

DRUG-FREE CAMPUS POLICY INFORMATION FOR STUDENTS

Health Risks Penalties Where to Get Help

In accordance with its mission of enabling students to achieve their educational goals, California State University, Northridge is committed to creating a campus environment that is free from both the illicit and harmful use of alcohol and other drugs.

The purpose of the Use of Alcohol and Illicit Drugs Policy is to delineate university regulations concerning alcohol and other drugs, provide procedural guidelines, communicate the consequences of failing to adhere to established policies, and provide guidance as to available resources.

This policy is a significant component of the University's overall compliance with the Drug-Free Schools and Campuses regulations, which implement the Drug-Free Schools and Communities Act of 1989. The University respects the rights of individuals within the University under circumstances authorized by this policy. Members of the campus community, particularly students, who elect not to use alcoholic beverages, or not to include alcohol as part of sponsored events and activities, will be fully supported in that choice. The use of alcohol or other drugs in a manner that undermines a campus climate of civility, collegiality, reasoned debate, and adherence to the policies contained herein is not consistent with the values of California State University, Northridge and will not be tolerated. The policy is excerpted below.

Except as permitted by the California State University, Northridge Use of Alcohol and Illicit Drugs Policy, the manufacture, possession, distribution, sale or use of alcohol, illicit drugs or drug related paraphernalia, and the misuse of legal pharmaceutical drugs on-campus, or off-campus while on University business or participating in University sponsored functions, is prohibited. Drugs and drug-related paraphernalia may be possessed or used as permitted by state and federal law AND campus policy, or when lawfully permitted for the purpose of research or instruction.

Complete text of the policy and procedural guidelines can be viewed at:

[Use of Alcohol and Illicit Drugs Policy](#)

Potential Health Risks and Effects Associated with Alcohol and Other Drug Use

Alcohol

- Short-term effects can include slurred speech, reduced inhibitions, motor impairment, confusion, drowsiness, emotional changes, sleep disruption, memory problems, concentration problems, reduced reaction time, decreased breathing and heart functions
- Long-term effects can include disruption of brain development, brain cell death, liver damage/cirrhosis of the liver, stomach and intestinal ulcers, increases in blood pressure, and other complications
- Overdose (alcohol poisoning) symptoms can include nausea and vomiting, loss of bladder and bowel control, blackouts (acute memory impairment), mental confusion, temporary loss of consciousness (with snoring/gasping for air), erratic breathing, hypothermia, paleness/blueness of skin, coma, death
- Risk of physical dependence: Low to high
- Risk of psychological dependence: Moderate to high
- Withdrawal symptoms can include shaky hands, sweating, anxiety, nausea/vomiting, headache, insomnia, disorientation*, hallucinations*, seizures*, coma/death*
*in more chronic cases
- Please see “Hazards of Combinations” Category for dangerous combinations involving alcohol

Illicit Stimulants

Amphetamine (“speed”), cocaine, methamphetamine (“crystal meth”) and more

- Short-term effects can include increased heart rate, breathing, blood pressure, and body temperature; decreased appetite; shakiness; cramping; anxiety; irregular heartbeat; panic attacks; irritability; paranoia; seizures; strokes
 - When injected, there is an increased risk of infection (HIV and hepatitis)
 - Many methamphetamine users experience skin wounds - "crank sores" (picking at imaginary bugs crawling on skin leads to scabs and infections)
- Long-term effects can include reduced appetite, tremors, loss of coordination, delirium, panic, paranoia, insomnia, hostility, brain damage, liver damage, chest pain, respiratory failure, nausea, seizures, and strokes
- Overdose symptoms can include intense chest pain, hallucinations, extremely shallow, slowed or stoppage of breathing, hyperthermia (fever), seizures, and sudden cardiac death
- Risk of physical dependence: Possible, but rare
- Risk of psychological dependence: Low (oral); high (snorted, injected IV, or smoked)

- Withdrawal symptoms can include depression, disorientation, irritability, craving, and sleep disturbance
- Combining cocaine and alcohol forms a third substance by the liver called Cocaethylene, which intensifies the effects of both drugs and increases risk of sudden death. Single high doses of cocaine or methamphetamine can lead to seizures, stroke, and sudden cardiac death.

Prescription Stimulants

Adderall, Ritalin and more

- Short-term effects can include increased heart rate, breathing, blood pressure, body temperature, decreased appetite, shakiness, cramping, anxiety, irregular heartbeat, panic attacks, irritability, paranoia, seizures and strokes
 - Risks increase when taken in a way or dose other than prescribed.
- Long-term effects can include damage to brain, blood vessels, liver, and kidneys, infectious diseases (if injected), damage to nose tissue (if snorted), malnutrition, disorientation, confusion, depression, paranoia, hostility, and seizures
- Overdose symptoms can include intense chest pain; extremely shallow, slowed, or stoppage of breathing; hyperthermia (fever); seizures; and possible death
- Risk of physical dependence: Possible, but rare
- Risk of psychological dependence: Low (oral); high (snorted, injected IV, or smoked)
- Withdrawal symptoms can include fatigue, depression, disorientation, irritability, craving, and sleep disturbance
- Combined with alcohol, the depressant effects of alcohol may be blocked, resulting in consumption of potentially dangerous amounts of alcohol

Cannabis

Marijuana, hashish, THC oils and extracts, edibles

Methods of consumption involving THC-extraction (high concentration of psychoactive ingredient in cannabis) have both increased desired and risky effects (e.g., edibles, oils, hash, dabs, etc.)

- Short-term effects can include slowed thinking and reaction time; confusion; emotional distress; increased heart rate; impaired balance; impaired learning and memory; and lack of coordination
- Long-term effects can include cough; respiratory infections; impaired learning and memory; increased heart rate; anxiety; panic attacks; and sleep difficulties
- Overdose symptoms can include fatigue; paranoia; at very high doses a hallucinogen-like psychotic state
- Risk of physical dependence: Low
- Risk of psychological dependence: Moderate

- Withdrawal symptoms can include irritability, anxiety, decreased appetite, restlessness, sleep difficulty

Heroin

- Short-term effects can include shallow breathing, flushing of skin, heaviness of extremities, drowsiness, nausea, constipation, spontaneous abortion (for women), difficulty urinating, and gastrointestinal distress
- Long-term effects can include tolerance; liver or kidney disease; if using a needle abscesses, infectious diseases (HIV, hepatitis, etc.), and collapsed veins; infection of heart lining and valves; sexual and reproduction impairment in men and women
- Overdose symptoms can include slow and shallow breathing; clammy skin; constricted pupils; slow heart rate; lack of oxygen to the brain; coma; and death
- Risk of physical dependence: High
- Risk of psychological dependence: Very high (IV)
- Withdrawal symptoms can include restlessness; muscle and bone pain; insomnia; diarrhea; vomiting; cold flashes and goose bumps; and craving
- Combined with alcohol or over-the-counter medications increases risk of overdose, convulsions, coma, and death

Prescription Opiate Painkillers

Codeine, fentanyl, hydrocodone (Vicodin), Methadone, morphine, Oxycodone (OxyContin), Percocet and more

Prescription narcotic, opiate pain relievers that can be addictive, create a euphoric high similar to heroin. Prescription opioid use, even when used as prescribed by a doctor can lead to a substance use disorder.

- Short-term effects can include shallow breathing, drowsiness, nausea, constipation, headache, vomiting, flushing of skin, difficulty urinating, anxiety, and other mood changes
 - Risks increase when taken in a way or dose other than prescribed.
- Long-term effects can include tolerance; muscle breakdown; kidney failure; cardiovascular problems; increased heart rate, blood pressure, and body temperature; and depression
 - Long-term usage from injection can cause cardiovascular damage, scarred/collapsed veins, risks of infections (HIV, hepatitis, etc.)
- Overdose symptoms can include slow and shallow breathing; slow heart-rate; clammy skin; constricted pupils; extreme drowsiness; seizure; loss of consciousness/fainting; muscle weakness; coma; and death
- Risk of physical dependence: Varies, but many carry high risk
- Risk of psychological dependence: Varies, but many carry high risk

- Withdrawal symptoms can include restlessness, irritability, muscle and bone pain, insomnia, diarrhea, vomiting, emotional distress, cold flashes and goose bumps, and craving
- Combined with alcohol or over-the-counter medicines increases risk of overdose, convulsions, coma, and death

MDMA

(3, 4-methylenedioxy-methamphetamine, “ecstasy”, “molly”)

- Short-term effects can include jitteriness, muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movements, dizziness, chills, sweating, decreased appetite, sleep difficulties, depression, panic attacks, paranoia, and psychotic episodes
- Long-term effects can include muscle breakdown; kidney failure; cardiovascular problems; increased heart rate, blood pressure, and body temperature; and damage to serotonin neurons
- Overdose symptoms can include jitteriness, involuntary teeth clenching, high blood pressure, increased body temperature, panic attacks, loss of consciousness, kidney failure, seizures, coma, and death
- Risk of physical dependence: Unknown
- Risk of psychological dependence: Unknown
- Withdrawal symptoms can include fatigue, loss of appetite, depression, and trouble concentrating
- Combined with alcohol may cause nausea, vomiting, coma, and death (particularly in active, hot environments). Dangerous when combined with certain antidepressants (MAO inhibitors)

Sedative-Hypnotics & Benzodiazepines

Xanax, Valium, Rohypnol (“roofies”), GHB, Ketamine, Ambien and more

- Short-term effects can include light-headedness; vertigo; drowsiness; slurred speech; muscle incoordination; impaired learning and memory (from a couple hours to more than a day); anxiety; nightmares; and hostility
 - Risks increase when taken in a way or dose other than prescribed.
- Long-term effects can include learning and memory impairment; depression; psychotic experiences; aggressive and impulsive behaviors
- Overdose symptoms can include memory impairment; drowsiness; muscle incoordination; slurred speech; unresponsiveness; loss of reflexes such as blinking, gagging and reacting to painful stimulus; shallow or stopped breathing; heart failure; coma; and death
- Risk of physical dependence: Low to moderate (benzodiazepines); moderate to high (sedatives); low (hypnotics)
- Risk of psychological dependence: Moderate to high (benzodiazepines); moderate to high (sedatives); low (hypnotics)

- Withdrawal symptoms can include sleep disturbance; anxiety; insomnia; tremors; delirium; convulsions; increased heart and blood pressure; auditory and visual hallucinations; seizures; and death. (Medical supervision is needed!)
- Combined with other depressants (e.g., alcohol, opiates, benzodiazepines, etc.), can slow down the respiratory system to dangerous levels, increasing risk for convulsions, coma, or death

Hallucinogens

LSD “acid”, mushrooms/psilocybin, PCP, Ketamine, salvia

- Short-term effects can include visual illusions; hallucinations; altered perception of one’s own body; increased blood pressure and heart rate; anxiety and/or panic symptoms; fear of going insane; suicidal/homicidal ideation
- Long-term effects can include flashbacks; changes in brain chemistry; depression; other mood shifts; symptoms of schizophrenia (Hallucinogen Persisting Perception Disorder), though psychotic symptoms can occur following minimal use as well
- Overdose symptoms are rare and poorly understood. May resemble a state of psychosis. More dangerous than overdose symptoms are individuals acting on irrational thoughts experienced when under the influence.
- Risk of physical dependence: Varies none to low; some unknown
- Risk of psychological dependence: Varies low to high; some unknown
- Withdrawal symptoms are rare and poorly understood
- Combined with alcohol may intensify negative experiences (also known as “bad trips”) and leave the user intoxicated and experiencing perceptual distortions, which can lead to very dangerous behavior.

Inhalants

Nitrous oxide/whippets, aerosol propellants, nitrates, solvent glue and more

- Short-term effects can include intoxicating effects, accidents, disorientation, slurred speech, lack of muscular coordination, loss of consciousness, headaches, vomiting, asphyxiation, seizures, coma, and death
 - Use while engaging in sexual activities can also lead to unsafe sexual practices, thus risking transmission of HIV and other sexually transmitted infections.
 - Higher risk of death from first time use
- Long-term effects can include central nervous system, brain, kidneys, liver, heart, and lung damage
- Overdose symptoms can include slurred speech, balance difficulties, headaches, vomiting, suppression of respiration, seizures, and coma
- Risk of physical dependence: Varies
- Risk of psychological dependence: Varies
- Withdrawal symptoms can include nausea, loss of appetite, sweating, headaches, sleep difficulties, and mood changes
- Combined with alcohol, inhalants can dangerously lower blood pressure

Hazards of Combinations

- Alcohol (a depressant) + Other Depressants (heroin, OxyContin, Vicodin, Xanax, Valium, etc.) - heart rate and respiration slows down, increased risk of coma, convulsions, and death
- Alcohol + Stimulants - can lead to nausea, vomiting, loss of consciousness, coma, and death
- Alcohol + Antihistamines - intensifies the sedative effects of the drugs
- Alcohol + Antidepressants - may lead to blood pressure problems; increases sedative effects of the antidepressant; and increases negative effect of alcohol on the liver. Using alcohol with certain antidepressants (MAO inhibitors) can cause potentially fatal sudden increases in blood pressure, known as hypertensive crisis

Hart, C. & Ksir, C. (2018). *Drugs, Society & Human Behavior*. New York, NY: McGraw-Hill Education.

Kuhn, C., Swartzwelder, S., & Wilson, W. (2019). *Buzzed: The Straight Facts about the Most*

Used and Abused Drugs from Alcohol to Ecstasy. New York, NY: W. W. Norton & Company Inc.

National Institute on Drug Abuse (2020) [Commonly Used Drugs Chart](#); [Commonly Abused Drugs and Withdrawal Symptoms](#); [Commonly Abused Drugs: Prescription and OTCs](#)

Penalties

This section provides information regarding sanctions for violation of campus policies as well as local, state, and federal alcohol and other drug related laws.

Campus Sanctions

In addition to legal sanctions, students who violate University policies on alcohol and drugs are in violation of the Student Conduct Code, Title 5, California Code of Regulations, § 41301 [Standards for Student Conduct](#) and may be subject to discipline pursuant to [Executive Order 1098](#) . While a minor first infraction may result in a warning, subsequent infractions will result in substantial sanctions up to and including expulsion.

Local Law

Proposed legal sanctions for alcohol and other drug violations are decided by the court and filing district or city attorney. They range from fines, incarceration in the county jail (misdemeanors) or in federal/state prison systems (felonies), community service, rehabilitation, restitution to victim(s) or anyone else who may claim a loss as a result of the criminal act, and probation and parole restrictions/requirements.

California Law*

Misdemeanor convictions for workplace and campus drug violations can result in a fine of more than \$2000, community service, and incarceration of up to one year. Felony convictions for workplace and campus drug use can result in substantial fines and a lengthy sentence in state prison. Most drug possession convictions are defined as felony acts. Possession for sale or purchase for purposes of sale, importation, transportation and illegal administration/transfer can result in a state prison sentence of three to five years.

*California Health and Safety Code - Division 10. UNIFORM CONTROLLED SUBSTANCES ACT [11000 - 11651] – Chapter 6 Offenses and Penalties

[DIVISION 10. UNIFORM CONTROLLED SUBSTANCES ACT 11000-11651](#)

[CHAPTER 1. General Provisions and Definitions 11000-11033](#)

[CHAPTER 2. Standards and Schedules 11053-11058](#)

[CHAPTER 6. Offenses and Penalties 11350-11392](#)

[ARTICLE 1. Offenses Involving Controlled Substances Formerly Classified as Narcotics 11350-11356.5](#)

[ARTICLE 2. Cannabis 11357-11362.9](#)

[ARTICLE 2.5. Medical Marijuana Program 11362.7-11362.85](#)

[ARTICLE 3. Peyote 11363](#)

[ARTICLE 4. Miscellaneous Offenses and Provisions 11364-11376.5](#)

[ARTICLE 5. Offenses Involving Controlled Substances Formerly Classified as Restricted Dangerous Drugs 11377-11382.5](#)

[ARTICLE 6. Precursors of Phencyclidine \(PCP\) and Methamphetamine 11383-11384](#)

[ARTICLE 7. Mushrooms 11390-11392](#)

[CHAPTER 6.5. Analogs 11400-11401](#)

Federal Trafficking Penalties

Information below on federal trafficking penalties is contained in “[Drugs of Abuse, A DEA Resource Guide 2017 Edition](#)” on the U.S. Drug Enforcement Administration website.

FEDERAL TRAFFICKING PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	<p>First Offense: Not less than 5 yrs. and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual.</p> <p>Second Offense: Not less than 10 yrs., and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.</p>	5 kg or more mixture	<p>First Offense: Not less than 10 yrs. and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual.</p> <p>Second Offense: Not less than 20 yrs. and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p> <p>2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p>
Cocaine Base (Schedule II)	28–279 grams mixture	same as above	280 grams or more mixture	same as above
Fentanyl (Schedule II)	40–399 grams mixture	same as above	400 grams or more mixture	same as above
Fentanyl Analogue (Schedule I)	10–99 grams mixture	same as above	100 grams or more mixture	same as above
Heroin (Schedule I)	100–999 grams mixture	same as above	1 kg or more mixture	same as above
LSD (Schedule I)	1–9 grams mixture	same as above	10 grams or more mixture	same as above
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture	same as above	50 grams or more pure or 500 grams or more mixture	same as above
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture	same as above	100 gm or more pure or 1 kg or more mixture	same as above

PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	<p>First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if not an individual.</p> <p>Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.</p>
Flunitrazepam (Schedule IV)	1 gram	<p>First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if not an individual.</p> <p>Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.</p>
Other Schedule III drugs	Any amount	<p>First Offense: Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.</p> <p>Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.</p>
All other Schedule IV drugs	Any amount	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.</p>
Flunitrazepam (Schedule IV)	Other than 1 gram or more	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.</p>
All Schedule V drugs	Any amount	<p>First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p>Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>

FEDERAL TRAFFICKING PENALTIES - MARIJUANA

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE*
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75million if other than an individual.
Marijuana (Schedule I)	More than 10 kg hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual.	Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants;	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.
Hashish (Schedule I)	10 kg or less	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.
Hashish Oil (Schedule I)	1 kg or less	Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.	Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to \$20 million if an individual and \$75 million if other than an individual.

Where to Get Help

If you are experiencing a medical emergency, related to substance use and any other circumstances, dial 9-1-1 or go to the nearest emergency room.

Campus Support

Campus resources include:

University Counseling Services

(818) 677-2366 <https://www.csun.edu/counseling>

Steve Silver, Alcohol & Other Drug Counselor

(818) 677-2366 <https://www.csun.edu/counseling/available-services>

Klotz Student Health Center

(818) 677-3666 <https://www.csun.edu/shc>

Vice President, Student Affairs

(818) 677-2391 <https://www.csun.edu/studentaffairs/>

Community Support Programs

12-step programs provide support for addiction recovery.

AL-ANON

(818) 760-7122 <https://al-anon.org/>

Alcoholics Anonymous

(818) 988-3001 <https://www.aa.org/>

Cocaine Anonymous

(818) 760-8402 <https://ca.org/>

Marijuana Anonymous

(800) 766-6779 <http://www.marijuana-anonymous.org/>

Narcotics Anonymous

(818) 773-9999 <https://www.na.org/>

Community Treatment Programs

Local treatment centers include:

Los Angeles County Department of Health Services, Substance Abuse Prevention & Control

(844) 804-7500 <http://publichealth.lacounty.gov/sapc/>

Cri-Help (fee for service)

(818) 985-8323 <https://www.cri-help.org/>

Tarzana Treatment Centers (fee for service)

(818) 996-1051 <https://www.tarzanatc.org/>

National Treatment Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) maintains a [Behavioral Health Treatment Services Locator](#), a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.