



DRUG-FREE WORKPLACE POLICY STATEMENT EMPLOYEE ACKNOWLEDGEMENT FORM

In 1988, Congress enacted the Drug-Free Workplace Act. This law requires employers who contract with or receive grants from federal agencies to certify that they will meet certain requirements for providing a "Drug-Free Workplace". Pueblo Community College intends to comply with all provisions of the Act. Being an agency of the State of Colorado, Pueblo Community College has chosen to adopt the State's policy with regard to substance abuse. This policy, known as the "Substance Abuse Policy" states:

"The State of Colorado has a vital interest in maintaining a safe, healthful and efficient working environment for its employees, (students) and the public. Employees impaired by alcohol or other drugs during working hours may pose safety and health risks, not only to themselves, but to others".

Therefore, to ensure a safe working environment, it is the policy of the State of Colorado that use of alcohol, other drugs, or controlled substances that results in job impairment is prohibited. Likewise, it is the policy of the State of Colorado that illegal possession, manufacture, use, sale, or transfer of a controlled substance on state property or during work hours by its employees is prohibited. Violations of this policy will be cause of management/supervisor intervention that may result in referral to mandatory treatment and/or to corrective and/or disciplinary actions up to and including termination.

Pueblo Community College has in place a drug awareness program which has been designed to inform students and employees about the dangers of drug abuse.

As a condition of employment, the employee will:

1. Abide by the terms of the statement.
2. Notify the college of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

Employees who would like more information on counseling, rehabilitation, and/or employees assistance programs are encouraged to contact the Director of Human Resources, AA/EEO, at (719) 549-3220. All such inquiries will be handled in the strictest confidence consistent with Federal/State/College Regulations and policies.

A copy of the law including a list of controlled substances is available for review in the Human Resources Office. For further information, please contact this office at (719) 549-3220.

I, THE UNDERSIGNED EMPLOYEE of Pueblo Community College, received a copy of the Drug-Free Workplace Statement, and I agree to:

1. Abide by the terms of the statement; and
2. Notify Human Resources if I am convicted of violating a criminal drug statute in the workplace no later than five (5) days after the date of such conviction.

Employee Name (Print)

Employee Signature

Date

PUEBLO COMMUNITY COLLEGE DRUG AWARENESS PROGRAM

In 1988 Congress passed the Drug Free Workplace Act. This law requires employers who contract with, or receive funds from federal agencies to certify that they will meet certain requirements for providing a “Drug-free workplace”. It is the intent of the Pueblo Community College to fully comply with all provisions of the Act, including a drug awareness program to ensure that employees and students are aware of the dangers of drug abuse. A copy of the law is available in the Human Resources Office as well as on the Human Resources Website at <http://www.pueblocc.edu/HR/>.

Hazards of Substance Abuse

Substance abuse costs the nation an estimated \$150 billion each year in medical care, lost productivity and insurance claims. *The cost to Colorado is an annual \$100 million plus.* Each of us needs to be concerned because working with substance users/abusers can be dangerous, unpleasant and costly. Their work habits affect co-workers’ safety, efficiency and work satisfaction. Anyone can have a problem with substance abuse. The Federal Drug Enforcement Administration reports that 60 percent of the world’s illegal drug production is consumed in the U.S., primarily by “recreational users.”

Every day:

- 23 million Americans use marijuana on regular basis;
- 10 million Americans use prescription drugs without a prescription;
- One out of every 10 Americans who drink is an alcoholic.

Why should these figures concern you or your employer-the State of Colorado?

A national survey of persons attending treatment provides the answer:

- 75% said they used drugs on the job;
- 64% admitted drugs affected their performance;
- 44% said they sold drugs to fellow employees;
- 18% said they had stolen from coworkers to support their habits.

The physical effects associated with substance use/abuse include slower reaction time, mood swings and poor concentration or judgment. Each year, employees who are “recreational users” of alcohol or other drugs are likely to:

- Have 2.5 times more absences of eight or more days;
- Injure themselves or a co-worker in a workplace accident three times as often;
- Be one-third less productive;
- Generate 300 percent higher medical costs than non-users;
- Be late for work three times more often;
- File five times as many workers compensation claims.

Co-Workers' Roles

The most effective way to handle substance use/abuse is for employees to make it clear that alcohol or other drug use on the job is unacceptable. Co-workers may, unintentionally, make it easy for substance abusers/users at work by:

- Covering for them;
- Taking over their work;
- Accepting excuses or rationalizations for unreasonable behavior;
- Ignoring obvious performance issues;
- Lending money to the abuser/user.

You can become part of the solution by:

- Expressing concern to the substance user/abuser and urging her or him to get help;
- Discussing the issue, *in confidence*, with your supervisor;
- Refusing to continue to cover up for the user/abuser.

Substance abuse can be tragic--even deadly.

Co-workers are not doing abusers any favors by inaction or avoidance.

Supervisors'/Managers' Roles

Supervisors and managers can make a difference.

As a supervisor, one of your primary responsibilities is to assure efficient job performance. In view of the potential cost and safety risks, each of us needs to be concerned about employees who are drug users/abusers. One function of the Substance Abuse Policy is to encourage employees who may have substance abuse problems to seek rehabilitation. Generally, the sooner a person seeks help, the more successful the results.

Supervisors should be alert to the need for help by noting changes in an employee's behavior or appearance patterns.

Some common signs of alcohol or other drug abuse are:

- Frequent absenteeism, often for questionable reasons;
- Extended lunch hours or breaks;
- Problems with co-workers;
- Deteriorating personal grooming/hygiene
- Errors in judgment; and/or,
- Increased accidents on and off the job.

If you notice these signs:

1. Document your observations. Be objective, fair and consistent;
2. Meet with the employee to discuss your observations;
3. Develop a written plan of action for improvement;
4. If little or no improvement occurs, meet with the employee again and discuss your concerns.

Follow up as necessary with the Human Resources Office

Ignoring unacceptable or erratic performance does no one any favors and inaction may be perceived as condoning these behaviors. You can refer the employee to C-SEAP or another counseling service. Remember, your objective is not to diagnose an employee's underlying problems, but to advise the employee about poor performance and to reach an agreement about ways to improve it.

Make it clear that alcohol and other drug use impairs job performance and is unacceptable.

Consistently enforce work standards and take action when an employee's performance or safety becomes a problem. Plus become familiar with intervention resources available to you and your employees.

HEALTH RISKS AND WORKPLACE HAZARDS ASSOCIATED WITH ILLICIT DRUG USE AND ALCOHOL ABUSE

This is a brief summary of some of the principal health risks and workplace hazards associated with the use of illicit drugs and alcohol. It is neither comprehensive nor exhaustive. For more detailed information concerning the dangers of drugs and alcohol, you should consult your doctor or a drug and alcohol rehabilitation counselor.

ALCOHOL

HEALTH RISKS -- Alcohol (beer, wine, liquor) is a drug that, like the sedatives, depresses the central nervous system. Even small doses significantly impair the judgment and coordination required to drive a car safely. Drinking and driving is the leading cause of fatal automobile accidents. Alcohol use also contributes to many falls, drownings, other accidents and aggressive acts including spouse and child abuse. Moderate to high doses severely impair muscular coordination, memory and judgment. Very high doses cause respiratory depression and death. Mixing alcohol with sedatives or other central nervous system depressants is extremely dangerous and often fatal. Repeated use of alcohol can lead to addiction. Withdrawal symptoms may be life threatening. Long-term consumption of large quantities of alcohol can also cause permanent and sometimes fatal damage to such vital organs as the heart, liver, pancreas and brain. Alcohol use during pregnancy can lead to irreversible physical abnormalities and mental retardation (fetal alcohol syndrome or FAS) in children.

WORKPLACE HAZARDS -- The dangers of using alcohol in the workplace include impaired coordination, concentration and judgment resulting in dangerous or problem behavior; inability to learn and remember information; excessive absenteeism and tardiness; increased workload and stress on others; and an inability to deal realistically with workplace problems.

MARIJUANA AND ITS DERIVATIVES

HEALTH RISKS -- Marijuana and its derivatives (dope, grass, weed, pot, mary jane, reefer, smoke, hash, THC, etc.) affect the central nervous system. Immediate effects include altered perceptions and time sense, increased heart rate, lower body temperature, a dry mouth and throat, bloodshot eyes and increased appetite. Coordination, short-term memory, concentration and retention of knowledge are impaired. Users often experience acute anxiety reactions. Long-term

use can lead to psychological dependence, paranoia and psychosis, lung damage including cancer, and "burnout" (impaired motivation, cognition, concentration and attention).

WORKPLACE HAZARDS -- The dangers of using marijuana in the workplace include impaired perceptions of time, space and distance and slowed physical reflexes which make operating machinery or driving hazardous and interference with tasks requiring learning, memory and concentration.

INHALANTS

HEALTH RISKS -- Inhalants (aerosol sprays, solvents, nitrous oxide, laughing gas, amyl and butyl nitrite, poppers, snappers, rush, bullet and climax, etc.) are substances which release toxic or mind-altering vapors. Immediate effects include nausea, sneezing, coughing, nosebleed, fatigue, lack of coordination and lack of appetite. Aerosol sprays and solvents decrease heart and respiratory rates and impair judgment. Amyl and butyl nitrite cause rapid pulse, headaches and involuntary excretion. Long-term use or use of large amounts of inhalants over a short time can result in disorientation, violent behavior, hepatitis, organ and nervous system damage, coma and death. Use during pregnancy endangers the fetus.

WORKPLACE HAZARDS -- The dangers of using inhalants in the workplace include impaired judgment, coordination and decision-making that adversely affect job safety and job performance.

COCAINE

HEALTH RISKS -- Cocaine (coke, blow, snow, flake, white, lady, nose candy, crack, rock, base) stimulates the central nervous system, elevates blood pressure, heart rate, respiratory rate and body temperature and depresses appetite. Inhaling cocaine can cause a stuffy or runny nose; chronic use ulcerates nasal mucus membranes. AIDS and hepatitis may result from sharing needles. Tolerance develops rapidly and physical and psychological dependency frequently results. Crack is extremely addictive. Use of cocaine and crack may cause fatal heart attacks and respiratory failure, lung damage, seizures, paranoia, hallucinations, severe depression and psychoses. Use during pregnancy endangers the fetus.

WORKPLACE HAZARDS -- The dangers of using cocaine and crack in the workplace include impaired judgment and decision-making ability, mood swings, emotional problems, and undependability -- all of which adversely affect job safety and job performance. Cocaine and crack use also contribute to an increased risk of workplace crime.

STIMULANTS

HEALTH RISKS -- Stimulants (amphetamines, methamphetamines, speed, uppers, black beauties, hearts, benzedrine, methedrine, crystal meth, crank, etc.) arouse the central nervous system, elevate blood pressure, heart and respiratory rates, decrease appetite and increase alertness. Other immediate and short-term effects include sweating, headache, blurred vision, insomnia, restlessness, anxiety and depression. High doses can cause rapid or irregular heartbeat, tremors, coordination loss, collapse, stroke, and heart failure. AIDS and hepatitis may result from sharing needles. Long-term use can lead to amphetamine psychosis including hallucinations, delusions and paranoia.

WORKPLACE HAZARDS -- The dangers of using stimulants in the workplace include impaired vision, judgment, coordination and reflexes, adversely affecting job safety and job performance. Users may become careless because they overestimate their capabilities or because of fatigue resulting from insomnia or hyperactivity. Anxiety, restlessness and irritability can interfere with relationships among employees and hinder job performance.

DEPRESSANTS

HEALTH RISKS -- Depressants (barbs, downers, reds, yellows, ludes, 714s, valium, etc.) are drugs including barbiturates, tranquilizers and sedative-hypnotics which depress the central nervous system, calm anxiety, relax muscles, reduce heart rate, slow breathing and lower blood pressure. Larger doses may cause slurred speech, staggering gait, lack of coordination, drowsiness, confusion and altered perceptions. Using depressants with alcohol is very dangerous because each reinforces the other's depressant effect on the nervous system. Regular use of depressants leads to tolerance, larger doses and physical and psychological dependence. Overdoses may be fatal. Withdrawal symptoms range from restlessness, insomnia and anxiety to convulsions and death. Children born to mothers who abuse depressants during pregnancy may become physically dependent on the drug and undergo withdrawal symptoms shortly after birth. They may also suffer from birth defects and behavioral problems.

WORKPLACE HAZARDS The dangers of using depressants in the workplace include impaired coordination, reflexes, concentration and judgment leading to accidents and poor performance of tasks requiring dexterity, alertness or mental acuity.

HALLUCINOGENS

HEALTH RISKS -- Hallucinogens (LSD, acid, PCP, angel dust, mescaline, peyote, psilocybin, mushrooms, etc.) affect perception, sensations, thinking, self-awareness and emotions. Physical effects include elevated heart rate, blood pressure and body temperature, sweating, depressed appetite, nausea, insomnia and tremors. Psychological effects include altered perceptions, hallucinations, severe panic reactions, loss of control, psychotic episodes and "flashbacks." PCP use blocks pain receptors and may result in violence and self-inflicted injuries as well as incoherent speech and impaired coordination. Chronic PCP use leads to persistent memory problems, speech difficulties, mood disorders, paranoia, violent behavior and hallucinations. Because hallucinogens distort perceptions and judgment, they increase the likelihood of accidents and suicide attempts.

WORKPLACE HAZARDS -- The dangers of using hallucinogens in the workplace include accidents caused by distorted perceptions and judgment, violence toward other employees and an inability to perform tasks requiring alertness, mental acuity and sound judgment.

NARCOTICS

HEALTH RISKS -- Narcotics (heroin, smack, horse, skag, junk, brown sugar, black tar, demerol, dilaudid, morphine, opium, paregoric, codeine, fentanyl percodan, talwin, etc.) initially produce a feeling of euphoria that often is followed by drowsiness, nausea, vomiting, watery eyes, and itching. Narcotics have a high potential for abuse because tolerance develops quickly and addiction is likely. Withdrawal symptoms are often debilitating. Overdoses produce shallow

breathing, clammy skin, convulsions, coma and death. Long-term health risks include organ damage. AIDS and hepatitis may result from sharing needles. Addiction in pregnant women can lead to premature, stillborn, or addicted infants who experience severe withdrawal symptoms.

WORKPLACE HAZARDS -- The dangers of using narcotics in the workplace include disinterest in workplace safety, severely impaired job performance and an increased risk of workplace crime.

DESIGNER DRUGS

HEALTH RISKS -- Designer drugs are chemical analogs of narcotics, amphetamines and PCP. Some common designer drugs are synthetic heroin, china white and new heroin (narcotic analogs); MDMA or Ecstasy, STP, and DMA (amphetamine analogs); and PCPs and PCE (PCP analogs). Designer drugs are frequently several hundred times stronger than the drugs they are designed to imitate. Amphetamine analogs have some stimulant effects, but are primarily hallucinogens. They have the same adverse effects as stimulants and hallucinogens including nausea, blurred vision, chills or sweating, faintness, anxiety, depression and paranoia. As little as one dose can cause severe neurochemical brain damage. Narcotic analogs have the same adverse effects as narcotics and can cause Parkinson's disease-like symptoms including uncontrollable tremors, drooling, impaired speech, paralysis and irreversible brain damage. PCP analogs have the same adverse effects as PCP including impaired perception, delusions and hallucinations.

WORKPLACE HAZARDS -- Refer to "Stimulants," "Hallucinogens" and "Narcotics".

TOBACCO

HEALTH RISKS -- Tobacco (cigarettes, cigars, snuff, chewing tobacco) contains nicotine, a stimulant that causes elevated heart rates and blood pressure. Nicotine is extremely addictive. Tobacco also contains cancer-causing tars and other chemicals. When smoked, tobacco produces carbon monoxide, which reduces the blood's oxygen-carrying capacity and can contribute to hardening of the arteries. Short-term effects include nose, throat and eye irritation. Long-term effects of tobacco use include heart disease, chronic bronchitis, emphysema, and lung and other cancers.

WORKPLACE HAZARDS -- The dangers of using tobacco in the workplace include increased fire danger, exposure of other employees to the health risks of second-hand smoke and friction between smoking and nonsmoking employees.

ANABOLIC STEROIDS

HEALTH RISKS -- Anabolic steroids (roids, juice etc.) are a synthetic male hormone used by some athletes to build muscle bulk and strength. In men, adverse effects include withered testicles, impotence, sterility, baldness and development of female-like breasts. In women, adverse effects include menstrual irregularities, enlargement of the clitoris and irreversible development of masculine traits. Both sexes risk developing severe acne, liver abnormalities, liver and other cancers, and cardiovascular disease. Psychological effects in both sexes include depression, very aggressive behavior known as "roid rage" and, occasionally, psychotic episodes.

RESOURCES AVAILABLE

Colorado State Employees Assistance Program (C-SEAP)

(C-SEAP) 303-866-4314 or 800-821-8154;

Colorado Department of Human Services

Alcohol and Drug Abuse Division

303-866-7480

National Cocaine Hotline

800-COCAINE

Alcoholics Anonymous

Pueblo Office

546-1173

Al-Anon family groups

564-0200

Additional resources available in the Yellow Pages under “Alcoholism Information and Treatment” and “Drug Abuse Information and Treatment”.

§ 702. Drug-free workplace requirements for Federal grant recipients

Release date: 2005-02-25

(a) Drug-free workplace requirement

(1) Persons other than individuals

No person, other than an individual, shall receive a grant from any Federal agency unless such person agrees to provide a drug-free workplace by—

- (A)** publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
- (B)** establishing a drug-free awareness program to inform employees about—
 - (i)** the dangers of drug abuse in the workplace;
 - (ii)** the grantee's policy of maintaining a drug-free workplace;
 - (iii)** any available drug counseling, rehabilitation, and employee assistance programs; and
 - (iv)** the penalties that may be imposed upon employees for drug abuse violations;
- (C)** making it a requirement that each employee to be engaged in the performance of such grant be given a copy of the statement required by subparagraph (A);
- (D)** notifying the employee in the statement required by subparagraph (A), that as a condition of employment in such grant, the employee will—
 - (i)** abide by the terms of the statement; and
 - (ii)** notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction;
- (E)** notifying the granting agency within 10 days after receiving notice of a conviction under subparagraph (D)(ii) from an employee or otherwise receiving actual notice of such conviction;
- (F)** imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by section 703 of this title; and
- (G)** making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (A), (B), (C), (D), (E), and (F).

(2) Individuals

No Federal agency shall make a grant to any individual unless such individual agrees as a condition of such grant that the individual will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in conducting any activity with such grant.

(b) Suspension, termination, or debarment of grantee

(1) Grounds for suspension, termination, or debarment

Each grant awarded by a Federal agency shall be subject to suspension of payments under the grant or termination of the grant, or both, and the grantee thereunder shall be subject to suspension or debarment, in accordance with the requirements of this section if the agency head of the granting agency or his official designee determines, in writing, that—

(A) the grantee violates the requirements of subparagraph (A), (B), (C), (D), (E), (F), or (G) of subsection (a)(1) of this section; or

(B) such a number of employees of such grantee have been convicted of violations of criminal drug statutes for violations occurring in the workplace as to indicate that the grantee has failed to make a good faith effort to provide a drug-free workplace as required by subsection (a)(1) of this section.

(2) Conduct of suspension, termination, and debarment proceedings

A suspension of payments, termination, or suspension or debarment proceeding subject to this subsection shall be conducted in accordance with applicable law, including Executive Order 12549 or any superseding Executive order and any regulations promulgated to implement such law or Executive order.

(3) Effect of debarment

Upon issuance of any final decision under this subsection requiring debarment of a grantee, such grantee shall be ineligible for award of any grant from any Federal agency and for participation in any future grant from any Federal agency for a period specified in the decision, not to exceed 5 years.

TITLE 41 > CHAPTER 10 > § 703

§ 703. Employee sanctions and remedies

Release date: 2005-02-25

A grantee or contractor shall, within 30 days after receiving notice from an employee of a conviction pursuant to section [701 \(a\)\(1\)\(D\)\(ii\)](#) or [702 \(a\)\(1\)\(D\)\(ii\)](#) of this title—

(1) take appropriate personnel action against such employee up to and including termination; or

(2) require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

TITLE 41 > CHAPTER 10 > § 706

§ 706. Definitions

Release date: 2005-02-25

For purposes of this chapter—

(1) the term “drug-free workplace” means a site for the performance of work done in connection with a specific grant or contract described in section [701](#) or [702](#) of this title of an entity at which employees of such entity are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of this Act;

(2) the term “employee” means the employee of a grantee or contractor directly engaged in the performance of work pursuant to the provisions of the grant or

contract described in section 701 or 702 of this title;

(3) the term "controlled substance" means a controlled substance in schedules I through V of section 812 of title 21;

(4) the term "conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

(5) the term "criminal drug statute" means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance;

(6) the term "grantee" means the department, division, or other unit of a person responsible for the performance under the grant;

(7) the term "contractor" means the department, division, or other unit of a person responsible for the performance under the contract; and

(8) the term "Federal agency" means an agency as that term is defined in section 552 (f) of title 5.

TITLE 21 > CHAPTER 13 > SUBCHAPTER I > Part B > § 812

§ 812. Schedules of controlled substances

Release date: 2004-08-06

(a) Establishment

There are established five schedules of controlled substances, to be known as schedules I, II, III, IV, and V. Such schedules shall initially consist of the substances listed in this section. The schedules established by this section shall be updated and republished on a semiannual basis during the two-year period beginning one year after October 27, 1970, and shall be updated and republished on an annual basis thereafter.

(b) Placement on schedules; findings required

Except where control is required by United States obligations under an international treaty, convention, or protocol, in effect on October 27, 1970, and except in the case of an immediate precursor, a drug or other substance may not be placed in any schedule unless the findings required for such schedule are made with respect to such drug or other substance. The findings required for each of the schedules are as follows:

(1) Schedule I.—

(A) The drug or other substance has a high potential for abuse.

(B) The drug or other substance has no currently accepted medical use in treatment in the United States.

(C) There is a lack of accepted safety for use of the drug or other substance under medical supervision.

(2) Schedule II.—

(A) The drug or other substance has a high potential for abuse.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions.

(C) Abuse of the drug or other substances may lead to severe psychological or physical dependence.

(3) Schedule III.—

(A) The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

(4) Schedule IV.—

(A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

(5) Schedule V.—

(A) The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV.

(B) The drug or other substance has a currently accepted medical use in treatment in the United States.

(C) Abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

(c) Initial schedules of controlled substances

Schedules I, II, III, IV, and V shall, unless and until amended ^[1] pursuant to section 811 of this title, consist of the following drugs or other substances, by whatever official name, common or usual name, chemical name, or brand name designated:

Schedule I

(a) Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

(1) Acetylmethadol.

(2) Allylprodine.

(3) Alphacetylmethadol.^[2]

(4) Alphameprodine.

(5) Alphamethadol.

(6) Benzethidine.

(7) Betacetylmethadol.

(8) Betameprodine.

(9) Betamethadol.

(10) Betaprodine.

(11) Clonitazene.

(12) Dextromoramide.

(13) Dextrorphan.

(14) Diampromide.

(15) Diethylthiambutene.

(16) Dimenoxadol.

(17) Dimepheptanol.

(18) Dimethylthiambutene.

- (19)** Dioxaphetyl butyrate.
- (20)** Dipipanone.
- (21)** Ethylmethylthiambutene.
- (22)** Etonitazene.
- (23)** Etoxeridine.
- (24)** Furethidine.
- (25)** Hydroxypethidine.
- (26)** Ketobemidone.
- (27)** Levomoramide.
- (28)** Levophenacymorphan.
- (29)** Morpheridine.
- (30)** Noracymethadol.
- (31)** Norlevorphanol.
- (32)** Normethadone.
- (33)** Norpipanone.
- (34)** Phenadoxone.
- (35)** Phenampromide.
- (36)** Phenomorphan.
- (37)** Phenoperidine.
- (38)** Piritramide.
- (39)** Propheptazine.
- (40)** Properidine.
- (41)** Racemoramide.
- (42)** Trimeperidine.

(b) Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1)** Acetorphine.
- (2)** Acetyldihydrocodeine.
- (3)** Benzylmorphine.
- (4)** Codeine methylbromide.
- (5)** Codeine-N-Oxide.
- (6)** Cyprenorphine.
- (7)** Desomorphine.
- (8)** Dihydromorphine.
- (9)** Etorphine.
- (10)** Heroin.
- (11)** Hydromorphenol.
- (12)** Methyldesorphine.
- (13)** Methylhydromorphine.
- (14)** Morphine methylbromide.
- (15)** Morphine methylsulfonate.
- (16)** Morphine-N-Oxide.
- (17)** Myrophine.
- (18)** Nicocodeine.
- (19)** Nicomorphine.
- (20)** Normorphine.
- (21)** Pholcodine.
- (22)** Thebacon.

(c) Unless specifically excepted or unless listed in another schedule, any material,

compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of their salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) 3,4-methylenedioxy amphetamine.
- (2) 5-methoxy-3,4-methylenedioxy amphetamine.
- (3) 3,4,5-trimethoxy amphetamine.
- (4) Bufotenine.
- (5) Diethyltryptamine.
- (6) Dimethyltryptamine.
- (7) 4-methyl-2,5-diamethoxyamphetamine.
- (8) Ibogaine.
- (9) Lysergic acid diethylamide.
- (10) Marihuana.
- (11) Mescaline.
- (12) Peyote.
- (13) N-ethyl-3-piperidyl benzilate.
- (14) N-methyl-3-piperidyl benzilate.
- (15) Psilocybin.
- (16) Psilocyn.
- (17) Tetrahydrocannabinols. Schedule II

(a) Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

- (1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate.
- (2) Any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (1), except that these substances shall not include the isoquinoline alkaloids of opium.
- (3) Opium poppy and poppy straw.
- (4) coca ^[3] leaves, except coca leaves and extracts of coca leaves from which cocaine, ecgonine, and derivatives of ecgonine or their salts have been removed; cocaine, its salts, optical and geometric isomers, and salts of isomers; ecgonine, its derivatives, their salts, isomers, and salts of isomers; or any compound, mixture, or preparation which contains any quantity of any of the substances referred to in this paragraph.

(b) Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (1) Alphaprodine.
- (2) Anileridine.
- (3) Bezitramide.
- (4) Dihydrocodeine.
- (5) Diphenoxylate.
- (6) Fentanyl.
- (7) Isomethadone.
- (8) Levomethorphan.
- (9) Levorphanol.
- (10) Metazocine.

- (11)** Methadone.
- (12)** Methadone-Intermediate, 4-cyano-2-dimethylamino-4,4-diphenyl butane.
- (13)** Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid.
- (14)** Pethidine.
- (15)** Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine.
- (16)** Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate.
- (17)** Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid.
- (18)** Phenazocine.
- (19)** Piminodine.
- (20)** Racemethorphan.
- (21)** Racemorphan.
- (c)** Unless specifically excepted or unless listed in another schedule, any injectable liquid which contains any quantity of methamphetamine, including its salts, isomers, and salts of isomers. Schedule III
- (a)** Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:
 - (1)** Amphetamine, its salts, optical isomers, and salts of its optical isomers.
 - (2)** Phenmetrazine and its salts.
 - (3)** Any substance (except an injectable liquid) which contains any quantity of methamphetamine, including its salts, isomers, and salts of isomers.
 - (4)** Methylphenidate.
- (b)** Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:
 - (1)** Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid.
 - (2)** Chorhexadol.
 - (3)** Glutethimide.
 - (4)** Lysergic acid.
 - (5)** Lysergic acid amide.
 - (6)** Methypylon.
 - (7)** Phencyclidine.
 - (8)** Sulfondiethylmethane.
 - (9)** Sulfonethylmethane.
 - (10)** Sulfonmethane.
- (c)** Nalorphine.
- (d)** Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof:
 - (1)** Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.
 - (2)** Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts.
 - (3)** Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium.
 - (4)** Not more than 300 milligrams of dihydrocodeinone per 100 milliliters or not

more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

(e) Anabolic steroids. Schedule IV

(1) Barbital.

(2) Chloral betaine.

(3) Chloral hydrate.

(4) Ethchlorvynol.

(5) Ethinamate.

(6) Methohexital.

(7) Meprobamate.

(8) Methylphenobarbital.

(9) Paraldehyde.

(10) Petrichloral.

(11) Phenobarbital. Schedule V

Any compound, mixture, or preparation containing any of the following limited quantities of narcotic drugs, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone:

(1) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams.

(2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams.

(3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams.

(4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.

(5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.

[1] Revised schedules are published in the Code of Federal Regulations, Part 1308 of Title 21, Food and Drugs.

[2] So in original. Probably should be "Alphacetylmethadol."

[3] So in original. Probably should be capitalized.