

INTER AMERICAN UNIVERSITY OF PUERTO RICO

PREVENTION MANUAL

on the Use and Abuse of Drugs,
Alcoholic Beverages, and Tobacco

2018



**Prevention Manual
on the Use and Abuse of Drugs, Alcoholic Beverages, and Tobacco
2018**

Prevention Manual Committee

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A. Normative Document G-0807-028R

Internal Regulations to Address Complaints about the Use and Abuse of Drugs and Alcoholic Beverages on the Premises of the Inter American University of Puerto Rico

B. Normative Document G-0618-045

Norms to Regulate Smoking at the Inter American University of Puerto Rico

C. Summary of the Drug-Free School and Communities Act, Amendments of 1989

D. Federal Penalties for Drug Trafficking

E. Directory of Treatment Centers

References

INTRODUCTION

Inter American University of Puerto Rico (IAUPR) is committed to the development of integral, ethical and trained professionals to contribute to social well-being. Aware that the use of alcoholic beverages, tobacco, and other drugs is one of the main and most alarming problems on our island and worldwide, IAUPR as an institution aims to provide the university community and society in general with the opportunity to share a healthy learning environment. IAUPR is committed to developing and implementing strategies and activities aimed at the prevention of the use of alcohol, tobacco and other drugs so that our university community can achieve its full development in a peaceful and respectful environment. As part of these efforts, Inter American University of Puerto Rico declares the fight against this social problem as an institutional policy. Accordingly, the institution developed this *prevention manual* to serve as a guide to the university community. It includes institutional policies on the use of alcoholic beverages, tobacco, and other drugs.

The main objective of this manual is to inform the readers about the adverse effects of the excessive consumption of alcohol and the use of tobacco and other addictive drugs. It will also alert them about the physical, mental, legal, and academic risks involved in exposing themselves to the use of substances that alter the functioning of their body, particularly those that can alter the neurochemistry of the brain. We expect this manual to enable readers to acquire a level of understanding of the fundamental aspects in the development of addiction to these substances.

This manual is aligned with the regulations established in the institutional policies on the use of alcohol, tobacco and other drugs that together they are part of the process of compliance with the Drug-Free Schools and Communities Act, Amendments of 1989 (Public Law 101-226), December 12, 1989, (34 CFR Part 86) (*Appendix C*). This law requires that educational institutions implement programs aimed at the prevention of the use of alcohol, tobacco, and other drugs within their premises and in off-campus official activities as a condition to receive federal funds. This manual includes information to guide and alert the university community about:

- National and global findings on drug use
- Addiction
- Drugs, their descriptions, and their harmful effects
- Institutional policies on the use of alcohol, tobacco, and other drugs
- Applicable legal penalties for the use and distribution of illegal drugs and alcohol
- Support and treatment centers

INTRODUCTION

The information presented in this prevention manual is of an informative nature meant to provide guidance on important aspects related to the use and abuse of tobacco, alcohol, and other drugs. Inter American University of Puerto Rico condemns the abuse of alcohol, tobacco and other drugs. We urge the entire university community to learn as much as possible about these substances in order to be able to support our prevention initiatives and understand the consequences related to their use. We encourage you to read this manual and expand your knowledge of the subject.

NATIONAL AND GLOBAL PERSPECTIVES ON DRUG USE

National Perspective

The Inter American University of Puerto Rico, in its commitment to maintain a healthy environment for the entire academic community, is part of the *Consortio de Recursos Universitarios Sembrando Alianza de Alerta a las Drogas, el Alcohol y la Violencia* (C.R.U.S.A.D.A.). This interuniversity consortium is a non-profit organization committed to promoting university environments free of violence and the use and abuse of alcohol, tobacco, and other drugs, as well as healthy lifestyles in higher education institutions in Puerto Rico (C.R.U.S.A.D.A., 2013). Established in 1989 with the endorsement of the United States Department of Education, the C.R.U.S.A.D.A. consortium consists of 54 public and private post-secondary education institutions in Puerto Rico.

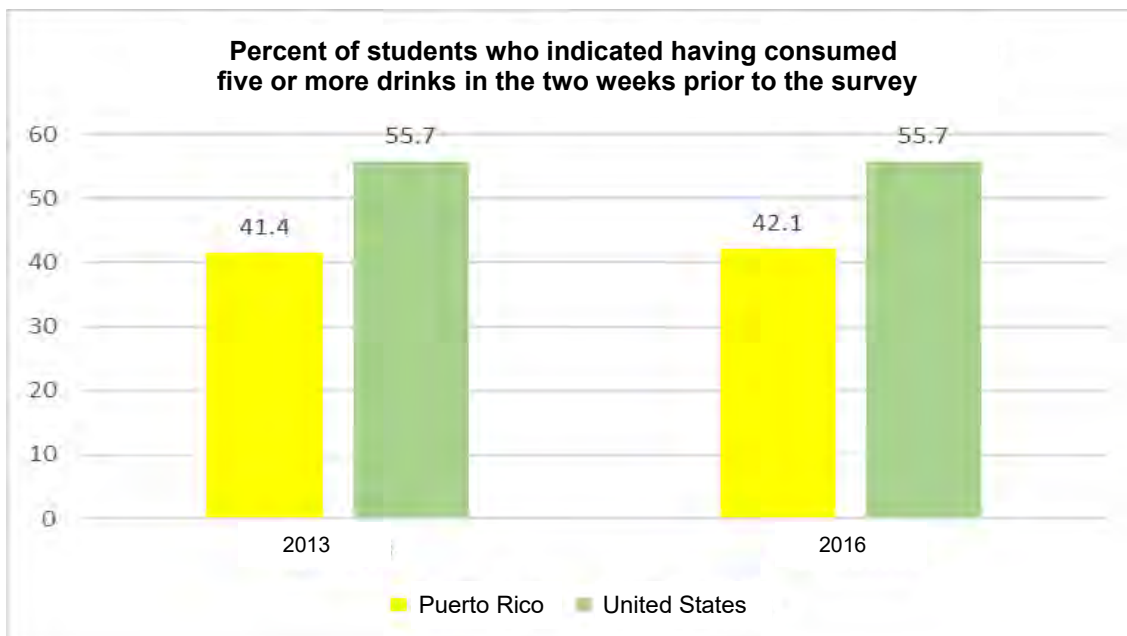
Every three years, this entity conducts the National Survey on Alcohol and Drugs, better known as Core Study, to investigate patterns of alcohol and drug use in each of the participating institutions. Our academic units use the C.R.U.S.A.D.A./Core Study results to raise awareness of the problems of the use and abuse of alcohol, tobacco, and other drugs in their environments and to establish their corresponding annual prevention plans.

For purposes of presenting some of the social problems in our country's universities, this first section of the manual includes data provided by the Core Studies conducted in 2013 and 2016. The student sample is representative of the institutions participating in the study those years. Forty-one institutions of higher education participated in 2013 and 42 in 2016. A random and statistically representative sample of each of the participating institutions was used. In 2013, students completed 12,199 questionnaires and in 2016, the completed 13,485 questionnaires.

The results of the 2013 and 2016 Core Studies indicate that the substance most used by university students is alcohol. The 2016 survey indicated that:

- 67.5% of students reported using alcohol during the year prior to the study.
- 50% of the students who reported consuming alcohol indicated that they began their consumption before beginning university studies. This represents a reduction of 1% compared to the 2013 study.
- 15.7% indicated that they started alcohol consumption after beginning university studies.
- 51.2% of students who indicated that they had consumed alcohol in the thirty days prior to the study were under 21 years of age.

Below is a comparative chart of university students in Puerto Rico and the United States who indicated that they had consumed five or more drinks in the two weeks prior to the study. The data reflect an increase in alcohol use among Puerto Rican college students between 2013 and 2016.



Source: Core Studies 2013 and 2016

Regarding tobacco, although the results of the 2013 and 2016 Core Studies reflect a decrease from 23.7% to 21.8% in tobacco consumption, this substance continues to occupy the second position in terms of consumption among university students. According the 2016 study, 7.1% of the respondents indicated that they started smoking after they entered the university, whereas 10.6% indicated that they began using cigarettes prior to entering the university. This represents a decrease of 1.4% from the 2013 survey, which reflected that 12.0% had started using cigarettes prior to beginning their university studies.

The results of the Core Studies indicate that the third substance most used by university students is marijuana, and the data reflect a continuous increase in the consumption of this substance since 2004. According to the Core Study of 2016:

- 20.6% of students used the substance during the year prior to the study versus 16.2% in 2013.
- 14.0% of the students surveyed indicated that they had started to use marijuana before entering the university. This represents an increase of 3.4% from the 2013 study, which reflected that 11.6% had started using marijuana before beginning university studies.
- 9.3% indicated that they started using marijuana after entering the university.

**TABLE 1: USE OF TOBACCO AND OTHER DRUGS BY UNIVERSITY STUDENTS
IN PUERTO RICO, 2013 AND 2016**

Substances	2013 (N = 12,199)	2016 (N = 13,485)
Cigarettes	23.7%	21.8%
Marijuana	16.2%	20.6%
Use of other illegal drugs	2.8%	3.0%

Source: Core Studies 2013 and 2016

Global Perspective

The United Nations Office on Drugs and Crime (UNODC) *World Drug Report 2018* indicates that the worldwide use of drugs continues to increase. Between 2015 and 2016, there was an increase of 20 million users. According to the report, 275 million people worldwide between the ages of 15 and 65, one of every 20 persons in this age group, used at least one drug in 2016, and 31 million suffered from some type of drug use disorder. Of these, 12 million injected drugs, 14% of whom were affected by HIV and 50% by hepatitis C. Unsafe injecting practices is a major route for the transmission of both HIV and hepatitis C. It is estimated that 23% of the new cases of hepatitis C in 2015 occurred through injecting drugs. The *World Drug Report 2018* states that just one in six persons that suffer from drug use disorders are receiving treatment. The report also asserts that the number of worldwide deaths from drug use remains devastating and unacceptable. According to the report, 450,000 persons died as a result of drug use in 2015. This is more than twice the number of the 207,400 persons who died from drug use in 2014.

According to the *World Drug Report 2018*, marijuana continues being the most widely used drug worldwide and its use is increasing. In 2016, 192.2 million persons used marijuana. There has also been a worldwide increase in the use of opioids (heroin and opium) and cocaine. The uncontrolled use of opioids is one of the greatest worldwide threats, as these are some of the most lethal drugs for humans and responsible for 76% of the deaths attributed to drug use in 2015. In 2016 there were over 34 million opioid users.

The aforementioned information illustrates that drug use is increasing at an alarming rate and is one of the social and public health problems of greatest worldwide concern.

FUNDAMENTAL ASPECTS IN THE DEVELOPMENT OF ADDICTION

What is a Drug?

Drugs are natural or synthetic chemical substances that alter the functioning of the body by changing feelings, perceptions, and behavior. If they are prescribed by a doctor and used correctly they relieve many diseases and pains that, without them, the human being would have to endure. If, on the other hand, drugs are used incorrectly, their continued use can lead to addiction.

What is Addiction?

According to the National Institute on Drug Abuse, addiction is a chronic disease of the brain that is characterized by the need and compulsive use of drugs that affects persons in their bio-psycho-social environment and alters their normal functioning within their environment (NIDA, 2014). As explained by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders - DSM-V* (2016), drug dependence includes a series of cognitive behavioral and physiological symptoms. The use of drugs affects the entire body. One of the most compromised areas of the body in the process of addiction is the central nervous system which is composed of the brain and spinal cord. The brain is made up of many parts that work together as a team, and the different parts of the brain are responsible for coordinating and performing specific functions. The brain regulates a body's basic functions; enables a person to interpret and respond to everything he experiences; and shapes his thoughts, emotions, and behavior. Drugs can alter important brain areas that are necessary for life-sustaining functions and can drive the compulsive drug abuse that marks addiction.

Why Do Some People Choose to Use Drugs and Abuse Alcohol?

Consuming, or abstaining from consuming any substance that may affect their health is the decision of each individual. Many times we wonder why, despite understanding or having experienced negative effects, some people choose to use addictive substances.

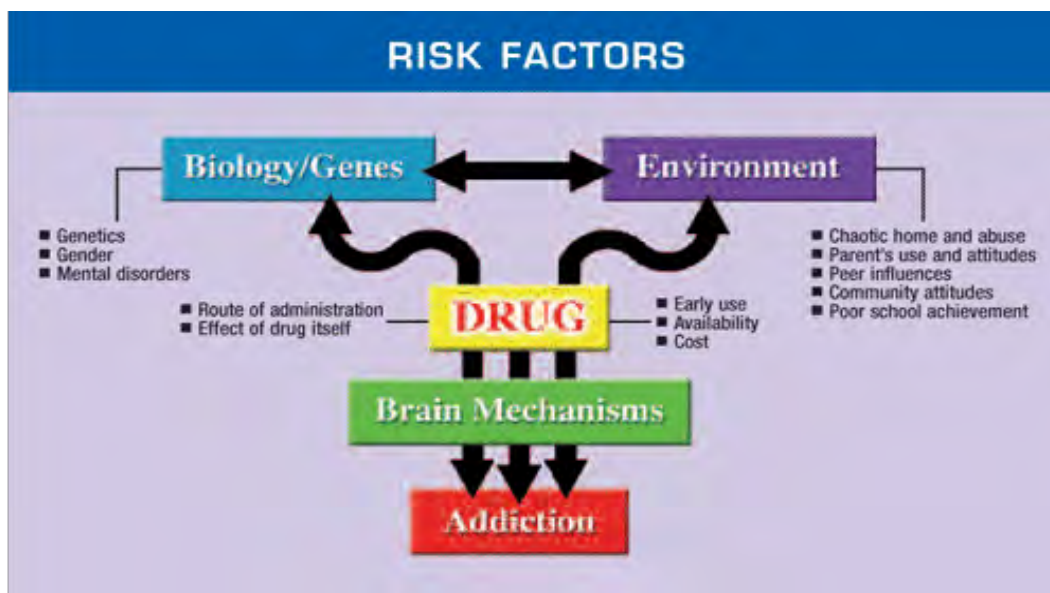
People who start using drugs can reach the point where the drug becomes the *solution* for their life. Drugs can become a mechanism to deal with all the situations they face. In the beginning, they may be able to control their use of drugs, but these can take over their lives and diminish their self-control.

Vulnerability to addiction varies from one person to another. No single factor determines whether someone will become a drug addict. Many young people begin to experiment with drugs, often at the invitation of their friends and colleagues and, sometimes, their relatives. During adolescence (12 - 17 years of age), especially, and sometimes during their youth (18 – 24 years of age), young persons need to feel a sense of belonging to their age group and that they are accepted by their peers. Often they do not stop to consider whether they should follow what their friends propose. Various factors may increase the likelihood that a person will become involved in the use of drugs. These are the so-called risk factors.

Risk Factors

Risk factors are biological, individual, family, community, and social characteristics that can increase the likelihood that persons will consider the use of drugs as a way to alleviate their problems. Although there are several factors, these cannot be considered independently. Like any other human behavior, the use of drugs is a multifactorial process that involves the person (possible consumer), the environment in which he is inserted (predisposing factors), and drugs (the substance chosen for consumption).

A single isolated factor does not determine the use of drugs. It is the combination of several factors that puts the person at risk of using them. In addition, we must take into account that risk factors affect persons differently depending on their age and their environment. The cause-effect premise is not always valid. It is more appropriate to talk about probabilities. For this reason, the use of preventive strategies is important.



Source: National Institute on Drug Abuse, 2008

Biological Risk Factors

Genetic studies and scientists believe that a person may be vulnerable to developing drug addiction due to genetic predisposition. Physical changes in the stages of development can influence the development of addiction (NIDA, 2014) and mental disorders. Likewise, the mismanagement of controlled medicines taken to alleviate health conditions can increase the risk of developing an addiction.

Individual Risk Factors

There are certain individual characteristics which, influenced by conditions of the home, study, or work environments can increase the probability of drug consumption. Among these are:

- age
- poor, or lack of, self-esteem
- poor tolerance to frustration
- poor decision-making ability
- dissatisfaction with social norms
- depression
- tendency to take unnecessary risks
- the search for sensations that produce gratification and happiness

It is clear that the use of any addictive drug can lead a person to develop an addiction. However, research has shown that the earlier the substance is used, the greater the likelihood of developing an addiction (NIDA, 2014).

Family Risk Factors

Because the family is where socialization begins, it is here that an individual's personality begins to develop. The environment and the interactions among family members are important factors to take into account when considering the beginning of substance use. Some risk factors within the family nucleus are:

- Family modeling: The lack of values and use of substances by parents
- The educational style: The absence of behavior guidelines: permissiveness or excessive authoritarianism, overprotection, abandonment, rigidity in the family structure that does not promote dialogue or communication
- The affective climate: The climate within the home is directly related to the emotional stability of the family members and can be linked to the beginning of the use of alcohol and drugs. The following factors hinder the development of a good environment within the family nucleus:
 - Lack of communication among family members
 - Poor relationship between parents
 - Frequent family conflicts (arguments, family violence)

Community-Based Risk Factors

A community is a group of persons belonging to the environment in which an individual undergoes the process of becoming a person. Although the family is the first natural community, we refer here to the environment of each young person, his group of friends, the school, the university, the town or city in which he lives, among others. Potential risk factors are:



Source: National Institute on Drug Abuse, 2014

- Dependence on peers
- Group pressure
- Resentment
- Attitude of teachers and professors towards drugs
- Conflicting relationships with the school community
- Too much free time
- Availability of drugs
- Poor commitment of the community

Risk Factors of a Social Nature

Undoubtedly, in recent years society as a whole has undergone a series of changes that have led to changes in people's attitudes. Some of the attitudes and social factors that favor drug use are:

- unemployment
- advertising
- social media
- consumerism
- poverty
- discrimination
- individualism

During adolescence, friends are the persons who exercise the greatest influence on young people (NIDA, 2014). Therefore, young persons who use substances have the power to negatively influence peers who are predisposed to use drugs, as well as others who do not present any of the known risks factors.

Protection Factors

Just as there are factors that can increase the probability that individuals will turn to drugs, there are other factors, the so-called protective factors, which are associated with a lower probability of using drugs. These protective factors are attitudes, beliefs, situations, or actions that safeguard the individual, group, organization, or community from problems related to the use of alcohol, tobacco and other drugs. These elements offset the effects of risk factors and foster resistance to the use of drugs.

Individual Protection Factors

- Social and emotional competences
- Positive links with institutions and social values
- Life skills
- Self-esteem
- Self-control

Family Protection Factors

- Care and support
- Emotional ties
- Human warmth
- High and consistent expectations
- Involvement

Community Protection Factors

- High expectations
- Clear rules
- Involvement in activities at school
- Affection and support
- Opportunities for participation

Social Protection Factors

- Consistent reinforcement to avoid the use of substances
- Laws and compliance

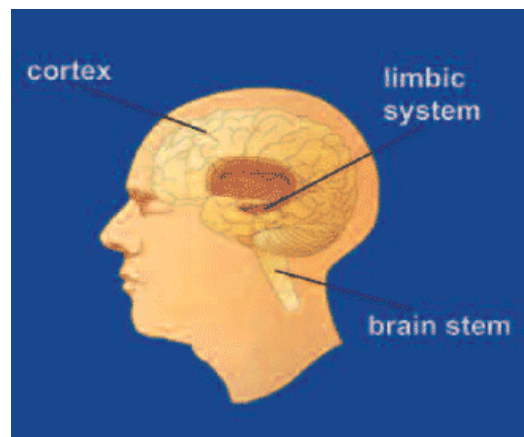
Effective prevention focuses on reducing risk factors and strengthening protective factors in the lives of young people.

THE BRAIN AND DRUGS

Basic Aspects of Brain Functioning

The human brain consists of several regions that are associated with particular functions. The brain performs major functions such as interpreting information from the environment through our sensory system. More importantly, higher mental functions are performed in the brain, such as short and long-term memorization, which forms the basis for learning, allows us to plan the future and meditate on the past through abstract thinking, and, thus, reflect on our actions. The processing done by our brain explains our behavior and defines our personality.

One outstanding aspect of our brain is that it contains particular regions that explain our emotions, such as euphoria (sense of well-being, joy, or pleasure), dysphoria (sense of dissatisfaction and anxiety), fear and anger. After many years of research, it has been possible to identify the specific functions of certain regions of the cerebral cortex. In some cases, a region may be related to more than one function. The diagram to the right illustrates the main anatomical areas of the brain.



Source: National Institute on Drug Abuse, 2014

It is important to know that the brain continues to develop until adulthood (23-24 years) and undergoes dramatic changes during adolescence. One of the areas of the brain that continues to mature is the prefrontal cortex, the part of the brain in which situations are evaluated, decisions are made, and emotions and desires are controlled. If drugs are used while the brain is developing, there may be serious long-term consequences.

The main cells that make up the brain are neurons and glial cells. There are millions of these cells in the brain and they are distinctive because they not to regenerate. Neurons are responsible for storing information and triggering electrochemical signals in order to interpret and perform typical functions such as perceiving, feeling, and responding to different stimuli from the environment (NIDA, 2014).

The Neurochemical Process of Addiction

The brain is a communications center made up of billions of neurons, or nerve cells (NIDA, 2014). Networks of neurons act as an electrical circuit that sends messages in the form of electrical impulses to and from different structures within the brain, the spinal cord, and the nerves that are found in the rest of the body. These nervous networks coordinate and regulate everything we feel, think, and do. Neurochemical communication in the brain is vital for normal functioning in the environment in which we live. Through this, human beings adapt and respond to the stimuli that surround them.

- **Communication between Neurons**

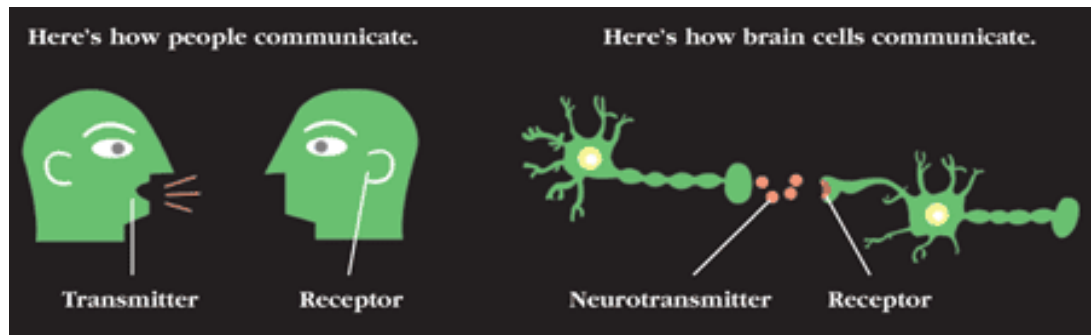
The neuron is the basic unit of the central nervous system. This unit is responsible for sending and receiving electrochemical messages. Once the neurons receive and encode a message, they send it to other neurons with the purpose of stimulating a reaction, sensation, perception, or movement. It is vital to know that neurons are the only cells in the body that, once they die, do not regenerate. In other words, neurons are limited. That is why it is important not to use substances that destroy them (NIDA, 2014).

- **Neurotransmitters**

The messages produced by the neurons are transported to other neurons by chemical substances known as neurotransmitters. These messages affect the functioning and behavior of human beings. The transmission of messages between transmitting and receiving neurons occurs through the synaptic process and must be regulated naturally by the central nervous system. When individuals consume drugs, this process is affected and the central nervous system is disrupted (NIDA, 2014).

- **Receptors and Transporters**

In the process of communication between neurons, neurotransmitters bind to a specific and specialized area of the receptor neuron, called the receptor. In this process, the neurotransmitter and the receptor neuron function as a "key and padlock" to ensure that the receiving neuron sends the correct information (NIDA, 2014). The transporters, or chemical recyclers of the brain, are in charge of returning the neurotransmitters to the neuron that liberated them and, in this way, the cycle of communication between the neurons is closed.



Source: National Institute on Drug Abuse, 2014

What Happens to the Brain When Drugs Are Used?

Drugs contain chemicals that infiltrate the brain's communication system, disrupting the sending, receiving, and normal processing of information between nerve cells. There are at least two ways that drugs can do this: (1) by mimicking the natural chemical messengers of the brain and (2) by stimulating the brain's "reward circuit" (NIDA, 2015).

Some drugs, like marijuana and heroin, have a structure similar to that of certain chemical messengers called neurotransmitters, which the brain produces naturally. This similarity allows drugs to "cheat" the brain's receptors and activate the nerve cells to send abnormal messages (NIDA, 2015).

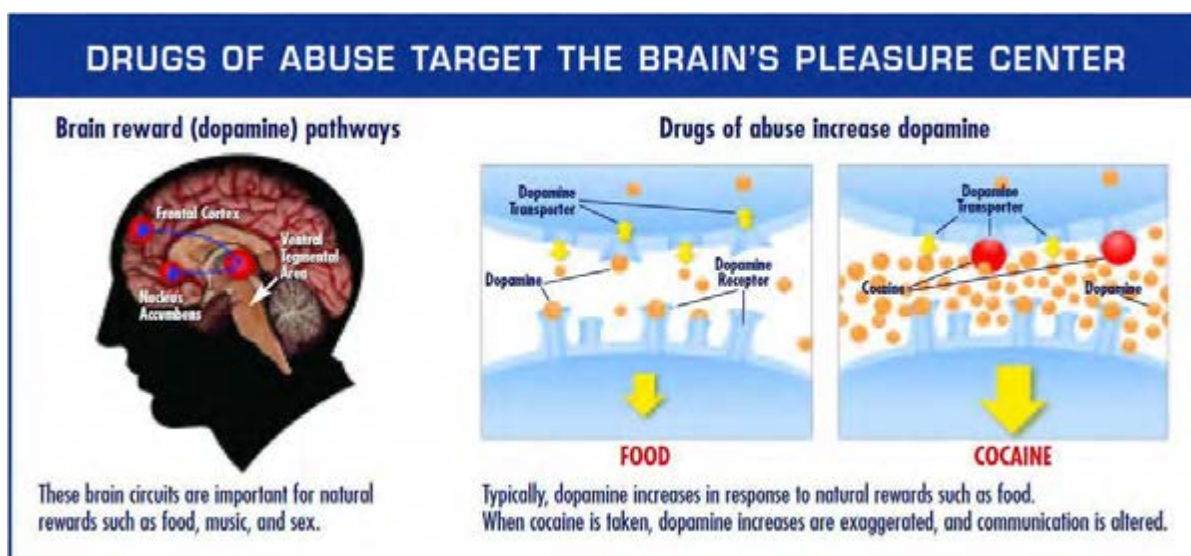
Other drugs, such as cocaine and methamphetamines, can cause nerve cells to release excessively high amounts of natural neurotransmitters (especially dopamine) or can block the normal recycling of these chemicals into the brain, which is necessary to cut the sending and receiving of signals between neurons. The result is that the brain becomes saturated with dopamine (NIDA, 2015).

Dopamine is a neurotransmitter found in regions of the brain that control movement, emotions, motivation, and pleasurable sensations. Normally, the gratification system responds to natural behaviors related to survival, such as eating, and spending time with loved ones, but when overstimulated by psychoactive drugs, it produces euphoric effects. This reaction initiates a vicious reinforcement cycle that "teaches" people to repeat the behavior of drug abuse that caused the gratification (NIDA, 2015).

When a person continues to abuse drugs, the brain adapts to these overwhelming waves of dopamine by producing less dopamine or by decreasing the number of dopamine receptors in the reward circuit. The result is a lower impact of dopamine on the gratification circuit, which limits the

pleasure that the user is able to derive not only from drugs but also from events in his life that previously caused him pleasure. This decrease in pleasure results in the drug addict recurring to drugs in an attempt to regain normal dopamine function. Moreover, he will consume a greater amount of drugs in an attempt to elevate the function of dopamine to its initial normal level. This effect is known as tolerance (NIDA, 2015).

Long-term abuse also causes changes in other systems and chemical circuits of the brain. Glutamate is a neurotransmitter that influences the gratification circuit and the ability to learn. When drug abuse alters the optimal concentration of glutamate, which can impair cognitive function, the brain tries to compensate for this imbalance. Imaging studies of drug addicts' brains show changes in areas of the brain essential for judgment, decision-making, learning, memory, and behavior control. Taken together, all these changes can make drug addicts seek and use drugs compulsively despite knowing the adverse, and even devastating, consequences that their behavior entails. This is the nature of addiction (NIDA, 2015).



Source: National Institute on Drug Abuse, 2014

The consumption of any drug (including alcohol) can lead to changes in the normal functioning of the body. The functions of the organism can be profoundly affected, particularly the brain.

The clinical cycle that characterizes the onset of addiction can lead to the following phenomena:

- Physical dependence

Physical dependence is the state that develops as a result of body adaptation (tolerance), produced by the alteration of normal physiological patterns of the body due to repeated exposure to a drug. A person with physical dependence requires that the drug be continuously administered to maintain normal body function.

The clinical cycle that characterizes the onset of addiction can lead to the following phenomena:

- Physical dependence

Physical dependence is the state that develops as a result of body adaptation (tolerance), produced by the alteration of normal physiological patterns of the body due to repeated exposure to a drug. A person with physical dependence requires that the drug be continuously administered to maintain normal body function.

- Abstinence Syndrome

Abstinence syndrome refers to the accumulation of physiologic changes that occur when physically dependent persons abruptly interrupt the use of an addictive substance. To return their bodies to a state of relative well-being, the addicts will consume additional drugs.

The harmful consequences of substance use affects people of all ages. However, the situation is most worrisome during the stage when young persons are developing and forming their identities. During this stage the brain is in a process of restructuring, a process that will be negatively and adversely affected by the use of addictive substances, including alcohol.

Drug and alcohol abuse can interrupt brain function in critical areas related to motivation, memory, learning, and behavior control. Therefore, it is not surprising that adolescents who abuse alcohol and other drugs often have problems with their families and at school or the university, poor academic performance, health problems (including mental health), and legal problems.

DRUGS AND THEIR EFFECTS

Alcohol

Alcohol is currently the most consumed drug and the least considered as such. Alcohol is a depressant that affects the central nervous system and brain activity. The media and advertising have managed to associate partying and enjoyment with alcohol consumption and, in general, it is thought that if you do not drink, fun is impossible.



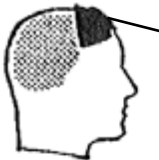
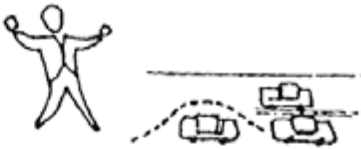
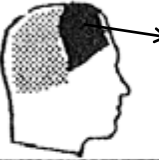
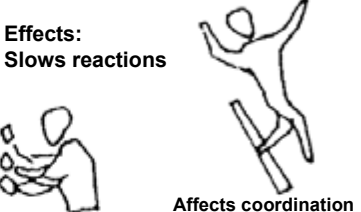
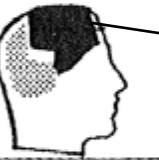
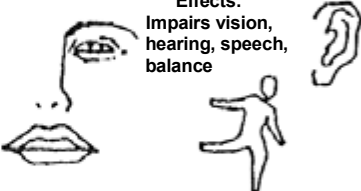
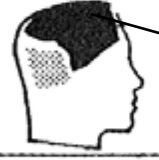



Source: Iván Saldaña, 2013, Televisa News

Alcohol is the common name of the chemical substance called ethyl alcohol, an intoxicating ingredient in alcoholic beverages such as: beer, wine, liquor (whiskey, gin, rum, and others). A drink is defined as ½ ounce of pure ethyl alcohol. The following are considered a drink:

- 10 to 12 oz. of beer (4 to 5% of alcohol)
- 8 to 12 oz. of cooler (4 a 6% of alcohol)
- 4 to 5 oz. of wine (9 a 12% of alcohol)
- 1.25 oz. of hard liquor with 80% alcoholic strength by volume (40% of alcohol)
- 1 oz. of hard liquor with 100% alcoholic strength by volume (50% of alcohol)

Alcohol has an immediate effect on the body. Once consumed, alcohol goes directly to the stomach. There, the foods retard its passage to the small intestine. Alcohol is absorbed through these two organs (stomach and small intestine) and, when it enters the bloodstream, it is distributed throughout the body. It is metabolized in the liver and this process takes approximately one hour. If during that time, more than the amount of alcohol that this organ can metabolize is consumed, concentration of alcohol in the blood increases and the person gets drunk since the alcohol that is not eliminated or metabolized keeps circulating in the blood. The following diagram illustrates some of the effects that alcohol produces on the body.

IMMEDIATE EFFECTS OF ALCOHOL ON THE BODY

<p>1 to 2 drinks* .02% level of alcohol in blood</p>  <p>Affected area</p>	<p>Effects: Frees inhibitions</p>  <p>Affects good judgment</p>
<p>3 to 4 drinks* .05% level of alcohol in blood</p>  <p>Affected area</p>	<p>Effects: Slows reactions</p>  <p>Affects coordination</p>
<p>5 drinks or more* .10% level of alcohol in blood</p>  <p>Affected Area</p>	<p>Effects: Impairs vision, hearing, speech, balance</p> 
<p>8 drinks* .16% level of alcohol in blood</p>  <p>Affected area</p>	<p>Effects: Difficulty to walk and stand up</p> 
<p>20 drinks* .40% level of alcohol in blood</p>  <p>Affected area</p>	<p>Effects: Coma</p> 



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Alcohol produces addiction. What apparently begins as a fun activity may, depending on the level of consumption, turn into a disease called alcoholism. This disease causes many problems, including physical, psychological, social, family, work, and academic problems, among others. Some of the adverse effects of alcohol are mentioned below:

- Brain
 - Brain damage
 - Memory impairment

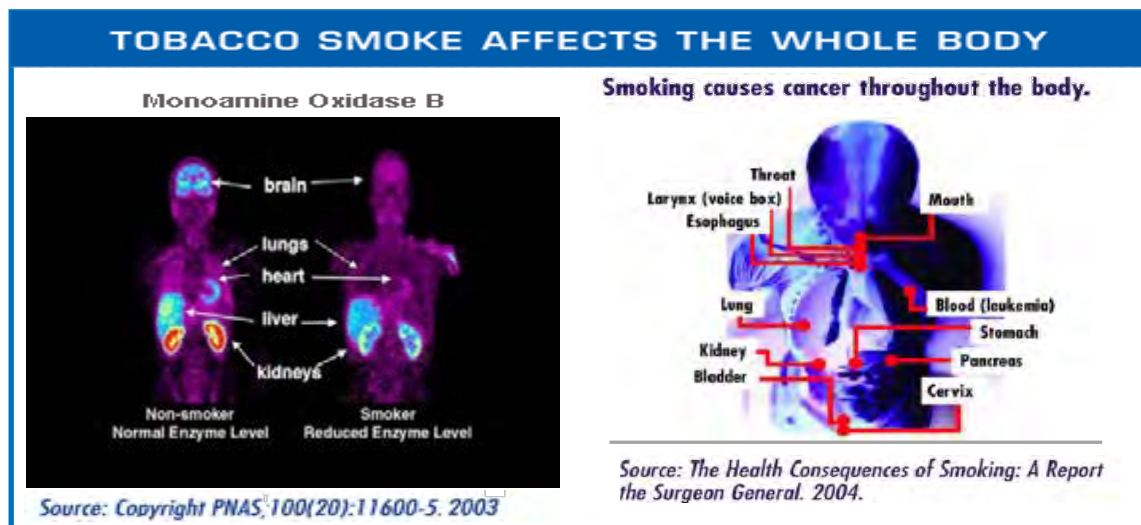
- Psychosis, hallucinations
 - Loss of concentration
 - Neurological diseases
- Loss of balance
- Bad breath
- Damage to the liver: cirrhosis and alcoholic hepatitis
- Peptic ulcers
- Intestinal inflammation
- Affects the adrenal and pituitary glands that help supply energy to the body
- Affects of the cardiac muscles
- Interferes with sexual performance

Alcohol is not new in the lives of many young people because if one of their parents drinks, they have lived with it and its consequences. The tensions experienced in an alcoholic family environment are manifested in many ways: insecurity, lack of self-esteem, and behavioral disorders in the children, and suffering and diverse reactions of the spouse due to the serious difficulties caused by coexistence with an alcoholic. Marital conflicts, domestic violence, repeated marital separations, and stormy divorces are also common in families where one of the spouses, or both, are alcoholics.

Most studies indicate that the pattern of parents' consumption of alcohol and peer pressure are the two most significant influences leading to alcoholic consumption in young persons. These are followed by the influence of social media and advertising. It is important to reflect on the unforeseen consequences that the excessive use of alcohol may have on young consumers.

Cigarettes

The tobacco contained in cigarettes is one of the most consumed drugs in the world. It is estimated that 40% of the world population barely past childhood are habitual smokers, and smoking among women has multiplied throughout the world. However, the massive campaigns carried out in some countries, including the United States and Puerto Rico, have considerably reduced smoking locally. According to research carried out after the decrease in tobacco consumption in these countries, 83% of smoking and 96% of non-smoking teenagers have sufficient information about the pathological consequences of cigarette smoke. Even so, the first continue smoking and the others run the risk of deciding to start smoking.



Source: National Institute on Drug Abuse, 2014

Cigarette smoke contains:

- nicotine
- tar
- carbon monoxide
- irritating substances

A lit cigarette produces four thousand compounds that can be classified as gases and particles. Carbon monoxide (gas) and tar (irritant) are the products of combustion, as is nicotine, whose harmful effects are better known.

Nicotine, the main component of tobacco, is a powerful stimulant of the central nervous system, whose consumption is exceeded only by caffeine. It causes an intense physical and psychological dependence and produces the phenomenon of tolerance. That is, as the habit develops, the smoker must smoke more cigarettes to relax.

Cigarette smoke greatly affects children's respiratory systems, even during pregnancy. Once born, the children of smokers suffer more frequently from pneumonia, colds, infections, bronchitis, and all kinds of respiratory diseases. Passive smokers, who live or work with people who smoke, have a higher risk of developing lung cancer and other diseases. Tobacco causes or exacerbates many health problems.

OTHER DRUGS

Marijuana (Cannabis)

Marijuana is the name that has been given to the dried leaves, flowers, stems, and seeds of the *Cannabis sativa* plant. In Puerto Rico, marijuana is also known as “cigarillo,” “pitillo,” “gallo,” “pasto,” and “mafú,” among other terms. Generally, marijuana is smoked in handmade cigarettes, pipes, or cigars. It is also prepared in tea and mixed with other foods such as biscuits and cookies, particularly when it is sold or consumed for medicinal use. In addition, the use of resins with a high content of marijuana's active ingredients, including hashish oil, wax, or budder, and shatter, have become more popular among those who use marijuana for recreational or medicinal use.



Source: National Institute on Drug Abuse, 2015

The main psychoactive chemical in marijuana, responsible for the intoxicating effects sought by those who use it recreationally, is delta-9-tetrahydrocannabinol (THC). The higher the THC content in marijuana, the greater the damage to the body and mind. Over the years, marijuana has been the most widely used illegal drug in the United States and in Puerto Rico. In recent years, the use of this substance has increased and experts attribute it to a diminishing perception of the risks associated with it due in part to the debate about its legalization.

Some of the harmful effects of marijuana, according to the National Institute on Drug Abuse (2014), are the following:

- It can cause alteration of the central nervous system, acting directly on the molecular points called cannabinoid receptors and the limbic area where appetite, smell, pleasure, and moods are managed.
- It can affect mental health, altering the processes of concentration, learning, memory, and sensory perception.
- It can cause cardiopulmonary problems.
- It can cause social problems and aggravate the problems that the user already has.
- 9% percent of users end up becoming addicted to marijuana.

Spice (synthetic marijuana)

Spice is a mixture of dried herbs that acts on the human body in a way similar to marijuana. This substance is created with dry plant materials and chemical components which produce psychoactive (altering the mind) reactions when consumed. It is currently sold in commercial establishments as a legal and "non-hazardous" substance. Although the labels on this substance indicate that its components are vegetable, chemical analyzes performed on the product show that it is composed of cannabinoids. This product is highly popular among teenagers in high school years. Spice has been identified as the most used illegal substance after marijuana among this age group.



Source: National Institute on Drug Abuse, 2015

Among the physical effects which have been identified in patients poisoned by Spice, or synthetic marijuana, are the following:

- tachycardia
- increased blood pressure
- symptoms of psychosis
- vomiting
- heart attacks
- hallucinations
- dizziness
- alteration of emotions

Heroin



Source: National Institute on Drug Abuse, 2005

Heroin is one of the most dangerous and highly addictive narcotics. It is derived from morphine and is classified as a depressant. That is, a substance capable of producing an inhibitory effect on some brain functions, resulting in a state of calm and stillness.

Heroin is usually a white or brown powder and sometimes a sticky black substance known as "black tar." It can be injected, inhaled or smoked. It is highly addictive, causing great physical and psychological dependence in a relatively short time and a serious physical and mental deterioration. Its effects are such that users compulsively seek the drug regardless of the consequences.

Heart disease and deaths among users of this drug are frequent. It can lead to death from cardiac arrest, overdose or, indirectly, from diseases caused by the use and exchange of non-aseptic syringes, such as: hepatitis, tetanus, abscesses, infections and HIV transmission which can result in AIDS. According to NIDA (2017), in 2011, 4.2 million people indicated that they had used heroin at some time in their lives. It is estimated that 23% of people who use the drug end up becoming dependent on it.

Overcoming heroin addiction is difficult because the effects of stopping the drug are severe. As soon as the effects of the substance have disappeared, the person experiences an acute withdrawal syndrome: tearing, dilation of the pupils, sweating, tremors, chills, diarrhea, vomiting, abdominal cramps, and pain in the bones and muscles. This lasts for one or two weeks depending on the person, but its maximum intensity is felt on the second and third days after stopping the use of the substance. However dramatic the abstinence syndrome may seem, it is not dangerous for the individual unless he has heart disease or severe infections.

Cocaine

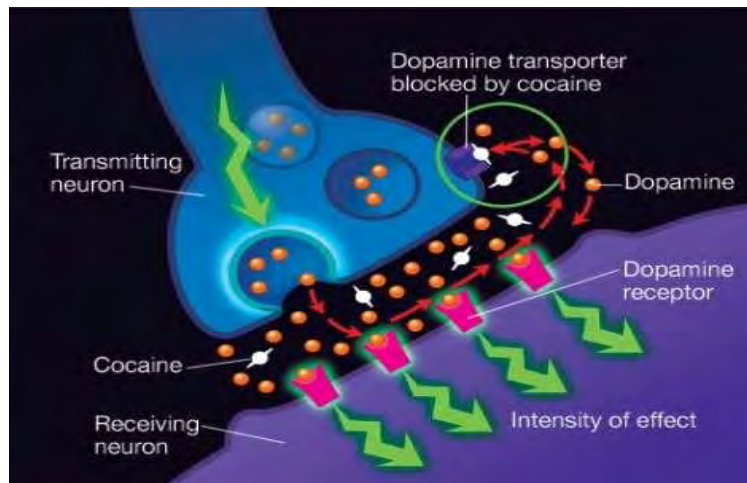


Source: National Institute on Drug Abuse, 2010

Cocaine is a potent drug which is obtained from the leaf of the coca plant native to South America (NIDA, 2013). Some street names for cocaine are blow, coke, rock, and snow (NIDA, 2013 and 2016). By whatever name it is called, it is a highly addictive drug because of the psychological dependence that it creates for those who consume it. Cocaine can be used in several ways: inhaled, injected, or smoked (NIDA, 2016).

Cocaine is a stimulant that works directly with the central nervous system releasing dopamine neurotransmitters, thus altering the regulation of pleasure and movement in the body (NIDA, 2016). Other effects associated with consumption are dilation of the pupils, agitated breathing, increased blood pressure, higher body temperature, and increased pulse rate. At first, given that cocaine is a stimulant, the consumer feels enthusiastic and energetic, but as the effects diminish, depression begins and appetite decreases.

According to the National Institute of Drug Abuse, when inhaled, the euphoria produced by cocaine lasts 15 to 30 minutes; however, when smoked, the duration is approximately 10 minutes. According to NIDA (2013 and 2016), this represents an additional difficulty for the users, since to maintain a more lasting euphoria, they must consume it more often and in greater quantities. This condition increases the chances of developing an addiction to the substance.



Source: National Institute on Drug Abuse, 2010

Some adverse health effects of the use of cocaine (NIDA, 2013 and 2016) are cardiac arrest, respiratory arrest, loss of smell, nosebleeds, and other blood-related diseases such as HIV and Hepatitis C. On the street, distributors often mix cocaine with different powders to increase its effects, product performance, and their income. Some products mixed with cocaine are talc, cornstarch, flour, and even amphetamines. This increases the medical risks for users (NIDA, 2013 and 2016). Other physical and behavioral effects that have been identified in cocaine users are:

- poor concentration
- sense of omnipotence
- irritability
- frequent confusion
- lack of ambition
- personality changes
- depression
- repeated lies
- accidents of all types
- state of anxiety
- hallucinations
- begins to steal
- negativism

Crack

Crack is crystallized cocaine. It can be mixed with tobacco or smoked in a water pipe. Its effects are practically instantaneous, but they disappear within ten minutes. Then, symptoms of hyperactivity, irritability, violence, and paranoia appear. When users suffer persecution delirium, they see enemies in everyone around them, even among their closest relatives. Users can commit the greatest acts of violence in order to get their next dose, even attempt to get rid of persons they think are against them. Crack is much more addictive and cheaper than cocaine. Usually it is the next step in drug addiction when marijuana ceases to have the desired effects.

Crack affects the nervous system by altering its biochemical functions and the respiratory system by causing pain in the lungs and bronchitis. It produces contractions of the muscles in general,

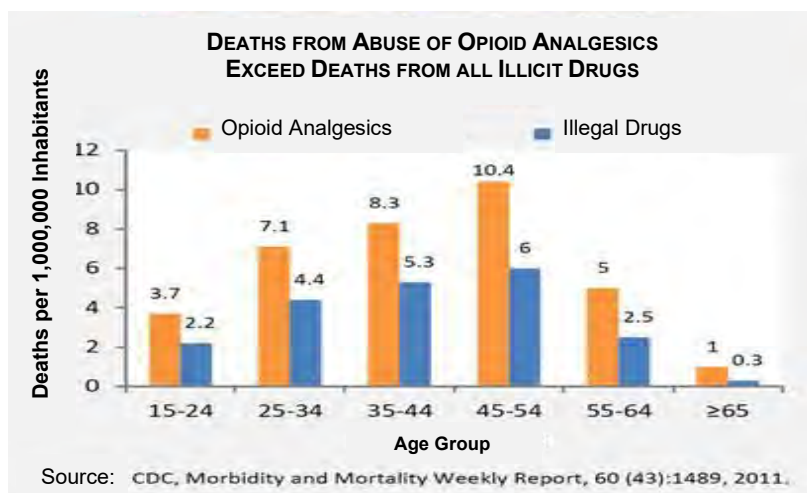
especially those of the extremities. In addition, its effects can be detrimental to the cardiovascular system because it produces vasoconstriction of the coronary arteries and triggers myocardial infarctions. Furthermore, its use by pregnant women has shown to increase the number of babies with neurological problems. Lastly, overdose can be deadly.

Medications with and without Prescriptions

Over the years, the problem of the use of medications, with and without medical prescriptions, has been increasing uncontrollably. People often think that medications, whether prescribed or over-the-counter, are less dangerous than illegal drugs, but this is true only when they are used as prescribed and for the recommended purposes. Many of these medications contain psychoactive (mind-altering) ingredients and their uncontrolled use can cause drug addiction and even death. Currently, these substances are the most used after alcohol and marijuana among people aged 14 or older (NIDA, 2013).

According to the National Institute on Drug Abuse (2016), the drugs with the highest incidence of abuse are opioid analgesics, such as Vicodin and OxyContin; stimulants to treat attention deficit hyperactivity disorders, such as Adderall or Ritalin; and central nervous system depressants, such as Valium and Xanax. Likewise, medicines for coughs and colds are the most frequently abused over-the-counter the medicines.

A risk posed by these substances is their easy access, since they can be found in household medicine cabinets. As long as these medications are taken as prescribed by the doctor and for the purpose indicated, they are not conducive to addiction. An interesting fact reported by NIDA is that deaths from the abuse of opioid analgesics exceed the deaths from all other illegal drugs, as illustrated in the following table:



Source: National Institute on Drug Abuse, 2013

Anabolic Steroids

Anabolic steroids are synthetic variants of the testosterone hormone produced naturally in men; they are better known in the scientific environment as androgenic anabolics (NIDA, 2018). They are used by bodybuilders to grow muscle mass, and athletes often use them to improve performance. Anabolic steroids are taken orally, through injections, and through skin creams. Uncontrolled use of these substances causes the body to develop tolerance to them.

In many cases, users mix several of these substances, creating mixtures harmful to their health. Yet, anabolic steroids can be legally prescribed by doctors to treat a number of medical conditions.



Photo by John Voo/CCBY/www.flickr.com/photos/138248475@N03/23199401103/

Source: National Institute on Drug Abuse, 2016

Inhalants

Nasal inhalation as a route of administration of harmful substances is not limited only to cocaine, but now extends to a group of numerous legal substances that previously were not even listed as drugs. They are known as inhalants and, for some years now, they have constituted a new addictive category, especially among children and adolescents.

People do not usually think of these products as addictive substances because they were not meant for such an end. Many are readily available in homes. Among them are spray paints, markers, cleaning fluids, glues, and other products of wide domestic use. These products contain chemical substances with psychoactive properties that alter the mind and senses when inhaled (NIDA 2011). Few users know the terrible consequences caused by this type of addiction.

The periodic use of inhalants will cause effects such as headaches, irritability, insomnia, neuritis, vomiting, and symptoms of emotional instability. Later, distortions in perception begin to occur, especially auditory and visual; disorientation in time and space; loss of motor coordination; and alterations of speech. When use of inhalants becomes chronic, bone marrow lesions and damage to the liver and kidney can occur.

Disciplinary Sanctions and Legal Consequences

Beyond the physical consequences produced by alcohol, tobaccos and controlled substances in the individuals who use them, the use of these substances also affects their quality of life. In addition, the use of illegal drugs and the misuse of alcohol and legal drugs can have disciplinary consequences at the University and at the state and federal levels.

The disciplinary sanctions imposed by Inter American University of Puerto Rico are explained in **Normative Document G-0807-28R**: Internal Regulations to Address Complaints Regarding the Use And Abuse of Drugs and Alcoholic Beverages on the Premises of the Inter American University of Puerto Rico (*Appendix A*) and in **Normative Document G-0618-045**: Norms to Regulate Smoking at Inter American University of Puerto Rico (*Appendix B*).

At state level, persons who violate the current laws on alcohol consumption and the sale of alcohol to children under 18 and on the manufacture, possession, use, transportation, or distribution of controlled substances are subject to state or federal legal sanctions, as applicable to their cases. Some of the related penalties include, but are not limited to loss of driver's license, fines, jail, and community work.

The Vehicle and Traffic Law of Puerto Rico, Act No. 22 of January 7, 2000, as amended, prohibits driving motor vehicles while under the influence of alcohol, drugs, or controlled substances, and the Penal Code of Puerto Rico prohibits the sale and distribution of alcoholic beverages to children under 18 years of age. Penalties for violating these laws include loss of privileges and/or licenses, jail, community service, fines, or a combination of penalties, at the discretion of the court.

The Controlled Substances Act of Puerto Rico, Act No. 4 of June 23, 1971, as amended, establishes that persons convicted of manufacturing, distributing, dispensing, transporting, or concealing, possessing, or using controlled or narcotic substances under Classifications I, II, III, IV and V may receive penalties ranging from two to ninety-nine years in jail, fines of \$1,000 to \$200,000, confiscation of property, provision of community services, or a combination of any of these penalties at the discretion of the court. The variation in penalties is based on the classification of the controlled substance and on the history of previous convictions, if any.

The federal penalties for drug trafficking are included in *Appendix D*. In addition, it is important to note that if students receiving Title IV funds such as Federal Pell Grants, Study and Work benefits, and educational loans, among others, are convicted of the use, sale, or distribution of drugs or controlled substances, they may lose their eligibility to receive this financial aid.

The following table illustrates the period of ineligibility for federal student aid when a student is convicted of the possession or sale of illegal drugs:

	Possession of Illegal Drugs	Sale of Illegal Drugs
1st offense	1 year from the date of conviction	2 years from the date of conviction
2nd offense	2 years from the date of conviction	Indefinite period
3+ offenses	Indefinite period	

Students who lose eligibility for financial aid for an indefinite period may regain eligibility if they meet one of the following options:

1. Successfully completing a rehabilitation program that includes passing unannounced drug tests from such a program;
2. Having the conviction reversed, set aside, or removed from the student's record so that fewer than two convictions for sale or three convictions for possession remain on the record; or
3. Successfully completing two unannounced drug tests which are part of the rehab program.

It is the responsibility of the student to certify this information to the institution.

Treatment Centers

Students who wish to receive counseling on the use and abuse of drugs and alcoholic beverages or on how to stop smoking, can visit the professional counselors on their campus. Appendix E of this document includes information on available treatment centers for alcoholism, smoking, and substance abuse.

HEALTH RISKS

The Risks of Driving Under the Influence of Alcohol and Other Drugs

It is well-known that the use of any psychoactive drug or substance that can alter the senses and the mind represents a danger when driving a motor vehicle (NIDA, 2013). In addition, driving under the influence of an illegal substance constitutes a crime that triggers numerous social and legal problems. Furthermore, driving under the influence of any of these substances puts the driver at risk and can cause injuries to passengers and third persons outside the vehicle (NIDA, 2016).

Every drug has different effects on different people (NIDA, 2016), and these effects will depend on how the drug is used. The effects may vary, but it is guaranteed that a psychoactive drug will alter the senses and the ability to safely operate a vehicle. Faculties that can be altered are:

- perception
- equilibrium
- reflexes
- attention
- coordination
- decision making

According to the 2016 NIDA report, next to alcohol, marijuana is the substance most detected in toxicological tests performed on intoxicated drivers involved in vehicular accidents. Studies conducted in different places have shown that between 4% and 14% of the individuals involved in serious vehicular accidents who suffered deadly wounds or died had used Tetrahydrocannabinol (THC). Another study conducted in Australia, with a sample of 3,000 injured drivers, showed that when there was THC in the blood of injured drivers, it was more likely that they were accountable for the accident. Finally, there are studies that certify that marijuana can affect the attention of the driver under its influence (NIDA, 2016).

The Risks of Contracting HIV / AIDS Due to the Use of Drugs

According to (NIDA, 2018) the use and addiction to drugs has been directly linked to the spread of HIV/AIDS among substance users. Drug use increases the risk of contracting the disease, as well as of transmitting it. To date, there are no vaccines to prevent contracting and transmitting this disease. A major achievement has been the discovery of drugs that delay the progress of HIV into AIDS. These medications also help prevent the transmission of the disease.

In order to understand the concepts a bit better, HIV is the acronym for Human Immunodeficiency Syndrome. If not timely detected and treated, HIV causes AIDS, beginning with the stage known as Acquired Immunodeficiency which completely destroys the body's defense system against diseases (NIDA, 2012). It is estimated that in 2008, around 16,000 people died as a result of AIDS in the United States. Most people know and associate the spread of HIV with the use of

intravenous drugs, but not necessarily with the use of other drugs and controlled substances. This lack of knowledge increases the chances of transmission of HIV/AIDS (NIDA, 2018).

Everyone can be exposed to the HIV virus, but users of intravenous and other drugs and persons who have unprotected sex increase their risk of contracting the disease and any other infection that is transmitted through body fluids. At the time of this report, the Centers for Disease Control in the United States estimated that 1.1 million people in the United States were infected with HIV and another 162,500 were unaware that they were infected. (NIDA, 2018).

The Risks of Using Alcohol, Tobacco and Other Drugs during Pregnancy

During pregnancy, women should not use alcohol, tobacco, or any other drugs, as these can adversely affect both the mother and the fetus in her womb. The consumption of any of the aforementioned substances can lead to the development of any of the following problems during and after pregnancy:

- Pregnant women who drink alcoholic beverages risk having babies affected by the Fetal Alcohol Syndrome (FAS) who could consequently suffer from mental retardation.
- Smoking may cause abortions in the first trimester of pregnancy, weight loss, growth retardation of the fetus, premature birth, placenta previa, mental retardation, fetal malformations such as spina bifida and cleft lip, and heart problems, among others. Likewise, men who are smokers or drug users could father children with the same health problems.
- Pregnant mothers who smoke marijuana could have premature childbirths, give birth to babies of very low weight, or have unexpected stillbirths. Moreover, the use of marijuana increases the risk of spontaneous abortion.
- No pregnant mother should take medications such as amphetamines and barbiturates unless prescribed by her obstetrician. Non-prescription medications taken during pregnancy can cause fetal malformations, cleft lips that will hinder newborns from sucking, low neonatal weight, abortions, and stillbirths.
- The use of cocaine, crack, or heroin can cause abortions, placenta previa, tachycardia, heart attacks, malnutrition, malformations, and alterations in the neurological behavior of the fetus.

- Intravenous drugs increase the risk of infections and the transmission of HIV to the newborn if the mother carries the virus.



WOMAN:

IF YOU ARE PREGNANT,

ABSTAIN FROM SMOKING AND DRINKING.

IT IS THE BEST WAY TO DEMONSTRATE LOVE OF YOUR BABY.

HE IS HELPLESS.

**IT IS UP TO YOU WHETHER HE IS BORN WITHOUT PROBLEMS
CAUSED BY ALCOHOL, CIGARETTES, AND OTHER DRUGS.**

-
- For more information on drugs and their effects, please refer to *Advancing Addiction Science* on the NIDA website at the following electronic address: <https://www.drugabuse.gov>
 - In Appendix E, you will find a directory of treatment centers for persons with problems of alcoholism, tobacco, and drugs.

BIENNIAL REVIEW

Prevention Is the Best Strategy

According to the National Institute on Drug Abuse (2014), when schools and communities appropriately implement prevention programs against the use of controlled substances, the consumption of alcohol, tobacco, and other drugs is reduced.

Any institution of higher education in the continental United States or its territories, recipient of federal funds, is governed by the Drug-Free Schools and Communities Act, article 22, amended in 1989, as articulated in EDGAR Part 86 - Drug-Free Schools and Campuses Regulations. The purpose of this regulation is to prevent the use and abuse of drugs and alcohol within the premises, and during official activities outside the premises, of higher education institutions.

One of the requirements of this law is that institutions that receive financial aid from the federal government develop and implement a prevention program. The purpose of the prevention program is to create awareness and educate students about the risks associated with the use of alcohol, tobacco, and other legal and illegal drugs. It also includes promoting healthy lifestyles and providing activities for students in environments free of these substances.

This law also requires that every two years, institutions of higher education prepare a report, known as the Biennial Review, to describe their prevention program, activities, and strategies, and analyze the program's effectiveness, culminating with a summary of the strengths and weaknesses of their prevention program. Institutions that do not comply with this requirement could lose federal funding. Institutions must keep evidence supporting the information presented in the report and all information related to compliance with this regulation for three years.

The main goals that the Biennial Review pursues are:

- demonstrate evidence that the institution has implemented a prevention program.
- analyze the effectiveness of the prevention program.
- improve the effectiveness of the prevention programs based on the analysis of the results obtained.
- guarantee and demonstrate that disciplinary sanctions are imposed according to the institutional policy and as deemed necessary.

At Inter American University of Puerto Rico, each campus must establish a committee with representatives from all sectors, to develop and implement a good prevention program, collect data related to activities, analyze the data to determine the effectiveness of the prevention program, and identify its strengths and weaknesses. This team will be in charge of writing the campus Biennial Review and make recommendations for improving the campus prevention program.

Appendices

Appendix A



Inter American University of Puerto Rico
Office of the President

**INTERNAL REGULATIONS TO DEAL WITH COMPLAINTS ON THE USE
AND ABUSE OF DRUGS AND ALCOHOL ON THE PROPERTY
OF INTER AMERICAN UNIVERSITY OF PUERTO RICO**

NORMATIVE DOCUMENT G-0807-028R

NOTE: *This Normative Document is available in Spanish and English. In the event of a conflict as to its interpretation, the Spanish version shall prevail.*

Introduction

Circular Letter G-148-92 presented the institutional policy on the use and abuse of drugs and alcoholic beverages on University property, as approved by the Board of Trustees in 1991-1992. This policy continues in effect in the Institution. Nevertheless, the Regulation approved for the implementation of this policy, Normative Document G-0807-028, was revised to adjust it to the new approved legislation, the current administrative organization of the University System and to make it consistent with General Student Regulations.

Institutional Policy

Inter American University of Puerto Rico, as a university center with a Christian and ecumenical orientation, aims to provide to the members of its community an intellectual, social and moral environment that stimulates the full development of the individual and foment the study and search of truth in an atmosphere of tranquility and respect.

We understand that the illicit use of drugs and the abuse of alcohol are among the most serious problems affecting our society. This represents a serious threat to the attainment of our aspirations since it diminishes the efficiency and productivity of our human resources, limits the capacity for learning in the academic environment and hinders the establishment of the desired atmosphere.

In view of this, Inter American University of Puerto Rico declares, as the policy of the Institution, its commitment to combat this social problem by maintaining a study and work environment free of drugs, alcoholic beverages and controlled substances. This commitment shall be put into effect through:

- a. The creation of an awareness among the University community of the harmful effects of the illicit use of drugs and the abuse of alcohol;
- b. The establishment of preventive measures that will help maintain a drug and alcohol free environment;
- c. The adoption of norms and regulations that will permit the Institution to deal with the cases of illicit use of drugs and the abuse of alcohol in an effective manner.

In harmony with the aforementioned objectives, the University declares that the production, distribution, possession or illicit use of drugs, controlled substances and alcoholic beverages on the property of any of the campuses and facilities of the Institution are strictly prohibited.

**INTERNAL REGULATIONS TO DEAL WITH COMPLAINTS ON THE USE
AND ABUSE OF DRUG AND ALCOHOL ON THE PROPERTY
OF INTER AMERICAN UNIVERSITY OF PUERTO RICO**

I. Legal Base

These regulations are adopted in accord with the authority conferred to the President by the Board of Trustees in the Bylaws of Inter American University of Puerto Rico. In addition, they are supported by the following federal and Puerto Rican laws:

- 1.1 Drug Free Workplace Act of 1988 (Public Law 100-690) passed on November 18, 1988. U.S.C.A. 701 and the following, as amended.
- 1.2 Drug Free Schools and Communities Act, amendment of 1989 (Public Law 101-226) passed on December 12, 1989, (24 LPRA).
- 1.3 The Regulations Adopted by the United States Department of Education to implement these laws, 34 CFR parts 85 and 86; 48 CFR sub-part 23.5.
- 1.4 Drug Free Workplace Act of 1988 (Public Law 100-690 approved November 18, 1988 and amended, 41 USC 701).
- 1.5 Drug Free Schools and Communities Act, of 1989 amendment (Public Law 101-226) approved December 12, 1989, (24 LPRA) and amended, 34 CFR 668,14).
- 1.6 Controlled Substances Law of Puerto Rico, Law Number 4 of June 23, 1971, as amended.
- 1.7 Law Number 59 of August 8, 1997, Regulates tests for detection of controlled substances in the private sector, by means of the establishment, on the part of the employer, of programs to detect the illegal use of controlled substances.
- 1.8 Law Number 143 of June 30, 1969, as amended, 13 L.P.R.A. 6001 and the following.
- 1.9 Law Number 80 of May 30, 1976, as amended, known as the Law of unwarranted dismissals.

II. Purpose

These regulations have the following purposes.

- 2.1 To create awareness in the university community on the harmful effects of the illicit use of drugs and abuse of alcohol.
- 2.2 To establish preventive measures that will help maintain a drug and alcohol free environment.
- 2.3 To adopt the norms and regulations that will permit the Institution to deal with cases of illicit use of drugs and the abuse of alcohol in an effective manner.

III. Applicability

The norms contained herein will be applicable to all employees, faculty members and students of the University and to independent contractors who offer services to the University. It is provided, however, that the consumption of alcoholic beverages in special activities previously authorized by the Chief Executive of the academic Unit will be allowed. This exception is not applicable to the student activities within the academic units.

These norms will be incorporated in the following Manuals and Regulations in the proper sections:

- 3.1 Faculty Handbook (full-time faculty)
- 3.2 Handbook for Non-Teaching Personnel
- 3.3 Part-time Faculty Handbook
- 3.4 General Student Regulations

IV. Definitions

For purposes of these Regulations, the terms below will be defined as follows:

- 4.1 Official activity of the University - Any activity, including those of recognized student organizations, in which the name of the University is used as sponsor and funds or property of the University are used, with prior authorization of the Board of Trustees, President of the University or a Chancellor or an officer delegated by him.
- 4.2 Alcohol or Alcoholic Beverages - All drinks for human consumption that contain alcohol, whether produced by fermentation or distillation, and whose production, distribution, sale or use are regulated by the Drinking Law of Puerto Rico, Law Number 143 of June 30, 1969, as amended, 13 L.P.R.A. 6001 and any following.

**INTERNAL REGULATIONS TO DEAL WITH COMPLAINTS ON THE USE AND ABUSE OF DRUG
AND ALCOHOL ON THE PROPERTY OF INTER AMERICAN UNIVERSITY OF PUERTO RICO
NORMATIVE DOCUMENT G-0807-028R**

- 4.3 Marketing – this is understood as the illegal business transaction of buying, selling, giving, receiving, intervening in and utilizing narcotics and controlled substances under the ruling of legal prohibition.
- 4.4 Illegal marketing - This is when the person authorized to market or transport controlled substances, uses them illegally.
- 4.5 Illicit marketing - This is when the person does not have the appropriate authorization to market or transport controlled substances under the legal ruling of prohibition.
- 4.6 University community - The group of people that work or study at Inter American University of Puerto Rico.
- 4.7 Consumption - is understood as the sporadic or permanent use of controlled substances that are under legal prohibition, and which have the danger of addiction.
- 4.8 Independent contractor – Person or entity that:
 - 4.8.1 Operates a business within the structures or premises of the University.
 - 4.8.2 Constructs or remodels structures within the property of the University.
 - 4.8.3 Rents facilities of the University to hold private activities.
- 4.9 Convict – A person who legally, by means of the pronouncement of a judge, has been proven guilty of violating the Law of Controlled Substances by a Court of Justice within the jurisdiction of the Commonwealth of Puerto Rico or of the United States of America.
- 4.10 Drug - Any medicine or substance controlled by medical prescription.
- 4.11 Employee - Any person employed, with or without pay, or that receives a wage, pay, concession, salary or any other periodic remuneration from the University for the conduct of educational, administrative or maintenance tasks. It includes:
 - 4.11.1 Full-time and part-time professors.
 - 4.11.2 Temporary and provisional employees and employees hired for an unspecified time.
 - 4.11.3 Probationary and regular employees.
 - 4.11.4 Volunteers.
 - 4.11.5 Part-time and full-time employees.
- 4.12 Student - Any person registered in any of the courses or programs offered by the University.
- 4.13 Board – The Board of Trustees of Inter American University of Puerto Rico.
- 4.14 Defendant - Person charged with a violation too these Regulations.
- 4.15 Possession – This is the material act of having controlled substances.

**INTERNAL REGULATIONS TO DEAL WITH COMPLAINTS ON THE USE AND ABUSE OF DRUG
AND ALCOHOL ON THE PROPERTY OF INTER AMERICAN UNIVERSITY OF PUERTO RICO
NORMATIVE DOCUMENT G-0807-028R**

- 4.16 Illicit possession - When the person susceptible of committing a criminal act, carries out a fraudulent act in opposition to the prohibitions expressed in the Law, possession, holding or possession of controlled substances to which he gives an illegal use, or having authorization to possess them, he makes illegal use of them.
- 4.17 Prescription - An order issued by a doctor, dentist or veterinarian authorized to dispense controlled substances.
- 4.18 President - The President of the University.
- 4.19 Complaint – A written and signed allegation submitted to the designated official, regarding the possession, use, provision, distribution, manufacture, handling or any other activity related to drugs and controlled substances, or the use of alcohol by any employee, student or independent contractor of the University, its agent or employee, on the grounds or in the facilities of the University or in activities sponsored or controlled by the University outside its premises.
- 4.20 Chancellor/Dean of Professional Schools - The maximum administrative and academic authority in each academic unit. The activities that these regulations entrust to a Chancellor/Dean of Professional Schools may be carried out by an officer delegated by the Chancellor/Dean.
- 4.21 Controlled substances – All those in classifications I, II, III, and IV of Article 202 of the Law Number 4 of June 23, 1971, as amended, known as Law of Controlled Substances of Puerto Rico, as it may be amended, 24 L.P.R.A. 2101 and following ones, whose manufacture, distribution, sale, possession or use are not allowed under the dispositions of this Law; or any other legislation of the Commonwealth of Puerto Rico or of the United States of America, excepting the use of substances controlled by medical prescription or other authorized use by law.
- 4.22 Illicit traffic - This is the act of transferring or transporting narcotic and controlled substances, as well as prior or later acts, aimed at illicit commercial transactions of delivery of any controlled substance or substance under the legal prohibition ruling.
- 4.23 Institutional unit - The System Central Office, each Campus, the School of Law and the School of Optometry or any other dependency that belongs to or is used by the University as a place of work or study.
- 4.24 University – Inter American University of Puerto Rico and all its parts.
- 4.25 Drug use and alcohol abuse – This refers to the illegal drug use of controlled substances and the consumption of alcohol by an employee, student or independent contractor of the University or its employees on the grounds or in the facilities of the University or in activities sponsored or controlled by the University outside its premises.

V. Norms on the Use and Abuse of Drugs and Alcoholic Beverages

5.1 Prohibition of controlled substances

The manufacture, possession, consumption, sale or distribution of controlled substances in the premises of Inter American University of Puerto Rico or in its official activities, in or outside its premises, constitute a serious violation of these regulations that will entail separate and special sanctions from any other penalty that may be imposed under any law applicable to Puerto Rico.

5.2 Prohibition of Alcoholic Beverages to Minors

The possession, consumption, sale or distribution of alcoholic beverages by or to persons under 18 years of age on the premises of Inter American University of Puerto Rico or in its official activities, in or outside its premises, constitute a serious violation of these regulations that will entail separate and special sanctions from any other penalty that may be imposed under any law applicable to Puerto Rico.

5.3 Possession, consumption, sale or distribution of alcoholic beverages within the premises of the University

The possession, consumption, sale or distribution of alcoholic beverages within the premises of the University is prohibited. This includes the taking of alcoholic beverages into the classrooms, conference rooms, student centers, student residences, and sport or cultural facilities. It is provided, however, that the consumption of alcoholic beverages in special activities previously authorized by the Chief Executive of the Academic Unit will only be allowed. This exception is not applicable to the student activities within the academic units.

The person who authorizes the activity must make sure that an officer designated by him is present to see to it that the applicable regulation is faithfully complied with.

5.4 Possession, consumption, sale, or distribution of alcoholic beverages in official activities outside the premises of the University

The possession, consumption, sale or distribution of alcoholic beverages in official activities of the University to be held outside its premises, unless it is requested and has the previous authorization of the Board of Trustees, the President of the University, or a Chancellor, in harmony with Article 5. 3 of these regulations is prohibited.

5.5 Requests for authorization of the provision or consumption of alcoholic beverages within the premises or in some official activity outside the premises of the University

The authorization request will indicate:

5.5.1 Name of the person, group or organization.

- 5.5.2 In case of an organization, the purpose for which it was created.
- 5.5.3 Type of activity.
- 5.5.4 Date, hour and place where the activity is planned to be held.
- 5.5.5 Projected duration of the activity.
- 5.5.6 Name, address and telephone of the people requesting authorization.
- 5.5.7 A written commitment of the organization to comply with the norms established in these regulations.

The authorization request will point out that the persons requesting authorization commit themselves to personally make sure of compliance with Article 5 of these regulations.

Each unit of the University will identify the places within its premises where the presence of alcoholic beverages will be allowed. No activity, whose main purpose is the consumption of alcoholic beverages, will be authorized. Likewise, contests for the consumption of alcoholic beverages will not be permitted.

5.6 Prohibition of the advertising of alcoholic beverages

The advertisement of alcoholic beverages within the premises of the University is prohibited.

5.7 Student Residences

These regulations will apply rigorously to students living in student residences of the University. The introduction of controlled substances or alcoholic beverages inside the limits of these residences will be a serious violation of these regulations.

5.8 Procedures to be followed in case of conviction for violation of the provisions of these regulations

- 5.8.1 Student - Any student found guilty or declares himself guilty, before a Court of Justice, of a violation to the provisions of these regulations, occurring within the university premises or in an activity sponsored by the University, must notify it in writing to the Office of the Dean of Students of his institutional unit within five days following the date of the reading of the sentence.
- 5.8.2 Employees - Any employee found guilty or declares himself guilty, before a Court of Justice, of a violation to the provisions of these regulations occurring within the university premises or in an activity sponsored by the University, must notify it in writing to the Office of the Dean of Administration of his Institutional unit within five workdays following the date of the reading of the sentence.

5.8.3 Duties of the University

- 5.8.3.1 After receiving the notification to which this Article refers, or if by another form it receives official knowledge of the penal sentence, the University will decide within the next 10 calendar days if the student or employee is among those for which the federal regulation imposes on the University, the obligation to notify this sentence to some federal agency.
- 5.8.3.2 The University begins the procedure with the evaluation of each case and the requirement to the student or employee to submit himself to a plan of treatment or rehabilitation before he is subjected to the applicable disciplinary procedure required by the General Student Regulations or the Faculty Handbooks and the Non-teaching Personnel Manual, within 30 natural days counted from the receipt of the notification to which this Article refers or from the date the University receives official knowledge of the penal sentence. To these ends, the Institution will establish and start a program of orientation and counseling for these persons.

VI. Authorized Tests

The University may require the employees or employment candidates to submit themselves to tests for the detection of controlled substances in the following circumstances:

- 6.1 Individualized reasonable suspicion - an employee may be submitted to a drug test when at least two of the employee's supervisors (of which one must be the direct supervisor), determine that there is individualized reasonable suspicion that the employee is under the effects, the influence or is a user of controlled substances, independently of the fact that later such fact is established or not. The suspicion must be based on observable factors and objectives such as:
 - 6.1.1 Direct observation of use.
 - 6.1.2 Physical symptoms.
 - 6.1.3 Repeated pattern of abnormal conduct or erratic behavior in his work.
- 6.2 Follow-up Tests - the employees who enter a rehabilitation program may be subject to follow-up tests.

VII. Disciplinary Procedure

- 7.1 Students
 - 7.1.1 With regard to students, these regulations will consider a norm adopted from the General Student Regulations, therefore, all violation to these regulations will mean a violation to Chapter V, Article 1 of the General Student Regulations.

- 7.1.2 Chapter V, Article 2 of the General Student Regulations illustrates as behavior subject to disciplinary sanctions the provisions in Article 1. For these behaviors, as well as how to deal with violations to these regulations In order to deal with the violations to these regulations, the disciplinary procedures related to students are adopted. These are established in Chapter V, Article 3 of the General Student Regulations.
- 7.1.3 The following disciplinary sanctions to the violation of Section V of these regulations will be imposed:
 - 7.1.3.1 Reprimand.
 - 7.1.3.2 Probation for a defined time during which another violation of any norm will have suspension as a consequence.
 - 7.1.3.3 Suspension from the University for a definite time. The violation of the terms of the suspension will entail an increase in the period of suspension or the definitive separation from the University.
 - 7.1.3.4 Definitive separation from the University - the student, who incurs in any of the violations that these regulations define as serious, or who incurs in a second violation of any type to these regulations, will not be eligible for the first of the aforementioned sanctions. This provision will be subject to the final determination of the evaluation process in case the situation of the student merits the necessity of the Rehabilitation Program and Counseling, as established in these regulations.

7.2 Student Organizations

- 7.2.1 With regard to student organizations, these regulations will consider a norm adopted under protection of the General Student Regulations. Therefore, all violations to these regulations will mean a violation to Chapter III, Article 3 of the General Student Regulations.
- 7.2.2 The officer or the recognized organism will impose the following disciplinary penalties to student organizations:
 - 7.2.2.1 Reprimand.
 - 7.2.2.2 Probation for a definite time during which another violation of any norm will have as consequence suspension or separation. During this period the members of the organization must work in educational prevention activities assigned and supervised by personnel of the Prevention Program of the unit.
 - 7.2.2.3 Suspension of some rights and benefits related to recognition. In this period the members of the student organization must work in a communitarian service program, under the supervision of the Prevention Program of the unit.

7.2.2.4 Suspension of accreditation for a defined time: a student organization which incurs in any of the violations that this regulation defined as serious, or that incur in a second violation of any type to these regulations, will not be eligible for re-accreditation unless its members develop or work in educational prevention activities, assigned, supervised and properly evidenced by the personnel of the Program Prevention of the unit.

7.2.2.5 The Juridical Advisor's Office will develop alternative methods of resolving conflict for those cases in which there is not agreement between the parties with respect to the dictated sanction, when a serious crime has not been committed.

7.3 Employees

7.3.1 With regard to employees, the violation to Section V of this regulation will entail the following disciplinary sanctions:

7.3.1.1 Oral reprimand.

7.3.1.2 Written reprimand.

7.3.1.3 Suspension of employment and pay, for a definite term not to exceed six months. The violation of the terms of the suspension will entail an increase of the suspension period or the definitive separation from the University.

7.3.1.4 Dismissal, with the consequent exclusion from serving the University, unless rehabilitation is formally determined, in harmony with the norms established by the System Human Resources Office for that purpose.

7.3.1.5 The employee, who incurs in any of the violations of these regulations identified as serious, or who incurs in a second violation of any type to these regulations, will not be eligible for the first two aforementioned sanctions. This provision will be subject to the final determination of the evaluation process in case the situation of the employee merits the requirement of a rehabilitation and counseling program, as established in these regulations.

7.3.1.6 The imposition of any disciplinary sanction must be preceded by the appropriate procedure, with the investigation of the facts and the due administrative process that the University, and the Law, in harmony with the fundamental purpose of the disciplinary action, which strives for the remedial action according to the best institutional interests.

7.3.1.7 The Juridical Advisor's Office will develop alternative methods of resolving conflict for those cases in which there is no agreement between the parties with respect to the dictated sanction, when a serious crime has not been committed.

7.4 Possession with the intention of distribution or the distribution of controlled substances may entail:

7.4.1 Probation and the requirement that the employee or student enter a rehabilitation program, approved for such purpose by the federal or local government or another recognized agency. The breach of the probation will entail suspension for a definite time.

7.4.2 Suspension from classes or employment for a definite time.

7.4.3 Permanent separation, in case of students and dismissal in the case of professors and non-teaching personnel.

Any one of these sanctions or a combination of these may be imposed. The University will notify the state and federal authorities for the appropriate action.

7.5 The use, possession or distribution of alcoholic beverages in any form in the teaching unit or on the grounds and buildings of the University may entail the following sanctions:

7.5.1 A written reprimand and a copy to the student.

7.5.2 Probation and the requirement that the employee or student enter a rehabilitation program, approved for such purpose by the federal or local government or another recognized agency. The breach of the probation will entail suspension for a definite time.

7.5.3 Suspension of classes or employment for a definite time.

Any one of these sanctions or a combination of these may be imposed. The University will notify to pertinent state authorities for the appropriate action in the cases of non-authorized distribution by the Department of the Treasury.

In cases of recidivism, in addition to the aforementioned sanctions, the permanent separation from classes or employment may be imposed.

VIII. Informal Procedure for Complaints

8.1 Right to Present a Complaint

8.1.1 Every employee or student will have the right to present a complaint concerning the violation of these Regulations. The complaint must be presented in writing within the jurisdictional time of 30 calendar days from the date that the act was incurred. The complaint should include a brief report of the alleged behavior incurred by the accused party and the provisions of the Regulations which were allegedly violated.

8.1.2 The complaint must be presented before the Chief Executive Officer of the Academic Unit and, in the case of Central Administration, before the Executive Vice President. These officials will form a Special Committee to carry out a confidential and objective investigation of the case. Said investigation must begin within a period of no more than 10 work days from the date the complaint was received. The periods of administrative recess will not count as part of these 10 days.

8.2 Special Committee

8.2.1 In cases of students - Dean of Studies, Dean of Administration, Dean of Students or their equivalent and a Counselor.

8.2.2 In cases of professors and non teaching personnel - Dean of Studies, Dean of Administration, Director of Human Resources or their equivalents.

8.2.3 In cases of employees in the System Central Office - Executive Director of Human Resources, a Vice President and another member designated by the Executive Director of the Presidency.

8.2.4 In the three cases mentioned here, an expert who has knowledge and experience in this type of investigation, (forensic, chemical, biochemical or physiological methods) will form part of the Special Committee.

8.2.5 The Juridical Advisor's Office will prepare the protocol that must be followed to obtain and to preserve the blood, alcohol or drug tests that are required or are necessary to attend to the complaint.

8.3 Investigation

One of the members will be assigned by the President of the Committee to investigate the complaint and present his report to the Committee, no later than 30 calendar days from the date the investigation began. The periods of administrative recess will not count as part of these 30 days.

If after investigating the informal complaint, the Committee decides that sufficient grounds do not exist to substantiate the violation presented, it will be so informed in writing and it will be explained to the complainant through an appropriate dialog. For all purposes the case will be considered closed.

If the Committee determines that sufficient cause exists to believe that the accused party committed the violation presented, he will be given the opportunity to clear and defend himself at an informal hearing.

The tests and documentation assembled will be preserved until the case is solved or while the regulation in force requires it.

8.4 Informal Hearing

- 8.4.1 The Committee will summon the accused party within a period of not more than 10 workdays from the date sufficient grounds were determined. The notification will contain:
 - 8.4.1.1 Date, hour and specific place where the informal hearing will be held. (The hearing will be held within a term of 20 calendar days, from the date of notification). The periods of administrative recess will not count as part of these 20 days.
 - 8.4.1.2 Charged violations.
 - 8.4.1.3 Date on which these violations incurred.
 - 8.4.1.4 Right to express oneself and to present any oral and/or documentary evidence.
- 8.4.2 If the accused party does not appear on the date and hour specified for the informal hearing, the Committee will refer the case to the Chief Executive Officer of the Academic Unit or the Executive Vice President at Central Administration so that a formal hearing can be held.
- 8.4.3 After the informal hearing has been held, the Special Committee will determine whether or not the accused party committed the violations presented and will submit a report with its recommendations to the Chief Executive Officer of the Academic Unit and, in the case of Central Administration, to the Executive Director of the Presidency within a period of no more than 20 calendar days.
- 8.4.4 If from the preliminary study and evaluation of the case the possibility may be deduced that the accused party needs to be referred for a medical, professional or specialized evaluation, the Committee will advise the accused party of the pertinent recommendations.
- 8.4.5 The preliminary study of the case includes the possibility of achieving behavior modification by the accused party. If the rehabilitation of the accused party is achieved as demonstrated by favorable changes in the behavior during a period of six months and confirmed by the Chief Executive Office of the Academic Unit or by the Executive Vice President in the case of Central Administration, the case will be closed.

IX. Formal Procedure: Administrative Hearing

9.1 Request for an Administrative Hearing

If the Special Committee determines that the person committed the violations presented and he refuses to be referred for a medical, professional or specialized evaluation, the

accused party will be entitled to petition an Administrative Hearing. The petition will be presented to the Chief Executive Officer of the Academic Unit or the Executive Director of the Presidency in the case of the Central Administration, within 10 work days from the notification date of the decision of the Special Committee.

9.2 Appointment of the Examining Officer

The Chief Executive Officer of the Academic Unit or the Director of the Juridical Advisor's Office of Central Administration will appoint an Examining Officer who will be a lawyer with vast professional experience. These officials will provide the Examining Officer with a copy of the complaint and of the petition for the Hearing. The Examining Officer will notify both parties of the day the Hearing will be held, allowing a reasonable amount of time to prepare for their defense, but no more than 20 days after the date of the notification of the Hearing.

9.3 Notification of the Administrative Hearing

The Examining Official will notify all the parties about the holding of the Formal Hearing. The notification will contain:

- 9.3.1 A brief report of the behavior in which allegedly the accused party incurred.
- 9.3.2 Date, hour and specific place where the Hearing will be held.
- 9.3.3 Violations presented.
- 9.3.4 Date on which the charged violations incurred.
- 9.3.5 Disciplinary sanctions applicable.
- 9.3.6 The right to be represented by a lawyer or any other person of his choosing, to question, cross-examine and to present oral and/or documentary proof.

9.4 Suspension of the Hearing

These norms are designed so that the procedure for attending to complaints can be carried out quickly and efficiently, but within a framework of justice and equality. For this reason, motions to suspend the proceedings will not be looked upon with favor.

- 9.4.1 If any of the parties is interested in suspending the stipulated Hearing, he must present a written petition to that effect to the Examining Officer, at least 5 workdays before the date stipulated for the Hearing. A copy of the petition must be sent to the other party.
- 9.4.2 Either party who has presented a petition to suspend a Hearing must appear before the Examining Officer on the date and hour stipulated for the Hearing unless he had previously received notification from the Examining Officer granting the suspension. If the petition for suspension has not been granted, the Examining Officer may conduct the Hearing.

9.5 Guarantees of the Hearing

In the Hearing, the Examining Officer will guarantee the following to all the parties:

- 9.5.1 The right to attend the Hearing alone, accompanied and/or represented by a lawyer or any other representative of his choosing.
- 9.5.2 The right to listen to all testimony and read all documentary evidence presented at the Hearing.
- 9.5.3 The right to question and cross-examine witnesses and to refute the evidence presented.
- 9.5.4 The right that all rulings made by the Examining Officer be written and based on the oral and documented evidence presented at the Hearing.
- 9.5.5 The right to present all testimony and documented evidence pertinent to the complaint.

9.6 Conducting the Hearing

- 9.6.1 All proceedings before the Examining Officer shall be recorded on magnetic tape or another available medium which will be delivered to the University for preservation and guardianship or to the person designated for that purpose. The Rules Concerning Evidence that regulates judicial and ordinary proceedings will be applied with flexibility.
- 9.6.2 The Examining Officer will begin the Hearing by giving a summary of the controversies involved in the complaint and explain the manner in which the Hearing will be conducted.
- 9.6.3 During the Hearing, the Examining Officer will have all the authority necessary to guarantee that the proceedings will be conducted in a respectable manner, including, without interpreting it as a limitation of their rights, the authority to order any party, his lawyer or representative, or a witness to maintain silent or to exclude from the Hearing any person who does not conduct himself in a decorous manner. The exercise of the powers granted here to the Examining Officer shall be interpreted and applied in such a way as to guarantee the due process of law to the parties involved.

9.7 Ruling of the Examining Officer

After the Hearing has been held, the Examining Officer will issue his ruling within the following 30 days, with his decisions regarding the acts that have been proven, the conclusions and the recommendations with regard to the penalties that should be imposed.

It will be the responsibility of the Examining Officer to send a certified copy of the ruling to the Executive Director of the Presidency, to the Chief Executive Officer of the Academic Unit and to the Director of Human Resources when it concerns an employee.

When the violations have been committed by a Chief Executive of an Academic Unit or by employees of Central Administration, the Executive Director of the Presidency will resolve the case, taking into consideration the ruling of the Examining Officer and will impose the appropriate penalties. He will notify the accused party by mail (return receipt requested) within twenty (20) calendar days after receiving the ruling of the Examining Officer. The periods of administrative recess will not count as part of these 20 days.

If the violations were committed by students, professors or administrative personnel of an Academic Unit, the Chief Executive Officer of the Academic Unit will resolve the case and impose the penalties in accordance with what has been stated in the previous paragraph.

X. Imposition of Disciplinary Sanctions and Appeal

10.1 Imposition

Disciplinary sanctions will be imposed in the following manner:

- 10.1.1 The Chief Executive Officer of the Academic Unit, in coordination with the Dean of Students, will impose the appropriate penalties when the violations have been incurred by students.
- 10.1.2 When the violations have been committed by non-teaching employees of the Academic Units, the Chief Executive Officer of the Academic Unit, in coordination with the Executive Director of Human Resources, will impose the sanctions.
- 10.1.3 When the violations have been incurred by personnel from Central Administration or by Chief Executives Officers of the Academic Units, the penalties will be imposed by the Executive Director of the Presidency with the recommendation of the Executive Director of Human Resources
- 10.1.4 When the violations have been committed by professors, the penalties will be imposed by the Chief Executive Officer of the Academic Unit with the recommendation of Vice-president for Academic and Student Affairs and Systemic Planning and with the counsel of the Executive Director of Human Resources.
- 10.1.5 In cases of the deans and chief executive officers of the academic units, the President will choose the course of action to be taken.

10.2 Appeals

A defendant not in agreement with the decision may present a written appeal to the President, within next 10 workdays, without an extension, from the date he received a copy of the ruling.

The President will emit his decision within the next 20 work days, from the time the written appeal was received, which will become final and may not be appealed. If the President does not emit any decision by the end of the 20 day period, it will be understood that the appeal has been overruled and becomes final and may not be appealed.

XI. Conviction

- 11.1 Any employee or student, who has been convicted of violating the Law of Controlled Substances, whether state or federal, must notify his immediate supervisor within five (5) days from the date of conviction. A student must notify the Dean of Students.
- 11.2 The University will notify the pertinent federal agency concerning the conviction, within a period of no more than ten (10) days from the date of the conviction.
- 11.3 The University will impose the disciplinary action stipulated in the present proceedings within thirty (30) days from the time it learned of the conviction.

XII. General Provisions

12.1 Prevention

The Central Office of Human Resources of the University will establish a preventive plan at the institutional level, dealing with the harmful effects of the use of drugs and controlled substances and the abuse of alcohol. This plan will contain the programs that will be developed, geared to educating the university community regarding this matter. It will be the responsibility of the Chief Executive Officer of each Academic Unit to maintain a similar plan, in keeping with the institutional plan.

12.2 Interpretation

The provisions of these Regulations should be interpreted in the broadest manner possible in light of their purpose and the collection of norms of which they are composed and in agreement with the public policy contained in the Laws.

12.3 Materials not provided for

The matters or affairs not provided for in these Regulations and which are covered by the Laws referred to will be governed by the resolutions taken by the Board in accordance with the Laws referred to.

XIII. Severability

If any part or section of these regulations is declared null by a competent authority, such decision will not affect the rest.

XIV. Repeal or Amendment

These regulations amend Normative Document G-0807-028 and incorporate the policy of Circular Letter G-148-92, thereby substituting it. In addition, they repeal any other directives that may be in conflict with what is expressed herein. These Regulations may be amended or repealed by the President of the University.

XV. Effective Date

These Regulations will be in effect immediately after their approval and signing by the President.

NOTE: Normative Document G-0807-028R: *Reglamento Interno para atender querellas sobre Uso y Abuso de Drogas y Bebidas Alcohólicas en los predios de la Universidad Interamericana de Puerto Rico* was signed by President Manuel J. Fernós on September 22, 2010.

Appendix B



Inter American University of Puerto Rico
Office of the President

RULES TO REGULATE SMOKING AT
INTER AMERICAN UNIVERSITY OF PUERTO RICO

NORMATIVE DOCUMENT G-0403-007R

NOTE: *This Normative Document is available in Spanish and English. In the event of a conflict as to its interpretation, the Spanish version shall prevail.*

Introduction

The rules to limit smoking at the University date from 1991 and, in order to keep them updated and consistent with the changes in state law, Act No. 40 of August 3, 1993, as amended, *Act to Regulate Smoking in Certain Public and Private Places*, we proceed to review it regularly and rigorously.

It has been scientifically verified that smokers as well as those that inhale the smoke that smokers exhale (passive smokers) are exposed to the same harmful effects. According to existing studies, tobacco smoke is made up of more than 4,000 chemical substances, of which more than 43 are cancer producing (carcinogenic) in human beings. These have been classified by the United States Environmental Protection Agency as "type A carcinogens", which means that there is no safe level of exposure to them.

Passive smoking is a major risk factor of disease and death. It is the third most preventable cause of death after active smoking and alcoholism. At present, tobacco consumption is one of the primary preventable causes of diseases, disability, and premature death in Puerto Rico. Each year more than 3,600 people die in Puerto Rico as a result of smoking, and half of them lose an average of 20 years of life.

I. Legal Base

This document is promulgated by virtue of the authority conferred to the President by the Board of Trustees in the Bylaws of Inter American University of Puerto Rico. In addition, they are based, on the following law: Act No. 40 of August 3, 1993, as amended, *Act to Regulate Smoking in Certain Public and Private Places*.

II. Purpose

This normative document establishes the rules that regulate smoking at Inter American University of Puerto Rico.

RULES TO REGULATE SMOKING AT INTER AMERICAN UNIVERSITY OF PUERTO RICO
NORMATIVE DOCUMENT G-0403-007R

III. Scope

This document applies to all administrative and teaching units of the University.

IV. Definitions

For the purpose of this document, the following terms will have the meanings expressed herein:

- 4.1 Outdoor areas – areas of the different institutional units not contained within a closed structure, such as parking areas, balconies, outdoor hallways, and patios that surround and/or provide access to buildings.
- 4.2 Common areas – facilities used by the general public, which include, but are not limited to, classrooms, laboratories, amphitheatres, theaters, athletic facilities, chapels, libraries, offices, meeting rooms, warehouses, archives, cafeterias, eating areas, elevators, official vehicles, bookstores, lobbies, infirmaries, waiting rooms, children centers, and other analogous places where people go.
- 4.3 Work scenario – any place inside, outside, or underground belonging to the work scenario, including any common areas, or other structures where work, service or business, either temporarily or permanently, is carried out, or where any process or operation, either directly or indirectly related to an office, service, or business is conducted.
- 4.4 Smoking – activity of inhaling and exhaling tobacco smoke or other substances that are burned in cigars, cigarettes or pipes; the possession or transportation of cigars, cigarettes, pipes or articles for smoking while they are ignited; and the use of electronic cigarettes. As pertains to this document, an electronic cigarette is defined as any product designed to provide the user with a dose of nicotine, in combination with other substances, in the form of vapor, as established by the Food and Drug Administration of the United States.
- 4.5 Environmental tobacco smoke – smoke emitted from a cigarette, pipe, cigar, or electronic cigarette, and that which is exhaled by the smoker. Exposure to environmental tobacco smoke is known as involuntary smoking or passive smoking.
- 4.6 Residence – any building or property designated for accommodating people and property belonging to the University.

V. Sale, Distribution, and Promotion of Tobacco within the Premises of the University

The sale and distribution of tobacco and the promotion of its use in the buildings and premises of the University is prohibited.

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NORMATIVE DOCUMENT G-0403-007R

VI. Non-smoking Areas

Smoking is prohibited in all meeting areas, work scenarios, and residences, as defined in Article IV - 4.2, 4.3 and 4.6 of this document.

VII. Smoking Areas

Smoking is permitted in:

- 7.1 Outdoor areas, as defined in Article IV – 4.1 of this document.
- 7.2 Areas specifically designated for smoking.

VIII. Identification of Areas

The areas where smoking is and is not allowed will be properly identified as such with signs that communicate this message. The lack of identification is not an authorization to smoke, if the location falls within a common area, 4.2, work scenario, 4.3, or residence, 4-6, as defined in Article IV.

IX. Compliance

The chief executives and supervisors will take the necessary measures to ensure the strict compliance with these rules.

X. Disciplinary Measures

Sanctions

Any person who violates the provisions of these rules will be subject to the following sanctions:

- 10.1 Teaching and Non-Teaching Personnel
 - 10.1.1 Orientation by the immediate supervisor.
 - 10.1.2 Written reprimand by the immediate supervisor.
 - 10.1.3 Suspension from employment and salary for a period no less than one day or greater than five work days by the chief executive officer of the unit, by the vice presidents in their area of responsibility in the case of the Central Office, and by the President in the case of the chief executive officers and vice presidents.
 - 10.1.4 Dismissal or suspension from employment and salary for recurrent violations of the rules that permit the good and normal operation of the Institution, in accordance with the due processes established in the Faculty Handbook and the Non-Teaching Personnel Manual.

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10.2 Students

In cases of violation to these rules by students:

- 10.2.1 Orientation by the Dean of Students of the respective unit.
- 10.2.2 Written reprimand by the Dean of Students.
- 10.2.3 Application of the procedures and sanctions indicated in Chapter V of the *General Student Regulations*: Punishable Behavior and Just Procedure.

XI. Severability

If any part or section of these rules is declared void by a competent authority, said decision will not affect the rest of them.

XII. Annulment and Amendments

These rules repeal Normative Document G-0403-007R and any other directives in conflict with the provisions herein. This document may be amended or revoked by the President of the University.

XIII. Effective Date

This document will go into effect immediately upon the President's approval and signature.

IV. Approval

NOTE: Normative Document G-0618-045: *Normas para Regular el Fumar en la Universidad Interamericana de Puerto Rico* was signed by President Manuel J. Fernós on June 14, 2018.

Appendix C

SUMMARY OF THE DRUG-FREE SCHOOL AND COMMUNITIES ACT AMENDMENTS OF 1989

The Drug-Free School and Communities Act amended by the United States Congress in 1989, provides as an essential requirement to receive federal funds that higher education institutions (HEIs) develop and implement a program for the prevention of drug and alcohol use. In addition, it establishes that each institution has to prepare a biennial report to evaluate the application and effectiveness of said program.

This law requires that HEIs comply with the following aspects:

1. Establish standards of conduct that prohibit the possession, use and distribution of unlawful drugs or alcohol by students and employees in their facilities and activities.
2. Describe the legal, institutional, state and federal sanctions for the possession or distribution of unlawful substances and alcohol.
3. Describe the health risks associated with the use of unlawful drugs and alcohol abuse.
4. Describe the counseling programs on drug and alcohol use and abuse, treatments, and rehabilitation programs available.
5. Develop and promulgate the institution's intent to take measures consistent with state and federal laws against those who violate these regulations.
6. Distribute this information annually to all members of the university community (students, professors and administrative staff) and keep filed evidence for a period of three years.
7. Evaluate biannually the effectiveness of the institutional policy and prepare a Biennial Review on the matter with the corresponding evidences. Failure to comply with the review can have serious consequences, namely:
 - a. Suspension of funds granted or to be granted by the Federal Government.
 - b. Claim that the funds that had been granted (and used) be returned to the Federal Government.
 - c. Fines

Appendix D

FEDERAL TRAFFICKING PENALTIES FOR SCHEDULES I, II, III, IV, and V (Except Marijuana)

Schedule	Substance/Quantity	Penalty	Substance/Quantity	Penalty
II	Cocaine 500-4999 grams mixture	First Offense: 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. Second Offense: 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.	Cocaine 5 kilograms or more mixture	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. Second Offense: Not less than 20 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. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
II	Cocaine Base 28-279 grams mixture		Cocaine Base 280 grams or more mixture	
IV	Fentanyl 40-399 grams mixture		Fentanyl 400 grams or more mixture	
I	Fentanyl Analogue 10-99 grams mixture		Fentanyl Analogue 100 grams or more mixture	
I	Heroin 100-999 grams mixture		Heroin 1 kilogram or more mixture	
I	LSD 1-9 grams mixture		LSD 10 grams or more mixture	
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture	
II	PCP 10-99 grams pure or 100-999 grams mixture		PCP 100 grams or more pure or 1 kilogram or more mixture	
Substance/Quantity		Penalty		
Any Amount Of Other Schedule I & II Substances		First Offense: 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 not an individual. 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.		
Any Drug Product Containing Gamma Hydroxybutyric Acid Flunitrazepam (Schedule IV) 1 Gram		First Offense: 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. 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.		
Any Amount Of Other Schedule III Drugs		First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.		
Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)		First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.		
Any Amount Of All Schedule V Drugs				

FEDERAL TRAFFICKING PENALTIES FOR MARIJUANA, HASHISH AND HASHISH OIL, SCHEDULE I SUBSTANCES

MARIJUANA 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants	First Offense: 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. Second Offense: 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 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants	First Offense: 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. Second Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50million if other than an individual.
MARIJUANA 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants	First Offense: 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. Second Offense: 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.
HASHISH More than 10 kilograms	
HASHISH OIL More than 1 kilogram	
MARIJUANA less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants	First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual. Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.
HASHISH 10 kilograms or less	
HASHISH OIL 1 kilogram or less	

Retrieved from https://www.dea.gov/pr/multimedia-library/publications/drug_of_abuse.pdf May 4, 2018

Appendix E

TOBACCO

Smoking Cessation Line: Quit It Now! (¡Déjalo ya!) 1-877-335-2567

The Smoking Cessation line Quit it Now! This is a telephone counseling and support service provided by the Puerto Rico Department of Health, free of charge, for anyone who wishes to quit smoking. It is available from 9:00 a. m. to 9:00 p.m. from Monday to Friday, and from 9:00 a.m. to 6:00 p.m. on Saturdays, Sundays and holidays.

The counselors offer guidance on different ways to quit smoking: pharmacological alternatives and nicotine replacement therapy, among other issues related to tobacco abstinence. Likewise, the bond between the smoker and the health counselor is encouraged, focused on full cessation, considering the achievements obtained along the process.

This service supports the participant in creating a personalized plan, which includes twelve follow-up calls for one year, the sending by mail of support material and motivational text messages.

The following electronic page provides more information about smoking and the services offered by the Health Department:

Website: <http://www.salud.gov.pr/Sobre-tu-Salud/Pages/Tabaquismo.aspx>

DRUGS AND ALCOHOL

Administration of Mental Health and Anti-Addiction Services (ASSMCA)

Main Office Telephone: (787) 763-7575 Extensions 2301, 2302

Fax: (787) 765-5888

First psychosocial aid line (PAS): 1-800-981-0023

Service Hours: 24/7

Website: <http://www.assmca.pr.gov/>

Mayagüez Mental Health Centre (Ascribed to ASSMCA) (For addiction problems)

Telephone: (787) 833-0663

San Patricio Mental Health Centre (Ascribed to ASSMCA)

Telephones: (787) 793-1550 - (787) 793-1828

This Center provides services to the adult population (over 18 years old), residents in the areas of San Juan, Santurce, Hato Rey and Río Piedras who request services for any type of mental disorder.

Residential Treatment Centers for Women and Men with Substance Dependence (ASSMCA)

Residential Center for Women:

San Juan - (787) 764-0684

It offers specialized biopsychosocial treatment services for women with dependence on substances whose condition requires an environment of greater control and a treatment of greater intensity. The minimum time in internal treatment is eight (8) months.

Residential Centers for Men:

San Juan (787) 767-0892 (787) 274-1633

Ponce (787) 840-6835 (787) 844-1675

The Emergency and Alcohol Detoxification Unit of the Administration of Mental Health and Anti-Addiction Services (ASSMCA) is the only institution in Puerto Rico specialized in offering treatment, emergency and alcohol detoxification services to people over eighteen (18) years of age who have an Alcohol Consumption Disorder and other Alcohol Related Disorders. Services are also offered to manage the psychosocial complications caused by alcohol consumption. The services are offered continuously, twenty-four hours a day, seven days a week (24/7). The participant has the opportunity to receive immediate specialized medical attention in a controlled environment and thus, begin the psychosocial process of introspection and initiate a recovery process.

Methadone Treatment Program

This program is a long-term modality ambulatory treatment that, assisted by a drug - methadone - helps the patient with a history of primary dependence on opioids (heroin), who does not respond or accepts any other form of treatment, to cease use of opiates and other drugs. This type of treatment is also effective in reducing the risk factors for contagious infectious diseases, such as HIV / AIDS, Tuberculosis and Hepatitis B and C, associated with the use of intravenous drugs.

Clinics of Integral Treatment Assisted with Medication (Methadone)

Aguadilla
(787) 882-2566

Bayamón
(787) 786-4370

Caguas
(787) 745-0410

Cayey
(787) 738-5020
Ponce
(787) 840-6630

San Juan
(787) 754-4100
(787) 753-0665

Program of Specialized Drug Court Rooms (Drug Court) (ASSMCA)

(787) 641-6600 Extensions 5707, 5711

The Program of Specialized Drug Court Rooms, like the TASC (Treatment Alternatives to Street Crime) Program, aims to reduce criminal relapsing connected to the use and abuse of controlled substances by providing deviation services conditioned to the treatment to people with addictive disorders intervened by the Court. Like the TASC program, the Program is a therapeutic justice program that allows the diversion to treatment of nonviolent first offenders with addictive disorders, under Rule 247.1 of Criminal Procedure. However, the Program differs from the TASC Program, in that the offenders referred to this program are always seen in Specialized Courts in the Courts of First Instance dedicated exclusively to matters related to infractions to the Controlled Substances Law and related crimes, committed by people affected by drug addiction.

TASC Program (*Treatment Alternatives to Street Crime*)

(787) 763-7575 Extensions 1728, 1718

The TASC Program, is a program that aims to make it possible for offenders of law, non-violent, addicted to narcotics, who qualify for the program, instead of being incarcerated, to be diverted to treatment for their addictive disorder. This privilege is offered under Rule 247.1 of the Criminal Procedure, which provides a probation, which upon satisfactory fulfillment in all its conditions will allow the Court to decree the exoneration and dismissal of the case without it being considered a conviction.

The Program offers biopsychosocial treatment services to male adult who have a substance dependence. This includes a varied and active programming for its clientele. In addition, the Center has a day treatment service for clients in an advanced stage of recovery.

Alcoholism Program (ASSMCA)

(787) 763-7521 (787) 763-5305

Alcohol Detoxification and Emergency Unit

Medical Center, Río Piedras (Near the parking lot of *Plaza Central* and CLETS)

Service Hours: 24/7

San Juan Capestrano Hospital

The San Juan Capestrano Hospital serves people 18 years and older with mental health conditions and addictions.

Confidential Helpline: - 1-888-967-4357 (toll free)

Service Hours: 24/7

Website: <http://www.sanjuancapestrano.com/>

Clinics:

Bayamón

46 First St.

5th Extension Hermanas Dávila

Bayamón, P.R. 00959

Telephone: (787) 740-7771

Fax: (787) 740-7715

Caguas

Offers Intensive Outpatient Program for addictions from 5:00 to 8:00pm

José Mercado Ave., Ruiz Belvis Corner

Gastby Building 2nd. Floor

Caguas, PR 00725

Telephone: (787) 745-0190

Fax: (787) 745-0225

Humacao

128 East Font Martelo Street

Ramón Gómez Corner

Humacao, PR 00791

(Old Telephone Building)

Telephone: (787) 850-8382

Fax: (787) 850-8388

Mayagüez

Offers Intensive Outpatient Program for addictions from 5:00 to 8:00 p. m.

Santander Security Plaza

349 Hostos Avenue Suite 104

Mayagüez, PR 00681

Telephones: (787) 265-2300, (787) 265-2381

Fax: (787) 831-1714

Ponce

San Cristóbal Plaza

Road PR-506 Km. 1.0

Ponce, PR 00780

Telephone: (787) 842-4070

Fax. (787) 842-4071

Psychotherapeutic Institute of Puerto Rico (INSPIRA) (Mental Health)

It is a private organization dedicated to the prevention, treatment and rehabilitation of emotional, psychological and psychiatric conditions. In the same way, they treat personal, family, behavioral, and occupational problems.

Clinics:

Bayamón

Centurión Building

Road #2 Km. 11.8, 3rd Floor

(In front of Hermanos Meléndez Hospital)

Bayamón, PR 00961

Telephone: (787) 995-2700

Fax: (787) 995-2706

Caguas

Consolidated Mall - Suite B-5

José Gautier Benítez Ave.

Caguas, PR 00725

Telephone: (787) 704-0705

Fax: (787) 704-0870

Service Hours: Monday through Friday 8:00am - 5:00pm

Hato Rey

431 Hostos Ave.

Hato Rey 00918

Telephones: (787) 753-9515 / 1-800-284-9515

Fax: (787) 753-8327

Service Hours: Monday-Friday 8:00 a. m. - 5:00 p. m.

Hato Rey

Auxilio Mutuo Tower

37 ½ Stop Ponce de León Ave.

Office 410

San Juan, PR 00917

Tel.: (787) 296-0555 / Fax: (787) 296-0720

Service Hours: Monday-Friday 8:00 a. m. - 5:00 p. m.

Ponce

INSPIRA Ponce – 184 Guadalupe Street, 2nd Floor
(Former San Lucas Hospital)

Telephone: (787) 709-4130

Fax: (787) 709-4134

Service hours: 24/7

***Panamericano* Integrated Mental Health System**

Telephone: 1-800-981-1218 (24 hours a day)

Website: <http://www.hospitalpanamericano.com/>

Hospital and Outpatient Services for Youth

- Specialized Treatment and Chemical Dependence Program
- Partial Hospitalization
- Treatment to Recover from Addictions (alcohol and drugs)

Intensive Therapies Program (IOP)

- For people with substance abuse problems

Residential Program and Therapeutic School

To train youth between ages 13 to 17 to handle the demands of:

- Disruptive behavior
- Depression
- Drug addiction
- School achievement
- Peer pressure management
- Family problematic issues

Medical Facilities

Cidra Panamericano Hospital (For adults and youth)

Road 787, Km 1.5, Cidra

Telephone: (787) 739-5555

Ponce Panamericano (For adults)

2213 Ponce by Pass

8th Floor Damas Hospital, Ponce

Telephones: (787) 842-0045 / 842-0047

San Juan Panamericano (For adults)

Telephones: (787) 523-1500 / 523-1501

735 Ponce de León Ave., San Juan

Outpatient Treatment Facilities

Bayamón

A-5 Road 167, Bayamón

Telephone: (787) 778-2480

Caguas

Bairoa Shopping Center Suite 7, Caguas

Telephone: (787) 286-2510

Hato Rey

122 Eleonor Roosevelt Ave., San Juan

Telephone: (787) 758-4845

Humacao

Road 924, Km. 1.8, Bo. Pitahaya, Humacao

Telephone: (787) 285-1900

Manatí

Plaza Puesta del Sol, Suite 202, Manatí

Telephone: (787) 854-0001

Mayagüez

Santander Security Plaza Building

Suite 209, Hostos Avenue, Mayagüez

Telephone: (787) 652-1525

Ponce

Santa María Office Bldg. Suite 4,
Ferrocaril St., Ponce
Telephone: (787) 284-5093

Other Private and Community Treatment Centers:

Hogar CREA

Telephone: (787) 761-0715
Fax: (787) 748-5488
E-mail: *hogarcrea@hogarcreapr.org*
Website: *http://hogar-crea.org*

Teen Challenge Puerto Rico

Telephones: (787) 730-6971 (787) 730-6908
Fax: (787) 730-7320
E-mail: *oficinacentral@teenchallengepr.org*
Website: *http://www.teenchallengepr.org*

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