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Alcohol and Drug Policy

Washington University seeks to encourage and sustain an academic environment that respects individual freedoms and promotes the health, safety, and welfare of its students, faculty, staff, and visitors. As adults, all students, faculty, staff, and visitors are expected to know and obey the applicable laws and all university rules and regulations and to be responsible for their own behavior.

Washington University complies with federal laws on drug and alcohol use prevention. These laws require that, as a condition of receiving federal funds (particularly student aid funds), Washington University adopt and implement a program to prevent the unlawful possession, use, and distribution of illicit drugs and alcohol by students and employees. The manufacture, distribution, possession, or use of illicit drugs and the unlawful possession, use, sale, or distribution of alcohol on Washington university property, or as part of any university activities, are prohibited. WUPD has primary responsibility for the enforcement of state underage drinking laws as well as the enforcement of federal and state drug laws.

Anyone who violates the law or university policy is subject to discipline within the university. Students are subject to discipline under the University Student Conduct Code (See Appendix I, or visit wustl.edu/about/compliance-policies/academic-policies/university-student-judicial-code/) and to sanctions ranging from warnings to expulsion. Potential sanctions are described in Section VI of the Code. Faculty and staff members are subject to a full range of sanctions, up to and including dismissal. Those who violate the law also may be subject to criminal prosecution.

Relevant state and federal statutory provisions setting forth the criminal offense and potential penalties are included in Appendix P.

The university’s Drug and Alcohol Policy was adopted in accordance with the Drug-Free Workplace Act and the Drug-Free Schools and Communities Act and is published online in Course Listings, The Record, and employee, faculty, and student handbooks. The Drug and Alcohol Policy is also available at hr.wustl.edu/policies/Pages/DrugandAlcoholPolicy.aspx. The university also publishes a policy addressing alcohol at university events. This is located at wustl.edu/policies.

Questions concerning Washington University’s Alcohol and Drug policies and its provisions should be directed to:

Director of the Office of Student Conduct and Community Standards
(314) 935-4329

Rob Wild, Associate Vice Chancellor for Student Transition and Engagement and Dean of Students
(314) 935-8081

Human Resources (Danforth Campus)
(314) 935-7746

Human Resources (Medical Campus)
(314) 362-7196

ALCOHOL AND SUBSTANCE USE PREVENTION AND EDUCATION PROGRAMS

Early recognition and treatment of drug or alcohol use are important for successful rehabilitation, and for reduced personal, family, and social disruption.

Washington University encourages the earliest possible diagnosis and treatment for drug and alcohol misuse; however, the decision to seek diagnosis and accept treatment for drug or alcohol use is the responsibility of the individual.

The university encourages faculty, staff, and students to seek assistance in working with a substance use concern, or those concerns of a friend or family member, by contacting available resources. University resources include:

Habif Health & Wellness Center (a.k.a. Student Health Services)
(Danforth Campus)
(314) 935-6666

Student Health Services (Medical Campus)
(314) 362-3523

Mental Health Services (Danforth Campus)
(314) 935-6695

WUSM Department of Psychiatry
(314) 362-7002

Employee Assistance Program
(844) 365-4587

In particular, the Habif Health & Wellness Center offers programs and services for questions and concerns related to alcohol and other drugs. For treatment and information on the health effects of drug use and high-risk drinking please see Appendices N and O. To schedule a personal assessment, contact:

Amanda Harmel, Assistant Director, alcohol and other drug programming
(314) 935-7386

All incoming first-year and transfer students are required to complete an online alcohol education tutorial. In addition, Health Promotion Services organizes peer education programs. Useful information and links are also available at habif.wustl.edu.

Programs and information offered include web-based alcohol and marijuana education and behavior assessment tools, free individual appointments, and workshops on stress management encouraging students to replace alcohol and substance use with healthier coping strategies, professional health education programs upon request to students in Fraternity and Sorority Life, Residential Life, Student Leadership and Orientation programs, online educational information posted on habif.wustl.edu regarding what is a standard drink, what is moderate drinking, blood alcohol content, types of drinking behaviors, lower-risk drinking, how to recognize a problem, where to go for help, immediate care for an intoxicated person, and how to talk to a friend with a substance use problem.

The university founded the WashU Recovery Group in spring 2017. This group provides students in recovery from alcohol and/or drug
use an opportunity to connect with others with similar experiences on campus. The group provides a safe place for students to learn about local resources, gain support, and connect during meetings and social activities. The group is not a recovery program, but is a resource that students can add to their support system while attending the university. Additional Substance Misuse Recovery programs and meetings are offered near campus.

During the annual new undergraduate and transfer student orientation program in August, the First Year Center facilitates a program called “Bearings” that all new students attend with their residential communities. Transfer and exchange students also attend. “Bearings” is a series of thought-provoking and entertaining skits about the first-year experience at Washington University, presented by upper-class students. Students meet with their Residential College to hear from their Residential College Director (RCD), followed by a smaller group discussion led by their Resident Advisors and their Washington University Student Associates. The use of alcohol is addressed in the script for “Bearings.” The skit provides examples of bad choices that students make regarding their alcohol use and the negative personal consequences of those choices. Students are reminded that not all students choose to drink in college and those who choose to drink are reminded to do so responsibly. During the training of volunteer student WUSAs, the university’s alcohol and drug policies are discussed, as are the expectations of the WUSAs in fostering a safe environment in the communities where they are assigned.

The Office of Residential Life continually provides training that addresses substance use to undergraduate Resident Advisors (RA). Ongoing training is conducted in the following areas:

- the effects of alcohol on the body;
- the university policies concerning drugs and alcohol;
- strategies for confronting students who have had too much to drink;
- the university party registration process;
- techniques for talking with students who may have a drinking problem; and
- resources for RAs to refer students who may need additional support with alcohol or other drug concerns.

RAs are encouraged to provide at least one community program which educates undergraduate students on the risks associated with the use of alcohol in the first 6 weeks of the fall semester. These programs may be lectures, bulletin boards, community discussions or a related format, but must focus on making responsible choices. This serves as a follow-up to the skit in “Bearings” during New Student Orientation (Bear Beginning) that discusses alcohol and drug use. Students are educated on the law and the university policies, while also being coached to make informed, responsible decisions.

The Office of Human Resources is instrumental in distribution of the university’s Drug and Alcohol Policy to university employees. The full policy or reference to the policy with directions to the entire policy is included in various publications, including the staff employee handbooks, supervisor policy manuals, Faculty Information Handbook, and online on the Human Resources websites; it is also reviewed in various forums, including faculty and staff orientations, supervisor/manager training programs and human resource policy overview sessions.

Key to the promotion of this policy, along with the resources and programs available to faculty and staff members seeking more information and assistance, is the university’s Employee Assistance Program (EAP). The university’s Employee Assistance Program also provides confidential, professional assistance to benefits-eligible university employees and their family members to help resolve problems that are affecting their personal life or job performance. In addition to traditional EAP services and support that include crisis intervention and drug and alcohol counseling, the university’s EAP offers online access to an array of information resources such as self assessments, expert articles, reference materials, bulletin boards, chat rooms, online databases, and provider searches to assist and educate on a variety of topics. As a part of WashU’s employee outreach, the EAP has been asked to include drug and alcohol education/prevention programs among the services it is contracted to provide.

The program is managed by Work-Life Solutions, a nationally known professional consulting firm specializing in EAP services. Employees can contact Work-Life Solutions 24 hours a day, seven days a week to arrange a confidential appointment with a specialist. EAP specialists have professional training and expertise in a wide range of issues such as marriage and family problems, alcohol and drug misuse, emotional and psychological concerns, financial difficulties, stress, and much more.

**EAP**

1-844-365-4587
guidanceresources.com (click “Register” and enter the web ID “WASHU”)”

In addition, the university has established an employee wellness initiative to promote evidence-based, data-driven wellness programs for benefits-eligible faculty, staff, postdoctoral appointees, and clinical fellows. This program provides opportunities for employees to assess their current health status, engage in health education programs, set goals for improving health decision-making, and track progress.

Numerous non-university counseling programs also exist in the St. Louis metropolitan area. Many programs advertise extensively in local media. Consultation with one’s personal physician is advised prior to self-referral to such non-university programs. For further information regarding referral to such programs, contact Student Health Services on the Danforth or Medical campuses or your private physician.
Washington University is committed to maintaining a safe and healthful environment for members of the University community by promoting a drug-free environment as well as one free of the misuse of alcohol. Violations of this policy will be handled according to existing policies and procedures concerning the conduct of faculty, staff and students.

This policy is adopted in accordance with the Drug-Free Workplace Act and the Drug-Free Schools and Communities Act.

STANDARDS OF CONDUCT
Washington University strictly prohibits the unlawful manufacture, sale, distribution, dispensation, possession or use of controlled substances or alcohol on University property or as a part of any University activity. All faculty, staff and students must comply with this policy as a condition of their employment or enrollment. Faculty and staff members are prohibited from reporting to work under the influence of alcohol, chemicals, or drugs, including legally obtained prescription drugs, which impair one’s ability to perform normal work activities. All faculty and staff members must notify their immediate supervisor(s) within five (5) days of any criminal drug statute conviction for a violation occurring in the workplace or in the conduct of University business.

VIOLATIONS
Violations of the standards of conduct will be dealt with on a case-by-case basis following the policies and procedures applicable to, as appropriate, faculty, staff or students. Sanctions may include, among other things, reprimand, warning, suspension, probation, expulsion or termination. Referral to an appropriate assistance or rehabilitation program also may be appropriate. Referral for prosecution will occur for serious violations.

The Drug-Free Workplace Act requires the University: (1) within 10 days after receiving notice that an employee has been convicted of any criminal drug statute violation occurring in the workplace or in the conduct of University business, to notify appropriate government agencies of such conviction; and (2) within 30 days after receiving such notice, to take appropriate personnel action against such employee up to and including termination and/or to require the employee to satisfactorily participate in a drug misuse assistance or rehabilitation program.

DRUG AND ALCOHOL COUNSELING, TREATMENT OR REHABILITATION OR RE-ENTRY PROGRAMS
Early recognition and treatment of drug or alcohol misuse are important for successful rehabilitation, and for reduced personal, family and social disruption. Washington University encourages the earliest possible diagnosis and treatment for drug and alcohol misuse, however, the decision to seek diagnosis and accept treatment for drug or alcohol misuse is the responsibility of the individual.

The University encourages faculty, staff and students to seek assistance in dealing with a substance misuse problem, or those problems of a family member, by contacting available resources. University resources include Student Health Services (Danforth Campus, 314-935-6666); Student and Employee Health (School of Medicine, 314-362-3523), the Psychological Service Center (314-935-6555), the Department of Psychiatry (314-362-7002), and the Employee Assistance Program (844-365-4587 – toll-free).

Numerous non-University counseling programs exist in the St. Louis metropolitan area. Many programs advertise extensively in local media. Consultation with one’s personal physician is advised prior to self-referral to such non-University programs. For further information regarding referral to such programs, contact Student Health Services, the School of Medicine Student and Employee Health, or your private physician.

HEALTH RISKS
Drugs: A detailed description of the health risks associated with misuse of controlled substances is provided in the chart, Drug Uses and Effects, published by the U.S. Department of Justice’s Drug Enforcement Administration as found in Appendix A (PDF).

Alcohol: Misuse of alcohol can produce severe health risks, including death. Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low-to-moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate-to-high doses of alcohol cause marked impairments in higher mental functions, severely altering a person’s ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver.

Women who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicated that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.

LEGAL SANCTIONS
Drugs: The manufacture, possession, sale, distribution, and use of controlled substances are prohibited by federal, state and local law; punishments range from fines to life imprisonment.

Section 195.214 of the Missouri statutes makes it a class A felony to distribute or deliver controlled substances on or near University property. Persons convicted of this offense can be sentenced to imprisonment for not less than 10 years.

The Federal Controlled Substances Act prohibits the knowing, intentional, and unauthorized manufacture, distribution, or dispensing of any controlled substance or the possession of any controlled substance with intent to manufacture, distribute, or dispense. A detailed description of the penalties associated with illegal drug trafficking is provided in the chart, Federal Trafficking
Penalties, published by the U.S. Department of Justice’s Drug Enforcement Administration as found in Appendix B (PDF).

Alcohol: Missouri’s Liquor Control Law makes it illegal, among other things, for a person under the age of 21 years to purchase, attempt to purchase, or possess any intoxicating liquor (R.S.Mo. Section 311.325). Violation of this provision can result in a fine between $50 and $1000 and/or imprisonment for a maximum term of one year. County and municipality ordinances contain similar prohibitions and sanctions.

LOSS OF WORKERS’ COMPENSATION BENEFITS

The Missouri Workers’ Compensation Act requires the forfeiture of benefits or compensation otherwise payable to an employee when the use of alcohol or non-prescribed controlled drugs is the proximate cause of the employee’s injury. At a minimum, the Act provides for a reduction in benefits or compensation when the employee is injured while using alcohol or non-prescribed controlled drugs.

TESTING REQUIREMENT FOR COMMERCIAL DRIVERS LICENSES (CDLS)

To meet requirements of the U.S. Department of Transportation (DOT), the University has established a drug and alcohol testing program for its employees who are drivers of its commercial motor vehicles requiring commercial drivers licenses (CDLs), and who perform safety-sensitive functions, e.g., operate a vehicle requiring the display of hazardous material placards. This drug and alcohol testing program also applies to applicants selected for hire for designated safety-sensitive positions. Participation in the drug and alcohol testing program is a condition of employment for these positions.

This program requires pre-employment drug testing as well as DOT mandated random testing of current employees who are required to have CDLs.

Questions regarding this requirement may be directed to the Designated Employee Representative for this program or to Human Resources.

ACCIDENTS INVOLVING UNIVERSITY-OWNED VEHICLES

The university reserves the right to require that an employee undergo immediate drug and/or alcohol testing if the employee is involved in a vehicular accident while driving a university-owned vehicle.

INSPECTIONS

When the university has reasonable grounds to suspect that an employee unlawfully manufactured, distributed, possessed or used controlled substances, alcohol or drug paraphernalia on university property or at any of its activities, the university reserves the right to inspect the employee’s locker, desk, or other university property under the control of the employee.
Washington University Student Conduct Code

I. General Principles

A. Purpose: The University Student Conduct Code sets forth community standards and expectations for Washington University students. These community standards and expectations are intended to foster an environment conducive to learning and inquiry. Freedom of thought and expression is essential to the University’s academic mission. Respect for different points of view is essential. Nothing in this Code should be construed to limit the free and open exchange of ideas and viewpoints, even if that exchange proves to be offensive, distasteful, disturbing or denigrating to some.

B. Inherent Authority: The University reserves the right to take necessary and appropriate action to protect the safety and well-being of the campus community, notwithstanding the provisions in this Code.

C. Interpretation of Regulations and Standard of Conduct: To the extent feasible and practicable, disciplinary regulations at the University are in writing in order to give students general notice of prohibited conduct. The regulations are not a criminal code; they should be read broadly and are not designed to define misconduct in exhaustive terms.

D. Proceedings: Disciplinary proceedings conducted pursuant to the Code shall be informal, fair, and expeditious. Procedures governing criminal or civil courts, including formal rules of evidence, are not applicable. Deviations from the procedures in this Code shall not invalidate a proceeding or decision, except where such deviation has clearly resulted in significant prejudice to an accused student or to the University.

E. Violations of Local, State, and Federal Law: Students may be accountable to both governmental authorities and to the University for acts which constitute violations of law and this Code. Student conduct allegedly constituting a felony or misdemeanor offense may be referred to appropriate law enforcement agencies for prosecution. Disciplinary proceedings at the University will not be subject to challenge on the ground that criminal charges involving the same incident have been filed, prosecuted, dismissed, reduced, or otherwise resolved or that such proceedings constitute double jeopardy.

F. Violations of University Policies: Students alleged to have violated certain University policies, such as the Research Integrity Policy, may be subject to investigation and sanctions under both this Code and the other policy. Disciplinary proceedings at the University will not be subject to challenge on the ground that other charges involving the same incident have been filed or resolved or that such proceedings constitute double jeopardy.

G. Time Limitations for Bringing a Complaint: Except as set forth herein, a complaint may be brought at any time, as long as the respondent is a current student of the University, as defined below, and has not graduated. Complaints involving alleged academic integrity violations may be brought against any current or former student. Potential complainants are reminded that the University’s ability to effectively investigate complaints can be hampered or negated by the passage of time. Therefore, potential complainants are encouraged to file complaints in a timely manner.

II. Definitions

A. Student: Any person registered in one or more courses in any school, college, or professional school of Washington University, at either the undergraduate or graduate level. Teaching or research assistants, if also registered as students, are classified as student for the purposes of this Code. Additionally within the scope of this definition shall be any person (1) who has accepted an offer of admission to a School at Washington University, but has not yet matriculated, for example, a pre-freshman student, (2) who is not now a student, but has a continuous relationship with the University, including, but not limited to, continuing to reside on University property or taking a leave of absence; or (3) who is not now a student, but is accused of an academic integrity violation during their period of enrollment.

B. Campus: All property owned, leased, managed, or rented by Washington University in St. Louis.

C. Member of the University Community: Any Washington University faculty member, student, employee, or Trustee, as well as any person on Campus who is an employee of an entity with a continuous relationship with Washington University.

D. Student Group: Any organization of two (2) or more Washington University students that is recognized by Student Union, Congress of the South 40, the Interfraternity Council, Women’s Panhellenic Association, the Graduate-Professional Council, or graduate student governments in any of the eight graduate-professional schools; or utilizes (or seeks to utilize) Campus space; or attempts to take action, of any kind, in a collective manner on Campus or at any officially arranged University activity.
III. OFFENSES

A. The following forms of misconduct by a student or student group are subject to disciplinary action when they occur on Campus or when they occur off Campus and adversely affect the University community and/or the pursuit of its objectives. Attempts to commit acts prohibited by this Code, and agreements among two or more students to commit acts prohibited by this Code may be punished to the same extent as commission of the prohibited act itself.

1. Academic or professional misconduct, including, but not limited to, cheating, plagiarism, fabrication of data or records, impermissible collaboration on assignments, misrepresentation of student status or identity, resume or credential falsification, unauthorized use of prescription medication to enhance academic performance, unauthorized use of electronic resources, violation of test-taking conditions or rules, or otherwise violating the applicable Academic and/or Professional Integrity Policy. Knowingly making false allegations of academic misconduct against any student will itself be considered a form of academic misconduct.

2. Interfering with the rights of other members of the University community or visitors to the University to engage in educational, recreational, residential, administrative, professional, business, and ceremonial activities, or other functions.

3. Physical abuse or threatening physical abuse of any member of the University community or visitor to the University.

4. Stalking, hazing, engaging in domestic, dating, or interpersonal violence, or any other conduct which harasses, threatens, or endangers the safety or health of, any member of the University community or visitor to the University.

5. Sexual contact with any member of the University community or visitor to the University without that person’s consent, including, but not limited to, rape and other forms of sexual assault.

Consent consists of mutually understandable words and/or actions which indicate that an individual has freely chosen to engage in sexual activity. In the absence of such words and/or actions, consent does not exist. Consent may not be inferred from silence, passivity, lack of physical resistance, or lack of verbal refusal alone.

Consent to engage in sexual activity must be knowing and voluntary. For example, sexual activity is not knowing and voluntary and therefore not consensual when any participant is physically forced, passed out, asleep, unconscious or beaten. Sexual activity is also not knowing and voluntary and therefore not consensual if it is the result of coercion. A person’s words or conduct amount to coercion if they eliminate the other person’s ability to choose whether or not to engage in sexual activity.

Examples of coercion could include the following, so long as the conduct rises to a level that eliminates the other person’s ability to choose whether to engage in sexual activity: threats (express or implied) of substantial emotional or psychological harm or any physical harm, confinement, or other similar conduct.

Consent to engage in sexual activity must exist from the beginning to end of each instance of sexual activity, and for each form of sexual contact. Consent may be withdrawn by either party at any time.

An individual who is incapacitated is unable to give consent. In such circumstances, the respondent will be held responsible if the respondent either knew or a reasonable person in the same position would have known that the other party was incapacitated and therefore could not consent to the sexual activity.

Incapacitation is the inability, temporarily or permanently, to give consent because the individual is mentally and/or physically helpless due to a medical condition or the voluntary or involuntary consumption of drugs and/or alcohol, or the individual is unconscious, asleep or otherwise unaware that the sexual activity is occurring.

6. Conduct which is disorderly, lewd, indecent, or which disturbs the peace on University-owned or affiliated premises or at functions sponsored by, or participated in by, Washington University or a Washington University student group.

7. Possession (concealed or otherwise), storage, or use on Campus of firearms or a facsimile, explosives, explosive fuels, fireworks, dangerous chemicals, or other dangerous weapons, except as specifically authorized in advance by the Washington University Police and appropriate University officials.

8. Use, possession, manufacture, distribution or facilitation of distribution of narcotics or other controlled substances, including prescription medication, except as expressly permitted by law, or possession on Campus of drug paraphernalia as defined by Washington University.

9. Use or possession of a hookah on the Danforth Campus or in any Residential Life managed facility.

10. Use, possession, manufacture, or distribution of alcoholic beverages except as expressly permitted by law or University policy.

11. Unauthorized or fraudulent use of the University’s resources, including, but not limited to, facilities, telephone system, mail system, electronic communication devices, electronic databases, course management programs, computer systems, or use of any of the above for any illegal act.

12. Knowingly furnishing false information to a University official, or anyone acting on the University’s behalf, including, but not limited to, (a) the falsification of information in applications for admission or financial aid, (b) the intentional passing of an insufficient funds check or fraudulent money order in payment of any financial obligation to the University, or (c) filing a false police report.

13. Intentional dishonesty before any decision-making individual or body of the University, including knowingly making false allegations against any student or student group.

14. Knowingly making a false claim to represent the University or a student group of the University.

15. Refusal to identify oneself, failure to display a University student identification card or other identification, possessing, or providing false identification to any appropriate University official or designee upon reasonable request.

16. Failure to comply with the reasonable and lawful request of University officials or designees acting in the performance of their duties.
17. Theft, attempted theft, unauthorized taking or use of any University, public, or private property.
18. Knowingly possessing stolen property.
19. Unauthorized entry, deliberate destruction of, damage to, malicious use of, or abuse of any University, public, or private property.
20. Knowingly or recklessly violating a published University policy, rule, or regulation; or participating in conduct which one should reasonably know to be a violation of a published University policy, rule, or regulation.
21. Failure to appear before the University Student Conduct Board (SCB), University Sexual Assault Investigative Board (USAIB), OSCCS, or other University official or administrative body as directed, or to properly comply with or complete a sanction imposed under the University Student Conduct System or through other administrative bodies.
22. Intentionally or recklessly disabling, or causing the false activation of life safety equipment, including, but not limited to, exit door alarms, emergency telephones, fire safety equipment, closed circuit television systems, emergency notification systems, and identification card and door access systems.
23. Formally charged with, convicted of, or found guilty of a crime such that the student’s continued presence on the University Campus poses a substantial threat to the ability of others to continue their normal University functions and activities.

B. Offenses by Student Groups: Student groups or organizations and their officers may be held responsible for violations of this Code by members or others associated with the group or organization who have received the tacit, or overt consent, or encouragement of the group or organization or its leaders, officers, or spokespersons. Student groups or organizations are subject to the same sanctioning provisions set forth in this Code as individual students, including but not limited to revocation of student group status.

IV. COMPOSITION OF THE UNIVERSITY STUDENT CONDUCT SYSTEM

A. The University Student Conduct System shall consist of the following:

1. Office of Student Conduct and Community Standards
   a. Responsibilities: The Office of Student Conduct and Community Standards (OSCCS) receives and investigates complaints of violation of this Code and either adjudicates the complaint or, in its discretion, refers the complaint to the appropriate University office or administrative body for investigation and/or hearing. If the OSCCS adjudicates the complaint and a violation is found, the OSCCS imposes appropriate sanctions. The OSCCS does not hear allegations of academic misconduct, and does not have the authority to suspend, expel, or otherwise directly terminate the status of a student found in violation of this Code, unless by agreement.
   b. Selection: The Director of the OSCCS is appointed by the Chancellor, or their designee, following consultation with the Vice Chancellor for Student Affairs. The appointee may be a faculty member or staff member. In the event that staff members in the OSCCS are unavailable to serve, the Vice Chancellor for Student Affairs, Dean of Students or their designee may serve as the Student Conduct Administrator or appoint an appropriate University official to serve temporarily in that capacity.

2. University Student Conduct Board
   a. Composition: The SCB is composed of six (6) faculty members, six (6) undergraduate student members, six (6) graduate – professional student members, six (6) administrative or staff members, and one additional member who shall serve as Chairperson.
   b. Responsibilities:
      (1) The SCB hears and decides cases referred to it by the OSCCS, the undergraduate School or College Academic Integrity Officers or Panels, Graduate – Professional schools, and the suspending authority following a temporary suspension; and cases involving allegations of academic misconduct in the absence of a School or College Academic Integrity Panel. The SCB hears and decides appeals from temporary suspensions, appeals referred to it by the Chairperson of the SCB, and appeals from sanctions issued by the OSCCS. The SCB also performs other duties as called for by this Code.
      (2) The Chairperson of the SCB presides over all hearings conducted before the SCB and convenes pre-hearing proceedings as needed; rules on appeals from decisions of the OSCCS and undergraduate School or College Academic Integrity Panels; and performs other duties as called for by this Code.
   c. Selection
      (1) Members of the SCB are appointed for two (2) year terms, beginning on January 1. Faculty members are appointed by the Faculty Senate Council; student members are appointed by the Student Union and the Graduate-Professional Student Council; and administrative or staff members are appointed by the Chancellor. Each year, three (3) faculty members are appointed; three (3) undergraduate student members are appointed; three (3) graduate – professional student members; and three (3) administrative or staff members are appointed. If a vacancy exists or scheduling conflict arises members may be appointed throughout the year by the OSCCS. Members may be reappointed, but no member shall serve more than two (2) consecutive terms. Members of the Faculty Senate Council, Student Union Executive Council, officers of the Graduate and Professional Student Council, and officers of the University shall not serve on the SCB.
      (2) The Chairperson of the SCB is appointed annually by the Chancellor. The Chairperson must be a member of the University community. The Chairperson may be appointed, without limitation, for consecutive terms. If a vacancy exists or scheduling conflict arises, a temporary Chairperson may be appointed by the OSCCS.
      d. The panel convened for a hearing normally consists of three (3) student members and three (3) members of the faculty, administration or staff, plus the Chairperson. A quorum consists of four (4) members, plus the Chairperson. Student members shall comprise a portion of the hearing panel in every case.
Every attempt shall be made to provide peer representation for both graduate and undergraduate students. The OSCCS, in consultation with the Chairperson, shall determine which faculty, administration or staff members shall comprise the remainder of the panel. In making this determination, faculty members only shall be designated whenever the sole allegation is academic misconduct. If the allegations do not relate solely to matters of academic misconduct, faculty, administration, and staff members, in any combination thereof, may serve.

3. The Title IX Office and the University Sexual Assault Investigation Board
   a. The Title IX Office (TIXO) receives and investigates complaints that involve allegations of sex discrimination, sexual assault, sexual harassment, dating violence, domestic violence, or stalking. The TIXO either investigates the complaint or, in its discretion, may refer the complaint to another appropriate University office or administrative body (e.g. the SCB, USAIB, or Human Resources) for investigation and/or hearing. If the TIXO, or its designee, investigates a complaint against a student respondent and a violation is found, the TIXO may impose appropriate sanctions.
   b. The University Sexual Assault Investigation Board (USAIB) is composed of faculty, staff and student members and is governed by separate investigation procedures set forth in the USAIB Procedures.
   c. The USAIB investigates complaints referred by the TIXO or the OSCCS that involve allegations of sexual assault or sexual harassment alleged to have been committed by a student(s) in violation of the Code. Complaints may allege other violations of the Code, in which case the USAIB may investigate and exercise jurisdiction over such complaints in their entirety as long as the additional charges arise out of the same set of facts and circumstances or are related to the alleged incident of sexual assault or harassment. The USAIB may elect to refer the other charges to the TIXO, OSCCS or SCB for hearing and resolution.
   d. Following a determination by the USAIB Panel that it is more likely than not that a respondent has committed a sexual assault or engaged in sexual harassment in violation of the Code, sanctions will be imposed in accordance with the USAIB procedures and may include suspension or expulsion.
   e. The Office of Residential Life may, in consultation with student representatives of the appropriate residential community, establish rules and regulations, in addition to this Code, to govern the conduct of students living in the University residential colleges and other housing subject to Residential Life regulations. The Office of Residential Life may impose sanctions upon students who violate such rules. Repeated violations of such rules, or serious offenses, may be referred to the OSCCS for further disciplinary proceedings. The foregoing authority supplements, but does not supersede rights retained by the University in Housing contracts and leases. Nothing in this paragraph precludes further proceedings under this Code.
   f. The Office of Campus Life may, in consultation with student representatives of the Greek community, establish rules and regulations, in addition to this Code, to govern the conduct of organizations and persons who are members of the Greek community. The Office of Campus Life may impose sanctions when such rules are violated. Repeated violations of such rules or serious
offenses may be referred to the OSCCS for further disciplinary proceedings. The foregoing authority supplements, but does not supersede rights retained by the University in Housing contracts and leases. Nothing in this paragraph precludes further proceedings under this Code.

B. Student Decision-Making Bodies

Certain student groups have established decision-making bodies which receive and investigate all allegations of violations of their legislation, procedures, or policies. The pendency before the decision-making body of any student group of any case arising from an incident alleged to constitute a violation of this Code, shall not bar or postpone proceedings under this Code.

V. UNIVERSITY STUDENT CONDUCT CODE PROCEDURES

A. Initiation of Proceedings

1. Proceedings concerning an alleged violation of this Code are initiated with a written complaint. The complaint is a brief written statement describing the conduct alleged to be in violation of the Code.

2. Complaints of alleged violations of this Code may be filed against any student or student group by any member of the University community.

3. Complaints limited to alleged academic misconduct or professional misconduct.
   a. Complaints limited to alleged academic misconduct or professional misconduct shall be filed with the Academic Integrity Officer of the School or College in which the misconduct allegedly occurred or, where no such panel exists, with the OSCCS.
   b. If a complaint involving alleged academic misconduct against an undergraduate student is filed with a School or College Academic Integrity Officer and the case is viewed as serious enough that suspension or expulsion is a possible sanction, the complaint shall be heard by the Officer or Panel for a determination as to whether a violation occurred. If a violation is found, the matter shall be referred to the SCB for hearing on the imposition of sanctions.

4. Complaints involving alleged offenses other than academic or professional misconduct.
   a. Complaints alleging any offense other than academic or professional misconduct shall be filed with the OSCCS or, if applicable, the Title IX Office (TIXO).
   b. When a complaint is filed with the OSCCS or TIXO, that office shall promptly consider and investigate the complaint, notify the student or student group against whom the complaint has been filed, and give the respondent(s) an opportunity to be heard. The OSCCS or TIXO shall conduct meetings with the parties and any witnesses in an informal manner, seeking to obtain relevant information.
   c. If the OSCCS or TIXO determines that there are not reasonable grounds to believe that a violation of the Code occurred, the complaint shall be dismissed, and the complainant and student or student group complained against shall be informed, in writing, of this action.

   d. If the OSCCS or TIXO determines that there are reasonable grounds to believe that a violation of the Code has occurred, the OSCCS or TIXO shall either:
      (1) determine whether a violation of the Code has occurred and, if so, impose a sanction; or
      (2) refer the complaint to the SCB, USAIB, or an appropriate University administrative body for investigation and hearing. In any case where the OSCCS believes that suspension or expulsion is a possible sanction, the case shall be referred to the SCB or USAIB. The OSCCS or TIXO may refer to the SCB or USAIB any other complaint at their sole discretion.
   e. If the complaint is not referred to the SCB, USAIB or other University administrative body, the OSCCS or TIXO shall render a written decision within a reasonable time, and deliver same to the respondent(s) by mail, electronic means, or hand delivery. The OSCCS or TIXO shall, to the extent permitted by law, inform the complainant of the decision and any sanctions.
   f. If the complaint is referred to the SCB or USAIB, the OSCCS or TIXO shall prepare a notice of referral, which shall include the provision(s) of the Code allegedly violated, and have it served by mail, electronic means, or hand delivered to the student or student group charged and the Dean of the School or College in which the student(s) is/are enrolled. The OSCCS or TIXO shall also furnish a copy to the complainant. When a complaint is filed with the OSCCS or TIXO and is referred to the SCB or USAIB, a hold shall be placed on the respondent's academic records until final disposition of the case.

B. The pendency of any case arising from an incident alleged to constitute a violation of the Code in any municipal, state, federal court, or agency shall not bar or postpone proceedings under this Code unless (1) the OSCCS elects to defer proceedings until a final resolution of the case in the court or agency system; or (2) with the exception of allegations involving sexual harassment or sexual assault set forth below, the student has been charged with a felony offense and requests a deferral of proceedings. The request for deferral shall result in the student’s immediate withdrawal from student status and removal from all University premises until the matter is heard and resolved under this Code. The student’s request must precede the initiation of a hearing by the SCB. Postponement of a hearing shall not postpone a respondent’s obligation to fulfill sanctions imposed by the OSCCS. In cases involving allegations of sexual harassment or sexual assault, the University will ordinarily not delay its investigation if criminal charges are filed. At the request of law enforcement authorities, however, the University may postpone the University investigation and proceeding while the authorities gather evidence.

C. Organizational Procedures of the University Student Conduct Board

1. The SCB shall set times and places for hearings, and establish procedures not inconsistent with this Code to govern the conduct of its hearings. Hearings may be scheduled at any time, including during the summer and during University breaks.

2. No student shall be subject to more than one SCB hearing on a charge or charges resulting from any act or series of related
acts alleged in violation of the Code. The SCB may consolidate all charges pending against a student at the time of hearing. Nothing in this provision shall prohibit a hearing on charges arising from acts which take place or are discovered after earlier charges are filed.

3. The SCB shall not conduct a hearing until the respondent has received the statement of charges against themselves. If the respondent fails to appear for the hearing, the SCB may postpone the hearing or, in the alternative, may conduct a hearing to determine whether a violation of the Code occurred and impose sanctions if appropriate. If the SCB decides to postpone the hearing, the SCB may decide to suspend the student from the University until the student does appear before the SCB for the hearing on the charges.

4. Prior to a SCB hearing, the Chairperson of the SCB may convene a pre-hearing conference with the parties. At that conference, the parties shall be prepared to discuss the witnesses and evidence they intend to introduce, the issues they anticipate, and any matters that may require resolution by the Chairperson. The Chairperson may, at their sole discretion, confer separately with the complainant or respondent.

5. The respondent and the complainant each may choose (at the student’s own expense) to be assisted by and accompanied to the hearing and pre-hearing conference by one individual, for example, a friend, faculty member, advisor, or parent. Where the victim of alleged misconduct is not a party, but a testifying witness, the victim may be accompanied by an individual, subject to the limitations below. If the accompanying individual is an attorney, the student shall provide the attorney’s name and telephone number to the OSCCS at least one week before the scheduled hearing.

6. The function and role of the accompanying individual is to provide support, advice, or assistance to the person requesting their presence. The accompanying individual (including attorneys) shall not be permitted to testify, serve as a witness, examine parties or witnesses, or provide statements or arguments to the SCB. Therefore, if the individual witnessed the events at issue or has other information relevant to the proceedings, they shall not accompany the student. The respondent and the complainant are each responsible for stating their own case to the SCB.

7. A list of expected witnesses, the name and title of the accompanying individuals, and copies of any documents expected to be presented in support of the charges, or in defense of the charged party, shall be provided to the OSCCS at least five (5) business days before the hearing. Where a student includes the opinion or recommendations of medical professionals, such opinions or recommendations shall be submitted ten (10) business days prior to the hearing. A student submitting documentation from a medical professional also should submit a copy of the medical professional’s curriculum vitae. If additional witnesses or documents are obtained after the submissions period described above, the Chairperson shall decide whether the witnesses or documents may be allowed, and the hearing may be postponed at the sole discretion of the Chairperson of the SCB. A party is not obligated to call all witnesses on the list. Each party is permitted to call witnesses to rebut testimony offered by the other party.

Chairperson may recess a hearing if they conclude that the Board requires additional evidence or information.

8. The following persons may be present during a SCB hearing:

   a. The complainant and the respondent shall have the opportunity to present statements summarizing their respective cases and the evidence to be presented.

   b. The complainant shall present their evidence. The complainant may decide whether or not to testify during the hearing. Except as otherwise noted in this subsection, the respondent and members of the SCB may question the complainant’s witnesses.

   c. The respondent shall have the opportunity to present evidence. The respondent may decide whether or not to testify during the hearing. Except as otherwise noted in this subsection, the complainant and members of the SCB may question the respondent’s witnesses.

   d. The complainant and the respondent shall have the opportunity to present concluding remarks.

   e. In cases referred to the SCB by the OSCCS, the OSCCS may be called as a witness by the complainant or the respondent, or by the SCB itself.

   f. In any hearing before the SCB, members of the SCB may ask questions of any participant in the hearing (including the complainant, the respondent, and any witness) at any time during the hearing, and may also recall witnesses and/or request that additional witnesses be called.

The Chairperson may determine in some cases that it is appropriate for all questioning by the parties to be directed through the Chairperson or their designee. In such cases, the parties will be permitted to submit questions of the other party and witnesses to the Chairperson five (5) days in advance of the hearing.

9. The Chairperson of the SCB may, at their own discretion, direct any student to appear as a witness at a hearing of the SCB. The Chairperson also may call witnesses, including, but not limited to, medical experts, on their own initiative. The failure of a student to appear at a SCB hearing following receipt of such a directive shall subject that student to disciplinary action under this Code.

10. The procedure at a hearing before the SCB shall be as follows:

   a. The complainant and the respondent shall have the opportunity to present statements summarizing their respective cases and the evidence to be presented.

   b. The complainant shall present their evidence. The complainant may decide whether or not to testify during the hearing. Except as otherwise noted in this subsection, the respondent and members of the SCB may question the complainant’s witnesses.

   c. The respondent shall have the opportunity to present evidence. The respondent may decide whether or not to testify during the hearing. Except as otherwise noted in this subsection, the complainant and members of the SCB may question the respondent’s witnesses.

   d. The complainant and the respondent shall have the opportunity to present concluding remarks.

   e. In cases referred to the SCB by the OSCCS, the OSCCS may be called as a witness by the complainant or the respondent, or by the SCB itself.

   f. In any hearing before the SCB, members of the SCB may ask questions of any participant in the hearing (including the complainant, the respondent, and any witness) at any time during the hearing, and may also recall witnesses and/or request that additional witnesses be called.

The Chairperson may determine in some cases that it is appropriate for all questioning by the parties to be directed through the Chairperson or their designee. In such cases, the parties will be permitted to submit questions of the other party and witnesses to the Chairperson five (5) days in advance of the hearing.

9. The Chairperson of the SCB may, at their own discretion, direct any student to appear as a witness at a hearing of the SCB. The Chairperson also may call witnesses, including, but not limited to, medical experts, on their own initiative. The failure of a student to appear at a SCB hearing following receipt of such a directive shall subject that student to disciplinary action under this Code.

10. The procedure at a hearing before the SCB shall be as follows:

   a. The complainant and the respondent shall have the opportunity to present statements summarizing their respective cases and the evidence to be presented.

   b. The complainant shall present their evidence. The complainant may decide whether or not to testify during the hearing. Except as otherwise noted in this subsection, the respondent and members of the SCB may question the complainant’s witnesses.

   c. The respondent shall have the opportunity to present evidence. The respondent may decide whether or not to testify during the hearing. Except as otherwise noted in this subsection, the complainant and members of the SCB may question the respondent’s witnesses.

   d. The complainant and the respondent shall have the opportunity to present concluding remarks.

   e. In cases referred to the SCB by the OSCCS, the OSCCS may be called as a witness by the complainant or the respondent, or by the SCB itself.

   f. In any hearing before the SCB, members of the SCB may ask questions of any participant in the hearing (including the complainant, the respondent, and any witness) at any time during the hearing, and may also recall witnesses and/or request that additional witnesses be called.

The Chairperson may determine in some cases that it is appropriate for all questioning by the parties to be directed through the Chairperson or their designee. In such cases, the parties will be permitted to submit questions of the other party and witnesses to the Chairperson five (5) days in advance of the hearing.

9. The Chairperson of the SCB may, at their own discretion, direct any student to appear as a witness at a hearing of the SCB. The Chairperson also may call witnesses, including, but not limited to, medical experts, on their own initiative. The failure of a student to appear at a SCB hearing following receipt of such a directive shall subject that student to disciplinary action under this Code.

10. The procedure at a hearing before the SCB shall be as follows:

   a. The complainant and the respondent shall have the opportunity to present statements summarizing their respective cases and the evidence to be presented.

   b. The complainant shall present their evidence. The complainant may decide whether or not to testify during the hearing. Except as otherwise noted in this subsection, the respondent and members of the SCB may question the complainant’s witnesses.

   c. The respondent shall have the opportunity to present evidence. The respondent may decide whether or not to testify during the hearing. Except as otherwise noted in this subsection, the complainant and members of the SCB may question the respondent’s witnesses.

   d. The complainant and the respondent shall have the opportunity to present concluding remarks.

   e. In cases referred to the SCB by the OSCCS, the OSCCS may be called as a witness by the complainant or the respondent, or by the SCB itself.

   f. In any hearing before the SCB, members of the SCB may ask questions of any participant in the hearing (including the complainant, the respondent, and any witness) at any time during the hearing, and may also recall witnesses and/or request that additional witnesses be called.
A decision-maker (whether the OSCCS, the SCB, or other University administrative body) must find in favor of the respondent unless the decision-maker is persuaded that it is more likely than not that the student committed the offense(s) charged. The respondent shall be afforded the benefit of the presumption of innocence.

2. If a respondent elects not to provide their own version of events to the decision-maker (whether the OSCCS, the SCB, or other University administrative body), the decision-maker may, but is not required to, draw adverse inferences from the student’s silence.

3. In cases decided by the SCB, the following shall apply:
   a. A majority vote of the members of the SCB participating in the case shall be required for a decision.
   b. The Chairperson of the SCB may participate and vote.
   c. Any decision of the SCB shall be made in writing. Copies of the decision, redacted as necessary, shall be mailed, e-mailed, or delivered to the complainant, the respondent, and the respondent’s parents if the parents will receive notification pursuant to this Code, and other University officials with a need to know as determined by the OSCCS or the Chairperson of the SCB.

VI. SANCTIONS

A. Subject to the limitations described in paragraph C of this section, sanctions combinations of sanctions, may be imposed following a determination that a violation of the Code has occurred:

1. Warning: notice of a finding that it is more likely than not that an offense has been committed and that continuation or repetition of such violation within a specified time period will result in more severe sanctions.

2. Deferred Penalty and Probation: any of the listed sanctions may be deferred by the adjudicatory body or person for a specified time period, not to exceed two (2) calendar years. Should the student, during the period of probation, be determined to have committed another violation of this Code, the deferred penalty shall take effect, in addition to the sanction imposed for any new offense.

3. Restitution: reimbursement for actual damage or loss caused by the violation of the University Student Conduct Code, either through appropriate repairs or monetary compensation.

4. Fine: monetary penalty of not more than Seven Hundred and Fifty Dollars ($750.00).

5. Educational Remedies: meetings with University officials or others, unpaid University or community service, or other educational assignments. These may include, but are not limited to, referrals to Student Health Services, attendance at workshops or panel discussions, letters of apology, and reflective essays. Service assignments may occur on or off Campus. Conditions may be specified for the completion of the sanction. Where a violation involves drug use, the OSCCS or SCB also may require the student to participate in drug screening on a scheduled or random basis. Any and all costs associated with the screening are the responsibility of the student.

6. Disciplinary Activity Limitation: ineligibility for participation in any or all elected and appointed positions within the University; also ineligibility for participation in all forensic, athletic, dramatic, musical, social, or other University recognized activities for a specified period of time.

7. Denial of Access to Certain University Facilities: exclusion from University owned or leased facilities; including housing, athletic fields, grounds, or parts of these facilities indefinitely or for a specified period of time.

8. Temporary Removal from University Housing: ineligibility to reside in University Housing, including off Campus University owned, leased, managed, or rented apartments, for a specified period of time.

9. Permanent Removal from University Housing: permanent ineligibility to reside in University Housing including off Campus University owned, leased, managed, or rented apartments.
10. Suspension: removal from student status in the University for a specified period of time. This sanction will be permanently noted on a student's official transcript.

11. Expulsion: permanent removal from student status in the University. This sanction will be permanently noted on a student's official transcript.

B. A student's entire academic integrity, disciplinary record, and criminal history, if appropriate and relevant in the discretion of the Chairperson, may be considered in determining appropriate sanction(s)

C. The sanctions of expulsion and suspension may only be imposed by: (i) the SCB; (ii) the USAIB; (iii) the Chancellor, Provost, Vice Chancellor for Students or Dean of a Graduate or Graduate Professional School; or (iv) in Graduate and Graduate Professional Schools that grant such authority, the Academic and Professional Integrity Panel. The OSCCS and the other university judicial panels without authority to expel or suspend may impose any of the other sanctions, except as such authority is limited by Section IV.A. of this document.

D. Academic Misconduct: if academic misconduct is determined to have occurred, the body making the determination may recommend to the faculty member responsible for the course in which academic misconduct occurred that the grade of the student involved be lowered, or no credit given. However, the final decision in any grading determination shall rest with the faculty member. The SCB may recommend this sanction in addition to any other sanctions imposed.

E. Notification of Dean and Parents or Legal Guardians:

1. The parents or legal guardians of any student who is legally dependent upon their parents or legal guardians and who is suspended or expelled shall be informed of the decision of the SCB.

2. The parents or legal guardians of any student under the age of 21 who has admitted committing or been found under this Code to have committed an offense under Section III.A.8 or III.A.10 may be notified of such violation or violations by the Office of the Dean of Students. The Office of the Dean of Students shall have discretion to determine when a violation or violations of Sections III.A.8 or III.A.10 are of sufficient severity or number to warrant notifying parents or legal guardians. Nothing contained in this section shall be construed to prohibit the University from disclosing to parents or legal guardians information relating to a health or safety emergency involving the student or as otherwise permitted by law.

3. The Dean of the School or College in which the student is enrolled shall be informed of any SCB decision involving the student. If the student is an exchange student, visiting student or other non-degree student and is regularly enrolled elsewhere, notice of the outcome of any judicial matter may be provided to the student's home college or university.

4. Decisions of the SCB and decision-making bodies (or persons) other than the SCB, which do not involve academic or professional misconduct, shall be reported to the Dean of Students.

5. Student Union, the Graduate-Professional Council, and/or the sponsoring student governing body will be made aware of specific details regarding violations of the Code by a student group under its auspices at the time that the matter is resolved.

F. Failure to Comply with Sanctions

If a student fails to comply in a timely fashion with any of the sanctions assigned, a hold may be placed on their University records. The hold will be removed upon full completion of the sanctions assigned.

VII. APPEALS

A. Time Limit for Appeals: any appeal authorized by the Code must be filed within fourteen (14) calendar days of the date of the written decision by the decision-making body or person. An appeal is filed when personally delivered to or electronically received by the appellate authority or bearing a United States Postal Service postmark or other documentary evidence of timely delivery to an independent delivery service.

B. Appeals of SCB Decisions and Decisions of Deans of Graduate or Graduate Professional Schools to Suspend or Expel a Graduate or Graduate Professional Student:

1. A student complainant, a student respondent determined by the SCB to have violated this Code, or a graduate student or graduate professional student suspended or expelled by the Dean of a Graduate School or Graduate Professional School shall, within the period of time specified by this Code, have the right to appeal to the person designated by the Chancellor to serve as the appeal officer, or their designee. Such appeal shall be made in writing to the appeal officer and shall be limited to grounds that a fair hearing was not provided or that the sanction imposed was insufficient or excessive. A student appealing a SCB decision shall also deliver a copy of the appeal to the OSCCS. When such appeal is taken, the appeal officer shall not substitute their judgment of the facts for that of the SCB or of the Dean. The scope of the appeal officer’s review shall be limited to determining whether a fair hearing was provided and whether the sanction imposed, given all the relevant facts and circumstances, was insufficient or excessive.

2. The appeal officer, if they grant the appeal, may order a new hearing, may reduce or modify the sanctions assessed by the SCB or the Dean. The decision of the appeal officer is final.

3. In the event of the absence or disqualification of the appeal officer, the appeal will be determined by the Chairperson of the Faculty Senate Council, or their designee.

4. The University may not appeal any adverse decision of the SCB.

5. Sanctions will be stayed pending the disposition of any appeal, except that a temporary suspension or any interim protective measures will remain in effect. If a hold has been placed on a student's records, it will remain until final disposition of the case.

C. Appeals of Decisions of the OSCCS and Academic Integrity Panels of Undergraduate Schools and Colleges:

1. Any final decision of the OSCCS or an Academic Integrity Panel of an Undergraduate School or College may be appealed, in writing, to the SCB Chairperson, or their designee, with a copy to the OSCCS, within the period of time specified by this Code. An appeal may be filed either by the complainant or the respondent(s) or student group.
2. The Chairperson of the SCB, upon receiving an appeal, shall provide a copy of the appellant’s request and supporting materials to the appellee. The Chairperson, in their sole discretion, may request that the appellee provide a response and seek additional materials as needed. The Chairperson of the SCB, or their designee, shall not substitute their own judgment of the facts, and the scope of their review shall be limited to determining whether the written material submitted indicates that either no fair hearing had been provided to the appellant or that the sanction imposed, given all relevant facts and circumstances, was insufficient or excessive.

3. If the Chairperson, or their designee, determines that an unfair hearing has occurred, they shall take one of the following actions:

a. Remand the case to the OSCCS or Academic Integrity Panel with specific instructions to assure a fair hearing. Upon remand, the OSCCS or the Academic Integrity Panel may modify the sanctions previously imposed.

b. Convene a hearing of the SCB to hear the matter de novo. Should the SCB hold a hearing de novo, the hearing shall be conducted in accordance with the procedures set out in Section V.C. of this Code. Statements made by the parties or witnesses in the prior, underlying hearing may be disclosed to the SCB. The SCB may impose a sanction in excess of that imposed by the prior adjudicator.

4. If the Chairperson, or their designee, determines that the sanctions were insufficient or excessive, they may modify the sanctions previously imposed.

5. Sanctions will be stayed pending the disposition of any appeal. If a hold has been placed on a student’s records, it will remain until final disposition of the case.

6. The decision of the SCB, or its Chairperson, shall be final in any appeal from the OSCCS or Academic Integrity Panel, and no appeal to the appeal officer shall occur.

D. Appeals of Decisions of the Office of Residential Life or Greek Life:

1. Any final decision of the Office of Residential Life or Greek Life may be appealed in writing to the OSCCS within the period of time specified by this Code. The OSCCS, or their designee, shall not substitute their own judgment of the facts. The scope of their review shall be limited to determining whether the written materials submitted indicates that either no fair hearing had been provided to the appellant or that the sanction imposed, given all the relevant facts and circumstances, was excessive.

2. If the OSCCS decides to sustain the contentions of the appellant, in whole or part, the OSCCS shall fashion a remedy or form of relief appropriate to the facts and circumstances of the case.

3. Sanctions will be stayed pending the disposition of any appeal; provided however, that nothing contained in this Code shall in any way impair the enforcement of the terms of the housing contracts and leases entered into between the University and students residing in residential housing, including, but not limited to, reassignment and cancellation or other interim protective measures.

VIII. RECORD RETENTION

Subject to Section V.14., records of the University OSCCS and the SCB directly related to non-academic cases heard under the University Student Conduct System shall be destroyed after a period of ten years from the date of final adjudication. If a student withdraws from the University prior to final adjudication, the records shall not be destroyed. Records of the University OSCCS, the SCB, and the USAIB directly related to allegations of academic misconduct or cases resulting in suspension or expulsion, and any applicable transcript notations, shall be maintained indefinitely.

IX. REPORT ON STUDENT CONDUCT

Each semester the OSCCS shall prepare a Report on Student Conduct summarizing the complaints filed in the previous semester, the types of conduct involved, and the outcomes, including a description of the sanctions, if any. The Report shall be circulated to the University administrators at the discretion of the OSCCS and the Vice Chancellor for Students.

X. TEMPORARY SUSPENSION

A. The Chancellor, Vice Chancellor for Students, Dean of Students, or their respective designees, may suspend a student for a temporary period if (1) there is evidence that the student has committed an offense under this Code or the student has been indicted or otherwise formally charged with a crime; and (2) there is evidence that the continued presence of the student on the University Campus or in the University community poses a substantial threat to themselves or others or to the ability of others to continue their normal University functions and activities.

B. The suspending authority (the person imposing the suspension) shall limit the scope of the temporary suspension to that necessary to protect those possibly affected by the actions of the suspended student. Access to parts of University owned, leased, managed, or rented property, the Campus, or to certain activities, may be limited. In cases of seriously disruptive or dangerous behavior, the suspending authority may deny the student access to the University owned or leased property, Campus, and/or prohibit class attendance and participation in University activities and events.

C. If a student is suspended for a temporary period, the suspending authority shall prepare a written notice of the suspension and shall have the notice served, by mail or electronic means, or hand delivered, on the suspended student. The written notice shall include a brief statement of the scope of the suspension and the reasons therefore, and a brief statement of the procedures provided in cases of temporary suspension under this Code.

D. A student suspended for a temporary period shall be given an opportunity to appear personally before the suspending authority within five (5) business days from the date of service of the notice of temporary suspension. If the student asks to appear personally before the suspending authority, only the following issues shall be considered:

1. Whether the suspending authority’s information concerning the student’s conduct is reliable;
2. Whether under all the circumstances, there is a reasonable basis for believing that the continued presence of the student on Campus poses a substantial threat to the student or to the rights of others to engage in their normal University functions and activities; and

3. Whether the scope of the temporary suspension is reasonable.

E. Within ten calendar days of the date of a temporary suspension, the suspending authority shall file a statement of charges against the suspended student with the SCB, and shall have the statement of charges served, by mail or electronic means or hand delivered, upon the suspended student and the Dean of the School or College in which the student is enrolled.

F. A temporary suspension shall end when rescinded by the suspending authority, or upon the failure of the suspending authority to file a statement of charges within a reasonable time or, if not rescinded and if a statement of charges is promptly filed, when the case is heard and decided by the SCB or other University administrative body.

XI. AMENDMENT OF THE CODE

The amendment process may be initiated by any member of the campus community, the Student Union, the Graduate-Professional Council, the Faculty Senate Council, or any faculty, staff or student group by the submission of proposed changes to the Office of the Dean of Students. The Dean of Students, or their designee, shall promptly distribute copies of the proposed changes to the Office of the General Counsel, Student Union, the Graduate-Professional Council, and the Faculty Senate Council for adoption or rejection. Review of the Code shall be initiated by the Office of the Dean of Students no less than every three years.

XII. TITLES AND SUCCESSORS

Because the titles, positions, or groups stated in this Code may change, the functions or responsibilities assigned by this Code shall be performed by persons or groups that assume the functions of the positions or groups stated in this Code.

Effective July 1, 2017

For additional information please contact:
Office of Student Conduct and Community Standards
Campus Box 1250
One Brookings Drive
St. Louis, MO 63130
(314) 935-4329
(314) 935-7776 (fax)
studentconduct.wustl.edu
Health Risks Associated with Alcohol and Other Drugs

ALCOHOL

- Studies have shown that alcohol use by those less than 24 years old increases the risk of both fatal and nonfatal injuries.
- Research has also shown that the earlier one begins drinking the chances for alcohol dependence increases compared to adults who begin drinking at age 21.
- Other consequences include increased risky sexual behaviors, poor school performance, and increased risk of suicide and homicide.
- Young adult alcohol use has the potential to trigger long-term biological changes that may alter development as well as affect immediate behavior. The resulting adverse outcomes may include mental disorders such as anxiety and depressive disorders. (NCBI)

The liver is extremely important. The liver is the second largest organ in your body. It processes what you eat and drink into energy and nutrients your body can use. The liver also removes harmful substances from your blood.

- Alcohol can damage or destroy liver cells.
- The liver breaks down alcohol so it can be removed from your body. Your liver can become injured or seriously damaged if you drink more alcohol than it can process.
- Alcohol-related liver diseases include “fatty liver”, alcoholic hepatitis, and alcoholic cirrhosis. These diseases can result in liver cancer, brain disorders, coma and death.
- The liver can only metabolize a certain amount at a time, leaving the excess circulating throughout the body.
- When the amount of alcohol in the blood exceeds a certain level, the respiratory system slows down markedly, and can cause a coma or death, because oxygen no longer reaches the brain.

Binge drinking and continued alcohol use in large amounts are associated with many health problems, including:

- Unintentional injuries such as car crash, falls, burns, drowning
- Intentional injuries such as firearm injuries, sexual assault, and domestic violence
- Increased on-the-job injuries and loss of productivity
- Increased family problems, broken relationships
- Alcohol poisoning
- High blood pressure, stroke, & other heart-related diseases
- Liver disease
- Nerve damage
- Sexual problems
- Permanent damage to the brain
- Vitamin B1 deficiency, which can lead to a disorder characterized by amnesia, apathy & disorientation
- Ulcers

- Gastritis (inflammation of stomach walls)
- Malnutrition
- Cancer of the mouth and throat

DRUGS

MARIJUANA

- Short-term effects: feelings of relaxation, paranoia, euphoria, slowed thinking and reaction time, confusion, impaired balance and coordination
- Long-term effects: memory loss, shortened attention span, colds, breathing problems, increased heart rate, apathy, weight gain, gynecomastia (males developing breasts), and smoking related cancers

COCAINE

- Short-term effects: energy bursts, increased heart rate, blood pressure, and breathing rate; increased body temperature, mental “clearness” while high, and fatigue and insomnia after the high
- Long-term effects: addiction, paranoia, violent behavior, aggression, depression, loss of interest in food or sex, destruction of nasal passages (if snorted), lung damaged (if smoked), stroke, heart attack, and death

MDMA (MOLLY) OR ECSTASY

- Short-term effects: increased tactile sensitivity, empathic feelings, increased physical energy, paranoia, hallucinations, nausea, chills, dehydration, sweating, teeth clenching, muscle cramping, increased heart rate, blood pressure and blurred vision
- Long-term effects: damage to dopamine- and serotonin-releasing neurons, impaired memory and learning, hyperthermia, cardiac toxicity, renal failure, muscle breakdown, liver toxicity, depression and/or other mental health conditions, and death

STEROIDS

- Short-term effects: increases muscle mass, strength and endurance, acne, water retention, high blood pressure, impaired judgment due to feelings of being invincible, mood swings, and other negative behavioral effects.
- Long-term effects: hypertension, high cholesterol, stunted growth, liver tumors and cancers, and heart damage. For males, side effects may include shrinking of the testicles and breast development. For females, side effects may include growth of facial hair, menstrual changes, and deepened voice.

PRESCRIPTION DRUGS AND USE

Use is considered “misuse” when a prescription drug is used for something other than its intended purpose, is taken in excessive dosages, or is used by someone for whom it was not prescribed.

- Opioids: opioids such as Vicodin, Oxycontin and codeine are usually prescribed to treat pain. Misuse of these drugs can depress breathing and cause physical dependence.
interested in health promotion activities including outreach, a Peer Health Educator (PHE) is a student volunteer deeply

**PREVENTION/EDUCATION EFFORTS:**

To buy or take someone else’s medicine because they believe that taking “study drugs” can improve their study behavior and in turn improve their grades. These students may not be aware that the drugs do not perform for them in the way they do for a person with a diagnosis. There are serious dangers associated with abusing

**STIMULANTS AND “STUDY DRUGS”**

Some students who have not been prescribed stimulants choose to buy or take someone else’s medicine because they believe that taking “study drugs” can improve their study behavior and in turn improve their grades. These students may not be aware that the drugs do not perform for them in the way they do for a person with a diagnosis. There are serious dangers associated with abusing prescription stimulants:

- **Short-term:** increased or irregular heart beat and respiratory rate, elevated blood pressure, nervousness, sleep difficulty, appetite loss, blurred vision, and risk of overdose
- **Contraindications:** adverse effect on some pre-existing medical conditions including heart conditions and/or adverse interactions with other drugs
- **Other potential risks:** sudden death, misuse potential, worsening mental illness, decreased growth and weight loss, and danger to fetus or breastfeeding infants

**RESOURCES**

**ON CAMPUS:**

Amanda Harmel, M.Ed.
Assistant Director, Alcohol and Other Drug Programming
Habif Health & Wellness Center
habif.wustl.edu

Working in the Health Promotion Services Department at Washington University in St. Louis, Mrs. Harmel is a certified BASICS (Brief Alcohol Screening Intervention for College Students) Facilitator and Trainer. Using the BASICS model, she meets one-on-one with students involved in alcohol/drug-related emergencies. She serves as a non-judgmental resource for students seeking education, resources, and guidance on campus and/or in the community related to alcohol and other drugs.

In addition to meeting with students, Mrs. Harmel oversees the implementation of the online alcohol education program, Alcohol Edu, which is given to all incoming students, and helps advise the Peer Health Educators on topics of Alcohol and Other Drugs.

For questions or to schedule an appointment call (314) 935-7386 or email ahoylman@wustl.edu.

**PREDICTION/EDUCATION EFFORTS:**

Peer Health Educators

A Peer Health Educator (PHE) is a student volunteer deeply interested in health promotion activities including outreach, programming, and communications. PHEs receive training by health professionals on the topics of alcohol/other drugs, mental health, and sexual health. They are committed to creating a healthier WashU.

Specifically, the Alcohol and Other Drug (AOD) Peer Health Educators are trained on the latest education and research related to the topic. Past programming includes: WILD programming, National Prescription Drug Take Back Day, What’s Up with Weed?, Alcohol and Athletic Performance, National Drug and Alcohol Facts Week, Alcohol and Other Drug Awareness Week, NARCAN Training, and Thirsty Thursdays.

**BASICS (BRIEF ALCOHOL SCREENING INTERVENTION FOR COLLEGE STUDENTS)**

BASICS is a two-session intervention program that provides alcohol education and harm reduction techniques through motivational interviewing. Students are referred to the Assistant Director, Alcohol and Other Drug Programming through emergency incident reports, the Office of Student Conduct and Community Standards, Residential Life, Mental Health Services, or the WashU Cares Team. The students referred to BASICS may have already experienced negative consequences related to their alcohol use. This intervention is provided to students for free and includes a brief assessment of their current drinking habits. The student does the assessment online using the Alcohol eCHECKUP TO GO product and reviews it in person with the Assistant Director. Based on the outcomes of the two-session intervention, if the student shows signs of a substance use disorder or a more serious mental health concern, the Assistant Director will provide a referral to both campus and community resources. These typically include community AA meetings, campus/community Mental Health providers, and/or intensive outpatient treatment or inpatient treatment facilities.

**ECHECKUP TO GO (ECHECKUPTOGO.COM)**

The eCHECKUP TO GO programs are personalized, evidence-based online behavior interventions developed by counselors and psychologists at San Diego State University. The substance programs are designed to motivate individuals to reduce their consumption using personalized information about their own use and risk factors. The programs are continuously updated using the most current research.

Each individual program takes about 15–20 minutes to complete. The programs are self-guided and require no face-to-face time with a counselor or administrator, although the program is often used within the BASICS meetings. The program is tailored to Washington University in St. Louis students and can be accessed at any time. To take the self-assessment go to ECHECKUPTOGO.COM.

**WASHU RECOVERY GROUP**

The university founded the WashU Recovery Group in spring 2017. This group helps students in recovery from alcohol and/or drug use to connect with others with similar experiences on campus. The group provides a safe place for students to learn about local resources, gain support, and connect during meetings and social activities. The group is not a recovery program, but is a resource
that students can add to their support system while attending the university. Additional Substance Misuse Recovery programs and meetings are offered near campus.

OFF-CAMPUS:

Alcoholics Anonymous (AA): Numerous AA meetings can be found throughout the St. Louis region. Meetings within walking distance or a short drive from campus can be found here (link to our PDF). For a complete listing of local AA meetings visit: aastl.org.

Gateway Foundation: A local treatment facility offering substance misuse treatment programs for both adults and teens. The programs include Outpatient, Residential, Day Treatment, and Aftercare. The Gateway Foundation also provides treatment for those needing help around co-occurring/dual-diagnosed mental health concerns. For more information call their 24-hour helpline: 877-505-4673 or visit: recovergateway.org

Harris House: A local treatment facility offering a variety of treatment options for those struggling with addiction to alcohol and/or drugs. The five treatment services include: Intensive Inpatient Program, Partial Hospitalization Program (PHP), Intensive Outpatient Program (IOP), Transitional Housing Level 1 Program and Transitional Housing Level 2 Program. There are two locations in the St. Louis area. For more information call (314) 328-7938 or visit: harrishousestl.org.

Clayton Behavioral: A local treatment facility that offers programs on Adult Addiction, Cognitive Behavioral, and Mindfulness. They offer individual counseling, support groups, continuing education, and psychoeducational testing. For more information visit: claytonbehavioral.com

IMPORTANT LINKS:

Medical Amnesty and Active Bystander Protocol: students.wustl.edu/medical-amnesty-active-bystander-protocol

The Medical Amnesty and Active Bystander Protocol is designed to encourage students to seek medical care in an alcohol-related emergency by reducing the potential barrier of university disciplinary consequences in certain circumstances.

NCADA: ncada-stl.org

The National Council on Alcoholism and Drug Abuse (NCADA) - St. Louis Area is the place to turn for all matters related to alcohol and other drugs. Founded in 1965, they are a nonprofit community health agency servicing over 100,000 people annually in St. Louis and the surrounding counties.
Commonly Used Drugs

Many drugs can alter a person’s thinking and judgment, and can lead to health risks, including addiction, drugged driving, infectious disease, and adverse effects on pregnancy. Information on commonly used drugs with the potential for misuse or addiction can be found here.

For information about treatment options for substance use disorders, see NIDA’s Treatment pages. For drug use trends, see our Trends and Statistics page. For the most up-to-date slang terms, please see Slang Terms and Code Words: A Reference for Law Enforcement Personnel (DEA, PDF, 1MB).

The following drugs are included in this resource:

- Alcohol
- Ayahuasca
- Central Nervous System Depressants
- Cocaine
- DMT
- GHB
- Hallucinogens
- Heroin
- Inhalants
- Ketamine
- Khat
- Kratom
- LSD
- Marijuana (Cannabis)
- MDMA (Ecstasy/Molly)
- Mescaline (Peyote)
- Methamphetamine
- Over-the-Counter Medicines--Dextromethorphan (DXM)
- Over-the-Counter Medicines--Loperamide
- PCP
- Prescription Opioids
- Prescription Stimulants
- Psilocybin
- Rohypnol® (Flunitrazepam)
- Salvia
- Steroids (Anabolic)
- Synthetic Cannabinoids
- Synthetic Cathinones ("Bath Salts")
- Tobacco/Nicotine

**Drugs are classified into five distinct categories or schedules “depending upon the drug’s acceptable medical use and the drug’s abuse or dependency potential.” More information and the most up-to-date scheduling information can be found on the Drug Enforcement Administration’s website.**

June 2020
People drink to socialize, celebrate, and relax. Alcohol often has a strong effect on people—and throughout history, people have struggled to understand and manage alcohol’s power. Why does alcohol cause people to act and feel differently? How much is too much? Why do some people become addicted while others do not? The National Institute on Alcohol Abuse and Alcoholism is researching the answers to these and many other questions about alcohol. Here’s what is known:

Alcohol’s effects vary from person to person, depending on a variety of factors, including:

- How much you drink
- How often you drink
- Your age
- Your health status
- Your family history

While drinking alcohol is itself not necessarily a problem—drinking too much can cause a range of consequences, and increase your risk for a variety of problems. For more information on alcohol’s effects on the body, please see the National Institute on Alcohol Abuse and Alcoholism’s related web page describing alcohol’s effects on the body.
## Ayahuasca

A tea made in the Amazon from a plant (*Psychotria viridis*) containing the hallucinogen DMT, along with another vine (*Banisteriopsis caapi*) that contains an MAO inhibitor preventing the natural breakdown of DMT in the digestive system, which enhances serotonergic activity. It was used historically in Amazonian religious and healing rituals. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aya, Hoasca, Vine, Yagé</td>
<td>No commercial uses</td>
<td>Brewed as tea</td>
<td>Swallowed as tea</td>
<td>DMT is Schedule I, but plants containing it are not controlled</td>
</tr>
</tbody>
</table>

### Possible Health Effects

**Short-term**
- Strong hallucinations including altered visual and auditory perceptions; increased heart rate and blood pressure; nausea; burning sensation in the stomach; tingling sensations and increased skin sensitivity.

**Long-term**
- Possible changes to the serotonergic and immune systems, although more research is needed.

**Other Health-related Issues**
- Unknown.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Unknown.

### Treatment Options

**Medications**
- It is not known whether ayahuasca is addictive. There are no FDA-approved medications to treat addiction to ayahuasca or other hallucinogens.

**Behavioral Therapies**
- More research is needed to find out if ayahuasca is addictive and, if so, whether behavioral therapies are effective.
Central Nervous System Depressants

Medications that slow brain activity, which makes them useful for treating anxiety and sleep problems. For more information, see the Misuse of Prescription Drugs Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names (Common)</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzos, Downers, Poles, Tranks, Totem Z-Bars, Vs, Yellow/Blue Zs, Zannies</td>
<td>Benzodiazepines: alprazolam (<em>Xanax®</em>), chlorodiazepoxide (<em>Librium®</em>), diazepam (<em>Valium®</em>), lorazepam (<em>Ativan®</em>), triazolam (<em>Halcion®</em>)</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, snorted</td>
<td>IV</td>
</tr>
<tr>
<td>Forget-me pill, Looney Bar, Mexican Valium, R2, Roche, Tic-Tacs, Sleepeasy, Symphony, Zombie flip</td>
<td>Sleep Medications: eszopiclone (<em>Lunesta®</em>), zaleplon (<em>Sonata®</em>), zolpidem (<em>Ambien®</em>)</td>
<td>Pill, capsule, liquid</td>
<td>Swallowed, snorted</td>
<td>IV</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**  
Drowsiness, slurred speech, poor concentration, confusion, dizziness, problems with movement and memory, lowered blood pressure, slowed breathing.

**Long-term**  
Unknown.

**Other Health-related Issues**  
Sleep medications are sometimes used as date rape drugs.  
Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**  
Further slows heart rate and breathing, which can lead to death.

**Withdrawal Symptoms**  
Must be discussed with a health care provider; barbiturate withdrawal can cause a serious abstinence syndrome that may even include seizures.

**Treatment Options**

**Medications**  
There are no FDA-approved medications to treat addiction to prescription sedatives; lowering the dose over time must be done with the help of a health care provider.

**Behavioral Therapies**  
More research is needed to find out if behavioral therapies can be used to treat addiction to prescription sedatives.
Cocaine

A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. For more information, see the Cocaine Research Report.

<table>
<thead>
<tr>
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<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blow, Bump, C, Coke, Crack, Dust, Flake, Nose Candy, Rock, Snow, Sneeze, Sniff, Toot, White Rock</td>
<td><em>Cocaine hydrochloride</em> topical solution (low dose anesthetic used in certain medical procedures)</td>
<td>White powder, whitish rock crystal</td>
<td>Snorted, smoked, injected</td>
<td>II</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

<table>
<thead>
<tr>
<th>Short-term</th>
<th>Long-term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.</td>
<td>Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss; lung damage from smoking.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Health-related Issues</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In Combination with Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater risk of cardiac toxicity than from either drug alone.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Withdrawal Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed movement, restlessness.</td>
</tr>
</tbody>
</table>

**Treatment Options**

<table>
<thead>
<tr>
<th>Medications</th>
<th>Behavioral Therapies</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are no FDA-approved medications to treat cocaine addiction.</td>
<td>• Cognitive-behavioral therapy (CBT)</td>
</tr>
<tr>
<td></td>
<td>• Contingency management, or motivational incentives, including vouchers</td>
</tr>
<tr>
<td></td>
<td>• The Matrix Model</td>
</tr>
<tr>
<td></td>
<td>• Community-based recovery groups, such as 12-Step programs</td>
</tr>
<tr>
<td></td>
<td>• Mobile medical application: reSET®</td>
</tr>
</tbody>
</table>
Dimethyltryptamine (DMT) is a synthetic drug that produces intense but relatively short-lived hallucinogenic experiences; it is also found naturally in some South American plants (see Ayahuasca). For more information, see the Hallucinogens and Dissociative Drugs Research Report.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Businessman’s Special, DMT, Dimitri</td>
<td>No commercial uses</td>
<td>White or yellow crystalline powder</td>
<td>Smoked, injected</td>
<td>I</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**
Intense visual hallucinations, depersonalization, auditory distortions, and an altered perception of time and body image, usually peaking in about 30 minutes when drank as tea. Physical effects include hypertension, increased heart rate, agitation, seizures, dilated pupils.

**Long-term**
Unknown

**Other Health-related Issues**
At high doses, cardiac and respiratory arrest have occurred.

**In Combination with Alcohol**
Unknown.

**Withdrawal Symptoms**
Unknown.

**Treatment Options**

**Medications**
It is not known whether DMT is addictive. There are no FDA-approved medications to treat addiction to DMT or other hallucinogens.

**Behavioral Therapies**
More research is needed to find out if DMT is addictive and, if so, whether behavioral therapies are effective.
### GHB

Gamma-hydroxybutyrate (GHB) is a depressant approved for use in the treatment of narcolepsy, a disorder that causes daytime "sleep attacks".

<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>G, Gamma-oh, GEEB, Georgia Home Boy, Gina, Goop, Grievous Bodily Harm, Liquid Ecstasy, Liquid X, Scoop, Soap</td>
<td>Gamma-hydroxybutyrate or sodium oxybate (Xyrem®)</td>
<td>Colorless liquid, white powder</td>
<td>Swallowed (often combined with alcohol or other beverages)</td>
<td>I</td>
</tr>
</tbody>
</table>

### Possible Health Effects

**Short-term**
- Euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breathing, lower body temperature, seizures, coma, death.

**Long-term**
- Unknown.

**Other Health-related Issues**
- Sometimes used as a date rape drug.

**In Combination with Alcohol**
- Nausea, problems with breathing, greatly increased depressant effects.

**Withdrawal Symptoms**
- Insomnia, anxiety, tremors, sweating, increased heart rate and blood pressure, psychotic thoughts.

### Treatment Options

**Medications**
- Benzodiazepines

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat GHB addiction.

### Hallucinogens

Drugs that cause profound distortions in a person’s perceptions of reality, such as ketamine, LSD, mescaline (peyote), PCP, psilocybin, salvia, DMT, and ayahuasca. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).
Heroin

An opioid drug made from morphine, a natural substance extracted from the seed pod of various opium poppy plants. For more information, see the Heroin Research Report.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Brown sugar, China White, Chiva Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse</td>
<td>No commercial uses</td>
<td>White or brownish powder, or black sticky substance known as &quot;black tar heroin&quot;</td>
<td>Injected, smoked, snorted</td>
<td>I</td>
</tr>
</tbody>
</table>

Possible Health Effects

| Short-term | Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate. |
| Long-term | Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease. |
| Other Health-related Issues | Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome. Risk of HIV, hepatitis, and other infectious diseases from shared needles. |
| In Combination with Alcohol | Dangerous slowdown of heart rate and breathing, coma, death. |
| Withdrawal Symptoms | Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"). |

Treatment Options

**Medications**
- Methadone
- Buprenorphine
- Naltrexone (short- and long-acting forms)

**Behavioral Therapies**
- Contingency management, or motivational incentives
- 12-Step facilitation therapy
Inhalants

Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids; also prescription nitrites. For more information, see the Inhalants Research Report.

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Air blast, Aimies, Bullets, Laughing gas, Moon gas, Oz, Poppers, Snappers, Snotballs, Toilet Water, Whippets, Whiteout</td>
<td>Various household products</td>
<td>Paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter fluids, correction fluids, permanent markers, electronics cleaners and freeze sprays, glue, spray paint, hair or deodorant sprays, fabric protector sprays, aerosol computer cleaning products, vegetable oil sprays, butane lighters, propane tanks, whipped cream aerosol containers, refrigerant gases, ether, chloroform, halothane, nitrous oxide, prescription nitrites</td>
<td>Inhaled through the nose or mouth</td>
<td>Not scheduled</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**

- Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking.
- Nitrites: enlarged blood vessels, enhanced sexual pleasure, increased heart rate, brief sensation of heat and excitement, dizziness, headache.

**Long-term**

- Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing.
- Nitrites: increased risk of pneumonia.

**Other Health-related Issues**

- Pregnancy: low birth weight, bone problems, delayed behavioral development due to brain problems, altered metabolism and body composition.

**In Combination with Alcohol**

- Unknown.

**Withdrawal Symptoms**

- Nausea, tremors, irritability, problems sleeping, and mood changes.

**Treatment Options**

**Medications**

- There are no FDA-approved medications to treat inhalant addiction.

**Behavioral Therapies**

- More research is needed to find out if behavioral therapies can be used to treat inhalant addiction.
Ketamine

A dissociative drug used as an anesthetic in veterinary practice. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Cat Valium, K, Lady K,</td>
<td><em>Ketalar</em>®, a surgical</td>
<td>Liquid, white</td>
<td>Injected, snorted, smoked (powder added to tobacco or marijuana cigarettes),</td>
<td>III</td>
</tr>
<tr>
<td>Special K, Vitamin K</td>
<td>anesthetic <em>Spravato</em>™</td>
<td>powder</td>
<td>swallowed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(esketamine), prescribed</td>
<td></td>
<td>Prescription formulas are injections or nasal sprays.</td>
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<tr>
<td></td>
<td>for treatment resistant</td>
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<td></td>
<td>depression used under</td>
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<td></td>
<td>strict medical supervision</td>
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<td></td>
<td><em>Ketaset</em>, a surgical</td>
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<tr>
<td></td>
<td>anesthesia used by</td>
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<tr>
<td></td>
<td>veterinarians</td>
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</tbody>
</table>

### Possible Health Effects

**Short-term**
- Problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion; loss of memory; raised blood pressure; unconsciousness; dangerously slowed breathing.

**Long-term**
- Ulcers and pain in the bladder; kidney problems; stomach pain; depression; poor memory.

**Other Health-related Issues**
- Sometimes used as a date rape drug.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
- Increased risk of adverse effects.

**Withdrawal Symptoms**
- Unknown.

### Treatment Options

**Medications**
- There are no FDA-approved medications to treat addiction to ketamine or other dissociative drugs.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.
Khat

Pronounced "cot," a shrub (*Catha edulis*) found in East Africa and southern Arabia; contains the psychoactive chemicals cathinone and cathine. People from African and Arabian regions (up to an estimated 20 million worldwide) have used khat for centuries as part of cultural tradition and for its stimulant-like effects.

<table>
<thead>
<tr>
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<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abyssinian Tea, African Salad, Catha, Chat, Kat, Oat</td>
<td>No commercial uses</td>
<td>Fresh or dried leaves</td>
<td>Chewed, brewed as tea</td>
<td>Cathinone is a Schedule I drug, making khat use illegal, but the khat plant is not controlled</td>
</tr>
</tbody>
</table>

### Possible Health Effects

<table>
<thead>
<tr>
<th>Short-term</th>
<th>Euphoria, increased alertness and arousal, increased blood pressure and heart rate, depression, paranoia, headaches, loss of appetite, insomnia, fine tremors, loss of short-term memory.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term</td>
<td>Gastrointestinal disorders such as constipation, ulcers, and stomach inflammation; and increased risk of heart attack.</td>
</tr>
<tr>
<td>Other Health-related Issues</td>
<td>In rare cases associated with heavy use: psychotic reactions such as fear, anxiety, grandiose delusions (fantastical beliefs that one has superior qualities such as fame, power, and wealth), hallucinations, and paranoia.</td>
</tr>
<tr>
<td>In Combination with Alcohol</td>
<td>Unknown.</td>
</tr>
<tr>
<td>Withdrawal Symptoms</td>
<td>Depression, nightmares, low blood pressure, and lack of energy.</td>
</tr>
</tbody>
</table>

### Treatment Options

<table>
<thead>
<tr>
<th>Medications</th>
<th>It is not known whether khat is addictive. There are no FDA-approved medications to treat addiction to khat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Therapies</td>
<td>More research is needed to find out if khat is addictive and, if so, whether behavioral therapies are effective.</td>
</tr>
</tbody>
</table>
Kratom

A tropical deciduous tree (*Mitragyna speciosa*) native to Southeast Asia, with leaves that contain many compounds, including mitragynine, a psychoactive (mind-altering) opioid. Kratom is consumed for mood-lifting effects and pain relief and as an aphrodisiac. For more information, see the Kratom DrugFacts.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herbal Speedball, Biak-biak, Ketum, Kahuam, Thang, Thom</td>
<td>None</td>
<td>Fresh or dried leaves, powder, liquid, gum</td>
<td>Chewed (whole leaves); eaten (mixed in food or brewed as tea); occasionally smoked</td>
<td>Not scheduled</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**

- Nausea, dizziness, itching, sweating, dry mouth, constipation, loss of appetite.
- Low doses: increased energy, sociability, alertness.
- High doses: sedation, euphoria, decreased pain.

**Long-term**

- Anorexia, weight loss, insomnia, skin darkening, constipation. Hallucination and paranoia with long-term use at high doses.

**Other Health-related Issues**

- Unknown.

**In Combination with Alcohol**

- Unknown.

**Withdrawal Symptoms**

- Muscle aches, insomnia, hostility, aggression, emotional changes, runny nose, jerky movements.

**Treatment Options**

**Medications**

- No clinical trials have been conducted on medications for kratom addiction.

**Behavioral Therapies**

- More research is needed to find out if behavioral therapies can be used to treat addiction to kratom.
A hallucinogen manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. LSD is an abbreviation of the scientific name *lysergic acid diethylamide*. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

### LSD

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acid, Blotter, Boomers, Cid, Golden Dragon, Looney Tunes, Lucy Mae, Microdots, Tabs, Yellow Sunshine</td>
<td>No commercial uses</td>
<td>Tablet; capsule; clear liquid; small, decorated squares of absorbent paper that liquid has been added to</td>
<td>Swallowed, absorbed through mouth tissues (paper squares)</td>
<td>I</td>
</tr>
</tbody>
</table>

#### Possible Health Effects

**Short-term**
- Rapid emotional swings; distortion of a person’s ability to recognize reality, think rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness; loss of appetite; tremors; enlarged pupils.

**Long-term**
- Frightening flashbacks (called Hallucinogen Persisting Perception Disorder [HPPD]); ongoing visual disturbances, disorganized thinking, paranoia, and mood swings.

**Other Health-related Issues**
- Unknown.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Unknown.

#### Treatment Options

**Medications**
- There are no FDA-approved medications to treat addiction to LSD or other hallucinogens.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.
Marijuana (Cannabis)

Marijuana is made from the hemp plant, Cannabis sativa. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC. For more information, see the Marijuana Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>420, Blunt, Bud, Doobie, Dope, Ganja, Grass, Green, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Stinkweed, Trees, Weed, Hashish: Boom, Gangster, Hash, Hemp Concentrates: Budder, Crumble, Shatter, Wax In food: Edibles Added to hollowed out cigar: Blunt</td>
<td>Various brand names in states where the sale of marijuana is legal</td>
<td>Greenish-gray mixture of dried, shredded leaves, stems, seeds, and/or flowers; resin (hashish) or sticky, black liquid (hash oil)</td>
<td>Smoked, Vaped, Eaten (mixed in food or brewed as tea)</td>
<td>I</td>
</tr>
</tbody>
</table>

Possible Health Effects

| Short-term | Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety. |
| Long-term | Mental health problems, chronic cough, frequent respiratory infections. |

Other Health-related Issues

THC vaping products mixed with the filler Vitamin E acetate (and possibly other chemicals) has led to serious lung illnesses and deaths. Pregnancy: babies born with problems with attention, memory, and problem solving.

In Combination with Alcohol

Increased heart rate, blood pressure; further slowing of mental processing and reaction time.

Withdrawal Symptoms

Irritability, trouble sleeping, decreased appetite, anxiety.

Treatment Options

Medications

There are no FDA-approved medications to treat marijuana addiction.

Behavioral Therapies

- Cognitive-behavioral therapy (CBT)
- Contingency management, or motivational incentives
- Motivational Enhancement Therapy (MET)
- Behavioral treatments geared to adolescents
- Mobile medical application: reSET®
**MDMA (Ecstasy/Molly)**

A synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. MDMA is an abbreviation of the scientific name 3,4-methylenedioxy-methamphetamine. For more information, see the [MDMA (Ecstasy) Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adam, E, X, XTC, Beans, Candy, E-bomb, Thizz, Love Drug, Molly, Rolls, Skittles, Sweets, Vitamin E or X.</td>
<td>No commercial uses; is being researched as therapy for Post Traumatic Stress Disorder (PTSD) under strict medical supervision.</td>
<td>Colorful tablets with imprinted logos, capsules, powder, liquid</td>
<td>Swallowed, snorted</td>
<td>I</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**
- Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death.

**Long-term**
- Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness; less interest in sex.

**Other Health-related Issues**
- Unknown.

**In Combination with Alcohol**
- MDMA decreases some of alcohol’s effects. Alcohol can increase plasma concentrations of MDMA, which may increase the risk of neurotoxic effects.

**Withdrawal Symptoms**
- Fatigue, loss of appetite, depression, trouble concentrating.

**Treatment Options**

**Medications**
- There is conflicting evidence about whether MDMA is addictive. There are no FDA-approved medications to treat MDMA addiction.

**Behavioral Therapies**
- More research is needed to find out if behavioral therapies can be used to treat MDMA addiction.
Mescaline (Peyote)

A hallucinogen found in disk-shaped "buttons" in the crown of several cacti, including peyote. For more information, see the Hallucinogens and Dissociative Drugs Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Chief, Buttons, Cactus, Mescalito</td>
<td>No commercial uses</td>
<td>Fresh or dried buttons, capsule</td>
<td>Swallowed (chewed or soaked in water and drunk)</td>
<td>I</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term</strong></td>
<td>Enhanced perception and feeling; hallucinations; euphoria; anxiety; increased body temperature, heart rate, blood pressure; sweating; problems with movement.</td>
</tr>
<tr>
<td><strong>Long-term</strong></td>
<td>Unknown.</td>
</tr>
<tr>
<td><strong>Other Health-related Issues</strong></td>
<td>Unknown.</td>
</tr>
<tr>
<td><strong>In Combination with Alcohol</strong></td>
<td>Unknown.</td>
</tr>
<tr>
<td><strong>Withdrawal Symptoms</strong></td>
<td>Unknown.</td>
</tr>
</tbody>
</table>

**Treatment Options**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medications</strong></td>
<td>There are no FDA-approved medications to treat addiction to mescaline or other hallucinogens.</td>
</tr>
<tr>
<td><strong>Behavioral Therapies</strong></td>
<td>More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.</td>
</tr>
</tbody>
</table>
# Methamphetamine

An extremely addictive stimulant amphetamine drug. For more information, see the [Methamphetamine Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
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<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
</table>
| Crank, Chalk, Crystal, Dunk, Gak, Ice, Meth, Pookie, Quartz, Rocket Fuel, Scooby Snax, Speed, Trash  
*With cocaine:* Croak, Shabu  
*With MDMA:* Hugs and Kisses, Party and Play (P&P) | Desoxyn® used to treat Attention Deficit Hyperactivity Disorder. | White powder or pill; crystal meth looks like pieces of glass or shiny blue-white "rocks" of different sizes | Swallowed, snorted, smoked, injected | II           |

## Possible Health Effects

<table>
<thead>
<tr>
<th>Short-term</th>
<th>Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term</td>
<td>Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems (&quot;meth mouth&quot;), intense itching leading to skin sores from scratching.</td>
</tr>
</tbody>
</table>
| Other Health-related Issues                     | Pregnancy: premature delivery; separation of the placenta from the uterus; low birth weight; lethargy; heart and brain problems.  
Risk of HIV, hepatitis, and other infectious diseases from shared needles. |
| In Combination with Alcohol                     | Masks the depressant effect of alcohol, increasing risk of alcohol overdose; may increase blood pressure. |
| Withdrawal Symptoms                              | Depression, anxiety, tiredness. |

## Treatment Options

### Medications

There are no FDA-approved medications to treat methamphetamine addiction.

### Behavioral Therapies

- Cognitive-behavioral therapy (CBT)
- Contingency management, or motivational incentives
- The Matrix Model
- 12-Step facilitation therapy
- Mobile medical application: reSET®
## Over-the-Counter Medicines--Dextromethorphan (DXM)

Psychoactive when taken in higher-than-recommended amounts. For more information, see the [Over-the-Counter Medicines DrugFacts](https://www.drugabuse.gov/).  

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Man’s PCP, Robo, Robotripping, Skittles, Triple C</td>
<td>Various (many brand names include &quot;DM&quot;)</td>
<td>Syrup, capsule</td>
<td>Swallowed</td>
<td>Not scheduled</td>
</tr>
</tbody>
</table>

### Possible Health Effects

#### Short-term
- Cough relief; euphoria; slurred speech; increased heart rate and blood pressure; dizziness; nausea; vomiting;

#### Long-term
- Unknown.

#### Other Health-related Issues
- Breathing problems, seizures, and increased heart rate may occur from other ingredients in cough/cold medicines.

#### In Combination with Alcohol
- Unknown.

#### Withdrawal Symptoms
- Unknown.

### Treatment Options

#### Medications
- There are no FDA-approved medications to treat addiction to dextromethorphan.

#### Behavioral Therapies
- More research is needed to find out if behavioral therapies can be used to treat addiction to dextromethorphan.
An anti-diarrheal that can cause euphoria when taken in higher-than-recommended doses. For more information, see the Over-the-Counter Medicines Drug Facts.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lope dope, Poor man’s methadone</td>
<td><em>Imodium</em>, an OTC medication for diarrhea</td>
<td>Tablet, capsule, or liquid</td>
<td>Swallowed</td>
<td>Not scheduled</td>
</tr>
</tbody>
</table>

Possible Health Effects

**Short-term**
Controls diarrhea symptoms. In high does, can produce euphoria. May lessen cravings and withdrawal symptoms of other drugs.

**Long-term**
Unknown.

Other Health-related Issues
Fainting, stomach pain, constipation, loss of consciousness, cardiovascular toxicity, pupil dilation, drowsiness, dizziness, and kidney failure from urinary retention.

In Combination with Alcohol
Unknown.

Withdrawal Symptoms
Severe anxiety, vomiting, and diarrhea.

### Treatment Options

**Medications**
There are no FDA-approved medications to treat addiction to over-the-counter cough/cold medicines.

**Behavioral Therapies**
- The same behavioral therapies that have helped treat addiction to heroin may be used to treat addiction to loperamide.
- Contingency management, or motivational incentives
A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, *phencyclidine*. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angel Dust, Embalming fluid, Hog, Rocket Fuel, Sherms, <em>Mixed with marijuana: Zoom</em></td>
<td>No commercial uses</td>
<td>White or colored powder, tablet, or capsule; clear liquid</td>
<td>Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)</td>
<td>I, II</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

**Short-term**

- Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one’s environment, anxiety.

  Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement.

  High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.

**Long-term**

- Memory loss, problems with speech and thinking, loss of appetite, anxiety.

**Other Health-related Issues**

- PCP has been linked to self-injury.

- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**

- Unknown.

**Withdrawal Symptoms**

- Headaches, increased appetite, sleepiness, depression

**Treatment Options**

**Medications**

- There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.

**Behavioral Therapies**

- More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.
### Prescription Opioids

Pain relievers with an origin similar to that of heroin. Opioids can cause euphoria and are often used nonmedically, leading to overdose deaths. For more information, see the [Misuse of Prescription Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names (Common)</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captain Cody, Coties, Schoolboy, With soft drinks/candy: Lean, Sizzurp, Purple Drank With hypnotic sedatives: Doors &amp; Fours, Loads, Pancakes and Syrup</td>
<td>Codeine (various brand names)</td>
<td>Tablet, capsule, liquid</td>
<td>Injected, swallowed (often mixed with soda and flavorings)</td>
<td>II, III, V</td>
</tr>
<tr>
<td>Apache, Blonde, Blue Diamond, Blue Diamond, China Buffet, China White, Snowflake, Humid, Jackpot, Murder 8, Tango and Cash, TNT, White Ladies, With heroin: Birria With heroin pills: Facebook</td>
<td>Fentanyl (Actiq®, Duragesic®, Sublimaze®)</td>
<td>Lozenge, sublingual tablet, film, buccal tablet</td>
<td>Injected, smoked, snorted</td>
<td>II</td>
</tr>
<tr>
<td>Vikes, Veeks, Idiot Pills, Scratch, 357s, Lemonade, Bananas, Dones, Droco, Lorries, With valium and vodka: Triple V</td>
<td>Hydrocodone or dihydrocodeinone (Vicodin®, Norco®, Zohydro®, and others)</td>
<td>Capsule, liquid, tablet</td>
<td>Swallowed, snorted, injected</td>
<td>II</td>
</tr>
<tr>
<td>D, Dillies, K4, Needle Candy,</td>
<td>Hydromorphone (Dilaudid®)</td>
<td>Liquid, suppository</td>
<td>Injected, rectal</td>
<td>II</td>
</tr>
<tr>
<td>Demmies, Pain Killer</td>
<td>Meperidine (Demerol®)</td>
<td>Tablet, liquid</td>
<td>Swallowed, snorted, injected</td>
<td>II</td>
</tr>
<tr>
<td>Amidone, Biscuits, Fizzies, Jungle Juice, Maria, Wafer With MDMA: Chocolate Chip Cookies</td>
<td>Methadone (Dolophine®, Methadose®)</td>
<td>Tablet, dispersible tablet, liquid</td>
<td>Swallowed, injected</td>
<td>II</td>
</tr>
<tr>
<td>Dreamer, First Line, Joy Juice, Morpho, Miss Emma, Monkey, White Stuff, Mister Blue, Unkie</td>
<td>Morphine (Duramorph®, MS Contin®)</td>
<td>Tablet, liquid, capsule, suppository</td>
<td>Injected, swallowed, smoked</td>
<td>II, III</td>
</tr>
<tr>
<td>Commonly Used Drugs</td>
<td>Possible Health Effects</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30s, 40s, 512s, Oxy, Beans, Blues, Buttons, Cotton, Hillbilly Heroin Kickers, Killers, Percs, Roxy</td>
<td>oxycodone (OxyContin®, Percodan®, Percocet®, and others)</td>
<td>capsule, liquid, tablet</td>
<td>swallowed, snorted, injected</td>
<td>II</td>
</tr>
<tr>
<td>Biscuits, Blue Heaven, Blues, Mrs. O, O Bomb, Octagons, Stop Signs</td>
<td>oxymorphone (Opana®)</td>
<td>tablet</td>
<td>swallowed, snorted, injected</td>
<td>II</td>
</tr>
</tbody>
</table>

### Possible Health Effects

#### Short-term
- Pain relief, drowsiness, nausea, constipation, euphoria, slowed breathing, death.

#### Long-term
- Increased risk of overdose or addiction if misused.

#### Other Health-related Issues
- Pregnancy: Miscarriage, low birth weight, neonatal abstinence syndrome.

- Older adults: higher risk of accidental misuse because many older adults have multiple prescriptions, increasing the risk of drug-drug interactions, and breakdown of drugs slows with age; also, many older adults are treated with prescription medications for pain.

- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

#### In Combination with Alcohol
- Dangerous slowing of heart rate and breathing leading to coma or death.

#### Withdrawal Symptoms
- Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), leg movements.

### Treatment Options

#### Medications
- Methadone
- Buprenorphine
- Naltrexone (short- and long-acting)

#### Behavioral Therapies
- The same behavioral therapies that have helped treat addiction to heroin are used to treat prescription opioid addiction.
### Prescription Stimulants

Medications that increase alertness, attention, energy, blood pressure, heart rate, and breathing rate. For more information, see the [Misuse of Prescription Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
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<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addys, Bennies, Beans, Black Beauties, Crosses, Hearts, Ivy League Drug, Pep Pills, Speed, Truck Drivers, Uppers</td>
<td>Amphetamine (<em>Adderall</em>®)</td>
<td>Tablet, capsule</td>
<td>Swallowed, snorted, smoked, injected</td>
<td>II</td>
</tr>
<tr>
<td>Diet Coke, JIF, Kiddie Coke, MPH, R-Ball, R-Pop, Skippy, Study Buddies, The Smart Drug, Vitamin R</td>
<td>Methylphenidate (<em>Concerta</em>, <em>Ritalin</em>®)</td>
<td>Liquid, tablet, chewable tablet, capsule</td>
<td>Swallowed, snorted, smoked, injected, chewed</td>
<td>II</td>
</tr>
</tbody>
</table>

### Possible Health Effects

**Short-term**
- Increased alertness, attention, energy; increased blood pressure and heart rate; narrowed blood vessels; increased blood sugar; opened-up breathing passages.
- High doses: dangerously high body temperature and irregular heartbeat; heart disease; seizures.

**Long-term**
- Heart problems, psychosis, anger, paranoia.

### Other Health-related Issues
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

### In Combination with Alcohol
- Masks the depressant action of alcohol, increasing risk of alcohol overdose; may increase blood pressure.

### Withdrawal Symptoms
- Depression, tiredness, sleep problems.

### Treatment Options

**Medications**
- There are no FDA-approved medications to treat stimulant addiction.

**Behavioral Therapies**
- Behavioral therapies that have helped treat addiction to cocaine or methamphetamine may be useful in treating prescription stimulant addiction.
- Mobile medical application: reSET®
## Psilocybin

A hallucinogen in certain types of mushrooms that grow in parts of South America, Mexico, and the United States. For more information, see the [Hallucinogens and Dissociative Drugs Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Little Smoke, Magic Mushrooms, Purple Passion, Sacred Mush, Sewage Fruit, Shrooms, Zoomers</td>
<td>No commercial uses; being researched as therapy for treatment-resistant depression under strict medical supervision.</td>
<td>Fresh or dried mushrooms with long, slender stems topped by caps with dark gills</td>
<td>Swallowed (eaten, brewed as tea, or added to other foods)</td>
<td>I</td>
</tr>
</tbody>
</table>

### Possible Health Effects

**Short-term**

Hallucinations, altered perception of time, inability to tell fantasy from reality, panic, muscle relaxation or weakness, problems with movement, enlarged pupils, nausea, vomiting, drowsiness.

**Long-term**

Risk of flashbacks and memory problems.

**Other Health-related Issues**

Risk of poisoning if a poisonous mushroom is accidentally used.

**In Combination with Alcohol**

May decrease the perceived effects of alcohol.

**Withdrawal symptoms**

Unknown.

### Treatment Options

**Medications**

It is not known whether psilocybin is addictive. There are no FDA-approved medications to treat addiction to psilocybin or other hallucinogens.

**Behavioral Therapies**

More research is needed to find out if psilocybin is addictive and whether behavioral therapies can be used to treat addiction to this or other hallucinogens.
**Rohypnol® (Flunitrazepam)**

A benzodiazepine chemically similar to prescription sedatives such as Valium® and Xanax®. Teens and young adults tend to misuse this drug at bars, nightclubs, concerts, and parties. It has been used to commit sexual assaults due to its ability to sedate and incapacitate unsuspecting victims.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circles, Date Rape Drug, Forget-Me Pill, La Rocha, Mexican Valium, Mind Eraser, Pingus, R2, Rib, Variations of: Roaches, Roapies, Rochas Dos, Roofies, Rope, Rophies, Rowe, Ruffies</td>
<td>Flunitrazepam, <em>Rohypnol</em>®</td>
<td>Tablet</td>
<td>Swallowed (as a pill or as dissolved in a drink), snorted</td>
<td>IV</td>
</tr>
</tbody>
</table>

*Rohypnol*® is not approved for medical use in the United States; it is available as a prescription sleep aid in other countries.

### Possible Health Effects

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term</strong></td>
<td>Drowsiness, sedation, sleep; amnesia, blackout; decreased anxiety; muscle relaxation, impaired reaction time and motor coordination; impaired mental functioning and judgment; confusion; aggression; excitability; slurred speech; headache; slowed breathing and heart rate.</td>
</tr>
<tr>
<td><strong>Long-term</strong></td>
<td>Unknown.</td>
</tr>
<tr>
<td><strong>Other Health-related Issues</strong></td>
<td>Unknown.</td>
</tr>
<tr>
<td><strong>In Combination with Alcohol</strong></td>
<td>Severe sedation, unconsciousness, and slowed heart rate and breathing, which can lead to death.</td>
</tr>
<tr>
<td><strong>Withdrawal Symptoms</strong></td>
<td>Headache; muscle pain; extreme anxiety, tension, restlessness, confusion, irritability; numbness and tingling of hands or feet; hallucinations, delirium, convulsions, seizures, or shock.</td>
</tr>
</tbody>
</table>

### Treatment Options

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medications</strong></td>
<td>There are no FDA-approved medications to treat addiction to <em>Rohypnol</em>® or other prescription sedatives.</td>
</tr>
<tr>
<td><strong>Behavioral Therapies</strong></td>
<td>More research is needed to find out if behavioral therapies can be used to treat addiction to <em>Rohypnol</em>® or other prescription sedatives.</td>
</tr>
</tbody>
</table>
Salvia

A dissociative drug (Salvia divinorum) that is an herb in the mint family native to southern Mexico. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. For more information, see the Hallucinogens and Dissociative Drugs Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chia seeds, Diviner’s Sage, Magic Mint, Sally-D, Ska Pastora,</td>
<td>Sold legally in most states as Salvia divinorum</td>
<td>Fresh or dried leaves</td>
<td>Smoked, chewed, or brewed as tea</td>
<td>Not Scheduled (but labeled drug of concern by DEA and illegal in some states)</td>
</tr>
</tbody>
</table>

**Possible Health Effects**

<table>
<thead>
<tr>
<th>Short-term</th>
<th>Long-term</th>
<th>Other Health-related Issues</th>
<th>In Combination with Alcohol</th>
<th>Withdrawal Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-lived but intense hallucinations; altered visual perception, mood, body sensations; mood swings, feelings of detachment from one’s body; sweating.</td>
<td>Unknown.</td>
<td>Unknown.</td>
<td>Unknown.</td>
<td>Unknown.</td>
</tr>
</tbody>
</table>

**Treatment Options**

<table>
<thead>
<tr>
<th>Medications</th>
<th>Behavioral Therapies</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is not known whether salvia is addictive. There are no FDA-approved medications to treat addiction to salvia or other dissociative drugs.</td>
<td>More research is needed to find out if salvia is addictive, but behavioral therapies can be used to treat addiction to dissociative drugs.</td>
</tr>
</tbody>
</table>
### Steroids (Anabolic)

Man-made substances used to treat conditions caused by low levels of steroid hormones in the body and misused to enhance athletic and sexual performance and physical appearance. For more information, see the Steroids and Other Appearance and Performance Enhancing Drugs (APEDs) Research Report.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names (Common)</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gear, Gym Candy, Juice, Pumpers, Roids, Stacking</td>
<td>Nandrolone (Oxandrin®), oxandrolone (Anadrol®), oxymetholone (Anadrol-50®), testosterone cypionate (Depo-testosterone®)</td>
<td>Tablet, capsule, liquid drops, gel, cream, patch, injectable solution</td>
<td>Injected, swallowed, applied to skin</td>
<td>III</td>
</tr>
</tbody>
</table>

### Possible Health Effects

#### Short-term
- Builds muscles, improved athletic performance. Acne, fluid retention (especially in the hands and feet), oily skin, yellowing of the skin, infection.

#### Long-term
- Kidney damage or failure; liver damage; high blood pressure, enlarged heart, or changes in cholesterol leading to increased risk of stroke or heart attack, even in young people; aggression; extreme mood swings; anger ("roid rage"); extreme irritability; delusions; impaired judgment.

#### Other Health-related Issues

- **Males:** shrunken testicles, lowered sperm count, infertility, baldness, development of breasts.
- **Females:** facial hair, male-pattern baldness, enlargement of the clitoris, deepened voice.
- **Adolescents:** stunted growth.
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

#### In Combination with Alcohol
- Increased risk of violent behavior.

#### Withdrawal Symptoms
- Mood swings; tiredness; restlessness; loss of appetite; insomnia; lowered sex drive; depression, sometimes leading to suicide attempts.

### Treatment Options

#### Medications
- Hormone therapy.

#### Behavioral Therapies
- More research is needed to find out if behavioral therapies can be used to treat steroid addiction.
Synthetic Cannabinoids

A wide variety of herbal mixtures containing man-made cannabinoid chemicals related to THC in marijuana but often much stronger and more dangerous. Sometimes misleadingly called "synthetic marijuana" and marketed as a "natural," "safe," legal alternative to marijuana. For more information, see the Synthetic Cannabinoids DrugFacts.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black Mamba, Bliss, Bombay Blue, Fake Weed, Fire, Genie, K-2, Moon Rocks, Solar Flare, Skunk, Smacked, Spice, Yucatan, Zohai</td>
<td>No commercial uses, but new formulations are sold under various names to attract young adults. Many formulations have been outlawed.</td>
<td>Dried, shredded plant material that looks like potpourri and is sometimes sold as &quot;incense&quot;</td>
<td>Smoked, swallowed (brewed as tea)</td>
<td>1</td>
</tr>
</tbody>
</table>

Possible Health Effects

<table>
<thead>
<tr>
<th>Short-term</th>
<th>Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety, paranoia; increased blood pressure.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term</td>
<td>Unknown.</td>
</tr>
<tr>
<td>Other Health-related Issues</td>
<td>Use of synthetic cannabinoids has led to an increase in emergency room visits in certain areas.</td>
</tr>
<tr>
<td>In Combination with Alcohol</td>
<td>Unknown.</td>
</tr>
<tr>
<td>Withdrawal Symptoms</td>
<td>Headaches, anxiety, depression, irritability.</td>
</tr>
</tbody>
</table>

Treatment Options

<table>
<thead>
<tr>
<th>Medications</th>
<th>There are no FDA-approved medications to treat synthetic cannabinoid addiction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Therapies</td>
<td>More research is needed to find out if behavioral therapies can be used to treat synthetic cannabinoid addiction.</td>
</tr>
</tbody>
</table>
**Synthetic Cathinones ("Bath Salts")**

An emerging family of drugs containing one or more synthetic chemicals related to cathinone, a stimulant found naturally in the khat plant. Examples of such chemicals include mephedrone, methylone, and 3,4-methylenedioxypyrovalerone (MDPV). For more information, see the Synthetic Cathinones ("Bath Salts") DrugFacts.

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath Blow, Bloom, Blue Silk, Bubbles, Cloud Nine, Cosmic Blast, Flakka, Ivory Wave, Lunar Wave, Salting, Scarface, Vanilla Sky, White Lightning, Wicked X</td>
<td>No commercial uses for ingested &quot;bath salts.&quot; No relation to “Epsom salt,” sold as a bath product.</td>
<td>White or brown crystalline powder sold in small plastic or foil packages labeled &quot;not for human consumption&quot; and sometimes sold as jewelry cleaner; tablet, capsule, liquid</td>
<td>Swallowed, snorted, injected</td>
<td>1</td>
</tr>
</tbody>
</table>

Some formulations have been banned by the DEA

### Possible Health Effects

**Short-term**
- Increased heart rate and blood pressure; euphoria; increased sociability and sex drive; paranoia, agitation, and hallucinations; violent behavior; sweating; nausea, vomiting; insomnia; irritability; dizziness; depression; panic attacks; reduced motor control; cloudy thinking.

**Long-term**
- Death.

**Other Health-related Issues**
- Risk of HIV, hepatitis, and other infectious diseases from shared needles.

**In Combination with Alcohol**
- Unknown.

**Withdrawal Symptoms**
- Depression, anxiety.

### Treatment Options

**Medications**
- There are no FDA-approved medications to treat addiction to synthetic cathinones.

**Behavioral Therapies**
- Cognitive-behavioral therapy (CBT)
- Contingency management, or motivational incentives
- Motivational Enhancement Therapy (MET)
- Behavioral treatments geared to teens
**Tobacco (and Nicotine)**

Tobacco is a plant grown for its leaves, which are dried and fermented before use. Tobacco contains nicotine, an addictive chemical. Nicotine is sometimes extracted from the plant and is used in vaping devices. For more information, see the [Tobacco, Nicotine and E-Cigarettes Research Report](#).

<table>
<thead>
<tr>
<th>Street Names</th>
<th>Commercial Names</th>
<th>Common Forms</th>
<th>Common Ways Taken</th>
<th>DEA Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cigarettes/Cigars: Butts, Cancer sticks, Ciggys, Cigs, Coffin nails, Smokes, Stogies, Stokes</td>
<td>Multiple brand names</td>
<td>cigarettes, vaping devices, e-cigarettes, cigars, bidis, hookahs, kreteks</td>
<td>Smoked, snorted, chewed, vaporized</td>
<td>Not Scheduled</td>
</tr>
<tr>
<td>Cigar hollowed out with marijuana added: Blunt</td>
<td></td>
<td>Smokeless tobacco: snuff, spit tobacco, chew</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaping: Cig-A-Like, E-Hookah, E-Juice, JUULing, vape pens, mods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Possible Health Effects**

<table>
<thead>
<tr>
<th>Short-term</th>
<th>Increased blood pressure, breathing, and heart rate. Exposes lungs to a variety of chemicals. Vaping also exposes lungs to metallic vapors created by heating the coils in the device.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term</td>
<td>Greatly increased risk of cancer, especially lung cancer when smoked, and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.</td>
</tr>
<tr>
<td>Other Health-related Issues</td>
<td>Nicotine: in teens it can affect the development of brain circuits that control attention and learning. Tobacco products: Use while pregnant can lead to miscarriage, low birth weight, stillbirth, learning and behavior problems. Vaping products: Some are mixed with the filler Vitamin E acetate and other chemicals, leading to serious lung illnesses and deaths.</td>
</tr>
</tbody>
</table>

**In Combination with Alcohol**

Unknown.

**Withdrawal Symptoms**

Irritability, attention and sleep problems, depression, increased appetite.

**Treatment Options**

**Medications**
- Bupropion (Zyban®)
- Varenicline (Chantix®)
- Nicotine replacement (gum, patch, lozenge)

**Behavioral Therapies**
- Cognitive-behavioral therapy (CBT)
- Self-help materials
- Mail, phone, and internet quitting resources
### Federal Trafficking Penalties for Schedules I, II, III, IV, and V (except Marijuana)

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Substance/Quantity</th>
<th>Penalty</th>
<th>Substance/Quantity</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>II</td>
<td>Cocaine 500-4999 grams mixture</td>
<td><strong>First Offense:</strong> Not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than $5 million if an individual, $25 million if not an individual.</td>
<td>Cocaine 5 kilograms or more mixture</td>
<td>First Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than $10 million if an individual, $50 million if not an individual.</td>
</tr>
<tr>
<td>II</td>
<td>Cocaine Base 28-279 grams mixture</td>
<td></td>
<td>Cocaine Base 280 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Fentanyl 40-399 grams mixture</td>
<td><strong>Second Offense:</strong> Not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than $8 million if an individual, $50 million if not an individual.</td>
<td>Fentanyl 400 grams or more mixture</td>
<td>Second Offense: Not less than 15 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual.</td>
</tr>
<tr>
<td>I</td>
<td>Fentanyl Analogue 10-99 grams mixture</td>
<td></td>
<td>Fentanyl Analogue 100 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>Heroin 100-999 grams mixture</td>
<td></td>
<td>Heroin 1 kilogram or more mixture</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>LSD 1-9 grams mixture</td>
<td></td>
<td>LSD 10 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Methamphetamine 5-49 grams pure or 50-499 grams mixture</td>
<td></td>
<td>Methamphetamine 50 grams or more pure or 500 grams or more mixture</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>PCP 10-99 grams pure or 100-999 grams mixture</td>
<td></td>
<td>PCP 100 grams or more pure or 1 kilogram or more mixture</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance/Quantity</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Amount Of Other Schedule I &amp; II Substances</td>
<td><strong>First Offense:</strong> Not more that 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine $1 million if an individual, $5 million if not an individual.</td>
</tr>
<tr>
<td>Any Drug Product Containing Gamma Hydroxybutyric Acid</td>
<td><strong>Second Offense:</strong> Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine $2 million if an individual, $10 million if not an individual.</td>
</tr>
<tr>
<td>Flunitrazepam (Schedule IV) 1 Gram</td>
<td></td>
</tr>
<tr>
<td>Any Amount Of Other Schedule III Drugs</td>
<td><strong>First Offense:</strong> Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than $500,000 if an individual, $2.5 million if not an individual.</td>
</tr>
<tr>
<td>Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)</td>
<td><strong>Second Offense:</strong> Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than $1 million if an individual, $5 million if not an individual.</td>
</tr>
<tr>
<td>Any Amount Of All Schedule V Drugs</td>
<td><strong>First Offense:</strong> Not more than 5 yrs. Fine not more than $250,000 if an individual, $1 million if not an individual.</td>
</tr>
<tr>
<td></td>
<td><strong>Second Offense:</strong> Not more than 10 yrs. Fine not more than $500,000 if an individual, $2 million if other than an individual.</td>
</tr>
<tr>
<td></td>
<td><strong>Second Offense:</strong> Not more than 4 yrs. Fine not more than $200,000 if an individual, $500,000 if not an individual.</td>
</tr>
<tr>
<td>Substance</td>
<td>Amount</td>
</tr>
<tr>
<td>-----------</td>
<td>--------</td>
</tr>
<tr>
<td>Marijuana</td>
<td>1,000 kg or more</td>
</tr>
<tr>
<td>Marijuana</td>
<td>100 to 999 kg</td>
</tr>
<tr>
<td>Marijuana</td>
<td>50 to 99 kg</td>
</tr>
<tr>
<td>Hashish</td>
<td>10 kg or more</td>
</tr>
</tbody>
</table>
21 U.S. Code § 844 - Penalties for simple possession

(a) Unlawful acts; penalties

It shall be unlawful for any person knowingly or intentionally to possess a controlled substance unless such substance was obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of his professional practice, or except as otherwise authorized by this subchapter or subchapter II. It shall be unlawful for any person knowingly or intentionally to possess any list I chemical obtained pursuant to or under authority of a registration issued to that person under section 823 of this title or section 958 of this title if that registration has been revoked or suspended, if that registration has expired, or if the registrant has ceased to do business in the manner contemplated by his registration. It shall be unlawful for any person to knowingly or intentionally purchase at retail during a 30 day period more than 9 grams of ephedrine base, pseudoephedrine base, or phenylpropanolamine base in a scheduled listed chemical product, except that, of such 9 grams, not more than 7.5 grams may be imported by means of shipping through any private or commercial carrier or the Postal Service. Any person who violates this subsection may be sentenced to a term of imprisonment of not more than 1 year, and shall be fined a minimum of $1,000, or both, except that if he commits such offense after a prior conviction under this subchapter or subchapter II, or a prior conviction for any drug, narcotic, or chemical offense chargeable under the law of any State, has become final, he shall be sentenced to a term of imprisonment for not less than 15 days but not more than 2 years, and shall be fined a minimum of $2,500, except, further, that if he commits such offense after two or more prior convictions under this subchapter or subchapter II, or two or more prior convictions for any drug, narcotic, or chemical offense chargeable under the law of any State, or a combination of two or more such offenses have become final, he shall be sentenced to a term of imprisonment for not less than 90 days but not more than 3 years, and shall be fined a minimum of $5,000. Notwithstanding any penalty provided in this subsection, any person convicted under this subsection for the possession of flunitrazepam shall be imprisoned for not more than 3 years, shall be fined as otherwise provided in this section, or both. The imposition or execution of a minimum sentence required to be imposed under this subsection shall not be suspended or deferred. Further, upon conviction, a person who violates this subsection shall be fined the reasonable costs of the investigation and prosecution of the offense, including the costs of prosecution of an offense as defined in sections 1918 and 1920 of title 28, except that this sentence shall not apply and a fine under this section need not be imposed if the court determines under the provision of title 18 that the defendant lacks the ability to pay.


(c) "Drug, narcotic, or chemical offense" defined

As used in this section, the term “drug, narcotic, or chemical offense” means any offense which proscribes the possession, distribution, manufacture, cultivation, sale, transfer, or the attempt or conspiracy to possess, distribute, manufacture, cultivate, sell or transfer any substance the possession of which is prohibited under this subchapter.


Missouri Revised Statutes

Chapter 579

Controlled Substance Offenses

August 28, 2016

Possession or control of a controlled substance—penalty.

579.015.

1. A person commits the offense of possession of a controlled substance if he or she knowingly possesses a controlled substance, except as authorized by this chapter or chapter 195.

2. The offense of possession of any controlled substance except thirty-five grams or less of marijuana or any synthetic cannabinoid is a class D felony.

3. The offense of possession of more than ten grams but thirty-five grams or less of marijuana or any synthetic cannabinoid is a class A misdemeanor.

4. The offense of possession of not more than ten grams of marijuana or any synthetic cannabinoid is a class B misdemeanor.

If the defendant has previously been found guilty of any offense of the laws related to controlled substances of this state, or of the United States, or any state, territory, or district, the offense is a class A misdemeanor. Prior findings of guilt shall be pleaded and proven in the same manner as required by section 558.021.

5. In any complaint, information, or indictment, and in any action or proceeding brought for the enforcement of any provision of this chapter or chapter 195, it shall not be necessary to include any exception, excuse, proviso, or exemption contained in this chapter or chapter 195, and the burden of proof of any such exception, excuse, proviso or exemption shall be upon the defendant.


Transferred 2014; formerly 195.202; Effective 1-01-17

Delivery of a controlled substance—penalties.
579.020.
1. A person commits the offense of delivery of a controlled substance if, except as authorized in this chapter or chapter 195, he or she:
   (1) Knowingly distributes or delivers a controlled substance;
   (2) Attempts to distribute or deliver a controlled substance;
   (3) Knowingly possesses a controlled substance with the intent to distribute or deliver any amount of a controlled substance; or
   (4) Knowingly permits a minor to purchase or transport illegally obtained controlled substances.
2. Except when the controlled substance is thirty-five grams or less of marijuana or synthetic cannabinoid or as otherwise provided under subsection 5 of this section, the offense of delivery of a controlled substance is a class C felony.
3. Except as otherwise provided under subsection 4 of this section, the offense of delivery of thirty-five grams or less of marijuana or synthetic cannabinoid is a class E felony.
4. The offense of delivery of thirty-five grams or less of marijuana or synthetic cannabinoid to a person less than seventeen years of age who is at least two years younger than the defendant is a class C felony.
5. The offense of delivery of a controlled substance is a class B felony if:
   (1) The delivery or distribution is any amount of a controlled substance except thirty-five grams or less of marijuana or synthetic cannabinoid, to a person less than seventeen years of age who is at least two years younger than the defendant; or
   (2) The person knowingly permits a minor to purchase or transport illegally obtained controlled substances.
579.030.
1. A person commits the offense of distribution of a controlled substance in a protected location—penalty.
2. The offense of unlawful distribution of a controlled substance in a protected location is a class A felony.
   Transferred 2014; formerly 195.218; Effective 1-01-17
   Unlawful distribution, delivery, or sale of drug paraphernalia—penalties.
579.040.
1. A person commits the offense of unlawful distribution, delivery, or sale of drug paraphernalia if he or she unlawfully distributes, delivers, or sells, or possesses with intent to distribute, deliver, or sell drug paraphernalia knowing, or under circumstances in which one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance or an imitation controlled substance in violation of this chapter.
2. The offense of unlawful delivery of drug paraphernalia is a class A misdemeanor, unless done for commercial purposes, in which case it is a class E felony.
   (L. 2014 S.B. 491)
   Effective 1-01-17
   Fraudulently attempting to obtain a controlled substance—penalty.
579.045.
1. A person commits the offense of fraudulently attempting to obtain a controlled substance if he or she knowingly obtains or attempts to obtain a controlled substance, or knowingly procures or attempts to procure an administration of the controlled substance by fraud. The offense of fraudulently attempting to obtain a controlled substance shall include, but shall not be limited to nor be limited by, the following:
   (1) Knowingly making a false statement in any prescription, order, report, or record, required by this chapter or chapter 195;
   (2) For the purpose of obtaining a controlled substance, falsely assuming the title of, or representing oneself to be, a manufacturer, wholesaler, pharmacist, physician, dentist, podiatrist, veterinarian, nurse, or other authorized person;
   (3) Making or uttering any false or forged prescription or false or forged written order;
   (4) Affixing any false or forged label to a package or receptacle containing controlled substances;
   (5) Possess a false or forged prescription with intent to obtain a controlled substance.
2. The offense of fraudulently attempting to obtain a controlled substance is a class E felony.
3. Information communicated to a physician in an effort unlawfully to procure a controlled substance or unlawfully to procure the administration of any such drug is not deemed a privileged communication; provided, however, that no physician or surgeon
shall be competent to testify concerning any information which he or she may have acquired from any patient while attending him or her in a professional character and which information was necessary to enable him or her to prescribe for such patient as a physician, or to perform any act for him or her as a surgeon.

Transferred 2014; formerly 195.204; Effective 1-01-17

Manufacture of an imitation controlled substance—penalty.

579.050.
1. A person commits the offense of manufacture of an imitation controlled substance if he or she knowingly manufactures with intent to deliver any imitation controlled substance.

2. The offense of manufacture of an imitation controlled substance is a class E felony.

(L. 2014 S.B. 491)
Effective 1-01-17

Manufacture of a controlled substance—penalties.

579.055.
1. A person commits the offense of manufacture of a controlled substance if, except as authorized in this chapter or chapter 195, he or she:

   (1) Knowingly manufactures, produces, or grows a controlled substance;

   (2) Attempts to manufacture, produce, or grow a controlled substance;

   (3) Knowingly possesses a controlled substance with the intent to manufacture, produce, or grow any amount of controlled substance.

2. The offense of manufacturing or attempting to manufacture any amount of controlled substance is a class B felony when committed within two thousand feet of the real property comprising a public or private elementary, vocational, or secondary school, community college, college, or university. It is a class A felony if a person has suffered serious physical injury or has died as a result of a fire or explosion started in an attempt by the defendant to produce methamphetamine.

3. The offense of manufacturing or attempting to manufacture any amount of a controlled substance, except thirty-five grams or less of marijuana or synthetic cannabinoid, is a class C felony.

4. The offense of manufacturing thirty-five grams or less of marijuana or synthetic cannabinoid is a class E felony.

Transferred 2014; formerly 195.211; Effective 1-01-17

579.060. Unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs — violation, penalty.

1. A person commits the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs if he or she knowingly:

(1) Sells, distributes, dispenses, or otherwise provides any number of packages of any drug product containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in a total amount greater than seven and two-tenths grams to the same individual within a thirty-day period, unless the amount is dispensed, sold, or distributed pursuant to a valid prescription; or

(2) Purchases, receives, or otherwise acquires within a thirty-day period any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers in a total amount greater than seven and two-tenths grams, without regard to the number of transactions, unless the amount is purchased, received, or acquired pursuant to a valid prescription; or

(3) Purchases, receives, or otherwise acquires within a twenty-four-hour period any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers in a total amount greater than three and six-tenths grams, without regard to the number of transactions, unless the amount is purchased, received, or acquired pursuant to a valid prescription; or

(4) Sells, distributes, dispenses, or otherwise provides any number of packages of any drug product containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in a total amount greater than forty-three and two-tenths grams, without regard to the number of transactions, unless the amount is dispensed, sold, or distributed pursuant to a valid prescription; or

(5) Purchases, receives, or otherwise acquires within a twelve-month period any number of packages of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers in a total amount greater than forty-three and two-tenths grams, without regard to the number of transactions, unless the amount is purchased, received, or acquired pursuant to a valid prescription; or

(6) Dispenses or offers drug products that are not excluded from Schedule V in subsection 17 or 18 of section 195.017 and that contain detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, without ensuring that such products are located behind a pharmacy counter where the public is not permitted and that such products are dispensed by a registered pharmacist or pharmacy technician under subsection 11 of section 195.017; or

(7) Holds a retail sales license issued under chapter 144 and knowingly sells or dispenses packages that do not conform to the packaging requirements of section 195.418.
2. A pharmacist, intern pharmacist, or registered pharmacy technician commits the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs if he or she knowingly:

(1) Sells, distributes, dispenses, or otherwise provides any number of packages of any drug product containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts or optical isomers, or salts of optical isomers, in a total amount greater than three and six-tenth grams to the same individual within a twenty-four hour period, unless the amount is dispensed, sold, or distributed pursuant to a valid prescription; or

(2) Fails to submit information under subsection 13 of section 195.017 and subsection 6 of section 195.417 about the sales of any compound, mixture, or preparation of products containing detectable amounts of ephedrine, phenylpropanolamine, or pseudoephedrine, or any of their salts, optical isomers, or salts of optical isomers, in accordance with transmission methods and frequency established by the department of health and senior services; or

(3) Fails to implement and maintain an electronic log, as required by subsection 12 of section 195.017, of each transaction involving any detectable quantity of pseudoephedrine, its salts, isomers, or salts of optical isomers or ephedrine, its salts, optical isomers, or salts of optical isomers; or

(4) Sells, distributes, dispenses or otherwise provides to an individual under eighteen years of age without a valid prescription any number of packages of any drug product containing any detectable quantity of pseudoephedrine, its salts, isomers, or salts of optical isomers or ephedrine, its salts, optical isomers, or salts of optical isomers.

3. Any person who violates the packaging requirements of section 195.418 and is considered the general owner or operator of the outlet where ephedrine, pseudoephedrine, or phenylpropanolamine products are available for sale shall not be penalized if he or she documents that an employee training program was in place to provide the employee who made the unlawful retail sale with information on the state and federal regulations regarding ephedrine, pseudoephedrine, or phenylpropanolamine.

4. The offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs is a class A misdemeanor.


Effective 8/28/2020

579.065. Trafficking drugs, first degree — penalty.

1. A person commits the offense of trafficking drugs in the first degree if, except as authorized by this chapter or chapter 195, such person knowingly distributes, delivers, manufactures, produces or attempts to distribute, deliver, manufacture or produce:

(1) More than thirty grams of a mixture or substance containing a detectable amount of heroin;

(2) More than one hundred fifty grams of a mixture or substance containing a detectable amount of coca leaves, except coca leaves and extracts of coca leaves from which cocaine, ecgonine, and derivatives of ecgonine or their salts have been removed; cocaine salts and their optical and geometric isomers, and salts of isomers; ecgonine, its derivatives, their salts, isomers, and salts of isomers; or any compound, mixture, or preparation which contains any quantity of any of the foregoing substances;

(3) More than eight grams of a mixture or substance described in subdivision (2) of this subsection which contains cocaine base;

(4) More than five hundred milligrams of a mixture or substance containing a detectable amount of lysergic acid diethylamide (LSD);

(5) More than thirty grams of a mixture or substance containing a detectable amount of phenylcyclohexamine (PCP);

(6) More than four grams of phencyclidine;

(7) More than thirty kilograms of a mixture or substance containing marijuana;

(8) More than thirty grams of any material, compound, mixture, or preparation containing any quantity of the following substances having a stimulant effect on the central nervous system: amphetamine, its salts, optical isomers and salts of its optical isomers; methamphetamine, its salts, optical isomers and salts of its optical isomers; phenmetrazine and its salts; or methylphenidate;

(9) More than thirty grams of any material, compound, mixture, or preparation which contains any quantity of 3,4-methylenedioxymethamphetamine;

(10) One gram or more of flunitrazepam for the first offense;

(11) Any amount of gamma-hydroxybutyric acid for the first offense; or

(12) More than ten milligrams of fentanyl or carfentanil, or any derivative thereof, or any combination thereof, or any compound, mixture, or substance containing a detectable amount of fentanyl or carfentanil, or their optical isomers or analogues.

2. The offense of trafficking drugs in the first degree is a class B felony.

3. The offense of trafficking drugs in the first degree is a class A felony if the quantity involved is:

(1) Ninety grams or more of a mixture or substance containing a detectable amount of heroin; or

(2) Four hundred fifty grams or more of a mixture or substance containing a detectable amount of coca leaves, except coca leaves and extracts of coca leaves from which cocaine, ecgonine, and derivatives of ecgonine or their salts have been removed; cocaine salts and their optical and geometric isomers, and salts of isomers; ecgonine, its derivatives,
(3) Twenty-four grams or more of a mixture or substance described in subdivision (2) of this subsection which contains cocaine base; or

(4) One gram or more of a mixture or substance containing a detectable amount of lysergic acid diethylamide (LSD); or

(5) Ninety grams or more of a mixture or substance containing a detectable amount of phencyclidine (PCP); or

(6) Twelve grams or more of phencyclidine; or

(7) One hundred kilograms or more of a mixture or substance containing marijuana; or

(8) Ninety grams or more of any material, compound, mixture, or preparation containing any quantity of the following substances having a stimulant effect on the central nervous system: amphetamine, its salts, optical isomers and salts of its optical isomers; methamphetamine, its salts, optical isomers and salts of its optical isomers; phenmetrazine and its salts; or methylphenidate; or

(9) More than thirty grams of any material, compound, mixture, or preparation containing any quantity of the following substances having a stimulant effect on the central nervous system: amphetamine, its salts, optical isomers, and salts of its optical isomers; methamphetamine, its salts, optical isomers, and salts of its optical isomers; phenmetrazine and its salts; or methylphenidate, and the location of the offense was within two thousand feet of real property comprising a public or private elementary, vocational, or secondary school, college, community college, university, or any school bus, in or on the real property comprising public housing or any other governmental assisted housing, or within a motor vehicle, or in any structure or building which contains rooms furnished for the accommodation or lodging of guests, and kept, used, maintained, advertised, or held out to the public as a place where sleeping accommodations are sought for pay or compensation to transient guests or permanent guests; or

(10) Ninety grams or more of any material, compound, mixture or preparation which contains any quantity of 3,4-methylenedioxymethamphetamine; or

(11) More than thirty grams of any material, compound, mixture, or preparation which contains any quantity of 3,4-methylenedioxymethamphetamine and the location of the offense was within two thousand feet of real property comprising a public or private elementary, vocational, or secondary school, college, community college, university, or any school bus, in or on the real property comprising public housing or any other governmental assisted housing, within a motor vehicle, or in any structure or building which contains rooms furnished for the accommodation or lodging of guests, and kept, used, maintained, advertised, or held out to the public as a place where sleeping accommodations are sought for pay or compensation to transient guests or permanent guests; or

(12) One gram or more of flunitrazepam for a second or subsequent offense; or

(13) Any amount of gamma-hydroxybutyric acid for a second or subsequent offense; or

(14) Twenty milligrams or more of fentanyl or carfentanil, or any derivative thereof, or any combination thereof, or any compound, mixture, or substance containing a detectable amount of fentanyl or carfentanil, or their optical isomers or analogues.


Effective 8/28/2020

CROSS REFERENCE: No bail, certain defendants, certain offenses, 544.671

579.068. Trafficking drugs, second degree — penalty.

1. A person commits the offense of trafficking drugs in the second degree if, except as authorized by this chapter or chapter 195, such person knowingly possesses or has under his or her control, purchases or attempts to purchase, or brings into this state:

(1) More than thirty grams of a mixture or substance containing a detectable amount of heroin;

(2) More than one hundred fifty grams of a mixture or substance containing a detectable amount of coca leaves, except coca leaves and extracts of coca leaves from which cocaine, ecgonine, and derivatives of ecgonine or their salts have been removed; cocaine salts and their optical and geometric isomers, and salts of isomers; ecgonine, its derivatives, their salts, isomers, and salts of isomers; or any compound, mixture, or preparation which contains any quantity of any of the foregoing substances;

(3) More than eight grams of a mixture or substance described in subdivision (2) of this subsection which contains cocaine base;

(4) More than five hundred milligrams of a mixture or substance containing a detectable amount of lysergic acid diethylamide (LSD);

(5) More than thirty grams of a mixture or substance containing a detectable amount of phencyclidine (PCP);

(6) More than four grams of phencyclidine;

(7) More than thirty kilograms of a mixture or substance containing marijuana;

(8) More than thirty grams of any material, compound, mixture, or preparation containing any quantity of the following substances having a stimulant effect on the central nervous system: amphetamine, its salts, optical isomers and salts of its optical isomers; methamphetamine, its salts, optical isomers and salts of its optical isomers; phenmetrazine and its salts; or methylphenidate;
1. A person commits the offense of unlawful possession of drug paraphernalia if he or she knowingly uses, or possesses with intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body, a

(9) More than thirty grams of any material, compound, mixture, or preparation which contains any quantity of 3,4-methylenedioxymethamphetamine; or

(10) More than ten milligrams of fentanyl or carfentanil, or any derivative thereof, or any combination thereof, or any compound, mixture, or substance containing a detectable amount of fentanyl or carfentanil, or their optical isomers or analogues.

2. The offense of trafficking drugs in the second degree is a class C felony.

3. The offense of trafficking drugs in the second degree is a class B felony if the quantity involved is:

(1) Ninety grams or more of a mixture or substance containing a detectable amount of heroin; or

(2) Four hundred fifty grams or more of a mixture or substance containing a detectable amount of coca leaves, except coca leaves and extracts of coca leaves from which cocaine, ecgonine, and derivatives of ecgonine or their salts have been removed; cocaine salts and their optical and geometric isomers, and salts of isomers; ecgonine, its derivatives, their salts, isomers, and salts of isomers; or any compound, mixture, or preparation which contains any quantity of any of the foregoing substances; or

(3) Twenty-four grams or more of a mixture or substance described in subdivision (2) of this subsection which contains cocaine base; or

(4) One gram or more of a mixture or substance containing a detectable amount of lysergic acid diethylamide (LSD); or

(5) Ninety grams or more of a mixture or substance containing a detectable amount of phencyclidine (PCP); or

(6) Twelve grams or more of phencyclidine; or

(7) One hundred kilograms or more of a mixture or substance containing marijuana; or

(8) More than five hundred marijuana plants; or

(9) Ninety grams or more but less than four hundred fifty grams of any material, compound, mixture, or preparation containing any quantity of the following substances having a stimulant effect on the central nervous system: amphetamine, its salts, optical isomers and salts of its optical isomers; methamphetamine, its salts, optical isomers and salts of its optical isomers; phenmetrazine and its salts; or methylphenidate; or

(10) Ninety grams or more but less than four hundred fifty grams of any material, compound, mixture, or preparation which contains any quantity of 3,4-methylenedioxymethamphetamine; or

(11) Twenty milligrams or more of fentanyl or carfentanil, or any derivative thereof, or any combination thereof, or any compound, mixture, or substance containing a detectable amount of fentanyl or carfentanil, or their optical isomers or analogues.

4. The offense of trafficking drugs in the second degree is a class A felony if the quantity involved is four hundred fifty grams or more of any material, compound, mixture or preparation which contains:

(1) Any quantity of the following substances having a stimulant effect on the central nervous system: amphetamine, its salts, optical isomers and salts of its optical isomers; methamphetamine, its salts, isomers and salts of its isomers; phenmetrazine and its salts; or methylphenidate; or

(2) Any quantity of 3,4-methylenedioxymethamphetamine.

5. The offense of drug trafficking in the second degree is a class C felony for the first offense and a class B felony for any second or subsequent offense for the trafficking of less than one gram of flunitrazepam.


Transferred 2014; formerly 195.223

Effective 8/28/2020

Creating a danger—penalty.

579.070.

1. A person commits the offense of creating a danger if, while producing, or attempting to produce, a controlled substance, he or she purposely protects or attempts to protect the production of the controlled substance by creating, setting up, building, erecting, or using any device or weapon which causes or is intended to cause physical injury to another person.

2. The offense of creating a danger is a class C felony.


Transferred 2014; formerly 565.065; Effective 1-01-17

Furnishing materials for production of a controlled substance—penalty.

579.072.

1. A person commits the offense of furnishing materials for the production of a controlled substance if he or she provides any reagents, solvents or precursor materials used in the production of a controlled substance as defined in section 195.010 to any other person knowing that the person to whom such materials are provided intends to use such materials for the illegal production of a controlled substance.

2. The offense of furnishing materials for the production of a controlled substance is a class E felony.


Transferred 2014; formerly 195.226; Effective 1-01-17

Unlawful possession of drug paraphernalia—penalty.

579.074.

1. A person commits the offense of unlawful possession of drug paraphernalia if he or she knowingly uses, or possesses with intent to use, drug paraphernalia to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body, a
controlled substance or an imitation controlled substance in violation of this chapter or chapter 195.

2. The offense of unlawful possession of drug paraphernalia is a class D misdemeanor, unless the person has previously been found guilty of any offense of the laws of this state related to controlled substances or of the laws of another jurisdiction related to controlled substances, in which case the violation of this section is a class A misdemeanor. Prior findings of guilt shall be pleaded and proven in the same manner as required by section 558.021.

3. The offense of unlawful possession of drug paraphernalia is a class E felony if the person uses, or possesses with intent to use, the paraphernalia in combination with each other to manufacture, compound, produce, prepare, test, or analyze amphetamine or methamphetamine or any of their analogues.

Transferred 2014; formerly 195.233; Effective 1-01-17

Unlawful manufacture of drug paraphernalia—penalties.

579.076.

1. A person commits the offense of unlawful manufacture of drug paraphernalia if he or she unlawfully manufactures with intent to deliver drug paraphernalia, knowing, or under circumstances where one reasonably should know, that it will be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance or an imitation controlled substance in violation of this chapter or chapter 195.

2. The offense of unlawful manufacture of drug paraphernalia is a class A misdemeanor, unless done for commercial purposes, in which case it is a class E felony.

Transferred 2014; formerly 195.235; Effective 1-01-17

Possession of an imitation controlled substance—penalty.

579.078.

1. A person commits the offense of possession of an imitation controlled substance if he or she knowingly possesses an imitation controlled substance.

2. The offense of possession of an imitation controlled substance is a class A misdemeanor.

Transferred 2014; formerly 195.241; Effective 1-01-17

Delivery of an imitation controlled substance—penalty.

579.080.

1. A person commits the offense of delivery of an imitation controlled substance if he or she knowingly delivers, possesses with intent to deliver, or causes to be delivered any imitation controlled substance.

2. The offense of delivery of an imitation controlled substance is a class E felony.

Transferred 2014; formerly 195.242; Effective 1-01-17

Marketing of ephedrine or pseudoephedrine—penalty.

579.082.

1. A person commits the offense of unlawful marketing of ephedrine or pseudoephedrine if he or she knowingly markets, sells, distributes, advertises, or labels any drug product containing ephedrine, its salts, optical isomers and salts of optical isomers, or pseudoephedrine, its salts, optical isomers and salts of optical isomers, for indication of stimulation, mental alertness, weight loss, appetite control, energy or other indications not approved under the pertinent federal over-the-counter drug Final Monograph or Tentative Final Monograph or approved new drug application.

2. The offense of unlawful marketing of ephedrine or pseudoephedrine is a class E felony.

Transferred 2014; formerly 195.248; Effective 1-01-17

Distribution of controlled substance in violation of registration requirements—penalty.

579.084.

1. A person commits the offense of distribution of a controlled substance in violation of registration requirements if he or she:

   (1) Is subject to the provisions of sections 195.005 to 195.198, and knowingly distributes or dispenses a controlled substance in violation of section 195.030;

   (2) Is a registrant, and knowingly distributes or dispenses a controlled substance not authorized by that person's registration to another registrant or other authorized person; or

   (3) Knowingly refuses or fails to make, keep or furnish any record, notification, order form, statement, invoice or information required under section 195.050.

2. The offense of distribution of a controlled substance in violation of registration requirements is a class E felony when the offense is a violation of subdivision (1) or (2) of subsection 1 of this section.

3. The offense of distribution of a controlled substance in violation of registration requirements is a class A misdemeanor when the offense is a violation of subdivision (3) of subsection 1 of this section.

Transferred 2014; formerly 195.252; Effective 1-01-17

Unlawful delivery of a controlled substance by manufacturer or distributor—penalty.

579.086.

1. A manufacturer or distributor, or an employee of a manufacturer or distributor, commits the offense of unlawful delivery of a
controlled substance when he or she knowingly delivers a controlled substance while acting recklessly as to whether the controlled substance will be used in violation of this chapter.

2. The offense of unlawful delivery of a controlled substance by a manufacturer or distributor is a class E felony.

Transferred 2014; formerly 195.254; Effective 1-01-17

Tampering with a prescription or a drug prescription order—penalty.

579.090.

1. Any pharmacist licensed under chapter 338 commits the offense of tampering with a prescription or a prescription drug order as defined in section 338.095 if such person knowingly:

   (1) Causes the intentional adulteration of the concentration or chemical structure of a prescribed drug or drug therapy without the knowledge and consent of the prescribing practitioner; or

   (2) Misrepresents a misbranded, altered, or diluted prescription drug or drug therapy with the purpose of misleading the recipient or the administering person of the prescription drug or drug therapy; or

   (3) Sells a misbranded, altered, or diluted prescription drug therapy with the intention of misleading the purchaser.

2. The offense of tampering with a prescription drug order is a class A felony.

(L. 2003 S.B. 5, A.L. 2014 S.B. 491)
Transferred 2014; formerly 565.350; Effective 1-01-17

Possession of anhydrous ammonia—penalty.

579.095.

1. A person commits the offense of possession of anhydrous ammonia in a nonapproved container if he or she possesses any quantity of anhydrous ammonia in a cylinder or other portable container that was not designed, fabricated, tested, constructed, marked and placarded in accordance with the United States Department of Transportation Hazardous Materials regulations contained in CFR 49 Parts 100 to 185, revised as of October 1, 2002, and approved for the storage and transportation of anhydrous ammonia, or any container that is not a tank truck, tank trailer, rail tank car, bulk storage tank, field (nurse) tank or field applicator.

2. Cylinder and other portable container valves and other fittings, or hoses attached thereto, used in anhydrous ammonia service shall be constructed of material resistant to anhydrous ammonia and shall not be constructed of brass, copper, silver, zinc, or other material subject to attack by ammonia. Each cylinder utilized for the storage and transportation of anhydrous ammonia shall be labeled, in a conspicuous location, with the words “ANHYDROUS AMMONIA” or “CAUTION: ANHYDROUS AMMONIA” and the UN number 1005 (UN 1005).

3. The offense of possession of anhydrous ammonia in a nonapproved container is a class E felony.

Transferred 2014; formerly 578.154; Effective 1-01-17

Inhalation or inducing others to inhale solvent fumes to cause certain reactions, prohibited—exceptions.

579.097.

No person shall intentionally smell or inhale the fumes of any solvent, particularly toluol, amyl nitrite, butyl nitrite, cyclohexyl nitrite, ethyl nitrite, pentyl nitrite, and propyl nitrite and their iso-analogues or induce any other person to do so, for the purpose of causing a condition of, or inducing symptoms of, intoxication, elation, euphoria, dizziness, excitement, irrational behavior, exhilaration, paralysis, stupefaction, or dulling of senses or nervous system, or for the purpose of, in any manner, changing, distorting, or disturbing the audio, visual, or mental processes; except that this section shall not apply to the inhalation of any anesthesia for medical or dental purposes.

Transferred 2014; formerly 578.250; Effective 1-01-17

Inducing, or possession with intent to induce, symptoms by use of certain solvents and other substances, prohibited.

579.099.

1. As used in this section, “alcohol beverage vaporizer” means any device which, by means of heat, a vibrating element, or any other method, is capable of producing a breathable mixture containing one or more alcoholic beverages to be dispensed for inhalation into the lungs via the nose or mouth or both.

2. No person shall intentionally or willfully induce the symptoms of intoxication, elation, euphoria, dizziness, excitement, irrational behavior, exhilaration, paralysis, stupefaction, or dulling of the senses or nervous system, distortion of audio, visual or mental processes by the use or misuse of any of the following substances:

   (1) Solvents, particularly toluol;

   (2) Ethyl alcohol;

   (3) Amyl nitrite and its iso-analogues;

   (4) Butyl nitrite and its iso-analogues;

   (5) Cyclohexyl nitrite and its iso-analogues;

   (6) Ethyl nitrite and its iso-analogues;

   (7) Pentyl nitrite and its iso-analogues; and

   (8) Propyl nitrite and its iso-analogues.

3. This section shall not apply to substances that have been approved by the United States Food and Drug Administration as therapeutic drug products or are contained in approved over-the-counter drug products or administered lawfully pursuant to the order of an authorized medical practitioner.

4. No person shall intentionally possess any solvent, particularly toluol, amyl nitrite, butyl nitrite, cyclohexyl nitrite, ethyl nitrite, pentyl nitrite, and propyl nitrite and their iso-analogues for the purpose of using it in the manner prohibited by section 579.097 and this section.
5. No person shall possess or use an alcoholic beverage vaporizer.

6. Nothing in this section shall be construed to prohibit the legal consumption of intoxicating liquor, as defined by section 311.020, or nonintoxicating beer.


Transferred 2014; formerly 578.255; Effective 1-01-17

Possession of methamphetamine precursors—penalty.

Possession of methamphetamine precursors if he or she knowingly possesses one or more chemicals listed in subsection 2 of section 195.400, reagents, solvents, or any other chemicals proven to be precursor ingredients of methamphetamine or amphetamine, as established

(1) Any room, building, structure or inhabitable structure, as defined in section 556.061, which is used for the illegal manufacture, distribution, storage, or sale of any amount of a controlled substance, except thirty-five grams or less of marijuana or thirty-five grams or less of any synthetic cannabinoid; or

(2) Any room, building, structure or inhabitable structure, as defined in section 556.061, where on three or more separate occasions within the period of a year, two or more persons, who were not residents of the room, building, structure, or inhabitable structure, gathered for the principal purpose of unlawfully ingesting, injecting, inhaling or using any amount of a controlled substance, except thirty-five grams or less of marijuana or thirty-five grams or less of any synthetic cannabinoid.

2. In addition to any other criminal prosecutions, the prosecuting attorney or circuit attorney may by information or indictment charge the owner or the occupant, or both the owner and the occupant of the room, building, structure, or inhabitable structure with the offense of keeping or maintaining a public nuisance.

3. The offense of keeping or maintaining a public nuisance is a class E felony.

4. Upon the conviction of the owner pursuant to this section, the room, building, structure, or inhabitable structure is subject to the provisions of sections 513.600 to 513.645.


Transferred 2014; formerly 195.130; Effective 1-01-17

Lawful possession, when—burden of proof of any exception or exemption upon defendant.

579.107.

1. A person may lawfully possess or have under his or her control a controlled substance if he or she obtained the controlled substance directly from, or pursuant to, a valid prescription or practitioner’s order issued in the course of a practitioner’s professional practice or except as otherwise authorized by this chapter or chapter 195.

2. In any complaint, information, or indictment, and in any action or proceeding brought for the enforcement of any provision of this chapter or chapter 195, it shall not be necessary to negative any provision of sections 513.600 to 513.645.


Transferred 2014; formerly 195.180; Effective 1-01-17

Possession of methamphetamine precursors—penalty.

579.110.

1. A person commits the offense of possession of methamphetamine precursors if he or she knowingly possesses one or more chemicals listed in subsection 2 of section 195.400, reagents, solvents, or any other chemicals proven to be precursor ingredients of methamphetamine or amphetamine, as established
by expert testimony, with the intent to manufacture, compound, convert, produce, process, prepare, test, or otherwise alter that chemical to create a controlled substance or a controlled substance analogue in violation of this chapter or chapter 195.

2. Possession of more than twenty-four grams of ephedrine or pseudoephedrine shall be prima facie evidence of intent to violate this section. This subsection shall not apply to any practitioner or to any product possessed in the course of a legitimate business.

3. The offense of possession of methamphetamine precursors is a class E felony.


Copy of suspicious transaction report for certain drugs to be submitted to chief law enforcement officer, when—suspicious transaction defined—penalty.

579.115.

1. Any manufacturer or wholesaler who sells, transfers, or otherwise furnishes ephedrine, pseudoephedrine or phenylpropanolamine, or any of their salts, optical isomers and salts of optical isomers, alone or in a mixture, and is required by federal law to report any suspicious transaction to the United States attorney general, shall submit a copy of the report to the chief law enforcement official with jurisdiction before completion of the sale or as soon as practicable thereafter.

2. As used in this section, "suspicious transaction" means any sale or transfer required to be reported pursuant to 21 U.S.C. Section 830(b)(1).

3. The offense of failure to report suspicious transactions is a class E felony.

(L. 2001 S.B. 89 & 37, A.L. 2014 S.B. 491) Transferred 2014; formerly 195.515; Effective 1-01-17

Distribution of prescription medication on school property—exceptions—penalty.

579.150.

1. A person commits the offense of distribution of prescription medication on school property if he or she is less than twenty-one years of age and knowingly possesses upon the real property comprising a public or private elementary or secondary school or school bus prescription medication without a valid prescription for such medication. For purposes of this section, prescription medication shall not include medication containing a controlled substance, as defined in section 195.010.

2. The provisions of this section shall not apply to any person authorized to possess a prescription medication by any school personnel who are responsible for storing, maintaining, or dispensing any prescription medication under chapter 338. This section shall not limit the use of any prescription medication by emergency personnel during an emergency situation.

3. The offense of possession of prescription medication on school property is a class C misdemeanor for a first offense and a class B misdemeanor for any second or subsequent offense.


Possession of prescription medication on school property—exceptions—penalty.

579.155.

1. A person commits the offense of possession of prescription medication on school property if he or she is less than twenty-one years of age and knowingly possesses upon the real property comprising a public or private elementary or secondary school or school bus prescription medication without a valid prescription for such medication. For purposes of this section, prescription medication shall not include medication containing a controlled substance, as defined in section 195.010.

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Possession of prescription medication on school property—exceptions—penalty.

579.155.
Missouri Revised Statutes
Chapter 558
Imprisonment
August 28, 2016

• Fines for felonies.

558.002.

1. Except as otherwise provided for an offense outside this code, a person who has been convicted of an offense may be sentenced to pay a fine which does not exceed:

• (1) For a class C, D, or E felony, ten thousand dollars;
• (2) For a class A misdemeanor, two thousand dollars;
• (3) For a class B misdemeanor, one thousand dollars;
• (4) For a class C misdemeanor, seven hundred fifty dollars;
• (5) For a class D misdemeanor, five hundred dollars;
• (6) For an infraction, four hundred dollars; or
• (7) If the person has gained money or property through the commission of the offense, to pay an amount, fixed by the court, not exceeding double the amount of the person's gain from the commission of the offense.

2. A sentence to pay a fine, when imposed on a corporation for an offense defined in this code or for any offense defined outside this code for which no specific corporate fine is specified, shall be a sentence to pay an amount, fixed by the court, which does not exceed:

• (1) For a felony, twenty thousand dollars;
• (2) For a misdemeanor, ten thousand dollars;
• (3) For a class B misdemeanor, one thousand dollars;
• (4) For a class C misdemeanor, seven hundred fifty dollars;
• (5) For a class D misdemeanor, five hundred dollars;
• (6) For an infraction, four hundred dollars; or
• (7) If the corporation has gained money or property through the commission of the offense, to pay an amount, fixed by the court, not exceeding double the amount of the corporation's gain from the commission of the offense.

3. As used in this section the term “gain” means the amount of money or the value of property derived from the commission of the offense. The amount of money or value of property returned to the victim of the offense or seized by or surrendered to lawful authority prior to the time sentence is imposed shall be deducted from the fine. When the court imposes a fine based on gain the court shall make a finding as to the amount of the offender’s gain from the crime. If the record does not contain sufficient evidence to support such a finding, the court may conduct a hearing upon the issue.

• (L. 1971 H.B. 69, A.L. 2014 S.B. 491)

Transferred 2014; formerly 195.275; Effective 1-01-17

Arrest without warrant, when.

579.175. Any law enforcement officer of the state of Missouri, or of any political subdivision thereof, may, within the boundaries of the political entity from which he or she derives his or her authority, arrest without a warrant any person he or she sees violating or whom he or she has probable cause to believe has violated any provision of this chapter.


Transferred 2014; formerly 195.280; Effective 1-01-17

Burden of proof of any exception or exemption upon defendant.

579.180.

1. It is not necessary for the state to negate any exemption or exception in this chapter or chapter 195 in any complaint, information, indictment, or other pleading or in any trial, hearing, or other proceeding under this chapter or chapter 195. The burden of producing evidence of any exemption or exception is upon the person claiming it.

2. In the absence of proof that a person is the duly authorized holder of an appropriate registration or order form issued under chapter 195, the person is presumed not to be the holder of the registration or form. The burden of producing evidence with respect to the registration or order form is upon such person claiming to be the authorized holder of the registration or form.


Transferred 2014; formerly 195.367; Effective 1-01-17

Authorized state, county or municipal officers, good faith immunity from criminal liability.

579.185. No criminal liability is imposed by this chapter upon any authorized state, county, or municipal officer, lawfully engaged in the enforcement of this chapter in good faith.


Transferred 2014; formerly 195.371; Effective 1-01-17

Authorized state, county or municipal officers, good faith immunity from criminal liability.

579.185. No criminal liability is imposed by this chapter upon any authorized state, county, or municipal officer, lawfully engaged in the enforcement of this chapter in good faith.


Transferred 2014; formerly 195.371; Effective 1-01-17
and conditional release terms, are:

1. The authorized terms of imprisonment, including both prison and conditional release terms, are:

   - (1) For a class A felony, a term of years not less than ten years and not to exceed thirty years, or life imprisonment;
   - (2) For a class B felony, a term of years not less than five years and not to exceed fifteen years;
   - (3) For a class C felony, a term of years not less than three years and not to exceed ten years;
   - (4) For a class D felony, a term of years not to exceed seven years;
   - (5) For a class E felony, a term of years not to exceed four years;
   - (6) For a class A misdemeanor, a term not to exceed one year;
   - (7) For a class B misdemeanor, a term not to exceed six months;
   - (8) For a class C misdemeanor, a term not to exceed fifteen days.

2. When any other disposition is authorized by statute, the court shall not sentence an individual to pay a fine only unless, having regard to the nature and circumstances of the offense and the history and character of the offender, it is of the opinion that the fine alone will suffice for the protection of the public.

3. The court shall not sentence an individual to pay a fine in addition to any other sentence authorized by section 557.011 unless:

   - (1) He or she has derived a pecuniary gain from the offense; or
   - (2) The court is of the opinion that a fine is uniquely adapted to deterrence of the type of offense involved or to the correction of the defendant.

4. When an offender is sentenced to pay a fine, the court may provide for the payment to be made within a specified period of time or in specified installments. If no such provision is made a part of the sentence, the fine shall be payable forthwith.

5. When an offender is sentenced to pay a fine, the court shall not impose at the same time an alternative sentence to be served in the event that the fine is not paid. The response of the court to nonpayment shall be determined only after the fine has not been paid, as provided in section 558.006.

   - Transferred 2014; formerly 560.026; Effective 1-01-17
   - Response to nonpayment.

558.006. Nonpayment of fine, means to collect.

   - When an offender sentenced to pay a fine defaults in the payment of the fine or in any installment, the fine or installment shall be collected by any means authorized for the collection of money judgments, other than a lien against real estate, or may be waived at the discretion of the sentencing judge.

   - 558.008. A defendant who has been sentenced to pay a fine may at any time petition the sentencing court for a revocation of a fine or any unpaid portion thereof. If it appears to the satisfaction of the court that the circumstances which warranted the imposition of the fine no longer exist or that it would otherwise be unjust to require payment of the fine, the court may revoke the fine or the unpaid portion in whole or in part or modify the method of payment.

   - Transferred 2014; formerly 560.036; Effective 1-01-17
   - Sentence of imprisonment, terms—conditional release.

558.011. The authorized terms of imprisonment, including both prison and conditional release terms, are:

   - (1) For a class A felony, a term of years not less than ten years and not to exceed thirty years, or life imprisonment;
imprisonment by the board of probation and parole. The director of any division of the department of corrections except the board of probation and parole may file with the board of probation and parole a petition to extend the conditional release date when an offender fails to follow the rules and regulations of the division or commits an act in violation of such rules. Within ten working days of receipt of the petition to extend the conditional release date, the board of probation and parole shall convene a hearing on the petition. The offender shall be present and may call witnesses in his or her behalf and cross-examine witnesses appearing against the offender. The hearing shall be conducted as provided in section 217.670. If the violation occurs in close proximity to the conditional release date, the conditional release may be held for a maximum of fifteen working days to permit necessary time for the division director to file a petition for an extension with the board and for the board to conduct a hearing, provided some affirmative manifestation of an intent to extend the conditional release has occurred prior to the conditional release date. If at the end of a fifteen-working-day period a board decision has not been reached, the offender shall be released conditionally. The decision of the board shall be final.

- Effective 1-01-17
- Extended terms for prior criminal conduct—definitions—sentencing.

558.016.
1. The court may sentence a person who has been found guilty of an offense to a term of imprisonment as authorized by section 558.011 or to a term of imprisonment authorized by a statute governing the offense if it finds the defendant is a prior offender or a persistent misdemeanor offender. The court may sentence a person to an extended term of imprisonment if:
   • (1) The defendant is a persistent offender or a dangerous offender, and the person is sentenced under subsection 7 of this section;
   • (2) The statute under which the person was found guilty contains a sentencing enhancement provision that is based on a prior finding of guilt or a finding of prior criminal conduct and the person is sentenced according to the statute; or
   • (3) A more specific sentencing enhancement provision applies that is based on a prior finding of guilt or a finding of prior criminal conduct.
2. A “prior offender” is one who has been found guilty of one felony.
3. A “persistent offender” is one who has been found guilty of two or more felonies committed at different times.
4. A “dangerous offender” is one who:
   • (1) Is being sentenced for a felony during the commission of which he knowingly murdered or endangered or threatened the life of another person or knowingly inflicted or attempted or threatened to inflict serious physical injury on another person; and
   • (2) Has been found guilty of a class A or B felony or a dangerous felony.
5. A “persistent misdemeanor offender” is one who has been found guilty of two or more offenses, committed at different times that are classified as A or B misdemeanors under the laws of this state.
6. The findings of guilt shall be prior to the date of commission of the present offense.
7. The court shall sentence a person, who has been found to be a persistent offender or a dangerous offender, and is found guilty of a class B, C, D, or E felony to the authorized term of imprisonment for the offense that is one class higher than the offense for which the person is found guilty.

- Effective 1-01-17
- Prior felony convictions, minimum prison terms—prison commitment defined—dangerous felony, minimum term
- Prison term, how calculated—sentencing commission created, members, duties—expenses—cooperation with commission—restorative justice methods—restitution fund.

558.019. Prior felony convictions, minimum prison terms—prison commitment defined—dangerous felony, minimum term prison term, how calculated—sentencing commission created, members, duties—expenses—cooperation with commission—restorative justice methods—restitution fund
1. This section shall not be construed to affect the powers of the governor under Article IV, Section 7, of the Missouri Constitution. This statute shall not affect those provisions of section 565.020, section 566.125, or section 571.015, which set minimum terms of sentences, or the provisions of section 559.115, relating to probation.
2. The provisions of subsections 2 to 5 of this section shall only be applicable to the offenses contained in sections 565.021, 565.023, 565.024, 565.027, 565.050, 565.052, 565.054, 565.072, 565.073, 565.074, 565.090, 565.110, 565.115, 565.120, 565.153, 565.156, 565.225, 565.300, 566.030, 566.031, 566.032, 566.034, 566.060, 566.061, 566.062, 566.064, 566.066, 566.068, 566.069, 566.071, 566.083, 566.086, 566.100, 566.101, 566.103, 566.110, 566.115, 566.145, 566.151, 566.153, 566.203, 566.206, 566.209, 566.210, 566.211, 566.215, 566.030, 568.045, 568.060, 568.065, 568.175, 569.040, 569.160, 570.023, 570.025, 570.030 when punished as a class A, B, or C felony, 570.145 when punished as a class A or B felony, 570.223 when punished as a class B or C felony, 571.020, 571.030, 571.070, 573.023, 573.025, 573.035, 573.037, 573.200, 573.205, 574.070, 574.080, 574.115, 575.030, 575.150, 575.153,
575.155, 575.157, 575.200 when punished as a class A felony, 575.210, 575.230 when punished as a class B felony, 575.240 when punished as a class B felony, 576.070, 576.080, 577.010, 577.013, 577.078, 577.703, 577.706, 579.065, and 579.068 when punished as a class A or B felony. For the purposes of this section, "prison commitment" means and is the receipt by the department of corrections of an offender after sentencing. For purposes of this section, prior prison commitments to the department of corrections shall not include an offender's first incarceration prior to release on probation under section 217.362 or 559.115. Other provisions of the law to the contrary notwithstanding, any offender who has been found guilty of a felony other than a dangerous felony as defined in section 556.061 and is committed to the department of corrections shall be required to serve the following minimum prison terms:

1. If the offender has one previous prison commitment to the department of corrections for a felony offense, the minimum prison term which the offender must serve shall be forty percent of his or her sentence or until the offender attains seventy years of age, and has served at least thirty percent of the sentence imposed, whichever occurs first;

2. If the offender has two previous prison commitments to the department of corrections for felonies unrelated to the present offense, the minimum prison term which the offender must serve shall be fifty percent of his or her sentence or until the offender attains seventy years of age, and has served at least forty percent of the sentence imposed, whichever occurs first;

3. If the offender has three or more previous prison commitments to the department of corrections for felonies unrelated to the present offense, the minimum prison term which the offender must serve shall be eighty percent of his or her sentence or until the offender attains seventy years of age, and has served at least forty percent of the sentence imposed, whichever occurs first.

3. Other provisions of the law to the contrary notwithstanding, any offender who has been found guilty of a dangerous felony as defined in section 556.061 and is committed to the department of corrections shall be required to serve a minimum prison term of eighty-five percent of the sentence imposed by the court or until the offender attains seventy years of age, and has served at least thirty percent of the sentence imposed by the court, whichever occurs first.

4. For the purpose of determining the minimum prison term to be served, the following calculations shall apply:

1. A sentence of life shall be calculated to be thirty years;

2. Any sentence either alone or in the aggregate with other consecutive sentences for offenses committed at or near the same time which is over seventy-five years shall be calculated to be seventy-five years.

5. For purposes of this section, the term "minimum prison term" shall mean time required to be served by the offender before he or she is eligible for parole, conditional release or other early release by the department of corrections.

6. An offender who was convicted of, or pled guilty to, a felony offense other than those offenses listed in subsection 2 of this section prior to August 28, 2019, shall no longer be subject to the minimum prison term provisions under subsection 2 of this section, and shall be eligible for parole, conditional release, or other early release by the department of corrections according to the rules and regulations of the department.

7. 1) A sentencing advisory commission is hereby created to consist of eleven members. One member shall be appointed by the speaker of the house. One member shall be appointed by the speaker pro tem of the senate. One member shall be the director of the department of corrections. Six members shall be appointed by and serve at the pleasure of the governor from among the following: the public defender commission; private citizens; a private member of the Missouri Bar; the board of probation and parole; and a prosecutor. Two members shall be appointed by the supreme court, one from a metropolitan area and one from a rural area. All members shall be appointed to a four-year term. All members of the sentencing commission appointed prior to August 28, 1994, shall continue to serve on the sentencing advisory commission at the pleasure of the governor.

2) The commission shall study sentencing practices in the circuit courts throughout the state for the purpose of determining whether and to what extent disparities exist among the various circuit courts with respect to the length of sentences imposed and the use of probation for offenders convicted of the same or similar offenses and with similar criminal histories. The commission shall also study and examine whether and to what extent sentencing disparity among economic and social classes exists in relation to the sentence of death and if so, the reasons therefor, if sentences are comparable to other states, if the length of the sentence is appropriate, and the rate of rehabilitation based on sentence. It shall compile statistics, examine cases, draw conclusions, and perform other duties relevant to the research and investigation of disparities in death penalty sentencing among economic and social classes.

3) The commission shall study alternative sentences, prison work programs, work release, home-based incarceration, probation and parole options, and any other programs and report the feasibility of these options in Missouri.

4) The governor shall select a chairperson who shall call meetings of the commission as required or permitted pursuant to the purpose of the sentencing commission.

5) The members of the commission shall not receive compensation for their duties on the commission, but shall be reimbursed for actual and necessary expenses incurred in the performance of these duties and for which they are not reimbursed by reason of their other paid positions.

6) The circuit and associate circuit courts of this state, the office of the state courts administrator, the department of public safety, and the department of corrections shall cooperate with the commission by providing information or access.
to information needed by the commission. The office of the state courts administrator will provide needed staffing resources.

8. Courts shall retain discretion to lower or exceed the sentence recommended by the commission as otherwise allowable by law, and to order restorative justice methods, when applicable.

9. If the imposition or execution of a sentence is suspended, the court may order any or all of the following restorative justice methods, or any other method that the court finds just or appropriate:

   (1) Restitution to any victim or a statutorily created fund for costs incurred as a result of the offender’s actions;
   (2) Offender treatment programs;
   (3) Mandatory community service;
   (4) Work release programs in local facilities; and
   (5) Community-based residential and nonresidential programs.

10. Pursuant to subdivision (1) of subsection 9 of this section, the court may order the assessment and payment of a designated amount of restitution to a county law enforcement restitution fund established by the county commission pursuant to section 50.565. Such contribution shall not exceed three hundred dollars for any charged offense. Any restitution moneys deposited into the county law enforcement restitution fund pursuant to this section shall only be expended pursuant to the provisions of section 50.565.

11. A judge may order payment to a restitution fund only if such fund had been created by ordinance or resolution of a county of the state of Missouri prior to sentencing. A judge shall not have any direct supervisory authority or administrative control over any fund to which the judge is ordering a person to make payment.

12. A person who fails to make a payment to a county law enforcement restitution fund may not have his or her probation revoked solely for failing to make such payment unless the judge, after evidentiary hearing, makes a finding supported by a preponderance of the evidence that the person either willfully refused to make the payment or that the person willfully, intentionally, and purposefully failed to make sufficient bona fide efforts to acquire the resources to pay.

13. Nothing in this section shall be construed to allow the sentencing advisory commission to issue recommended sentences in specific cases pending in the courts of this state.

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(2017) As applied to juvenile offender serving consecutive sentences for various crimes, section requiring a minimum time served before eligibility for parole does not constitute cruel and unusual punishment. Willbanks v. Department of Corrections, 522 S.W.3d 238 (Mo.).


1. The court shall find the defendant to be a prior offender, persistent offender, dangerous offender, persistent sexual offender or predatory sexual offender if:

   • (1) The indictment or information, original or amended, or the information in lieu of an indictment pleads all essential facts warranting a finding that the defendant is a prior offender, persistent offender, dangerous offender, persistent sexual offender or predatory sexual offender; and
   • (2) Evidence is introduced that establishes sufficient facts pleaded to warrant a finding beyond a reasonable doubt that the defendant is a prior offender, persistent offender, dangerous offender, persistent sexual offender or predatory sexual offender; and
   • (3) The court makes findings of fact that warrant a finding beyond a reasonable doubt by the court that the defendant is a prior offender, persistent offender, dangerous offender, persistent sexual offender or predatory sexual offender.

2. In a jury trial, the facts shall be pleaded, established and found prior to submission to the jury outside of its hearing, except the facts required by subdivision (1) of subsection 4 of section 558.016 may be established and found at a later time, but prior to sentencing, and may be established by judicial notice of prior testimony before the jury.

3. In a trial without a jury or upon a plea of guilty, the court may defer the proof and findings of such facts to a later time, but prior to sentencing. The facts required by subdivision (1) of subsection 4 of section 558.016 may be established by judicial notice of prior testimony or the plea of guilty.

4. The defendant shall be accorded full rights of confrontation and cross-examination, with the opportunity to present evidence, at such hearings.

5. The defendant may waive proof of the facts alleged.

6. Nothing in this section shall prevent the use of presentence investigations or commitments under sections 557.026 and 557.031.

7. At the sentencing hearing both the state and the defendant shall be permitted to present additional information bearing on the issue of sentence.

   • Concurrent and consecutive terms of imprisonment.

558.026.

1. Multiple sentences of imprisonment shall run concurrently unless the court specifies that they shall run consecutively; except in the case of multiple sentences of imprisonment imposed for any offense committed during or at the same time as, or multiple offenses of, the following felonies:

   • (1) Rape in the first degree, forcible rape, or rape;
• (2) Statutory rape in the first degree;
• (3) Sodomy in the first degree, forcible sodomy, or sodomy;
• (4) Statutory sodomy in the first degree; or
• (5) An attempt to commit any of the felonies listed in this subsection. In such case, the sentence of imprisonment imposed for any felony listed in this subsection or an attempt to commit any of the aforesaid shall run consecutively to the other sentences. The sentences imposed for any other offense may run concurrently.

2. If a person who is on probation, parole or conditional release is sentenced to a term of imprisonment for an offense committed after the granting of probation or parole or after the start of his conditional release term, the court shall direct the manner in which the sentence or sentences imposed by the court shall run with respect to any resulting probation, parole or conditional release revocation term or terms. If the subsequent sentence to imprisonment is in another jurisdiction, the court shall specify how any resulting probation, parole or conditional release revocation term or terms shall run with respect to the foreign sentence of imprisonment.

3. A court may cause any sentence it imposes to run concurrently with a sentence an individual is serving or is to serve in another state or in a federal correctional center. If the Missouri sentence is served in another state or in a federal correctional center, subsection 4 of section 558.011 and section 217.690 shall apply as if the individual were serving his sentence within the department of corrections of the state of Missouri, except that a personal hearing before the board of probation and parole shall not be required for parole consideration.

• Calculation of terms of imprisonment—credit for jail time awaiting trial.

558.031.

1. A sentence of imprisonment shall commence when a person convicted of an offense in this state is received into the custody of the department of corrections or other place of confinement where the offender is sentenced. Such person shall receive credit toward the service of a sentence of imprisonment for all time in prison, jail or custody after the offense occurred and before the commencement of the sentence, when the time in custody was related to that offense, except:
• (1) Such credit shall only be applied once when sentences are consecutive;
• (2) Such credit shall only be applied if the person convicted was in custody in the state of Missouri, unless such custody was compelled exclusively by the state of Missouri’s action; and
• (3) As provided in section 559.100.

2. The officer required by law to deliver a person convicted of an offense in this state to the department of corrections shall endorse upon the papers required by section 217.305 both the dates the offender was in custody and the period of time to be credited toward the service of the sentence of imprisonment, except as endorsed by such officer.

3. If a person convicted of an offense escapes from custody, such escape shall interrupt the sentence. The interruption shall continue until such person is returned to the correctional center where the sentence was being served, or in the case of a person committed to the custody of the department of corrections, to any correctional center operated by the department of corrections. An escape shall also interrupt the jail time credit to be applied to a sentence which had not commenced when the escape occurred.

4. If a sentence of imprisonment is vacated and a new sentence imposed upon the offender for that offense, all time served under the vacated sentence shall be credited against the new sentence, unless the time has already been credited to another sentence as provided in subsection 1 of this section.

5. If a person released from imprisonment on parole or serving a conditional release term violates any of the conditions of his or her parole or release, he or she may be treated as a parole violator. If the board of probation and parole revokes the parole or conditional release, the paroled person shall serve the remainder of the prison term and conditional release term, as an additional prison term, and the conditionally released person shall serve the remainder of the conditional release term as a prison term, unless released on parole.

• Effective 1-01-17
• "Good time" credit, exceptions—rules, procedure.

558.041.

1. Any offender committed to the department of corrections, except those persons committed pursuant to subsection 7 of section 558.016, or subsection 3 of section 566.125, may receive additional credit in terms of days spent in confinement upon recommendation for such credit by the offender’s institutional superintendent when the offender meets the requirements for such credit as provided in subsections 3 and 4 of this section. Good time credit may be rescinded by the director or his or her designee pursuant to the divisional policy issued pursuant to subsection 3 of this section.

2. Any credit extended to an offender shall only apply to the sentence which the offender is currently serving.

3. The director of the department of corrections shall issue a policy for awarding credit. The policy may reward an inmate who has served his or her sentence in an orderly and peaceable manner and has taken advantage of the rehabilitation programs available to him or her. Any violation of institutional rules or the laws of this state may result in the loss of all or a portion of any credit earned by the inmate pursuant to this section.

4. The department shall cause the policy to be published in the code of state regulations.

5. No rule or portion of a rule promulgated under the authority of this chapter shall become effective unless it has been promulgated pursuant to the provisions of section 536.024.

• Effective 1-01-17

• Reduction of term of sentence, conditions.

• 558.046. The sentencing court may, upon petition, reduce any term of sentence or probation pronounced by the court or a term of conditional release or parole pronounced by the state board of probation and parole if the court determines that:

• (1) The convicted person was:

• (a) Convicted of an offense that did not involve violence or the threat of violence; and

• (b) Convicted of an offense that involved alcohol or illegal drugs; and

• (2) Since the commission of such offense, the convicted person has successfully completed a detoxification and rehabilitation program; and

• (3) The convicted person is not:

• (a) A prior offender, a persistent offender, a dangerous offender or a persistent misdemeanor offender as defined by section 558.016; or

• (b) A persistent sexual offender as defined in section 566.125; or

• (c) A prior offender, a persistent offender or a class X offender as defined in section 558.019.

• (L. 1993 S.B. 167, A.L. 2014 S.B. 491)

• Effective 1-01-17

• Persons under eighteen, review of sentence, when, procedure.

• 558.047.

1. (1) Any person sentenced to a term of imprisonment for life without eligibility for parole before August 28, 2016, who was under eighteen years of age at the time of the commission of the offense or offenses, may submit to the parole board a petition for a review of his or her sentence, regardless of whether the case is final for purposes of appeal, after serving twenty-five years of incarceration on the sentence of life without parole.

• (2) Any person found guilty of murder in the first degree who was sentenced on or after August 28, 2016, to a term of life imprisonment with eligibility for parole or a term of imprisonment of not less than thirty years and not to exceed forty years, who was under eighteen years of age at the time of the commission of the offense or offenses may submit to the parole board a petition for a review of his or her sentence, regardless of whether the case is final for purposes of appeal, after serving twenty-five years of incarceration, and a subsequent petition after serving thirty-five years of incarceration.

2. A copy of the petition shall be served on the office of the prosecutor in the judicial circuit of original jurisdiction. The petition shall include the person's statement that he or she was under eighteen years of age at the time of the offense, is eligible to petition under this section, and requests that his or her sentence be reviewed.

3. If any of the information required in subsection 2 of this section is missing from the petition, or if proof of service on the prosecuting or circuit attorney is not provided, the parole board shall return the petition to the person and advise him or her that the matter cannot be considered without the missing information.

4. The parole board shall hold a hearing and determine if the defendant shall be granted parole. At such a hearing, the victim or victim's family members shall retain their rights under section 595.209.

5. In a parole review hearing under this section, the board shall consider, in addition to the factors listed in section 565.033:

• (1) Efforts made toward rehabilitation since the offense or offenses occurred, including participation in educational, vocational, or other programs during incarceration, when available;

• (2) The subsequent growth and increased maturity of the person since the offense or offenses occurred;

• (3) Evidence that the person has accepted accountability for the offense or offenses, except in cases where the person has maintained his or her innocence;

• (4) The person's institutional record during incarceration; and

• (5) Whether the person remains the same risk to society as he or she did at the time of the initial sentencing.

• (L. 2016 S.B. 590)

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