounts of a drug to produce the same effects)
- Blackouts (memory loss in which one is unable to remember segments of time while using AODs)
- Developing physical or psychological dependence (where one needs the drug in regular doses to function "normally"); includes experiencing withdrawal symptoms after periods of non-use
- Change in appearance
- Noticeable health problems, frequent illness, cuts or bruises.

Use at inappropriate times:

- First thing in the morning
- Before or during class or work
- Before or while driving
- While studying, preparing for exams, projects or presentations
- Before a performance, speech, or presentation
- Before or during athletic training or competition
- Whenever there is an important reason not to use

Patterns of use:

- Hiding/sneaking use of AODs
- Using AODs alone
- Use of AODs after others have stopped
- AOD use to build confidence or to be comfortable
- AOD use to manage feelings
- Being unable or unwilling to stop or cut down on AOD use
- Using AODs specifically to get drunk or high
- Hanging out with heavy drinkers/drug users
- Preoccupation with AODs (thoughts, jokes, speech, actions)
- Use of AODs to sleep
- Change in sleep patterns
- Changes in mood when using AODs (becoming loud/angry or quiet/depressed)
- Needing or wanting to have AODs close at hand

## HELPING YOURSELF

Seeking out assistance for AOD problems may seem difficult and frightening. Many people experience a sense of shame, guilt, and failure for their inability to moderate their substance use, to prevent the consequences it causes or to admit that someone close to them has a problem. Our society often moralizes and makes negative value judgments about individuals who struggle with abuse and addiction. These attitudes make it that much harder to deal with this issue openly, honestly, and compassionately.

Overcoming problems with alcohol or other drugs does not need to be undertaken alone. The resources at the end of this booklet can provide information and assistance to individuals who may have an AOD problem as well as support friends and family members of someone who abuses substances.

## HELPING A FRIEND

If you have concerns that a friend or family member's well-being is suffering because of his/her AOD use, it is important to share your observations with that person. It's okay if you are not sure what

is causing the problem (though chances are, if you believe that someone has a problem with AODs, s/he probably does) or what the individual needs. One of the immediate benefits to your friend or family member is the knowledge that someone "sees" and cares.

To help your discussion, here are a few things to keep in mind:

- Choose a time and place that is mutually convenient and comfortable
- Be non-judgemental
- Address the person's behavior, not "personality flaws"
- Have referral information available for your campus, workplace, or community
- Talk to the person when s/he is not drunk or high
- Use "I" statements
- Be honest, direct, and express your concern
- Acknowledge your own limits; it's important for the individual to become more aware of his/her behaviors, but it is not your role to solve his/her problems

## CAMPUS RESOURCES

### Office of Prevention and Education at Northeastern

O.P.E.N. offers assessment, personalized feedback and referrals for students who are interested in a self-check around drinking or drug use. This is not a counseling office but the services are confidential and free.

307 Ell Hall | 617-373-4459

### University Health and Counseling Services

UHCS offers assessment and referral, short-term individual and group psychotherapy and psychopharmacological treatment for students with a variety of academic and personal concerns, free of charge.

135 Forsyth | 617-373-2772

## NORTHEASTERN UNIVERSITY POLICIES ON ALCOHOL & DRUGS

**Violations of Alcohol and Drug Policy:** In Massachusetts an individual must be twenty-one years of age to possess and consume alcohol. The University expects that all of its students, whether on or off campus, abide by the law and abide by University regulations concerning alcohol and drug use. Where a student engages in conduct off campus that violates University regulations concerning alcohol and drug use and such violation results in behavior which, in the University's sole judgment, is destructive, abusive, or detrimental to the University's interests, the University's conduct process shall apply and such matters will be processed accordingly.

1. A person under the age of twenty-one is prohibited from being in the presence of alcoholic beverages in the residence halls, with the following exception: an individual under the age of twenty-one who has a roommate of legal drinking age may be in the presence of an open container of alcohol in his or her room only if his or her roommate of legal drinking age is also present. Non-roommates who are under the age of twenty-one may not be in the room when alcohol is being consumed by the of-age roommate. (level IV)
2. A person under the age of twenty-one is prohibited from possessing empty alcohol containers. (level IV)
3. No postings, announcements, promotions, or ticket sales may be made, placed, or distributed on Northeastern University-owned or -leased property for non-University sponsored events at which alcohol will be served or consumed. (level IV)
4. On-campus possession of a keg, beerball, alcohol by the case, trash-can punches, other central source of alcoholic beverage, or other unauthorized quantities of alcohol. Personal possession of alcoholic beverages is limited to one twelve-pack of beer (144 ounces/4.26 liters) or one-half gallon (64 ounces/1.89 liters) of wine or one pint (16 ounces/470 milliliters) of hard liquor. (level III)
5. Possession or consumption of alcoholic beverages in locations or under conditions prohibited by University policy or by law. (level III)
  - a. A person must be twenty-one years of age or older to possess or consume alcoholic beverages.
  - b. An individual twenty-one years of age or older may possess and/or consume alcohol only in his or her residence hall room or in the residence hall room of another resident who is twenty-one years of age or older, provided alcohol is permitted in that residence hall for students of legal age.
- c. Any person under twenty-one years of age may not transport or carry alcohol on his or her person.
- d. Prohibited locations include, but are not limited to: University hallways, lobbies, lounges, stairwells, classrooms, studios, technical facilities, auditoriums, bathrooms, outdoor areas, vehicles, or any other public areas without authorization.
6. The possession or use of items that encourage heavy alcohol consumption is prohibited (examples could include alcohol funnel, AWOL (Alcohol Without Liquid) generators or vaporizers, etc.), regardless of age. (level III)
7. Providing alcohol to minors (including allowing minors to consume alcohol in on- or off-campus residences). (level II)
8. Distribution, sale, or manufacture of alcohol.\* (level I)
  - a. Manufacturing alcohol on Northeastern University-owned or -leased property.
  - b. The sale or distribution of alcohol without a liquor license, including, but not limited to, the sale of cups and/or any other form of container for the distribution of alcohol, even to one person.

## Excessive Consumption

Excessive consumption of alcohol is prohibited regardless of age. Being under the influence of and/or the abuse of drugs is prohibited. Behavioral symptoms frequently associated with excessive consumption or intoxication may include, but are not limited to: impaired motor-skill coordination, difficulty communicating, vomiting, glazed/red eyes, the smell of alcohol on one's breath, verbal and/or physical aggressiveness, destructive and/or disruptive behavior, and engaging in any behavior that may endanger oneself or others. (level III alcohol and/or drug)

## Violation of Drug Policy

1. Knowingly being in the company of anyone who is using illegal drugs. (level IV)
2. Possession or consumption of illegal drugs, salvia divinorum, or prescription medications belonging to another individual. (level II)
3. Possession, use, manufacture, distribution, or sale of drug paraphernalia or other items used in preparing or consuming illegal drugs. (level II)
4. Promotion of illegal drugs. (level IV)
5. Distribution, sale, or manufacture of drugs (marijuana, mushrooms, prescription drugs, and so on).\* This includes the sharing of drugs, cultivation of drugs, and any other form of distribution or intention of distribution, even to one person. (level I)

## Medical Amnesty Policy

In cases of a drug or alcohol emergency, the primary concern is the health and safety of the individual(s) involved. Students/organizations are strongly encouraged to call for medical assistance (617.373.3333) for themselves or for another student who they observe to be or feel is dangerously intoxicated/under the influence of drugs. If a student/organization calls on behalf of another student, that student/organization is required to remain with the student experiencing the emergency until medical assistance arrives. No student seeking medical assistance for an alcohol or other drug-related emergency will be subject to University disciplinary action for the violation of possession or consumption of alcohol or drugs. This policy shall extend to the referring student/organization who called for medical assistance.

The student requiring medical assistance (and possibly the referring student(s)/organization) will receive information from the Office of Student Conduct and Conflict Resolution explaining their requirements to receive Medical Amnesty. The requirements may include attending a meeting with the Office of Prevention and Education at Northeastern (O.P.E.N.). As long as the student(s)/organization complies with all directives, there will be no disciplinary action taken related to the violation of possession or consumption of alcohol or drugs and no disciplinary record of the incident kept in the Office of Student Conduct and Conflict Resolution. This policy applies only to those students or organizations who seek emergency medical assistance in connection with an alcohol or drug related medical emergency and does not apply to individuals experiencing an alcohol or drug-related medical emergency who are found by University employees (e.g., Northeastern University police, faculty, administrative staff, or residence hall staff), or where the reporting student(s)/organization did not stay with them.

The Medical Amnesty Policy is not intended to shield or protect those students or organizations that repeatedly violate the Code of Student Conduct. In cases where repeated violations of the Code of Student Conduct occur, the University reserves the right to take disciplinary action on a case-by-case basis regardless of the manner in which the incident was reported.

Medical amnesty applies only to alcohol or other drug-related emergencies but does not apply to other conduct violations such as assault, property damage, or distribution of illicit substances. If other violations occur, then a student will face disciplinary charges for those violations. The use or abuse of alcohol or drugs is not considered a mitigating circumstance for any other violations of the Code of Student Conduct.

Medical amnesty applies only to the University response to a medical emergency. Criminal/police action may still occur separately from the Office of Student Conduct and Conflict Resolution.

# RESOURCES

## CAMPUS RESOURCES:

Office of Prevention & Education at Northeastern (OPEN), 307 Ell Hall ( <a href="http://www.northeastern.edu/open">www.northeastern.edu/open</a> )	
Offers confidential assessment, personalized feedback and referrals for students interested in a self check around drinking and drug use .....	617.373.4459
University Health & Counseling Services, Forsyth Building ( <a href="http://www.northeastern.edu/uhrs">www.northeastern.edu/uhrs</a> ) .....	617.373.2772
Office of Student Conduct & Conflict Resolution (OSCCR), 204 Ell Hall ( <a href="http://www.northeastern.edu/osccr">www.northeastern.edu/osccr</a> ) .....	617.373.4390
Department of Residential Life, 4 Speare ( <a href="http://www.northeastern.edu/reslife">www.northeastern.edu/reslife</a> ) .....	617.373.2814
Office of Spiritual Life, 203 Ell Hall ( <a href="http://www.northeastern.edu/spirituallife">www.northeastern.edu/spirituallife</a> ) .....	617.373.2728

## COUNSELING AND TREATMENT SERVICES:

AdCare Hospital of Worcester ( <a href="http://www.adcare.com">www.adcare.com</a> ) .....	800.345.3552
Brighton-Allston Mental Health Clinic.....	617.787.1901
Cambridge and Somerville Program for Alcoholism & Drug Abuse Rehabilitation (CASPAR)	
( <a href="http://www.casparinc.org">www.casparinc.org</a> ).....	617.628.3850
CAB (Center for Addictive Behaviors) Health & Recovery Services.....	978.777.2121
Impact Treatment Center .....	617.661.0405
Massachusetts General Hospital (West End Clinic), Addiction Services .....	617.726.2712
Mount Auburn Hospital, Prevention & Recovery Program .....	617.499.5051
Center for Behavioral Medicine and the NORCAP Hotline.....	800.331.2900

## SMOKING CESSATION:

American Cancer Society ( <a href="http://www.cancer.org">www.cancer.org</a> ).....	617.556.7400
American Lung Association ( <a href="http://www.lungusa.org">www.lungusa.org</a> ) .....	800.586.4872
Smokers Quitline, Massachusetts Department of Public Health ( <a href="http://www.trytostop.org">www.trytostop.org</a> ).....	800.879.8678

## HOTLINES:

Alcohol & Drug Helpline, Massachusetts Department of Public Health ( <a href="http://www.helponline-online.com">www.helponline-online.com</a> ).....	800.327.5050
Cocaine Anonymous ( <a href="http://www.ca.org">www.ca.org</a> ) .....	617.517.3090
National Council on Alcoholism & Drug Dependence .....	800.475.HOPE
National Drug & Alcohol Treatment Referral ( <a href="http://www.drughelp.org">www.drughelp.org</a> ).....	800.DRUGHELP

## SUPPORT GROUPS:

Al-Anon/Adult Children of Alcoholics ( <a href="http://www.al-anon.alateen.org">www.al-anon.alateen.org</a> ).....	508.366.0556
Alcoholics Anonymous (AA) ( <a href="http://www.alcoholics-anonymous.org">www.alcoholics-anonymous.org</a> ) .....	617.426.9444
Co-Dependents Anonymous (CoDA) ( <a href="http://www.coda.org">www.coda.org</a> ) .....	978.952.6510
Narcotics Anonymous (NA) ( <a href="http://www.na.org">www.na.org</a> ) .....	866.624.3578
SMART Recovery ( <a href="http://www.smartrecovery.org">www.smartrecovery.org</a> ).....	781.891.7574
.....	866.951.5357

## LOCAL EDUCATIONAL RESOURCES:

Freedom from Chemical Dependency Foundation ( <a href="http://www.fcd.org">www.fcd.org</a> ).....	617.964.9300
Mothers Against Drunk Driving (MADD) ( <a href="http://www.madd.org">www.madd.org</a> ) .....	877.623.3435
Mass Substance Abuse Info & Education Helpline.....	800.327.5050
Students Against Destructive Decisions (SADD) ( <a href="http://www.sadd.org">www.sadd.org</a> ).....	877.SADDINC

**NATIONAL EDUCATIONAL RESOURCES:**

Alcoholics Anonymous World Services, Inc. ....	212.870.3400
BACCHUS (Boost Alcohol Consciousness Concerning the Health of University Students) & GAMMA (Greeks Advocating the Mature Management of Alcohol) ( <a href="http://www.bacchusgamma.org">www.bacchusgamma.org</a> ) .....	303.871.0901
National Clearinghouse for Alcohol & Drug Information, A Service of SAMHSA (Substance Abuse & Mental Health Services Administration) ( <a href="http://www.health.org">www.health.org</a> ) .....	800.729.6686
National Institute on Drug Abuse ( <a href="http://www.nida.nih.gov">www.nida.nih.gov</a> ) .....	301.443.1124

**INFORMATIONAL WEBSITES:**

Facts on Tap ( <a href="http://www.factsontap.org">www.factsontap.org</a> )
Had Enough? ( <a href="http://www.hadenough.org">www.hadenough.org</a> )
National Institute on Alcohol Abuse & Alcoholism ( <a href="http://www.niaaa.nih.gov">www.niaaa.nih.gov</a> )



# Northeastern University

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617.373.3000 (fax)  
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