THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

December 2025

Dear Members of the GW Community,

In compliance with the Drug-Free Schools and Communities Act, The George Washington University ("GW" or "university") has implemented a program to prevent the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees. As part of its drug prevention program for students and employees, the university annually distributes in writing the following information contained in this notification: (1) standards of conduct prohibiting the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees; (2) a clear statement of the disciplinary sanctions that the university will impose on students and employees who violate the standards of conduct; (3) a description of applicable local, state, and federal legal sanctions pertaining to the unlawful possession, use, or distribution of illicit drugs and alcohol; (4) a description of health risks associated with the use of illicit drugs and the abuse of alcohol; and (5) a description of available drug and alcohol counseling, treatment, rehabilitation, and re-entry programs. You are encouraged to read this notification in its entirety, as each member of the campus community is responsible for complying with university policies and applicable laws.

Standards of Conduct and Disciplinary Sanctions. The unlawful possession, use, or distribution of illicit drugs and/or alcohol by students or employees on university property or as part of any university program or activity is prohibited. As specified in university manuals, codes of conduct, and publications, the university will impose disciplinary sanctions on students and employees who violate these standards.

For students:

- Illegal possession and/or use of drugs or alcohol will, at a minimum, require participation in a substance-use education program; other sanctions may include restoration of harm, censure, disciplinary probation, removal from residence halls, suspension, and expulsion;
- The manufacture, distribution, and/or possession of drugs with the intent to distribute will result in a case review which could result in sanctions including suspension or expulsion;
- The health and safety of students is of great importance to the entire GW community. It is understood that the potential for non-academic student conduct action may deter students from seeking needed medical assistance, either for themselves or others, as the result of harmful use of alcohol and other drugs, thus the university has adopted a limited "amnesty" program and a Good Samaritan Statement. Through the Alcohol & Other Drug Medical Amnesty Program, a student needing to be evaluated for transport, regardless of the outcome of that evaluation, to medical professionals as the result of alcohol intoxication and/or other drug use will not face formal non-academic student conduct action, provided the student has not committed any other violations of the Code of Student Conduct that warrant formal nonacademic action. A student who participates in the Alcohol & Other Drug Medical Amnesty Program will be required to meet with professional staff members at the university for an educational conversation, assessment, and potential referral for additional services.
- In the case of underage alcohol and other drug offenses, the university will provide notification consistent with the university's Parental/Guardian Notification Policy.

For employees:

- According to the Drug Free Workplace and Substance Abuse Prevention Provisions of the Employee Handbook, drug or alcohol-related offenses, including unauthorized use or possession of alcoholic beverages or illegal or nonprescription controlled substances, or reporting to or being at work while under their influence, may result in disciplinary action up to and including dismissal. The misuse of prescription drugs by employees during working hours, on university business, or during the use of university-owned property is strictly prohibited.

Legal Sanctions. The unlawful possession, use, or distribution of illicit drugs and/or alcohol may also result in sanctions under by federal, state, and/or local law. *See Sections 1-7.*

Health Risks of Use of Illicit Drugs and Abuse of Alcohol & Impact of Substance Abuse on Families. The use of illicit drugs and the unlawful possession and use of alcohol can have a dramatic impact on professional, academic, and family life. *See Sections 8-9.*

Counseling and Treatment for Alcohol and Drug Abuse. We encourage students and employees experiencing difficulty with drugs or alcohol to contact one of the many resources available on campus. Among these resources are:

Division for Student Affairs – Health Promotion & Education **Phone 202-994-6555**

Health Promotion & Education (HPE) offers required online, prevention-based, substance education courses for first year undergraduate students, transfer students, and second-year residential students through eCHECKUP TO GO. eCHECKUP TO GO courses are also available for students to voluntarily complete, with access to Alcohol and Cannabis modules. These courses provide personalized feedback about substance use, enabling students to review their behaviors to identify protective strategies and goals. The alcohol and other drug (AOD) education process provides online modules, substance use disorder screenings, and personalized intervention services to help manage substance use concerns and harms. GW Late Night programming is also offered to educate students on harm reduction skills and available AOD treatment and recovery resources. These programs are available to currently registered students. Employees who are currently registered students are also eligible to use this service. GW students may also utilize the Wellbeing Resources page to identify substance use supportive services through the Division for Student Affairs and other campus partners by using the "Substance Use Support" filter. GW students may access this page by navigating to students.gwu.edu/wellbeing-resources on any device or mobile browser.

GW Employee Assistance Program (EAP) **Phone 888-881-5462**

The services of the GW EAP are available to all faculty and staff regardless of medical plan enrollment. Resources include access to free in-person or virtual (video) counseling sessions to resolve emotional concerns such as stress, anxiety, depression, burnout or substance use. Coaching and work-life benefits are also included.

Psychiatry and Behavioral Sciences **Phone 202-741-2888**

The Department of Psychiatry and Behavioral Sciences is a fee for service department of the GW School of Medicine and Health Sciences. Its services are available to all university staff and students.

Student Health Center – Counseling and Psychological Services, Medical Services, and Psychiatry **Phone 202-994-5300**

The Student Health Center – Counseling and Psychological Services (CAPS), Medical Services, and Psychiatric services are available to currently registered students. Through CAPS students may receive access to substance use counseling and the Collegiate Recovery Community (CRC). Medical and Psychiatric services are available to treat and manage ongoing chronic conditions or acute harms related to substance use. Moreover, Medical and Psychiatric services can provide access to Naltrexone used to manage alcohol-use disorders, and Naloxone, used to reverse an opioid overdose. SHC also provides case management services including referrals to outpatient behavioral health treatment and rehabilitation facilities.

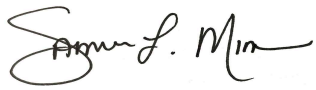
Concerns about employee substance use may be discussed either with the Equal Employment Opportunity & Access office or the Office of the Provost, as appropriate. Benefits-eligible employees and household members also receive access to the GW Employee Assistance Program (EAP), which covers counseling, management referrals, work-life services, legal services, self-care resources as well as sponsored trainings on maintaining and supporting an "Alcohol and drug-free workplace." EAP services also include free, 24/7 counseling and substance use resources. Additionally, benefits- eligible faculty and staff receive free access to Headspace, a mindfulness app that provides meditation, sleep, movement exercises and kids programs. Employees should check their respective health plans for additional resources for themselves and/or family members, as most health plans also have wellbeing hotlines that can provide references and/or resources for counseling, treatment, and/or programs.

A number of community resources are also available. Their locations and phone numbers may be obtained by calling the GW EAP or CAPS (see above).

Substance use continues to be an important issue not just in our university community but also throughout the nation. We request that you help us work toward a campus free from risky drinking behaviors and the unlawful manufacture, possession, distribution, and use of illicit drugs.

Sincerely,

Colette Coleman
Vice President for Student Affairs and Dean of Students



Sabrina Minor
Vice President and Chief People Officer

Section 1

PENALTIES FOR ILLEGAL POSSESSION AND DISTRIBUTION OF ALCOHOL UNDER D.C. LAW

D. C. Code § 25-1001: Drinking of alcoholic beverage in public place prohibited; intoxication prohibited

Any person found to consume or possess an alcoholic beverage in an open container in a public area or place of business not licensed to sell alcoholic beverages, or any person who is intoxicated in public and who is not conducting himself or herself in such manner as to endanger the safety of himself, herself, or of any other person or of property shall be deemed guilty of a misdemeanor or shall be subject to civil penalties. Penalties may result in a fine of up to $500 and/or a prison term of up to 60 days.

D.C. Code § 25-1002: Purchase, possession, or consumption by persons under 21; misrepresentation of age

Any person under twenty-one years of age who purchases, attempts to purchase, possesses, drinks, falsely represents his or her age for the purpose of purchasing, possessing, or drinking an alcoholic beverage shall be deemed guilty of a misdemeanor or shall be subject to civil penalties.

For each offense, in addition to imprisonment for up to 30 days for default of payment of applicable fines, the following penalties apply:

1st offense	driving privileges in the District suspended 90 consecutive days, fine of not more than $300.
2nd offense	driving privileges in the District suspended 180 days, fine of not more than $600.
3rd or subsequent offense	driving privileges in the District suspended for 1 year, fine of not more than $1,000.

D.C. Code § 25-781 and D.C. Code § 25-785: Delivery, offer, or otherwise making available to a person under age 21

A person shall not purchase an alcoholic beverage for the purpose of delivering to a person under age 21, or offer, give, provide, or otherwise make available an alcoholic beverage to a person under 21 years of age.

For each offense, the following penalties apply:

1st offense	fine of not more than $1,000, imprisonment up to 180 days, or both.
2nd offense committed within 2 years of previous offense	fine of not more than $2,500, imprisonment up to 180 days, or both.
3rd or subsequent offense committed within 2 years of previous offense	fine of not more than $5,000, imprisonment up to one year, or both.

D.C. Code § 50-2206.11 and 2206.14: Driving under the influence of alcohol or drugs; Operating a vehicle while impaired

No persons may operate or be in physical control of a vehicle in the District while the person is impaired by, intoxicated, or under the influence of, alcohol or any drug or any combination thereof.

Driving under the influence of alcohol or a drug (§ 50-2206.13)

For each offense, in addition to mandatory imprisonment depending upon alcohol level, the following penalties apply:

1st offense	fine of $1,000, imprisonment for not more than 180 days, or both.
2nd offense	fine of not less than $2,500 and not more than $5,000, imprisonment of not more than 1 year, or both.
3rd or subsequent offense	fine of not less than $2,500 and not more than $10,000, imprisonment of not more than 1 year, or both

Driving while impaired by alcohol or a drug (§ 50-2206.15)

For each offense, in addition to mandatory imprisonment depending upon prior offenses, the following penalties apply:

1st offense	fine of $500, imprisonment for not more than 90 days, or both.
2nd offense	fine of not less than $1,000 and not more than $2,500, imprisonment for not more than 1 year, or both.
3rd or subsequent offense	fine of not less than $1,000 and not more than $5,000, imprisonment for not more than 1 year, or both, and if the two prior offenses occurred within the previous five years, minimum five (5) year driver's license revocation.

Section 2

PENALTIES FOR POSSESSION, MANUFACTURE, OR DISTRIBUTION OF CONTROLLED SUBSTANCES UNDER D.C. LAW

D.C. Code § 48-904.01: Possession

Possession of any controlled substance (except where permitted by law) is a misdemeanor punishable by imprisonment of up to 180 days, a fine of $1,000, or both. Possession of phencyclidine (PCP) in liquid form is a felony punishable by imprisonment of up to 3 years and a fine of up to $12,500.

D.C. Code § 48-904.01: Manufacture or Distribution of Controlled Substances (Schedule I through V substances are defined in D.C. Code §§ 48-902.03 through 902.12.)

(a) a Schedule I or II substance that is a narcotic or abusive drug: imprisonment for not more than 30 years, fine of not more than $75,000, or both;
(b) any other controlled substance classified in Schedule I, II, III except as above for a narcotic or abusive drug: imprisonment for not more than 5 years, fine of not more than $12,500, or both. Upon conviction of manufacturing or distributing ½ pound or less of marijuana, a first-time offender may be imprisoned not more than 180 days or fined not more than $1,000, or both.
(c) a Schedule IV substance: imprisonment for not more than 3 years, fine of not more than $12,500 or both;
(d) a Schedule V substance: imprisonment for not more than 1 year, fine of not more than $2,500, or both.

D.C. Code § 48-904.06: Distribution to Minors

For distributing a Schedule I or II narcotic or abusive drug, imprisonment for up to 60 years, fine of not more than $125,000, or both. For distributing for remuneration any other scheduled controlled substance, imprisonment of up to 10 years, depending on the substance, a fine of up to $25,000 or both.

D.C. Code § 48-904.07: Enlistment of Minors to Distribute

Penalties in addition to § 48.904.01:

1st conviction	not more than 10 years, fine of not more than $25,000, or both.
2nd or subsequent conviction	not more than 20 years, fine of not more than $50,000, or both.

D.C. Code § 48-904.08: Second or Subsequent Offenses

May be imprisoned and fined up to twice that authorized for 1st offense, or both.

D.C. Code § 48-1103: Drug paraphernalia

Possession or use of drug paraphernalia: Punishable by not more than 30 days, or one month, imprisonment, fine of not more than $250, or both.

Manufacture or sale of drug paraphernalia: Punishable by not more than 6 months imprisonment, fine of not more than $1,000 or both (1st offense), and by not more than 2 years imprisonment, fine of not more than $12,500 or both (2nd offense).

Delivery of drug paraphernalia to a person under 18 years of age: Punishable by not more than 8 years imprisonment, fine of not more than $25,000, or both.

Section 3

PENALTIES FOR ILLEGAL POSSESSION OF ALCOHOL UNDER VIRGINIA LAW

Va. Code § 46.2-347: Fraudulent use of driver's license or Department of Motor Vehicles identification card to obtain alcoholic beverages.
Punishable by revocation of license or privilege to drive a motor vehicle for 30 days to 1 year.

Va. Code § 4.1-306: Purchasing or giving alcoholic beverages for a person who is intoxicated or under the age of 21.
In addition to any other penalty authorized by law, person found guilty may have their Driver's License suspended for a period not more than 1 year.

Va. Code § 4.1-305: Illegal possession, purchase, or consumption of alcohol.
Punishable by a mandatory minimum fine of $500 or mandatory minimum of 50 hours of community service; and suspension of driver's license for a period greater than 6 months, but not more than 1 year.

Va. Code § 18.2-266.1: Persons under age 21 driving after illegally consuming alcohol where blood alcohol concentration is between .02% and .08%: Punishable a mandatory minimum fine of $500 or mandatory minimum of 50 hours of community service; and suspension of driver's license for 1 year plus additional days based upon prior offenses.

Va. Code § 18.2-270 and Va. Code § 18.2-271: Operating a motor vehicle while intoxicated, under the influence, or impaired by alcohol or drugs or any combination thereof:

For each offense, in addition to mandatory imprisonment depending upon alcohol level, the following penalties apply:

1st offense	Minimum fine of $250 and suspended driver's license for 1 year.
2nd offense within 5 years	Minimum fine of $500; imprisonment for not less than 1 month or more than 1 year, with a minimum sentence of at least 20 days.
2nd offense within 5 to 10 years	Minimum fine of $500; imprisonment for not less than 1 month, with a minimum sentence of at least 10 days. If the blood alcohol level of the second offense within 10 years of a prior offense is between 0.15 and 0.20, will be subject to confinement in jail for an additional mandatory minimum period of 10 days. If the blood alcohol level of the second offense within 10 years is more than 0.20, will be subject to additional mandatory minimum period of confinement for 20 days and an additional mandatory minimum fine of $500.
3rd offense within a 5-year period	Minimum fine of $1,000 but not more than $2,500; imprisonment for not less than 1 year or more than 5 years, with a minimum sentence of at least 6 months.
3rd offense within a 10-year period	Minimum fine of $1,000 but not more than $2,500; imprisonment for not less than 1 year or more than 5 years, with a minimum sentence of at least 90 days.
4th offense or subsequent offense within a 10-year period	Minimum fine of $1,000 but not more than $2,500; imprisonment for not less than 1 year or more than 5 years.
Persons under the age of 21	Subject to the same penalties as persons age 21 or older.

Mandatory minimum punishments shall be cumulative, and mandatory minimum terms of confinement shall be served consecutively. However, in no case shall the punishment imposed exceed the applicable statutory maximum term of confinement of 1 year and a $2,500 fine upon conviction of a first or second offense, or term of confinement between 1 and 5 years and a fine of $2,500 upon conviction of a third or subsequent offense.

Section 4

PENALTIES FOR POSSESSION, MANUFACTURE, OR DISTRIBUTION OF CONTROLLED SUBSTANCES UNDER VIRGINIA LAW

Va. Code Ann. § 18.2-250: Possession of controlled substances

(a) For a Schedule I or II substance, imprisonment of not less than 1 year nor more than 10 years, or in the discretion of the jury or the court trying the case without a jury, confinement in jail for not more than 1 year and a fine of not more than $2,500, either or both.
(b) For a Schedule III substance, imprisonment for not more than 1 year and/or a fine not more than $2,500.
(c) For a Schedule IV substance: imprisonment for not more than 6 months and/or a fine of not more than $1,000.
(d) For a Schedule V substance, a fine of not more than $500.
(e) For a Schedule VI substance, a fine of not more than $250.

Va. Code § 4.1-1100: Possession of marijuana

Any person who possesses marijuana in a public space in excess of 1 ounce will be subject to a civil penalty of no more than $25.

Va. Code § 18.2-248: Manufacturing, selling, distributing, or possessing with the intent to manufacture, sell, give or distribute controlled substances.

(a) For Schedule I and II substances, imprisonment for not less than 5 years or more than 40 years; fine not more than $500,000. On second offense, the court or jury may impose a sentence of imprisonment for life or for any period not less than 5 years and be fined not more than $500,000. On third offense, the court or jury may impose a sentence of imprisonment for life or for any period not less than 10 years and be fined not more than $500,000.
(b) For Schedule III, IV, and V substances, punishable by confinement for between 1 to 5 years or, at the discretion of the judge or jury, by confinement in jail not more than 12 months and/or a fine of not more than $2,500.

Va. Code § 18.2-248.1: Penalties for sale, gift, distribution or possession with intent to sell, give or distribute marijuana.

(a) For 1 ounce or less – Imprisonment for not more than 12 months and/or a fine not more than $2,500.
(b) For more than 1 ounces but less than 5 lbs.– Imprisonment for not less than 1 year or more than 10 years and/or a fine not more than $2,500 or up to 12 months in jail and/or a fine of $2,500.
(c) For more than 5 lbs. – Imprisonment for not less than 5 years or more than 30 years.
(d) For manufacturing of marijuana – Imprisonment for not less than 5 years or more than 30 years and/or a fine not more than $10,000.
(e) For three or more felony convictions under this section—Imprisonment for maximum life sentence but not less than 5 years and / or a fine not more than $500,000.

Va. Code § 18.2-265.3(A-B): Possession, sell, or distribution of drug paraphernalia for use to illegally plant, propagate, harvest, manufacture, ingest, inhale, or otherwise introduce into the human body marijuana or a controlled substance.

Any person found in violation of this statute will be punished by confinement in jail for not more than 12 months and/or a fine of not more than $2,500. Any person over the age of 18 who violates this law by selling paraphernalia for the abovementioned purpose to a minor who is at least three years younger shall be punished by a term of imprisonment of not less than 1 year nor more than 5 years, or confinement in jail for not more than 12 months and/or a fine of not more than $2,500.

Va. Code § 18.2-265.3(C): Distribution of Drug Paraphernalia to a Minor.

Any person 18 years of age or older who distributes drug paraphernalia to a minor will be punished by confinement in jail for not more than 12 months and/or a fine of not more than $2,500.

Section 5

FEDERAL PENALTIES AND SANCTIONS FOR ILLEGAL POSSESSION OF A CONTROLLED SUBSTANCE

21 U.S.C. § 844(a)- Unlawful Possession of Controlled Substance

1st offense	Up to 1 year imprisonment and fined at least $1,000, or both, as well as costs of investigation and prosecution.
2nd offense	At least 15 days in prison, not to exceed 2 years and fined at least $2,500, as well as costs of investigation and prosecution.
3rd or subsequent offense	At least 90 days in prison, not to exceed 3 years and fined at least $5,000, as well as costs of investigation and prosecution.

21 U.S.C. §§ 853 and 881(a)(7)

Forfeiture of personal and real property used to possess or to facilitate possession of a controlled substance if that offense is punishable by more than 1 year imprisonment.

21 U.S.C. § 881(a)(4)

Forfeiture of vehicles, boats, aircraft or any other conveyance used to transport or conceal a controlled substance.

21 U.S.C. § 862-Penalties for Distribution

Upon a conviction of unlawful distribution of controlled substance, federal government may also deny or revoke federal benefits, such as student loans, grants, contracts, and professional and commercial licenses for up to:

1st offense	5 years.
2nd offense	10 years.
3rd or subsequent offense	Permanently.

21 U.S.C. § 862(b)-Penalties for Possession

Upon a conviction of unlawful distribution of controlled substance, federal government may also deny or revoke federal benefits, such as student loans, grants, contracts, and professional and commercial licenses; community service; and/or require attendance in a drug treatment program for up to:

1st offense	1 year.
2nd or subsequent offense	5 years.

Miscellaneous

Revocation of certain Federal licenses and benefits, e.g., pilot licenses, public housing tenancy, etc., are vested within the authorities of individual Federal agencies.

NOTE: These are only Federal penalties and sanctions. Additional State penalties and sanctions may apply. *See* Sections 1-4.

FEDERAL TRAFFICKING PENALTIES

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	**First Offense:** Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than $5 million if an individual, $25 million if not an individual. **Second Offense:** Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $8 million if an individual, $50 million if not an individual.	5 kgs or more mixture	**First Offense:** Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than $10 million if an individual, $50 million if not an individual. **Second Offense:** Not less than 15 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than $20 million if an individual, $75 million if not an individual. **2 or More Prior Offenses:** Not less than 25 years. Fine of not more than $20 million if an individual, $75 million if not an individual.
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture	

PENALTIES		
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	**First Offense:** Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine $1 million if an individual, $5 million if not an individual. **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.
Flunitrazepam (Schedule IV)	1 gram	
Other Schedule III drugs	Any amount	**First Offense:** Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than $500,000 if an individual, $2.5 million if not an individual. **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.
All other Schedule IV drugs	Any amount	**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.
Flunitrazepam (Schedule IV)	Other than 1 gram or more	
All Schedule V drugs	Any amount	**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.

[U.S. Department of Justice, Drug Enforcement Administration, *Drugs of Abuse* (2024)] ***December 2025***

FEDERAL TRAFFICKING PENALTIES — CANNABIS/MARIJUANA

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than $10 million if an individual, $50 million if other than an individual.	Not less than 15 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $20 million if an individual, $75 million if other than an individual.
Marijuana (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than life. Fine not more than $5 million if an individual, $25 million if other than an individual.	Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than $8 million if an individual, $50 million if other than an individual.
Marijuana (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not less than 20 yrs. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine $1 million if an individual, $5 million if other than an individual.	Not less than 30 yrs. If death or serious bodily injury, life imprisonment. Fine $2 million if an individual, $10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kg marijuana (except 50 or more marijuana plants regardless of weight) marijuana plants; 1 to 49 marijuana plants;	Not less than 5 yrs. Fine not more than $250,000, $1 million if other than an individual	Not less than 10 yrs. Fine $500,000 if an individual, $2 million if other than individual
Hashish (Schedule I)	10 kg or less	Not more than 5 yrs. Fine not more than $250,000, $1 million if other than an individual.	Not more than 10 yrs. Fine $500,000 if an individual, $2 million if other than individual
Hashish Oil (Schedule I)	1 kg or less	Not more than 5 yrs. Fine not more than $250,000, $1 million if other than an individual.	Not more than 10 yrs. Fine $500,000 if an individual, $2 million if other than individual

* The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is not less than 25 years' imprisonment and a fine up to $20 million if an individual and $75 million if other than an individual.

Drugs of Abuse – Uses and Effects [U.S. Department of Justice, Drug Enforcement Administration, *Drugs of Abuse* (2024)] ***December 2025***

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
Narcotics AKA Opioids	Constricted (pinpoint) pupils, cold clammy skin, confusion, convulsions, extreme drowsiness, and slowed breathing	Narcotics/opioids can be swallowed, smoked, sniffed, or injected.	Produce a general sense of well-being by reducing tension, anxiety, and aggression. These effects are helpful in a therapeutic setting but contribute to the drugs' misuse. Narcotic/opioid use comes with a variety of unwanted effects, including drowsiness, inability to concentrate, and apathy.	Slowed physical activity, constriction of the pupils, flushing of the face and neck, constipation, nausea, vomiting, and slowed breathing.	Early withdrawal symptoms often include: • Watery eyes, runny nose, yawning, and sweating As the withdrawal worsens, symptoms can include: • Restlessness, irritability, loss of appetite, nausea, tremors, drug craving, severe depression, vomiting, increased heart rate and blood pressure, and chills alternating with flushing and excessive sweating	Narcotics/opioids are controlled substances that vary from Schedule I to Schedule V, depending on their medical usefulness, abuse potential, safety, and drug dependence profile. Schedule I narcotics, like heroin, have no medical use in the U.S. and are illegal to distribute, purchase, or use outside of medical research.
Fentanyl (Narcotic)	Overdose may result in stupor, changes in pupillary size, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death. The presence of a triad of symptoms such as coma, pinpoint pupils, and respiratory depression is strongly suggestive of opioid poisoning	Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, and spiked onto blotter paper. Illicitly produced fentanyl is sold alone or in combination with heroin and other substances and has been identified in fake pills, mimicking pharmaceutical drugs such as oxycodone. Fentanyl patches are misused by removing its gel contents and then injecting or ingesting these contents. Patches have also been frozen, cut into pieces, and placed under the tongue or in the cheek cavity.	Fentanyl, similar to other commonly used opioid analgesics (e.g., morphine), produces effects such as relaxation, euphoria, pain relief, sedation, confusion, and drowsiness.	Produces effects such as dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.		Fentanyl is a Schedule II narcotic under the United States Controlled Substances Act of 1970.
Heroin (Narcotic)	Slow and shallow breathing, blue lips and fingernails, clammy skin, convulsions, coma, and possible death	Heroin can be injected, smoked, or sniffed/snorted. High purity heroin is usually snorted or smoked.	Heroin users report feeling a surge of euphoria or "rush" followed by a twilight state of sleep and wakefulness.	Drowsiness, respiratory depression, constricted pupils, nausea, a warm flushing of the skin, dry mouth, and heavy extremities		Heroin is a Schedule I narcotic under the Controlled Substances Act meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.
Hydromorphone (Narcotic)	Severe respiratory depression, drowsiness progressing to stupor or coma, lack of skeletal muscle tone, cold and clammy skin, constricted pupils, and reduction in blood pressure and heart rate. Severe overdose may result in death due to respiratory depression.	People may use hydromorphone tablets by ingesting them. Injectable solutions, as well as tablets that have been crushed and dissolved in a solution may be injected as a substitute for heroin.	When not used under a doctor's supervision, hydromorphone is taken to produce feelings of euphoria, relaxation, sedation, and reduced anxiety. It may also cause mental clouding, changes in mood, nervousness, and restlessness. It works centrally (in the brain) to reduce pain and suppress cough. Hydromorphone use is associated with both physiological and psychological dependence.	Constipation, pupillary constriction, urinary retention, nausea, vomiting, respiratory depression, dizziness, impaired coordination, loss of appetite, rash, slow or rapid heartbeat, and changes in blood pressure		Hydromorphone is a Schedule II narcotic under the Controlled Substances Act with an accepted medical use as a pain reliever. Hydromorphone has a high potential for abuse and use may lead to severe psychological or physical dependence.

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
Methadone (Narcotic)	Slow and shallow breathing, blue fingernails and lips, stomach spasms, clammy skin, convulsions, weak pulse, coma, and possible death	Methadone can be swallowed or injected.	Abuse of methadone can lead to psychological dependence.	When an individual uses methadone, he/she may experience physical symptoms like sweating, itchy skin, or sleepiness. Individuals who misuse methadone risk becoming tolerant of and physically dependent on the drug. When use is stopped, individuals may experience withdrawal symptoms including: • Anxiety, muscle tremors, nausea, diarrhea, vomiting, and abdominal cramps		Methadone is a Schedule II narcotic under the Controlled Substances Act. While it may legally be used under a doctor's supervision, its non-medical use is illegal.
Morphine (Narcotic)	Cold and clammy skin, lowered blood pressure, sleepiness, slowed breathing, slow pulse rate, coma, and possible death	Oral solutions, immediate- and extended-release tablets and capsules, and injectable preparations	Morphine's effects include euphoria and relief of pain. Chronic use of morphine results in tolerance, and physical and psychological dependence.	Morphine use results in relief from physical pain, decrease in hunger, and inhibition of the cough reflex.		Morphine is a Schedule II narcotic under the Controlled Substances Act.
Opium (Narcotic)	Slow breathing, seizures, dizziness, weakness, loss of consciousness, coma, and possible death	Opium can be smoked, intravenously injected, or taken in pill form. Opium is also misused in combination with other drugs. For example, "Black" is a combination of marijuana, opium, and methamphetamine, and "Buddha" is potent marijuana spiked with opium.	The intensity of opium's euphoric effects on the brain depends on the dose and route of administration. It works quickly when smoked because the opiate chemicals pass into the lungs, where they are quickly absorbed and then sent to the brain. An opium "high" is very similar to a heroin "high"; users experience a euphoric rush, followed by relaxation and the relief of physical pain.	Opium inhibits muscle movement in the bowels leading to constipation. It also can dry out the mouth and mucous membranes in the nose. Opium use leads to physical and psychological dependence and can lead to overdose.		Opium is a Schedule II narcotic under the Controlled Substances Act. Most opioids are Schedule II, III, IV, or V drugs. Some drugs that are derived from opium, such as heroin, are Schedule I drugs.
Oxycodone (Narcotic)	Extreme drowsiness, muscle weakness, confusion, cold and clammy skin, pinpoint pupils, shallow breathing, slow heart rate, fainting, coma, and possible death	Oxycodone is abused orally or intravenously. The tablets are crushed and sniffed or dissolved in water and injected. Others heat a tablet that has been placed on a piece of foil and then inhale the vapors.	Euphoria and feelings of relaxation are the most common effects of oxycodone on the brain, which explains its high potential for misuse.	Pain relief, sedation, respiratory depression, constipation, papillary constriction, and cough suppression. Extended or chronic use of oxycodone containing acetaminophen may cause severe liver damage		Oxycodone products are in Schedule II narcotic under the Controlled Substances Act.
Stimulants	In overdose, unless there is medical intervention, high fever, convulsions, and cardiovascular collapse may precede death. Because accidental death is partially due to the effects of stimulants on the	Stimulants can be pills or capsules that are swallowed. Smoking, snorting, or injecting stimulants produces a sudden sensation known as a "rush" or a "flash." Misuse is often associated with a pattern of binge use —	Produce a sense of exhilaration, enhance self-esteem, improve mental and physical performance, increase activity, reduce appetite, extend wakefulness for prolonged period, and "get high", Chronic, high-dose use is frequently associated with agitation, hostility, panic, aggression, and	Stimulants are sometimes referred to as uppers and reverse the effects of fatigue on both mental and physical tasks. Therapeutic levels of stimulants can	Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest	A number of stimulants have no medical use in the United States but have a high potential for abuse. These stimulants are controlled in Schedule I. Some prescription stimulants are not

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
	body's cardiovascular and temperature-regulating systems, physical exertion increases the hazards of stimulant use.	sporadically consuming large doses of stimulants over a short period of time. Heavy users may inject themselves every few hours, continuing until they have depleted their drug supply or reached a point of delirium, psychosis, and physical exhaustion. During heavy use, all other interests become secondary to recreating the initial euphoric rush.	suicidal or homicidal tendencies. Paranoia, sometimes accompanied by both auditory and visual hallucinations, may also occur. Tolerance, in which more and more drug is needed to produce the usual effects, can develop rapidly, and psychological dependence occurs. In fact, the strongest psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone. Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."	produce exhilaration, extended wakefulness, and loss of appetite. These effects are greatly intensified when large doses of stimulants are taken. Taking too large a dose at one time or taking large doses over an extended period of time may cause such physical side effects as: • Dizziness, tremors, headache, flushed skin, chest pain with palpitations, excessive sweating, vomiting, and abdominal cramps.	psychological dependence observed occurs with the more potent stimulants, such as amphetamine, methylphenidate, methamphetamine, cocaine, and methcathinone. Abrupt cessation is commonly followed by depression, anxiety, drug craving, and extreme fatigue, known as a "crash."	controlled, and some stimulants like tobacco and caffeine don't require a prescription — though society's recognition of their adverse effects has resulted in a proliferation of caffeine-free products and efforts to discourage cigarette smoking.
Amphetamines (Stimulant)	Overdose effects include Agitation, increased body temperature, hallucinations, convulsions, and possible death	Amphetamines are generally taken orally or injected. However, the addition of "ice," the slang name of crystallized methamphetamine hydrochloride, has promoted smoking as another mode of administration. Just as "crack" is smokable cocaine, "ice" is smokable methamphetamine	The effects of amphetamines are similar to cocaine, but their onset is slower and their duration is longer. In contrast to cocaine, which is quickly removed from the brain and is almost completely metabolized, methamphetamine remains in the central nervous system longer, and a larger percentage of the drug remains unchanged in the body, producing prolonged stimulant effects.	Physical effects of amphetamine use include Increased blood pressure and pulse rates, insomnia, loss of appetite, and physical exhaustion.	Chronic misuse produces a psychosis that resembles schizophrenia and is characterized by paranoia, picking at the skin, preoccupation with one's own thoughts, and auditory and visual hallucinations. Violent and erratic behavior is frequently seen among chronic users of amphetamines	Many amphetamines are Schedule II stimulants, which means that they have a high potential for abuse and a currently acceptable medical use (in FDA-approved products). Pharmaceutical products are available only through a prescription that cannot be refilled.
Cocaine (Stimulant)	See stimulant overdose.	Powdered cocaine (i.e., cocaine hydrochloride) can be snorted or injected into the veins after dissolving in water. Cocaine base (crack) is smoked, either alone or on marijuana or tobacco. Cocaine is also used in combination with an opiate, like heroin, a practice known as "speed balling." Although injecting into veins or muscles, snorting, and smoking are the common ways of using cocaine, all mucous membranes readily absorb cocaine. Cocaine users often binge on the drug until they are exhausted or run out of cocaine.	The intensity of cocaine's euphoric effects depends on how quickly the drug reaches the brain, which depends on the dose and method of use. Following smoking or intravenous injection, cocaine reaches the brain in seconds, with a rapid buildup in levels. This results in a rapid-onset, intense euphoric effect known as a "rush." By contrast, the euphoria caused by snorting cocaine is less intense and does not happen as quickly due to the slower build-up of the drug in the brain. Other effects include increased alertness and excitation, as well as restlessness, irritability, and anxiety.	Physiological effects of cocaine include increased blood pressure and heart rate, dilated pupils, insomnia, and loss of appetite. The widespread use of highly pure street cocaine has led to many severe adverse health consequences such as: • Irregular heartbeat, ischemic heart conditions, sudden cardiac arrest, convulsions, strokes, and death. In some users, the long-term use of inhaled cocaine has led to a unique respiratory syndrome, and	Tolerance to cocaine's effects develops rapidly, causing users to take higher and higher doses. Taking high doses of cocaine or prolonged use, such as binging, usually causes paranoia. The crash that follows euphoria is characterized by mental and physical exhaustion, sleep, and depression lasting several days. Following the crash, users experience a craving to use cocaine again.	Cocaine is a Schedule II drug under the Controlled Substances Act, meaning it has a high potential for abuse and has an accepted medical use for treatment in the United States. Cocaine hydrochloride solution (4 percent and 10 percent) is used primarily as a topical local anesthetic for the upper respiratory tract. It also is used to reduce bleeding of the mucous membranes in the mouth, throat, and nasal cavities. However, more effective products have been developed for these purposes, and cocaine is now rarely used medically in the United States.

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
				chronic snorting of cocaine has led to the erosion of the upper nasal cavity.		
Khat (Stimulant)	The dose needed to constitute an overdose is not known, however it has been historically associated with those who are long-term chewers of the leaves. Symptoms of toxicity include: • Delusions, loss of appetite, difficulty with breathing, and increases in both blood pressure and heart rate. Additionally, there are reports of liver damage (chemical hepatitis) and of cardiac complications, specifically myocardial infarctions. This mostly occurs among long-term chewers of khat or those who have chewed too large a dose.	Khat is typically chewed like tobacco, then retained in the cheek and chewed intermittently to release the active drug, which produces a stimulant-like effect. Dried khat leaves can be made into tea or a chewable paste, and khat can also be smoked and even sprinkled on food.	Khat can induce manic behavior with: • Grandiose delusions, paranoia, nightmares, hallucinations, and hyperactivity • Chronic khat use can result in violence and suicidal depression.	Khat causes an immediate increase in blood pressure and heart rate. Khat can also cause a brown staining of the teeth, insomnia, and gastric disorders. Chronic use of khat can cause physical exhaustion.	See stimulant dependence and withdrawal.	The chemicals found in khat are controlled under the Controlled Substances Act. Cathine is a Schedule IV stimulant, and cathinone is a Schedule I stimulant under the Controlled Substances Act, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision
Methamphetamine (Stimulant)	High doses may result in death from stroke, heart attack, or multiple organ problems caused by overheating.	Meth is swallowed, snorted, injected, or smoked. To intensify the effects, people may take higher doses of the drug, take it more frequently, or change their method of intake.	Meth is a highly addictive drug with potent central nervous system stimulant properties. Those who smoke or inject it report a brief, intense sensation, or rush. Oral ingestion or snorting produces a long-lasting high instead of a rush, which reportedly can continue for as long as half a day. Both the rush and the high are believed to result from the release of very high levels of the neurotransmitter dopamine into areas of the brain that regulate feelings of pleasure. Long-term meth use results in many damaging effects, including addiction. Chronic meth users can exhibit violent behavior, anxiety, confusion, insomnia, and psychotic features including paranoia, aggression, visual and auditory hallucinations, mood disturbances, and delusions — such as the sensation of insects creeping on or under the skin.	Taking even small amounts of meth can result in: • Increased wakefulness, increased physical activity, decreased appetite, rapid breathing and heart rate, irregular heartbeat, increased blood pressure, and hyperthermia (overheating). High doses can elevate body temperature to dangerous, sometimes lethal, levels, and cause convulsions and even cardiovascular collapse and death. Meth use may also cause extreme anorexia, memory loss, and severe dental problems.	See stimulant dependence and withdrawal.	Methamphetamine is a Schedule II stimulant under the Controlled Substances Act, which means that it has a high potential for abuse and a currently acceptable medical use (in FDA-approved products). It is available only through a prescription that cannot be refilled. Today there is only one legal meth product, Desoxyn®. It is currently marketed in 5 milligram tablets and has very limited use in the treatment of obesity and ADHD.
Depressants	The signs and symptoms of an overdose on a depressant can include: Unresponsiveness. Slow or no breathing (less than 1 breath every 5 seconds) Slow or abnormal heartbeat. Can be fatal, especially when combined	Individuals misuse depressants to experience euphoria. Depressants are also used with other drugs to add to the other drugs' high or to deal with their side effects. Users take higher doses than people taking the drugs under a doctor's supervision for therapeutic	Depressants used therapeutically do what they are prescribed for: • To induce sleep, relieve anxiety and muscle spasms, and prevent seizures They also: • Cause amnesia (leaving no memory of events that occur while under the influence), reduce reaction time, impair mental functioning and judgment, and cause confusion Long-term use of depressants produces	Some depressants can relax the muscles. Unwanted physical effects include: • Slurred speech, loss of motor coordination, weakness, headache, lightheadedness, blurred vision,	Long-term use of depressants produces physical and psychological dependence and tolerance. Prolonged use of depressants can lead to physical dependence even at doses recommended	Most depressants are controlled substances that range from Schedule I to Schedule IV under the Controlled Substances Act, depending on their risk for abuse and whether they currently have an accepted medical use. Many of the depressants have FDA-

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
	with alcohol and other drugs.	purposes. Depressants like GHB and Rohypnol are also misused to facilitate sexual assault.	physical and psychological dependence and tolerance.	dizziness, nausea, vomiting, low blood pressure, and slowed breathing. Prolonged use of depressants can lead to physical dependence even at doses recommended for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other misused drugs, withdrawal from depressants can be life threatening.	for medical treatment. Unlike barbiturates, large doses of benzodiazepines are rarely fatal unless combined with other drugs or alcohol. But unlike the withdrawal syndrome seen with most other drugs of abuse, withdrawal from depressants can be life threatening.	approved medical uses. In the United States, Rohypnol® and Quaaludes® are not manufactured or legally marketed and have no accepted medical use.
Barbiturates (Depressant)	Barbiturates can be extremely dangerous because overdoses can occur easily and lead to death. Effects of overdose include: • Central nervous system depression, decreased respiration, increased heart rate, decreased blood pressure, decreased urine production, decreased body temperature, coma, and possible death	Barbiturates are used by swallowing a pill or injecting a liquid form. Barbiturates are generally misused to reduce anxiety, decrease inhibitions, and treat unwanted effects of illicit drugs. Barbiturates can be extremely dangerous because overdoses can occur easily and lead to death.	Barbiturates cause: • Mild euphoria, lack of restraint, relief of anxiety, and sleepiness Higher doses cause: • Impairment of memory, judgment, and coordination; irritability; and paranoid and suicidal ideation	Barbiturates slow down the central nervous system and cause sleepiness.	Tolerance develops quickly and larger doses are then needed to produce the same effect, increasing the danger of an overdose.	Barbiturates are Schedule II, III, and IV depressants under the Controlled Substances Act.
Benzodiazepines (Depressant)	Effects of overdose include: • Extreme drowsiness, confusion, impaired coordination, decreased reflexes, respiratory depression, coma, and possible death. Overdose effects of concomitant use of benzodiazepines and opioids include profound sedation, respiratory depression, coma, and death.	Misuse is frequently associated with adolescents and young adults who take the drug orally or crush it up and snort it to get high. Misuse is particularly high among heroin and cocaine users. Additionally, opioid users often co-use benzodiazepines to enhance euphoria.	Benzodiazepines are associated with amnesia, hostility, irritability, and vivid or disturbing dreams.	Benzodiazepines slow down the central nervous system and may cause sleepiness and relaxed mood.	Tolerance can develop, although at variable rates and to different degrees.	Benzodiazepines are Schedule IV depressants under the Controlled Substances Act.
GHB (Depressant)	GHB overdose can cause coma and death.	GHB and its analogs are misused for their euphoric and calming effects and because some people believe they build muscles and cause weight loss. GHB and its analogs are also misused for their ability to increase libido, suggestibility, passivity, and to cause amnesia (no memory of events while under the	GHB occurs naturally in the central nervous system in very small amounts. Use of GHB produces CNS depressant effects including: • Euphoria, drowsiness, decreased anxiety, confusion, and memory impairment GHB can also produce both visual hallucinations and — paradoxically — excited and aggressive behavior. GHB greatly	GHB takes effect in 15 to 30 minutes, and the effects last 3 to 6 hours. Low doses of GHB produce nausea. At high doses, GHB overdose can result in: • Unconsciousness, seizures, slowed heart rate, greatly slowed	Regular use of GHB can lead to addiction and withdrawal that includes: • Insomnia, anxiety, tremors, increased heart rate and blood pressure, and occasional psychotic thoughts.	GHB is a Schedule I controlled substance, meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision. FDA-approved GHB products are Schedule III

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
		influence of the substance) — traits that make victims who unknowingly consume GHB vulnerable to sexual assault and other criminal acts.	increases the CNS depressant effects of alcohol and other depressants	breathing, lower body temperature, vomiting, nausea, coma, and death. GHB analogs are known to produce side effects such as: • Topical irritation to the skin and eyes, nausea, vomiting, incontinence, loss of consciousness, seizures, liver damage, kidney failure, respiratory depression, and death		substances under the Controlled Substances Act. In addition, GBL is a List I chemical. GHB was placed on Schedule I of the Controlled Substances Act in March 2000. However, when sold as FDA-approved GHB products (such as Xyrem®), it is considered Schedule III, one of several drugs that are listed in multiple schedules.
Rohypnol (Depressant)	High doses of Rohypnol®, particularly when combined with CNS depressant drugs such as alcohol and heroin, can cause severe sedation, unconsciousness, slow heart rate, and suppression of respiration that may be sufficient to result in death.	The tablet can be swallowed whole, crushed and snorted, or dissolved in liquid. Adolescents may abuse Rohypnol® to produce a euphoric effect often described as a "high." While high, they experience reduced inhibitions and impaired judgment. Rohypnol is also used in combination with alcohol to produce an exaggerated intoxication. Rohypnol is also used to physically and psychologically incapacitate victims targeted for sexual assault.	Like other benzodiazepines, Rohypnol® slows down the functioning of the CNS producing: Drowsiness (sedation), sleep (pharmacological hypnosis), decreased anxiety, and amnesia (no memory of events while under the influence of the substance). Rohypnol® can also cause: Increased or decreased reaction time, impaired mental functioning and judgment, confusion, aggression, and excitability.	Rohypnol® causes muscle relaxation. Adverse physical effects include: Slurred speech, loss of motor coordination, weakness, headache, and respiratory depression	Rohypnol® also can produce physical dependence when taken regularly over a period of time.	Rohypnol® is a Schedule IV substance under the Controlled Substances Act. Rohypnol® is not approved for manufacture, sale, use, or importation to the United States. However, it is legally manufactured and marketed in other countries. Penalties for possession, trafficking, and distribution involving one gram or more are the same as those of a Schedule I drug.
Hallucinogens	Serious psychological harms can occur with administration. Effects such as fear, depression, anxiety, and paranoia can occur and be long-lasting. Deaths exclusively from acute overdoses of LSD, psilocybin-containing mushrooms, mescaline, and other hallucinogens are less common. Deaths generally occur due to suicide, accidents, dangerous behavior, inadvertently eating poisonous plant material, or poly-substance use	Most commonly used hallucinogens such as psilocybin-containing mushrooms, LSD, and MDMA (ecstasy) are typically taken orally or smoked.	Sensory effects include perceptual distortions that vary with dose, setting, and mood. Psychological effects include distortions of thought associated with time and space.	Effects include elevated heart rate, increased blood pressure, dilated pupils, and often can induce nausea and vomiting.	Unknown.	Most hallucinogens are classified as Schedule I under the CSA, meaning they have a high potential for abuse, and not currently accepted for medical use in the U.S.
Ecstasy/MDMA (Hallucinogen)	In high doses, MDMA can interfere with the body's ability to regulate temperature. On occasions, this can lead to a sharp increase in body temperature	MDMA use mainly involves swallowing tablets, which are sometimes crushed and snorted, occasionally smoked, but rarely injected. MDMA is also available as a powder.	MDMA mainly affects brain cells that use the chemical serotonin to communicate with each other. Serotonin helps to regulate mood, aggression, libido, sleep, and sensitivity to pain. Clinical studies suggest that use may increase the risk	Users experience some of the same effects (and risks) as other stimulants such as cocaine and amphetamines, including increased	Unknown.	MDMA is a Schedule I drug under the Controlled Substances Act, meaning it has a high potential for abuse, no currently accepted medical use in treatment in the U.S.

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
	(hyperthermia), resulting in lever, kidney, or cardiovascular system failure, swelling of the brain, and even death. Repeated use of MDMA over a short time may lead to potentially harmful concentrations within the body due to the complex metabolism of MDMA.		of long-term, perhaps permanent, problems with memory and learning. MDMA also causes changes in perception, including euphoria and increased sensitivity to touch, energy, sensual and sexual arousal, need to be touched, and need for stimulation. Unwanted psychological effects could include confusion, anxiety, depression, paranoia, sleep problems, and drug craving.	motor activity, alertness, heart rate, and blood pressure. Muscle tension, tremors, involuntary teeth clenching, muscle cramps, nausea, faintness, chills, sweating, and blurred vision.		
Ketamine (Hallucinogen)	An overdose can cause unconsciousness and dangerously slow breathing.	Orally ingested either as a liquid or a powder.	Ketamine produces hallucinations; it distorts perceptions of sight and sound which makes the user feel "disconnected" and not in control. Unwanted side effects of use could include agitation, depression, cognitive difficulties, unconsciousness, and amnesia.	Users may experience an increase in heart rate and blood pressure within the first couple of minutes that gradually decreases over the next 10 to 20 minutes. Ketamine can make users unresponsive to stimuli, and in this state may experience involuntary rapid eye movement, dilated pupils, salivation, tear secretions, stiffening of the muscles, and possible nausea.	Has the potential for abuse, which could lead to moderate or low physical dependence or high psychological dependence.	Ketamine is currently classified as a Schedule III, non-narcotic substance, under the Controlled Substances Act with medical uses for Short-term sedation and anesthesia.
LSD (Hallucinogen)	Longer and more intense "trips" may occur with larger doses. Serious psychological harm can occur after administration, including fear, depression, anxiety, and paranoia, and can be long-lasting. Death after use is rare.	Orally.	During the first hour after ingestion, users may experience visual changes with extreme changes in mood. While under the influence, users may suffer impaired depth and time perceptions accompanied by distorted perceptions of shapes and sizes of objects, movements, colors, sounds, touch, and their own body image. General decision-making is also impaired, making the user more susceptible to personal injury. It is possible to develop acute anxiety and depression following an "LSD Trip." Additionally, Hallucinogenic Persisting Perception Disorder, may occur days or even months after the last dose.	Dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors.	Unknown.	LSD is a Schedule I substance under the CSA.
Peyote & Mescaline (Hallucinogen)	Unknown.	Fresh or dried buttons are chewed, soaked in water to produce an intoxicating liquid or smoked, or grounded into a powder that can be placed in a capsule. It can also be smoked with a leaf material such as cannabis or tobacco.	Use may cause varying degrees of illusions, hallucinations, alter perception of space and time, and altered body image.	Intense nausea, vomiting, dilation of pupils, increased heart rate and blood pressure, a rise in body temperature that causes heavy perspiration, headaches, muscle weakness, and	Unknown.	Peyote and Mescaline are listed as Schedule I substances under the Controlled Substances Act.

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
				impaired motor coordination.		
Psilocybin (Hallucinogen)	Effects of overdose include longer, more intense "trips," challenging experiences (physical and emotional), psychosis, and possible death.	Psilocybin mushrooms or powder are generally ingested orally or brewed as a tea or mixed with other foods to mask their bitter flavor.	Hallucinations and an inability to discern fantasy from reality. Panic reactions, paranoia, fear, anxiety, depression, or a psychotic-like episodes may occur, particularly if a user ingests a large dose is ingested.	Nausea, vomiting, muscle weakness, and a lack of coordination.	Unknown.	Psilocybin is a Schedule I substance under the Controlled Substances Act.
Steroids	Anabolic steroids are not associated with overdose; adverse effects from use would develop over time.	Steroids are consumed orally, applied to the skin, or injected intramuscularly.	Case studies and scientific research indicate that high doses of anabolic steroids may cause mood and behavior effects. In some cases, dramatic mood swings, increased feelings of hostility, impaired judgement, and aggression (often called "roid rage").	A wide array of adverse physical effects that depend on age, sex, type of steroid used, and duration of use.	In some cases, when users stop taking steroids, users have reported experiencing depression, sometimes severe enough to lead to suicide.	Anabolic steroids are classified as a Schedule III substance under the Controlled Substances Act. Only a small number of anabolic steroids are approved for either human or veterinary use.
Marijuana/Cannabis	No deaths from overdose have occurred; however, there is a growing number of emergency room visits following the use of cannabis edibles.	Usually smoked as a cigarette ("joint") or in a pipe or bong. Blunts, which are cigars that have been emptied of tobacco and filled with marijuana are also smoked and sometimes filled with other substances along with marijuana. It can also be mixed with foods (edibles) and or brewed as tea.	Short-time effects include problems with memory and learning, distorted perceptions, difficulty thinking and problem-solving and loss of coordination. The effects on perception and coordination can be responsible for impairments in learning, associative processes, and psychomotor behavior (e.g., driving). Long term, regular use can lead to physical dependence and withdrawal following discontinuation, as well as psychological addiction or dependence.	Sedation, bloodshot eyes, increased heart rate, cough from lung irritation, increased appetite and increased blood pressure, although prolonged use can lead to a decrease in blood pressure. Long term health risks like bronchitis, emphysema, bronchial asthma, and suppression of the immunize system can appear over time.	Withdrawal symptoms include headache, shakiness, sweating, nausea, stomach pains, restlessness, irritability, sleep difficulties, and decrease appetite exist.	Cannabis (unless hemp) is classified as a Schedule I substance under the Controlled Substances Act, which means that it has a high potential for abuse and currently is not accepted medical use in treatment in the U.S. Although some states have allowed its use for medicinal purposes, the FDA and DEA have concluded that the substance has no federally approved medical use.
Marijuana/Cannabis Concentrates	Long-term and/or overdose effects of cannabis concentrates are unknown.	Cannabis concentrate Can be mixed with various food or drinks to be consumed orally, but smoking remains the most popular means by way of water or oil pipes. The use of e-cigarettes or vapes is becoming increasingly popular.	Paranoia, anxiety, panic attacks, and hallucinations. See also the Psychological Effects of Marijuana/Cannabis.	Increase in heart rate and/or blood pressure. However, prolonged use can lead to hypotension. See also the Psychical Effects of Marijuana/Cannabis.	Plant cannabis users are at risk for dependency and withdrawal symptoms.	See legal status for Marijuana/ Cannabis.
Vaping	Unknown.	Inhaled/smoked.	Potential negative impacts such as impacts to brain developments for teens and young adults.	The potential release of toxic substances, including metals and volatile organic compounds, have been linked to cell and DNA damage. Also inhaling heated air and contents can cause burned lung tissue.	Unknown.	Generally legal depending on the specific substance being heated by the vaping device and then subsequently inhaled.
Inhalants	Due to intoxication only lasting a few minutes, users try to prolong the high by continuing to inhale repeatedly over the	Although other misused substances can be inhaled, the term "inhalants" is used to describe a variety of substances whose main	Damage to the parts of the brain that control thinking, moving, vision, and hearing. Cognitive abnormalities can range from mild impairment to severe dementia.	Nearly all inhalants produce effects similar to anesthetics, which slow down the body's function.	Unknown.	The common household items that are misused are legal for the intended and legitimate use; however, state legislatures have

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
	course of several hours, which is a very dangerous practice. Inhalants can lead to death by way of successive use, asphyxiation, and "sudden sniffing death" in users who abused butane, propane, and chemicals in aerosols but are otherwise healthy.	common characteristic is that they are rarely, if ever, taken by any route other than inhalation. Inhalants are breathed in through the nose or the mouth in a variety of ways, such as sniffing, snorting, "bagging," which is sniffing or inhaling fumes sprayed or deposited in a plastic or paper bag, or "huffing," which is involves an inhalant-soaked rag stuffed in the mouth or inhaling from ballons filled with nitrous oxide.		Depending on the degree of use, the user can experience slight stimulation, feeling of less inhibition, or loss of consciousness. Within minutes of inhalation, the user experiences intoxication along with other effects similar to those produced by alcohol. These effects may include slurred speech, an inability to coordinate movements, euphoria, and dizziness. After heavy use of inhalants, users may feel drowsy for several hours and experience a lingering headache		attempted to deter youth who buy these products to get high by placing restrictions on the sale of these products to minors.
Bath Salts (Designer Drugs)	Reports of death from abusing drugs in the class have occurred, which indicates the level of risk users take when using.	Typically ingested by sniffing/snorting. They can also be taken orally, smoked, or put into a solution and injected into veins.	Desired effects include euphoria and alertness. Conversely, adverse effects include confusion, acute psychosis, agitation, combativeness, aggressive, violent, and self-destructive behavior have occurred. Additionally, instances of paranoia, hallucinations, and delusions have been reported.	Rapid heartbeat, hypertension, hyperthermia, prolonged pupil dilation, breakdown of muscle fibers, teeth grinding, sweating, headaches, palpitations and seizures.	Unknown.	In 2012, the Synthetic Drug Abuse Prevention Act was passed by the U.S. Government and classified a number of synthetic drugs under Schedule I of the Controlled Substances Act. Additionally, other synthetic cathinones may be subject to the Controlled Substance Analogue Enforcement Act.
K2/Spice (Designer Drugs)	Severe adverse effects have been attributed to the use of synthetic cannabinoids, including nausea, vomiting, agitation, anxiety, seizures, stroke, coma, and death by heart attack or organ failure. Acute kidney injury requiring hospitalization and dialysis in several patients reportedly having smoked synthetic cannabinoids has also been reported by the Centers for Disease Control and Prevention.	Spraying or mixing the synthetic cannabinoids on plant material provides a vehicle for the most common route of administration - smoking (using a pipe, a water pipe, or rolling the drug-laced plant material in cigarette papers). In addition to the cannabinoids laced on plant material and sold as potpourri and incense, liquid cannabinoids have been designed to be vaporized through both disposable and reusable electronic cigarettes.	Acute psychotic episodes, dependence, and withdrawal are associated with use. Some report experiencing extreme hallucinations, while others have generally reported severe agitation, disorganized thoughts, paranoid delusions, and violence.	State public health and poison centers have issued warnings in response to adverse health effects associated with use of herbal incense products containing these synthetic cannabinoids. These adverse effects include tachycardia (elevated heart rate), elevated blood pressure, unconsciousness, tremors, seizures, vomiting, hallucinations, agitation, anxiety, pallor, numbness, and tingling. In some instances, the	There is an elevated risk of withdrawal with use.	These substances have no accepted medical use in the United States and have been reported to produce adverse health effects. In addition, there are many other synthetic cannabinoids that meet the definition for "cannabimimetic agent" under the Controlled Substances Act and thus are Schedule I substances.

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
				adverse health effects can be long-lasting even after the person quits using the substances.		
Synthetic Opioids (Designer Drugs)	Overdose effects of clandestinely produced synthetic opioids are similar to other opioid analgesics. These may include stupor, changes in pupil size, cold and clammy skin, cyanosis, comma, and respiratory failure, which could lead to death.	Use of clandestinely produced synthetic opioids parallels that of heroin and prescription opioid analgesics. Many of these illicitly produced synthetic opioids are more potent than morphine and heroin and thus have the potential to result in a fatal overdose.	Some effects of clandestinely produced synthetic opioids, similar to other commonly used opioid analgesics (e.g., morphine), may include relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression.	See Psychological Effects of Synthetic Opioids.	Unknown.	Many synthetic opioids are controlled under the Controlled Substances Act, and recently, the DEA has temporarily moved some substances that are related to Fentanyl under Schedule I classification. Other synthetics opioids may also be subject to prosecution under the Controlled Substance Analogue Enforcement Act, which allows non-controlled substances to be treated as Schedule I substances if certain criteria are met.
DXM (Drugs of Concern)	Generally, can be treated in an emergency room and typically does not result in severe medical consequences or death; however, most DXM-related deaths occurred due to ingesting a combination of other drugs in addition to DXM.	Oral ingestion in the form of a tablet, capsule, powder, or liquid.	Confusion, inappropriate laughter, agitation, paranoia, euphoria, and hallucinations. Other sensory changes including the feeling of floating and changes in hearing or ouch may occur.	Over-excitability, lethargy, loss of coordination, slurred speech, sweating, hypertension, nausea, vomiting, and involuntary spasmodic eye movement.	Unknown.	DMX is legally marketed as a cough suppressant and is neither a Controlled Substance nor a regulated chemical under the Controlled Substances Act.
Kratom (Drugs of Concern)	High doses can lead to sedative effects and addiction. Several cases of psychosis have been reported with symptoms of hallucinations, delusion, and confusion.	Oral ingestion in the form of a tablet, capsule, or extract. Additionally, Kratom leaves may be dried or powdered and ingested as tea. The leaves can also be chewed.	In low doses, Kratom produces stimulant effects with reporting of increased alertness, physical energy, and talkativeness; in high doses, users experience sedative effects.	Effects on the body can include nausea, itching, sweating, dry mouth, constipation, increased urination, tachycardia, vomiting, drowsiness, and loss of appetite. Some users have reported anorexia, weight loss, insomnia, hepatotoxicity, seizures, and hallucinations.	Unknown.	Not controlled under the CSA, however, may be controlled in a some of states. The DEA has listed Kratom as a Drug and Chemical of Concern.
Salvia Divino rum (Drugs of Concern)	May cause fear, panic, uncontrollable laughter, a sense of overlapping realities, paranoia, and hallucinations	Chewed, smoked, or vaporized	Perceptions of bright light, vivid colors and spaces, and body or object distortions. Intense hallucinations that can impair judgement and disrupt sensory and cognitive functions.	Loss of coordination, dizziness, and slurred speech	Unknown.	Not controlled under the CSA but is controlled in a number of states.
Tianeptine	Effects are similar to that of other commonly used opioid analgesics (e.g., morphine, heroin). Deaths have been reported both from using the drug alone and in combination	Tianeptine can be used in similar ways to other opioids, including smoking, injecting, snorting, or by swallowing pills.	Relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. Like other opioids, when stopping use of tianeptine, withdrawal may occur	Agitation, nausea, vomiting, tachycardia, hypertension, diarrhea, tremor, and diaphoresis.	Like other opioids, when stopping use of Tianeptine, withdrawal may occur.	Tianeptine has not been approved by FDA for any medical use nor are there any commercial uses for tianeptine in the United States. Tianeptine is not controlled under the Controlled Substances Act,

Drug	Overdose Effects	Usual Methods	Psychological Effects	Physical Effects	Dependence & Withdrawal	Legal Status & CSA Schedule
	with other drugs, including other opioids like heroin or fentanyl.					however, it has been controlled by a number of states.

Section 9

ALCOHOL

Effects

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including spousal 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 may cause respiratory depression and death. If combined with other depressants of the central nervous system, lower doses of alcohol will have a comparatively more potent effect.

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

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. Fetal alcohol syndrome refers to the physical, growth, and mental problems that result from a mother drinking alcohol during pregnancy. In addition, research indicates that children of alcoholic parents are at greater risk than other children of becoming alcoholics.

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