

THE VOCATIONAL NURSING INSTITUTE, INC.

Policy and Procedure Manual

Alcohol and Drug Abuse Prevention Program

INTRODUCTION

The Drug-Free Schools and Communities Act Amendments of 1989, as articulated in the Education Department General Regulations (EDGAR) Part 86, the “Drug-Free Schools and Campuses Regulations”, require institutions of higher education (IHEs) to develop and implement programs to prevent the abuse of alcohol and the use of illicit drugs by students and employees. In addition, IHEs are required to provide annual notification of the provisions of their alcohol and drug abuse prevention programs to students, faculty and employees and to conduct biennial reviews of the programs and their effectiveness.

The Vocational Nursing Institute, Inc. has developed this Alcohol and Drug Abuse Prevention Program to meet the requirements of the Drug-Free Schools and Communities Act Amendments of 1989, as articulated in the Education Department General Regulations (EDGAR) Part 86, the “Drug-Free Schools and Campuses Regulations”.

REQUIRED ELEMENTS

1. THE VOCATIONAL NURSING INSTITUTE, INC. 'S ALCOHOL AND DRUG ABUSE PREVENTION POLICY

The Vocational Nursing Institute, Inc. maintains a drug-free environment. Students, faculty, and employees are strictly prohibited from misusing controlled substances, intoxicants, alcohol, and prescription drugs while working, participating in the online classroom, or attending residencies or other university-sponsored activities.

2. INFORMATION RELATING TO THE LEGAL SANCTIONS FOR UNLAWFUL POSSESSION OF ALCOHOL AND DRUGS

a. ALCOHOL LAW PENALTIES. The legal drinking age in all 50 states of the United States and the District of Columbia is 21 years of age. The legal drinking age in the U.S. Virgin Islands, Puerto Rico and Guam is 18 years of age. Persons under the legal drinking age who purchase, possess or consume alcoholic beverages may be subject to fines or imprisonment depending on state laws. Persons who knowingly furnish alcohol to minors are also subject to fines or imprisonment.

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Specific information on state and local legal penalties for alcohol violations may be obtained on state law enforcement websites.

b. DRUG LAW PENALTIES Under federal law, a conviction for possession of illicit drugs carries a prison sentence of up to three years and a fine to \$250,000. Special federal sentencing provisions for possession of crack cocaine require a mandatory prison sentence of five (5) to twenty (20) years. The range of penalties for conviction of unlawful distribution of illicit drugs under federal law is summarized in the schedules of federal drug trafficking penalties that can be found online at: <http://www.usdoj.gov/dea/agency/penalties.htm>. The severity of the sanctions imposed for both possession and distribution offenses depend on the quantity of drugs, prior convictions, and whether death or serious injury resulted. Sanctions may be increased for offenses which involve distribution to minors or occur on or near a school or campus. In addition, other federal laws required or permit forfeiture of personal or real property used to illegally possess, facilitate possession, transport, or for concealment of a controlled substance. A person's right to purchase or receive a firearm or other federal benefits, such as student loans, grants, contracts, or professional or commercial licenses, may also be revoked or denied as a result of a drug conviction.

Specific information on state and local legal penalties for drug violations may be obtained on state law enforcement websites.

3. INFORMATION RELATING TO HEALTH RISKS FROM DRUGS AND ALCOHOL

- Students of The Vocational Nursing Institute, Inc. should be aware and informed that health risks associated with the use of illicit drugs and the abuse of alcohol can result in, but are not limited to a lowered immune system, damage to critical nerve cells, physical dependency, lung damage, heart problems, liver disease, physical and mental depression, increased infection, irreversible memory loss, personality changes and thought disorders.
- Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increases the incidence of a variety of aggressive acts, including spouse and child abuse.
- Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death.

- Mothers who drink alcohol during pregnancy may give birth to infants with Fetal Alcohol Syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other youngsters of becoming alcoholics.
- Marijuana contains THC (Delta-9-tetrahydrocannabinol) which accounts for most of its psychoactive or mind altering effects. The short-term effects of using marijuana include sleepiness, memory and concentration problems, impaired motor coordination, increased heart rate, dry mouth and throat, and decreased social inhibitions. The long term effects of using marijuana include impaired lung functioning, sexual problems, breast tissue development in men, and possible immune system damage.
- Stimulants increase the activity of the central nervous system. Examples include amphetamines, methamphetamines, cocaine, and crack which cause short term elevations in mood, self-confidence, energy, heart rate and blood pressure. Potential difficulties associated with the more powerful stimulants such as these include possible physical addiction, psychoses, severe depressions, and anxiety syndromes such as panic attacks and obsessions. Additional health risks include seizures and cardiac arrest.
- Hallucinogens are substances that distort perception of reality. The most well known hallucinogens include: phencyclidine (PCP), lysergic acid diethylamide (LSD), mescaline, and psilocybin. Under the influence of these drugs, the senses of direction, distance, and time become disoriented. They can produce unpredictable, erratic, and violent behavior in users that sometimes lead to serious injury and death. At high doses, LSD can cause convulsions, coma, heart and lung failure, and even death.
- Sedatives/Tranquilizers are drugs used to reduce anxiety and tension. In some cases, they are used as sleep aids as well. Like alcohol, these drugs are central nervous system depressants. Examples include barbiturates such as amytal, nembutal, and seconal, as well as benzodiazepines such as ativan, halcion, librium, and xanax. Rohypnol, a date rape drug, also falls into this category. Although specific effects may vary according to the particular drug, these drugs typically induce a state of relaxation and drowsiness. At high doses, dizziness, slurred speech, impaired coordination, and amnesia may occur. Health hazards include risk for addiction and coma and/or death from overdose.
- Narcotics are painkillers or analgesics. These drugs include morphine, heroin, codeine, and dilaudid, all of which are derived from opium. Synthetic narcotics include drugs such as demerol, percodan, and darvon. These drugs tend to reduce sensory feeling and sensitivity of all kinds, to pleasure as well as pain. In large doses, they induce drowsiness, mental clouding, lethargy, and

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even sleep. They are highly addictive. Overdose risks include convulsions, coma, and death.

- Anabolic steroids are synthetic derivatives of the male hormone testosterone. These derivatives of testosterone promote the growth of skeletal muscle and increase lean body mass. The long-term, high dose effects of steroid use are largely unknown. Major side effects of anabolic steroid use include liver tumors, jaundice, fluid retention, high blood pressure, acne, and trembling. Aggression and mood swings as well as other psychiatric side effects may result from their abuse.
- Students and employees should note that the above listing is not intended as all-inclusive. Further information may be gathered from a physician.

4. COUNSELING, TREATMENT AND SUPPORT GROUP RESOURCES FOR ALCOHOL AND DRUG ABUSE AND ADDICTION

The Vocational Nursing Institute, Inc.

Student Assistance Program

Phone: 1-800-272-7255

TDD: 1-800-697-0353

Online: www.guidanceresources.com enter ID VNI1589

Alcoholics Anonymous

Phone: (212) 870-3400

Online: www.aa.org

Narcotics Anonymous

Phone: (818) 773-9999

Online: www.na.org

5. DISCIPLINARY SANCTIONS

The Vocational Nursing Institute, Inc. will not excuse misconduct by students whose judgment is impaired due to substance abuse. Students found in violation of Vocational Nursing Institute's Drug and Alcohol Abuse Prevention policy shall be subject to the provisions of the student Code of Conduct set forth in the Vocational Nursing Institute, Inc. Student Handbook and Catalog.

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Title: GROUNDS FOR DISMISSAL OF STUDENTS

REGULATION:

Texas Board of Nursing Rules and Regulations, Chapter 214. Vocational Nursing Education, §214.8 Students

PURPOSE:

To establish discharge criteria for students of the Licensed Vocational Nursing Program and the Nurse Aide Program.

POLICY:

It is the policy of this school to discharge any student who does not consistently meets the requirements for enrollment in the Vocational School of Nursing or Nurse Aide Program in accordance with state law and regulated by the Texas Workforce Commission (TWC), and The Board of Nursing in the State of Texas (VN Program).

PROCEDURE:

Reasons for dismissal shall include any demonstration of the following, including, but not limited to:

1. Evidence of actual or potential harm to patients, clients, or the public;
2. Criminal behavior whether violent or non-violent, directed against persons, property or public order and decency;
3. Intemperate use, abuse of drugs or alcohol, or diagnosis of or treatment for chemical dependency, mental illness, or diminished mental capacity; and
4. The lack of good professional character as evidenced by a single incident or an integrated pattern of personal, academic and/or occupational behaviors which, in the judgment of the Board, indicates an individual is unable to consistently conform his or her conduct to the requirements of the Nursing Practice Act (VN Program), the Board's rules and regulations(VN Program), and generally accepted standards of nursing practice including, but not limited to, behaviors indicating honesty, accountability, trustworthiness, reliability, and integrity(VN Program).
5. Failure to follow the new student process with the TBON and provide a Blue Card or outcome letter within the timelines provided by the school will result in dismissal.
6. Failure to notify the School Director and/or Program Director of legal entanglements immediately and the TBON as applicable for the VN program, which may affect the student's ability to sit for the NCLEX-PN will subject the student to school dismissal.
7. Breach of financial agreements with the School.

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Policy Number:

TITLE: DRUG-FREE WORKPLACE

Effective Date:

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PURPOSE:

Drug-free workplace efforts will have the goal of improving staff morale, improving productivity, improving safety records and conditions, and ensuring the provision of qualified professional services. These efforts will decrease costs to the School due to absenteeism, insurance costs, and earned time off among other things.

POLICY:

This School recognizes its obligation to create safe workplace conditions for its employees whenever possible. The School will support efforts to eliminate drug abuse and its effects in the workplace. The School Director of the School will have the responsibility for implementing this policy and amending it to ensure applicability to employee needs as new issues arise and to ensure that the policy remains fair, reasonable and current.

DEFINITIONS:

Employees: As they are referred to in this policy, employee shall include all who are reimbursed for services provided to this School. This includes staff who have taxes taken out of their pay, contractual individuals and, depending on the circumstances, may include volunteers.

Intoxicated: A temporary mental disturbance with muscular incoordination; drunkenness.

Reasonable Cause: Employees may be tested for substance abuse with reasonable cause which would include the following:

1. Direct observation of drug use or the physical symptoms of being under the influence of a drug or alcohol while at work.
2. Abnormal conduct or unsafe or erratic behavior while at work;
3. Absenteeism, tardiness or deterioration in work performance which is continuous and repeated over time;
4. Involvement in an on-the-job accident; and/or
5. Suspicion that the employee poses a danger to themselves, others, or to the overall operation on the School.

Substance Abuse or Drug Abuse: Substance or drug abuse is the misuse or wrongful use or self-administration for non-therapeutic purposes of illegal drugs, alcohol, inhalants, and depending on the circumstances, of prescription drugs.

Workplace: The workplace shall include locations of School offices, vehicles, patient's homes, employee vehicles used during the provision of services, and any areas the employee may be during the course of working for the School.

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PROCEDURE (CONT'D)

Scope of Policy

All employees must comply with this School's Drug-Free Workplace Policy. Failure to comply may result in disciplinary action as outlined in the Disciplinary Action Policy and Procedure and otherwise indicated within this policy.

Education

All employees shall be educated as to this School's Drug-Free Workplace Policy and actions to prevent substance abuse. This will occur as follows:

1. Each employee will be given a written copy of the Drug-Free Workplace policy to review during orientation procedures, which occur on or before the first day of employment.
2. Each employee will be given a written copy of or notified of any significant changes to the policy within 30 days of when the revisions are to be adopted.
3. Each School will have available for employee review educational materials such as pamphlets and/or videotapes on substance abuse.
4. School supervisors will be given information to help raise their awareness on how to identify document, report and deal with suspected substance abuse or poor performance. They will receive administrative support on how and when to take disciplinary action.

Drug Testing

Employees may be tested for suspected substance abuse under the following circumstances:

1. Reasonable cause can be documented; or
2. Periodic retesting of employees who have acknowledged substance abuse problems and have participated in or completed substance abuse treatment or rehabilitation programs may occur.

The School Director will be the judge of when to initiate a request for drug testing. The School Director will be encouraged to seek legal counsel and other management support prior to proceeding with testing or disciplinary action related to suspected substance abuse. Any obviously impaired employees will not be allowed to work or drive home at any time.

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The School Director will inform the individual and the individual's supervisor of the concern regarding performance and suspected substance abuse. This will be witnessed by the supervisor or designee per the School Director. The School Director or designee will explain the process and employees rights to the employee. Questions and concerns will be answered. A copy of the Drug-Free Workplace Policy will be provided upon request.

Written consent to test and to release the test results only to appropriate personnel must be obtained prior to testing. If the first test reads positive, a second test will be performed. The School Director will inform the employee that the School will cover the costs of the drug testing.

If reasonable cause exists to test an employee or its is a rehabilitation/re-entry situation and the employee will not consent to testing, or to timely testing, then the employee will be immediately terminated from employment or the service contract voided. The employee has the right to refuse testing but the School reserves its right to terminate employment at will.

Testing Procedures

All School testing shall be performed by an outside laboratory. Only laboratories that are certified by the National Institute on Drug Abuse (NIDA) will perform testing procedures. The laboratory must follow NIDA standards for proficiency testing and have:

1. Processes that assure a chain of custody and proper documentation for test samples (ability to document specimen accountability);
2. Processes that are systematic, reliable, and confidential;
3. Processes that verify a positive drug screen by using different chemical process;
4. Procedures to obtain written consent to test and to release the test results only to appropriate personnel; and
5. Procedures to obtain a second test result if the first test reads positive.

The laboratory, or its physician, will read and interpret test results.

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Testing Results and Course of Action

Any obviously impaired individual will not be allowed to work or drive home regardless of test results or whether testing has been completed. Suspected drug abusers will be suspended with pay until testing can be performed.

The School Director will receive all test results via hardcopy with fax accepted. If the first test reads positive, the School Director will request completion of a second test if not already completed. If the second test reads positive, the School Director will do the following:

1. Remove the employee from active work without pay, effective from date test results received.
2. Suggest that the abuser seek a substance abuse treatment or rehabilitation program. Inform the employee that the School does not cover the cost of such a program and current School health insurance benefits also do not cover this benefit. The employee may use any of their Earned Time Off (ETO), if available, to attend or take time off without pay. The School Director may refer the employee to an School social worker to help locate a rehabilitation program or may keep a list of hot lines or help lines or treatment facilities available on file for employee review.
3. Inform the employee that he/she voluntarily attends and successfully completes a substance abuse rehabilitation program, as assessed by the program's physician, then they may return to work on a probationary status. The employee must provide this written physician to the School Director at the employee's cost. The employee must agree to periodic testing after completion of the program at frequency/duration identified by the program's physician or after one month back on the job and quarterly thereafter for a period of one year. The School will cover the cost of the retesting. The frequency/duration of testing is per the School Director's discretion. (Note, if reasonable cause is again documentable, the employee must retest per School Director's direction.)

After one year, if testing remains negative and reasonable cause is no longer observed, then the employee will be removed from probationary status. If the employee tests positive during the probationary period or does not cooperate with timely testing, then the employee will be immediately terminated and may not return to work even if another rehabilitation program is attended.

1. If the employee refuses to attend or does not successfully complete a substance abuse rehabilitation program, then he/she will be terminated from employment.
2. If the employee tests positive from the use of drugs at home but shows no sign of impairment on the job, then the School Director will encourage the attendance at a substance abuse rehabilitation program and inform the employee's supervisor of the situation.

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PROCEDURE (CONT'D)

Prescription Drugs

Employees are responsible for informing their supervisor in writing of the use of any prescription drugs that may affect their job performance. Under no circumstances are they to perform patient care, supervise patient care, operate machinery or vehicles, or jeopardize the safety or themselves or others while under the influence of a prescription medication. They are responsible for removing themselves from these situations and informing their supervisor of the same. Employees who fail to remove themselves from duties are subject to the same Drug-Free Workplace and Disciplinary Action Policies and Procedures as any suspected substance abuser would be.

Under some circumstances, the School Director may develop a "restricted" work position in which safety or School operations would not be jeopardized if an employee with a medical problem receiving therapeutic pharmaceuticals performed identified duties. This would have to be with the approval of the employee's physician and of short duration. Duration and side effects of treatment would have to be provided to the School by the physician and at the employees cost.

Reporting Requirements

If required by state licensing boards, sanctioned peer review organizations or a state nursing board's "Impaired Nursing Program" then an employee with a substance abuse problem will be reported per the regulatory School's guidelines. Note, in some states this is required when impaired performance due to *suspected* substance abuse occurs.

In *Texas*, *suspected* substance abuse by a skilled nurse must be reported to the Texas Nursing Association.

Terms for Rehire

An employee who has been terminated due to a substance abuse related problem may only be rehired after successful completion of a substance abuse treatment or rehabilitation program, as documented by the program's physician, and after agreeing to periodic testing on hire, one month post hire, and quarterly thereafter for a period of one year. The employee must cover costs of the testing at hire but the School will cover subsequent testing costs.

Employee Complaints or Concerns

If the employee has complaints about how his/her situation is being or was handled, he/she may file a complaint or voice concerns via the School's Grievances, or Confidential Report of Occurrence Policies. He/she may report to either the Program Director, or School Director as appropriate.

Location: TX



CRIME PREVENTION HANDOUT

HOW TO IDENTIFY AND CARE FOR AN INTOXICATED PERSON

Unfortunately, getting drunk is common on the college campus. Because of this you are likely to come into contact with a person who is intoxicated or experiencing an episode of life-threatening, acute alcohol intoxication (alcohol poisoning). How do you care for this person? How do you tell if the person is acutely intoxicated? What should you do? Listed below are some of the signs and symptoms of intoxication, alcohol poisoning, and the appropriate actions to take. This list is not all inclusive.

IDENTIFICATION

Alcohol affects each individual differently. The affect of alcohol on a person will vary according to the person's mood, the time of day, amount of food in the stomach, the mixer used, how fast the person drinks, what and why they are drinking.

Signs of intoxication:

- A person who is overly friendly.
- Someone talking loudly, bragging, or using foul language.
- You will usually find the person annoying or arguing with others.
- The inability to light a cigarette, or attempting to light more than one cigarette at a time.
- Someone with slurred or slowed speech, who tends to lose their train of thought.
- A person who complains about the service.
- Spills the drink or misses their mouth.
- Glassy eyes, dilated pupils, inability to focus, sleepy look, and bobbing head.
- Sudden or unexplained mood changes.
- Drinking faster than usual.
- Staggering, swaying, or the inability to walk.

INDICATIONS THAT SOMEONE NEEDS HELP

The following situations are indicators that the individual needs IMMEDIATE PROFESSIONAL EVALUATION OR ASSISTANCE.

The individual:

- Is unable to stand or walk, or can do so only with difficulty
- Is breathing slow (10 or less per minute) and shallow breaths
- Is passed out or stuporous
- Has fever or chills
- Has difficulty speaking
- Has an injury
- Is paranoid, confused, or disoriented
- Is violent or threatening
- Appears to be a risk to him/herself or others
- Appears to be dehydrated, with a bluish tint to the lips and fingernails

CALL FOR POLICE OR MEDICAL HELP WHEN:

- You are in doubt about what to do
- You need transportation to medical facilities
- The person you are assisting is rowdy or too unruly to handle
- The person refuses assistance and appears likely to harm him/herself or others
- The person has been using other drugs
- The person attempts to drive

WHEN YOU CALL FOR HELP:

- Identify yourself
- State that you have a problem with someone who has been drinking excessively
- Give your specific location

If you cannot keep the person awake, position them on their side in a fetal position. Place a pillow in the small of their back to prevent them from rolling out of this position. This is important to help prevent aspiration if the person should vomit. **STAY WITH THE PERSON** and wake them up frequently. Just because the person is sleeping doesn't mean

that the alcohol cannot get to the brain. Alcohol levels continue to rise, causing the person to become unconscious, rather than asleep. If at any time you can not wake the person up, CALL 911.

FOR THE IMMEDIATE CARE OF AN INTOXICATED PERSON:

WHAT TO DO	WHAT NOT TO DO
Stay calm. Assess the situation	<i>DO NOT let your anxiety transfer to the individual in trouble.</i>
Keep your distance. Before approaching or touching the person, explain what you intend to do.	<i>DO NOT try to walk, run, exercise the drunken person, or try to keep the person awake; DO NOT permit the person to drive.</i>
Speak in a clear, firm, reassuring manner.	<i>DO NOT administer anything orally - food, liquid or drug - to sober the person up. THE ONLY THING THAT WILL SOBER A DRUNK PERSON IS TIME.</i>
Keep the person still and comfortable.	<i>DO NOT give the person a cold shower. The shock may cause him/her to pass out and sustain an injury.</i>
Stay with the intoxicated person who is vomiting. Lay the person on his/her side. KEEP THE PERSON FROM SWALLOWING VOMIT.	<i>DO NOT attempt to constrain the person without sober assistance.</i>
Monitor the person's breathing. If they are breathing less than ten breathes per minute, DO NOT LEAVE THEM.	<i>DO NOT laugh, ridicule, provoke, anger, or threaten the individual.</i>

How to Contact UTSA Police Department:

- 911 from any campus phone
- 210.458.4242
- Any campus emergency phone (parking lot, blue light, elevator)
- If you dial 911 from a cellular telephone, you will get the San Antonio Police Department. Tell them you are on The University of Texas at San Antonio property and they will dispatch the University Police.

References:

<http://www.radford.edu/~kcastleb/action.html>
<http://www.uhs.uga.edu/atod/emergencies.html>

Understanding Drug Abuse and Addiction

Many people do not understand why individuals become addicted to drugs or how drugs change the brain to foster compulsive drug abuse. They mistakenly view drug abuse and addiction as strictly a social problem and may characterize those who take drugs as morally weak. One very common belief is that drug abusers should be able to just stop taking drugs if they are only willing to change their behavior. What people often underestimate is the complexity of drug addiction—that it is a disease that impacts the brain and because of that, stopping drug abuse is not simply a matter of willpower. Through scientific advances we now know much more about how exactly drugs work in the brain, and we also know that drug addiction can be successfully treated to help people stop abusing drugs and resume their productive lives.

Drug abuse and addiction are a major burden to society. Estimates of the total overall costs of substance abuse in the United States—including health- and crime-related costs as well as losses in productivity—exceed half a trillion dollars annually. This includes approximately \$181 billion for illicit drugs,¹ \$168 billion for tobacco,² and \$185

billion for alcohol.³ Staggering as these numbers are, however, they do not fully describe the breadth of deleterious public health—and safety—implications, which include family disintegration, loss of employment, failure in school, domestic violence, child abuse, and other crimes.

What is drug addiction?

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the individual who is addicted and to those around them. Drug addiction is a *brain disease* because the abuse of drugs leads to changes in the structure and function of the brain. Although it is true that for most people the initial decision to take drugs is voluntary, over time the changes in the brain caused by repeated drug abuse can affect a person's self control and ability to make sound decisions, and at the same time send intense impulses to take drugs.

It is because of these changes in the brain that it is so challenging for a person who is addicted to stop abusing drugs. Fortunately, there are treatments that help people to counteract addiction's powerful disruptive effects and

regain control. Research shows that combining addiction treatment medications, if available, with behavioral therapy is the best way to ensure success for most patients. Treatment approaches that are tailored to each patient's drug abuse patterns and any co-occurring medical, psychiatric, and social problems can lead to sustained recovery and a life without drug abuse.

Similar to other *chronic, relapsing* diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully. And, as with other chronic diseases, it is not uncommon for a person to relapse and begin abusing drugs again. Relapse, however, does not signal failure—rather, it indicates that treatment should be reinstated, adjusted, or that alternate treatment is needed to help the individual regain control and recover.

What happens to your brain when you take drugs?

Drugs are chemicals that tap into the brain's communication system and disrupt the way nerve cells normally send, receive, and process information. There are at least two ways that drugs are able to do this: (1) by imitating the brain's natural chemical messengers, and/or (2) by overstimulating the "reward circuit" of the brain.

Some drugs, such as marijuana and heroin, have a similar structure to chemical messengers, called neurotransmitters, which are naturally produced by the

brain. Because of this similarity, these drugs are able to "fool" the brain's receptors and activate nerve cells to send abnormal messages.

Other drugs, such as cocaine or methamphetamine, can cause the nerve cells to release abnormally large amounts of natural neurotransmitters, or prevent the normal recycling of these brain chemicals, which is needed to shut off the signal between neurons. This disruption produces a greatly amplified message that ultimately disrupts normal communication patterns.

Nearly all drugs, directly or indirectly, target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that control movement, emotion, motivation, and feelings of pleasure. The overstimulation of this system, which normally responds to natural behaviors that are linked to survival (eating, spending time with loved ones, etc.), produces euphoric effects in response to the drugs. This reaction sets in motion a pattern that "teaches" people to repeat the behavior of abusing drugs.

As a person continues to abuse drugs, the brain adapts to the overwhelming surges in dopamine by producing less dopamine or by reducing the number of dopamine receptors in the reward circuit. As a result, dopamine's impact on the reward circuit is lessened, reducing the abuser's ability to enjoy the drugs and the things that previously brought pleasure. This decrease compels those

addicted to drugs to keep abusing drugs in order to attempt to bring their dopamine function back to normal. And, they may now require larger amounts of the drug than they first did to achieve the dopamine high—an effect known as *tolerance*.

Long-term abuse causes changes in other brain chemical systems and circuits as well. Glutamate is a neurotransmitter that influences the reward circuit and the ability to learn. When the optimal concentration of glutamate is altered by drug abuse, the brain attempts to compensate, which can impair cognitive function. Drugs of abuse facilitate non-conscious (conditioned) learning, which leads the user to experience uncontrollable cravings when they see a place or person they associate with the drug experience, even when the drug itself is not available. Brain imaging studies of drug-addicted individuals show changes in areas of the brain that are critical to judgment, decisionmaking, learning and memory, and behavior control. Together, these changes can drive an abuser to seek out and take drugs compulsively despite adverse consequences—in other words, to become addicted to drugs.

Why do some people become addicted and others do not?

No single factor can predict whether or not a person will become addicted to drugs. Risk for addiction is influenced by a person's biology, social environment, and age or stage of development. The

more risk factors an individual has, the greater the chance that taking drugs can lead to addiction. For example:

- **Biology.** The genes that people are born with—in combination with environmental influences—account for about half of their addiction vulnerability. Additionally, gender, ethnicity, and the presence of other mental disorders may influence risk for drug abuse and addiction.
- **Environment.** A person's environment includes many different influences—from family and friends to socioeconomic status and quality of life in general. Factors such as peer pressure, physical and sexual abuse, stress, and parental involvement can greatly influence the course of drug abuse and addiction in a person's life.
- **Development.** Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction vulnerability, and adolescents experience a double challenge. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it is to progress to more serious abuse. And because adolescents' brains are still developing in the areas that govern decisionmaking, judgment, and self-control, they are especially prone to risk-taking behaviors, including trying drugs of abuse.

Prevention is the key

Drug addiction is a preventable disease. Results from NIDA-funded research have shown that prevention programs that involve families, schools, communities, and the media are effective in reducing drug abuse. Although many events and cultural factors affect drug abuse trends, when youths perceive drug abuse as harmful, they reduce their drug taking. It is necessary, therefore, to help youth and the general public to understand the risks of drug abuse, and for teachers, parents, and healthcare professionals to keep sending the message that drug addiction can be prevented if a person never abuses drugs.

For more information

For information on understanding drug abuse and addiction, please see our booklet, *Drugs, Brains, and Behavior - The Science of Addiction*, at www.nida.nih.gov/scienceofaddiction/.

For more information on prevention, please visit www.nida.nih.gov/drugpages/prevention.html.

For more information on treatment, please visit www.nida.nih.gov/drugpages/treatment.html. To find a publicly funded treatment center in your State, please call 1-800-662-HELP or visit www.findtreatment.samhsa.gov.

References

- ¹ Office of National Drug Control Policy. *The Economic Costs of Drug Abuse in the United States: 1992-2002*. Washington, DC: Executive Office of the President (Publication No. 207303), 2004.
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National Institutes of Health – U.S. Department of Health and Human Services

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RETHINKING DRINKING

Alcohol and your health

Research-based information from the
National Institutes of Health
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

"Sometimes we do things out of habit and we don't really stop to think about it. This made me think about my choices."

"It emphasized that drinking is not bad in and of itself—it's how much you're doing it and how it's affecting your life."

"I thought the strategies for cutting down were really good. It gives you tools to help yourself."

These are comments from social drinkers who reviewed *Rethinking Drinking* in focus testing. We welcome your comments as well. Send an email to rethinking@niaaa.nih.gov or call 301-443-3860.

For an online version of this booklet with interactive features and additional resources, visit
RethinkingDrinking.niaaa.nih.gov

RETHINKING DRINKING

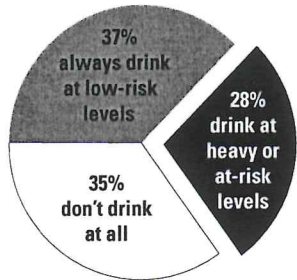
Do you enjoy a drink now and then? Many of us do, often when socializing with friends and family. Drinking can be beneficial or harmful, depending on your age and health status, the situation, and, of course, how much you drink.

Do you think you may drink too much at times? Do you think “everyone” drinks a lot? See below for results from a nationwide survey of 43,000 adults by the National Institutes of Health on alcohol use and its consequences.

Alcohol use by adults in the United States*

**7 in 10 adults
always drink at
low-risk levels**

**or
do not drink
at all**



**3 in 10 adults
drink at levels
that put them
at risk for
alcoholism,
liver disease, and
other problems**

*Although the minimum legal drinking age in the U.S. is 21, this survey included people aged 18 or older.

For anyone who drinks, *Rethinking Drinking* offers valuable, research-based information. The first part, *How much is too much?*, answers these questions and more:

- What's “low-risk” drinking versus “at-risk” or “heavy” drinking?
- Why is being able to “hold your liquor” a concern?
- What are signs that drinking is causing harm?

Many heavy drinkers do not have alcohol-related problems yet and can reduce their risk of harm by cutting back. For the nearly 18 million Americans who have alcoholism or related problems, however, it's safest to quit.

The second part of this booklet, *Thinking about a change?*, offers tips, tools, and resources for people who choose to cut down or quit. Success is likely for those who persist in their efforts. Even for those with alcoholism, studies show that most do recover, often without professional treatment.

What do you think about taking a look at your drinking habits and how they may affect your health? *Rethinking Drinking* can help you get started.





How much is too much?

Thinking about a change?

HOW MUCH IS TOO MUCH?

What counts as a drink?

Many people are surprised to learn what counts as a drink. In the United States, a "standard" drink is any drink that contains about 0.6 fluid ounces or 14 grams of "pure" alcohol. Although the drinks pictured below are different sizes, each contains approximately the same amount of alcohol and counts as a single drink.

12 fl oz of regular beer	=	8–9 fl oz of malt liquor (shown in a 12 oz glass)	=	5 fl oz of table wine	=	1.5 fl oz shot of 80-proof spirits ("hard liquor"—whiskey, gin, rum, vodka, tequila, etc.)
						
about 5% alcohol		about 7% alcohol		about 12% alcohol		about 40% alcohol

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

How many drinks are in common containers?

Below is the approximate number of standard drinks in different sized containers of

regular beer	malt liquor	table wine	80-proof spirits or "hard liquor"
12 fl oz = 1	12 fl oz = 1½	750 ml (a regular wine bottle) = 5	a shot (1.5 oz glass/50 ml bottle) = 1
16 fl oz = 1½	16 fl oz = 2		a mixed drink or cocktail = 1 or more
22 fl oz = 2	22 fl oz = 2½		200 ml (a "half pint") = 4½
40 fl oz = 3½	40 fl oz = 4½		375 ml (a "pint" or "half bottle") = 8½
			750 ml (a "fifth") = 17

The examples shown on this page serve as a starting point for comparison. For different types of beer, wine, or malt liquor, the alcohol content can vary greatly. Some differences are smaller than you might expect, however. Many light beers, for example, have almost as much alcohol as regular beer—about 85% as much, or 4.2% versus 5.0% alcohol by volume (alc/vol), on average.

Although the standard drink sizes are helpful for following health guidelines, they may not reflect customary serving sizes. A mixed drink, for example, can contain one, two, or more standard drinks, depending on the type of spirits and the recipe.

W

Using the drink sizes on page 2, answer the questions below:

1. On **any day** in the past year, have you ever had
 - For MEN: more than 4 drinks? ▶ yes no
 - For WOMEN: more than 3 drinks? ▶ yes no
2. Think about your **typical week**:
 - On average, how many **days a week** do you drink alcohol? (a)
 - On a typical drinking day, how many **drinks** do you have? X (b)

(multiply a x b)

weekly average =

S

Even moderate levels of drinking (up to 2 drinks per day for men or 1 for women) can be too much in some circumstances. It's safest to avoid alcohol if you are

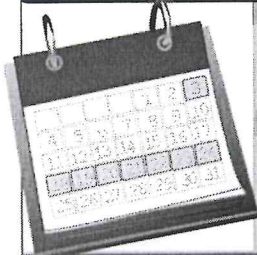
- planning to drive a vehicle or operate machinery
- taking medications that interact with alcohol
- managing a medical condition that can be made worse by drinking
- pregnant or trying to become pregnant





Can you "hold your liquor"?

If so, you may be at greater risk. For some people, it takes quite a few drinks to get a buzz or feel relaxed. Often they are unaware that being able to "hold your liquor" isn't protection from alcohol problems, but instead a reason for caution. They tend to drink more, socialize with people who drink a lot, and develop a tolerance to alcohol. As a result, they have an increased risk for developing alcoholism. The higher alcohol levels can also cause liver, heart, and brain damage that can go unnoticed until it's too late. And all drinkers need to be aware that even moderate amounts of alcohol can significantly impair driving performance, even when they don't feel a buzz from drinking.

What's "low-risk" drinking?

A major nationwide survey of 43,000 U.S. adults by the National Institutes of Health shows that only about 2 in 100 people who drink within both the "single-day" and weekly limits below have alcoholism or alcohol abuse. How do these "low-risk" levels compare with your drinking pattern from page 3?



Low-risk drinking limits		MEN	WOMEN
On any single DAY	Per WEEK	No more than 4  drinks on any day ** AND **	No more than 3  drinks on any day ** AND **
		No more than 14  drinks per week	No more than 7  drinks per week

To stay low risk, keep within BOTH the single-day AND weekly limits.

"Low risk" is *not* "no risk." Even within these limits, drinkers can have problems if they drink too quickly, have health problems, or are older (both men and women over 65 are generally advised to have no more than 3 drinks on any day and 7 per week). Based on your health and how alcohol affects you, you may need to drink less or not at all.

What's "heavy" or "at-risk" drinking?

For healthy adults in general, drinking more than the single-day or weekly amounts shown above is considered "at-risk" or "heavy" drinking. About 1 in 4 people who drink this much already has alcoholism or alcohol abuse, and the rest are at greater risk for developing these and other problems.

It makes a difference both *how much* you drink on any day and *how often* you have a "heavy drinking day"—that is, more than 4 drinks in a day for men or more than 3 drinks for women. The more drinks in a day and the more heavy drinking days over time, the greater the chances for problems (see "What's the harm?" on the next page).

Why are women's low-risk limits different from men's?

Research shows that women start to have alcohol-related problems at lower drinking levels than men do. One reason is that, on average, women weigh less than men. In addition, alcohol disperses in body water, and pound for pound, women have less water in their bodies than men do. So after a man and woman of the same weight drink the same amount of alcohol, the woman's blood alcohol concentration will tend to be higher, putting her at greater risk for harm.

How much do U.S. adults drink?

The majority—7 out of 10—either abstain or always drink within low-risk limits. Which group are you in?



What's the harm?

Not all drinking is harmful. You may have heard that regular light to moderate drinking (from ½ drink a day up to 1 drink a day for women and 2 for men) can even be good for the heart. With at-risk or heavy drinking, however, any potential benefits are outweighed by greater risks.

Injuries. Drinking too much increases your chances of being injured or even killed. Alcohol is a factor, for example, in about 60% of fatal burn injuries, drownings, and homicides; 50% of severe trauma injuries and sexual assaults; and 40% of fatal motor vehicle crashes, suicides, and fatal falls.

Health problems. Heavy drinkers have a greater risk of liver disease, heart disease, sleep disorders, depression, stroke, bleeding from the stomach, sexually transmitted infections from unsafe sex, and several types of cancer. They may also have problems managing diabetes, high blood pressure, and other conditions.

Birth defects. Drinking during pregnancy can cause brain damage and other serious problems in the baby. Because it is not yet known whether any amount of alcohol is safe for a developing baby, women who are pregnant or may become pregnant should not drink.

Alcohol use disorders. Generally known as alcoholism and alcohol abuse, alcohol use disorders are medical conditions that doctors can diagnose when a patient's drinking causes distress or harm. In the United States, about 18 million people have an alcohol use disorder. See the next page for symptoms.

What are symptoms of an alcohol use disorder?

See if you recognize any of these symptoms in yourself. In the past year, have you

- had times when you ended up drinking **more, or longer**, than you intended?
- more than once wanted to **cut down or stop** drinking, or tried to, but couldn't?
- more than once gotten into situations while or after drinking that **increased your chances of getting hurt** (such as driving, swimming, using machinery, walking in a dangerous area, or having unsafe sex)?
- had to drink **much more** than you once did to **get the effect** you want? Or found that your **usual number** of drinks had **much less effect** than before?
- continued to drink even though it was making you feel **depressed or anxious** or adding to **another health problem**? Or after having had a **memory blackout**?
- spent a **lot of time** drinking? Or being sick or getting over other aftereffects?
- continued to drink even though it was causing **trouble** with your **family** or **friends**?
- found that drinking—or being sick from drinking—often **interfered with taking care** of your **home** or **family**? Or caused **job** troubles? Or **school** problems?
- given up** or **cut back** on **activities** that were important or interesting to you, or gave you pleasure, in order to drink?
- more than once gotten **arrested**, been held at a police station, or had other **legal problems** because of your drinking?
- found that when the effects of alcohol were wearing off, you had **withdrawal symptoms**, such as trouble sleeping, shakiness, restlessness, nausea, sweating, a racing heart, or a seizure? Or sensed things that were not there?

If you **don't** have symptoms, then staying within the low-risk drinking limits on page 4 will reduce your chances of having problems in the future.

If you **do** have any symptoms, then alcohol may already be a cause for concern. The more symptoms you have, the more urgent the need for change. A health professional can look at the number, pattern, and severity of symptoms to see whether an alcohol use disorder is present and help you decide the best course of action.

Thinking about a change? The next section may help.

Note: These questions are based on symptoms for alcohol use disorders in the American Psychiatric Association's *Diagnostic and Statistical Manual (DSM) of Mental Disorders*, Fourth Edition. The DSM is the most commonly used system in the United States for diagnosing mental health disorders.

THINKING ABOUT A CHANGE?

THINKING ABOUT A CHANGE?

It's up to you

It's up to you as to whether and when to change your drinking. Other people may be able to help, but in the end it's your decision. Weighing your pros and cons can help.

Pros: What are some reasons why you might want to make a change?

- | | |
|---|--|
| <input type="checkbox"/> to improve my health | <input type="checkbox"/> to lose weight or get fit |
| <input type="checkbox"/> to improve my relationships | <input type="checkbox"/> to save money |
| <input type="checkbox"/> to avoid hangovers | <input type="checkbox"/> to avoid more serious problems |
| <input type="checkbox"/> to do better at work or school | <input type="checkbox"/> to meet my own personal standards |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Cons: What are some possible reasons why you might not want to change?

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Compare your pros and cons. Put extra check marks by the most important one(s). Is there a difference between where you are and where you want to be?

Ready . . . or not?

Are you ready to change your drinking? If so, see the next sections for support. But don't be surprised if you continue to have mixed feelings. You may need to re-make your decision several times before becoming comfortable with it.

If you're not ready to change yet, consider these suggestions in the meantime:

- Keep track of how often and how much you're drinking.
- Notice how drinking affects you.
- Make or re-make a list of pros and cons about changing.
- Deal with other priorities that may be in the way of changing.
- Ask for support from your doctor, a friend, or someone else you trust.

Don't wait for a crisis or to "hit bottom."

When someone is drinking too much, making a change *earlier* is likely to be more successful and less destructive to individuals and their families.

To cut down or to quit . . .

If you're considering changing your drinking, you'll need to decide whether to cut down or to quit. It's a good idea to discuss different options with a doctor, a friend, or someone else you trust. Quitting is strongly advised if you

- try cutting down but cannot stay within the limits you set
- have had an alcohol use disorder or now have symptoms (see page 6)
- have a physical or mental condition that is caused or worsened by drinking
- are taking a medication that interacts with alcohol
- are or may become pregnant

If you do not have any of these conditions, talk with your doctor to determine whether you should cut down or quit based on factors such as

- family history of alcohol problems
- your age
- whether you've had drinking-related injuries
- symptoms such as sleep disorders and sexual dysfunction

If you choose to cut down, see the low-risk drinking limits on the next page.

Planning for change

Even when you have committed to change, you still may have mixed feelings at times. Making a written "change plan" will help you to solidify your goals, why you want to reach them, and how you plan to do it. A sample form is provided on page 14, or you can fill out one online at the *Rethinking Drinking* Web site.

Reinforce your decision with reminders.

Enlist technology to help. Change can be hard, so it helps to have concrete reminders of why and how you've decided to do it. Some standard options include carrying a change plan in your wallet or posting sticky notes at home. If you have a computer or mobile phone, consider these high-tech ideas:

- Fill out a "change plan" online at the *Rethinking Drinking* Web site, email it to your personal (non-work) account, and review it weekly.
- Store your goals, reasons, or strategies in your mobile phone in short text messages or notepad entries that you can retrieve easily when an urge hits.
- Set up automated mobile phone or email calendar alerts that deliver reminders when you choose, such as a few hours before you usually go out.
- Create passwords that are motivating phrases in code, which you'll see each time you log in, such as 1Day@aTime, 1stThings1st!, or 0Pain=0Gain.

Strategies to Try

Small changes can make a big difference in reducing your chances of having alcohol-related problems. Here are some strategies to try. Check off perhaps two or three to try in the next week or two, then add some others as needed. If you haven't made progress after 2 to 3 months, consider quitting drinking altogether, seeking professional help, or both.

Keep track.

Keep track of how much you drink. Find a way that works for you, such as a 3x5" card in your wallet (see page 15 for samples), check marks on a kitchen calendar, or notes in a mobile phone notepad or personal digital assistant. Making note of each drink before you drink it may help you slow down when needed.

Count and measure.

Know the "standard" drink sizes so you can count your drinks accurately (see page 2). Measure drinks at home. Away from home, it can be hard to keep track, especially with mixed drinks. At times you may be getting more alcohol than you think. With wine, you may need to ask the host or server not to "top off" a partially filled glass.

Set goals.

Decide how many days a week you want to drink and how many drinks you'll have on those days. It's a good idea to have some days when you don't drink. Drinkers with the lowest rates of alcohol use disorders stay within these limits (also shown on page 4): For men, no more than 4 drinks on any day *and* 14 per week; and for women, no more than 3 drinks on any day *and* 7 per week. Both men and women over age 65 generally are advised to have no more than 3 drinks on any day *and* 7 per week. Depending on your health status, your doctor may advise you to drink less or not at all.

Pace and space.

When you do drink, pace yourself. Sip slowly. Have no more than one standard drink with alcohol per hour. Have "drink spacers"—make every other drink a nonalcoholic one, such as water, soda, or juice.

Include food.

Don't drink on an empty stomach. Have some food so the alcohol will be absorbed into your system more slowly.

Find alternatives.

If drinking has occupied a lot of your time, then fill free time by developing new, healthy activities, hobbies, and relationships or renewing ones you've missed. If you have counted on alcohol to be more comfortable in social situations, manage moods, or cope with problems, then seek other, healthy ways to deal with those areas of your life.

 Avoid "triggers."

What triggers your urge to drink? If certain people or places make you drink even when you don't want to, try to avoid them. If certain activities, times of day, or feelings trigger the urge, plan something else to do instead of drinking. If drinking at home is a problem, keep little or no alcohol there.

 Plan to handle urges.

When you cannot avoid a trigger and an urge hits, consider these options: Remind yourself of your reasons for changing (it can help to carry them in writing or store them in an electronic message you can access easily). Or talk things through with someone you trust. Or get involved with a healthy, distracting activity, such as physical exercise or a hobby that doesn't involve drinking. Or, instead of fighting the feeling, accept it and ride it out without giving in, knowing that it will soon crest like a wave and pass.

 Know your "no."

You're likely to be offered a drink at times when you don't want one. Have a polite, convincing "no, thanks" ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along.

Tools to help you manage urges to drink and build drink refusal skills are available on the *Rethinking Drinking* Web site.

If you want to quit drinking —

The four strategies on this page are especially helpful. But if you think you may be dependent on alcohol and decide to stop drinking completely, don't go it alone. Sudden withdrawal from heavy drinking can be life threatening. Seek medical help to plan a safe recovery.

S

The suggestions in this section will be most useful for people who have become dependent on alcohol, and thus may find it difficult to quit without some help. Several proven treatment approaches are available. One size doesn't fit all, however. It's a good idea to do some homework on the Internet or at the library to find social and professional support options that appeal to you, as you are more likely to stick with them (see also Resources on the inside back cover). Chances are excellent that you'll pull together an approach that works for you.

Social support

One potential challenge when people stop drinking is rebuilding a life without alcohol. It may be important to

- educate family and friends
- develop new interests and social groups
- find rewarding ways to spend your time that don't involve alcohol
- ask for help from others

When asking for support from friends or significant others, be specific. This could include

- not offering you alcohol
- not using alcohol around you
- giving words of support and withholding criticism
- not asking you to take on new demands right now
- going to a group like Al-Anon

Consider joining Alcoholics Anonymous or another mutual support group (see Resources). Recovering people who attend groups regularly do better than those who do not. Groups can vary widely, so shop around for one that's comfortable. You'll get more out of it if you become actively involved by having a sponsor and reaching out to other members for assistance.

Feeling depressed or anxious?

It's common for people with alcohol problems to feel depressed or anxious. Mild symptoms may go away if you cut down or stop drinking. See a doctor or mental health professional if symptoms persist or get worse. If you're having suicidal thoughts, call your health care provider or go to the nearest emergency room right away. Effective treatment is available to help you through this difficult time.

Professional support

Advances in the treatment of alcoholism mean that patients now have more choices and health professionals have more tools to help.

Medications to treat alcoholism. Newer medications can make it easier to quit drinking by offsetting changes in the brain caused by alcoholism. These options (naltrexone, topiramate, and acamprosate) don't make you sick if you drink, as does an older medication (disulfiram). None of these medications are addictive, so it's fine to combine them with support groups or alcohol counseling.

A major clinical trial recently showed that patients can now receive effective alcohol treatment from their primary care doctors or mental health practitioners by combining the newer medications with a series of brief office visits for support. See Resources for more information.

Alcohol counseling. "Talk therapy" also works well. There are several counseling approaches that are about equally effective—12 step, cognitive-behavioral, motivational enhancement, or a combination. Getting help in itself appears to be more important than the particular approach used, as long as it offers empathy, avoids heavy confrontation, strengthens motivation, and provides concrete ways to change drinking behavior.

Specialized, intensive treatment programs. Some people will need more intensive programs. See Resources for a treatment locator. If you need a referral to a program, ask your doctor.

Don't give up.

Changing habits such as smoking, overeating, or drinking too much can take a lot of effort, and you may not succeed with the first try. Setbacks are common, but you learn more each time. Each try brings you closer to your goal.

Whatever course you choose, give it a fair trial. If one approach doesn't work, try something else. And if a setback happens, get back on track as quickly as possible.

In the long run, your chances for success are good. Research shows that most heavy drinkers, even those with alcoholism, either cut back significantly or quit.

For tools to help you make and maintain a change, visit the *Rethinking Drinking* Web site.

Ready to begin?

If so, start by filling out the change plan below or online at the *Rethinking Drinking* Web site, where you can print it out or email it to yourself. If you are cutting down as opposed to quitting, you can use the drinking tracker cards on the next two pages.

Change plan

Goal:

- I want to drink no more than ___ drink(s) on any day and no more than ___ drink(s) per week (see page 4 for low-risk limits) or
- I want to stop drinking

Timing: I will start on this date: _____

Reasons: My most important reasons to make these changes are:

Strategies: I will use these strategies (see pages 10–11):

People: The people who can help me are (names and how they can help):

Signs of success: I will know my plan is working if:

Possible roadblocks: Some things that might interfere **and how I'll handle them:**

Drinking tracker cards

If you want to cut back on your drinking, start by keeping track of *every* drink. Below are two sample forms you can cut out or photocopy and keep with you. Either one can help make you aware of patterns, a key step in planning for a change. The "4-week tracker" is a simple calendar form. If you mark down each drink before you have it, this can help you slow down if needed. The "drinking analyzer" can help you examine the causes and consequences of your drinking pattern. Try one form, or try both to see which is more helpful. These are also available on the *Rethinking Drinking* Web site.

4-week tracker

GOAL: No more than ____ drinks on any day and ____ per week.

Week starting	Su	M	T	W	Th	F	Sa	Total
___/___								
___/___								
___/___								
___/___								

Drinking analyzer

Date	Situation (people, place) or trigger (incident, feelings)	Type of drink(s)	Amount	Consequence (what happened?)

Thinking about a change?

Drinking tracker cards *(continued)*

These are the same cards as on the previous page. If you cut one out, you will have the drinking analyzer on one side and the 4-week tracker on the other side.

Drinking analyzer

✂

Date	Situation (people, place) or trigger (incident, feelings)	Type of drink(s)	Amount	Consequence (what happened?)

4-week tracker

✂

GOAL: No more than ___ drinks on any day and ___ per week.

Week starting	Su	M	T	W	Th	F	Sa	Total
___/___								
___/___								
___/___								
___/___								

Resources

Professional help

Your regular doctor. Primary care and mental health practitioners can provide effective alcoholism treatment by combining new medications with brief counseling visits. See "Helping Patients Who Drink Too Much" at www.niaaa.nih.gov/guide or call 301-443-3860.

Specialists in alcoholism. For specialty addiction treatment options, contact your doctor, health insurance plan, local health department, or employee assistance program. Other resources include

Medical and non-medical addiction specialists

American Academy of Addiction Psychiatry

www.aaap.org
401-524-3076

American Psychological Association

1-800-964-2000 (ask for your state's referral number to find psychologists with addiction specialties)

American Society of Addiction Medicine

301-656-3920 (ask for the phone number of your state's chapter)

NAADAC Substance Abuse Professionals

www.naadac.org
1-800-548-0497

National Association of Social Workers

www.helpstartshere.org
(search for social workers with addiction specialties)

Treatment facilities

Substance Abuse Treatment Facility Locator

www.findtreatment.samhsa.gov
1-800-662-HELP

Mutual-help groups

Alcoholics Anonymous (AA)

www.aa.org
212-870-3400 or check your local phone directory under "Alcoholism"

Moderation Management

www.moderation.org
212-871-0974

Secular Organizations for Sobriety

www.secularsobriety.org
323-666-4295

SMART Recovery

www.smartrecovery.org
440-951-5357

Women for Sobriety

www.womenforsobriety.org
215-536-8026

Groups for family and friends

Al-Anon/Alateen

www.al-anon.alateen.org
1-888-425-2666 for meetings

Adult Children of Alcoholics

www.adultchildren.org
310-534-1815

Information resources

National Institute on Alcohol Abuse and Alcoholism

www.niaaa.nih.gov
301-443-3860

National Institute on Drug Abuse

www.nida.nih.gov
301-443-1124

National Institute of Mental Health

www.nimh.nih.gov
1-866-615-6464

National Clearinghouse for Alcohol and Drug Information

www.ncadi.samhsa.gov
1-800-729-6686

For additional resources, visit RethinkingDrinking.niaaa.nih.gov

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

NIH Publication No. 09-3770
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THE VOCATIONAL NURSING INSTITUTE, INC.

Policy and Procedure Manual

Title: CONDUCT POLICY

REGULATION:

Title 40, Texas Administrative Code, Chapter 807, Texas Proprietary School Rules
Subchapter K

PURPOSE:

To define the code of conduct for students while enrolled at the school and engaged in classroom and clinical activities.

POLICY:

It is the policy of this school to require students to use professional, courteous behavior in the classroom and in the clinical arena.

PROCEDURE:

1. Students are expected to have the necessary materials for class and clinical and be punctual at all times.
2. When participating in class, only ONE student should talk at a time.
3. The school encourages friendliness, but NEVER familiarity with staff, faculty, or patients.
4. In the lab, there will be no playing with equipment or lying or sitting on the beds except in mock clinical practicum.
5. Students that harass, threaten, or use inappropriate language with fellow students, faculty, staff, or patients shall be terminated from the school immediately.
6. Students who cheat or commit acts of plagiarism, or do not do their own work will be expelled from the school immediately.
7. Students will not chew gum during class or clinical rotations.
8. Students will adhere to all of the policies and procedures of the school and be in compliance with all State and Federal laws. For students who violate the school rules and/or State and Federal laws will be subject to disciplinary action and depending on the severity of the violation termination from the school with the potential to lose re-admittance privileges. Minor infractions will receive one verbal warning, one final written warning, and if further infractions continue after that they will be expelled from the school.
9. If a student is terminated due to conduct they forfeit all rights to be readmitted to the school.
10. If alleged sexual offense occurs

THE VOCATIONAL NURSING INSTITUTE, INC.

Policy and Procedure Manual

- a. the accuser and the accused are entitled to the same opportunities to have others present during a disciplinary proceeding; and
 - b. both the accuser and the accused must be informed of the outcome of any institutional disciplinary proceeding brought alleging a sex offense. Compliance with this paragraph does not constitute a violation of the Family Educational Rights and Privacy Act (20 USC 1232g/uscode/text/20/1232g.
 - c. the outcome of the disciplinary proceeding means only the institution's final determination with respect to the alleged sex offense and any sanction that is imposed against the accused; and
 - d. sanctions the institution may impose following a final determination of an institutional disciplinary proceeding regarding rape, acquaintance rape, or other forcible or nonforcible sex offenses.
10. Vocational Nursing students who fail to advise the school immediately of any legal entanglements, fail to obtain a Blue card or outcome letter, and fail to work with the TBON new student process as required by the school, may be subject to termination from the school.