

Complying with the Drug-Free Schools and Campuses Regulations (DFSCR)

July 2021



Complying with the Drug-Free Schools and Campuses Regulations (DFSCR)

Joseph Storch

Associate Counsel, Office of General Counsel and
Principal Investigator, the Student Conduct Institute

Contributors

Albert Jung, Intern, Office of General Counsel
Nicholas Zazzi, Intern, Office of General Counsel
Elizabeth Getz, Intern, Office of General Counsel

Review

Dr. Adam Wolkoff, Assistant Director, Student Conduct Institute and
Special Assistant Counsel, Office of General Counsel

Layout Design

Morgan Clifford, Operations Program Coordinator,
The ARRIVE Center and SUNY's Got Your Back

July 2021

Center for Advanced Research in Reducing the Impact of Violence in Education (ARRIVE)
at
The State University of New York
Albany, New York

Introduction

The Drug-Free Schools and Campuses Regulations (DFSCR)² requires that all colleges and universities that receive Title IV (and certain other education) funds

1. distribute a written notice with required alcohol and other drugs (AOD) related information to all students and employees; and
2. conduct a biennial (every other year) review of the institution's AOD prevention program. To prepare for Department of Education (ED) audits, campuses should keep records of annual notices and biennial reviews.

How to Prepare the Annual Notice

The Regulations require a written notice, including five types of information about AOD use (See Page 4).

Suggestion: AOD information does not need to be included in the notice itself, but can be incorporated in a policy document. Campuses most commonly use the Clery Act Annual Security Report (ASR) message for this notification. But if you use the October 1 ASR notification to meet this requirement, that will not necessarily meet the obligation for all students, such as those who only take classes in the spring or summer (and so are not on the e-mail recipient list for the fall). A number of ED audits have cited campuses for missing notification to this population. To address this, many institutions conduct this written notification two ways:

1. Include it with the ASR, conspicuously labeled; and
2. Auto-generate a DFSCR notification every time a new e-mail account is created. Campuses generally auto-generate certain e-mails upon creation of an account (welcome to the campus, link to Acceptable Use Policy, etc.). This language can either be included in those e-mails or a separate e-mail can be generated upon account creation.

For consistency, campuses should ensure that, upon updating the language for one notification, the language for the other notification is also updated.

¹ DFSCR is a federal law, part of the Higher Education Act. The law is separate and apart from state and local laws and regulations governing possession and use (for medical and/or personal purposes) of cannabis in various forms. Part of compliance will require an in depth analysis of your state and local legal requirements.

TYPE	REQUIREMENTS	SUGGESTIONS
<p>1</p> <p>Standards of Conduct</p>	<p>Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees on its property or as part of any of its activities.</p>	<ul style="list-style-type: none"> • Ensure that it applies to all employees, in addition to all students who are registered for at least one course for any type of credit, except for continuing education units. • Ensure that it applies to all on/off-campus activities that are sponsored by the institution. • Ensure that it applies to student-sponsored social activities or professional meetings attended by employees that the campus authorizes and/or use any campus resources.
<p>2</p> <p>Legal Sanctions</p>	<p>A description of the applicable legal sanctions under local, State, or Federal law for the unlawful possession or distribution of illicit drugs and alcohol.</p>	<ul style="list-style-type: none"> • Provide a copy or a summary of the federal laws with the similar level of information as Appendix 1. • Provide a copy or a summary of the state/local law with the similar level of information. • State that violators of the AOD policy are subject to both the IHE's sanction and criminal sanctions under federal, state, and local law.
<p>3</p> <p>Health Risks</p>	<p>A description of the health risks associated with the use of illicit drugs and the abuse of alcohol.</p>	<ul style="list-style-type: none"> • Focus should be on information about substances covered by the Controlled Substances Act (See Appendix 1). • Could be in the form of a chart or descriptive paragraph (See Appendices 3 - 6).
<p>4</p> <p>Drug & Alcohol Programs</p>	<p>A description of any drug or alcohol counseling, treatment, or rehabilitation or re-entry programs that are available.</p>	<ul style="list-style-type: none"> • Provide a description of on and off-campus AOD programs (prevention, counseling, treatment, rehabilitation, and re-entry) available to students, staff, and faculty. • Could be in the form of a chart, list, or descriptive paragraph.
<p>5</p> <p>Disciplinary Sanctions</p>	<p>A clear statement that the IHE will impose disciplinary sanctions on students and employees (consistent with local, State, and Federal law), and a description of those sanctions, up to and including expulsion or termination of employment and referral for prosecution, for violations of the standards of conduct.</p>	<ul style="list-style-type: none"> • Provide a description of the range of disciplinary sanctions that the campus might impose in case of a violation. Include an explicit statement that these sanctions will be imposed (subject to due/fair process). • Make a note that the disciplinary sanctions that apply to faculty and staff may differ from one another depending on the terms set forth in collective bargaining agreements (if applicable). • Ensure that the campus administrators are ultimately responsible for enforcing the standard of conduct, but the responsibility can be shared with University Police/Public Safety/Campus Security, health care providers, student affairs staff, faculty, and students, as consistent with your policies and procedures.

How to Distribute the Annual Notice

REQUIREMENTS

- ✔ **Actively distribute every year**
 - Merely making the required information passively available to students and employees (e.g. posting on the website) is not sufficient.
 - Recipient's acknowledgment or proof of delivery is not necessary.
 - Using a method that reasonably ensures delivery to everyone satisfies the requirements
- ✔ **In a written form (e.g. email)**
- ✔ **Include five required types of information**
- ✔ **Distribute to each employee and student**
 - Student: someone taking one or more classes for any type of academic credit except for continuing education units, regardless of the length of the student's program of study.
 - New students who enroll or employees who are hired after the initial distribution date for a given year must receive the notice with required information.

SUGGESTED STEPS

1. Include the required information in Clery ASR.
2. Send out a brief descriptive notice with the link to the policy document via email to all students and employees in the beginning of each school year.
 - this notice could be the same as the Clery ASR notification. However, the notification should contain a clear description that the notice also is a DFSCR notification.
3. After this initial distribution, ensure that all new students and employees receive the notice via email as soon as they activate their email account.
4. Keep records showing that the notice was sent to everyone, including those who received the notice after the initial distribution.
 - If the students or employees do not receive an email account as part of their enrollment/employment, ensure that they receive the notice in another manner that allows the campus to record that it gave the notice to the students/employees.
 - For example, the notice could be included with the first paystub for new employees, or with the welcome packet for new students.

How to Conduct the Biennial Review

Colleges and universities have latitude on the Biennial Review’s format. While no specific form is required, recent audits by ED indicate that it should be an extensive report. All requirements described below should be included with detailed factual data and evidence. In addition, the review should identify in detail current prevention efforts and point to policy and program areas that need improvement as well as those that can continue unchanged.

REQUIREMENTS

SUGGESTIONS

Description of AOD Program Elements	<ul style="list-style-type: none">• List the program elements that the campus uses.<ul style="list-style-type: none">○ Examples: alcohol-free event promotion, creation of alcohol-free zones, mentorship programs, and strict enforcement of standards of conduct.
Statement of AOD Program Goals and Description of Goal Achievement	<ul style="list-style-type: none">• Identify the campus’ goals, like reducing heavy episodic alcohol use. These goals should be like a blueprint for what the AOD program is doing.• Include information indicating whether goals have been met and program outcome.
Summary of AOD Program Strengths and Weaknesses	<ul style="list-style-type: none">• Summarize program’s strengths and weaknesses.<ul style="list-style-type: none">○ Strength Examples: sufficient budget, support from leadership.○ Weakness Examples: lack of support, lack of collaboration, understaffing.
Procedures for Distributing Annual AOD Notification to Students and Employees	<ul style="list-style-type: none">• Describe procedures the campus uses to distribute the Annual AOD Notification, including how the campus ensured distribution to every student / employee (See Section II).
Policies Distributed to Students and Employees	<ul style="list-style-type: none">• Include copies of information distributed as part of the Annual AOD Notification.• List other locations where the information can be found.
Recommendation for Revising AOD Programs	<ul style="list-style-type: none">• Include copies of information distributed as part of the Annual AOD Notification.• List other locations where the information can be found.

Appendix 1: Sample - Summary of Federal Drug Law²

Federal Trafficking Penalties for Schedules I, II, III, IV, and V (except Marijuana, App. 2)				
Schedule	Substance/ Quantity	Penalty	Substance/ Quantity	Penalty
II	Cocaine 500-4,999 grams mixture	First Offense: Not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	Cocaine 5 kilograms or more mixture	First Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 20 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
II	Cocaine Base 28-279 grams mixture		Cocaine Base 280 grams or more mixture	
IV	Fentanyl 40-399 grams mixture		Fentanyl 400 grams or more mixture	
I	Fentanyl Analogue 10-99 grams mixture		Fentanyl Analogue 100 grams or more mixture	
I	Heroin 100-999 grams mixture		Heroin 1 kilogram or more mixture	
I	LSD 1-9 grams mixture		LSD 10 grams or more mixture	
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture	
II	PCP 10-99 grams pure or 100-999 grams mixture	PCP 100 grams or more pure or 1 kilogram or more mixture		

² Available at: Title 21 Code of Federal Regulations, Part 1308 – Schedules of Controlled Substances

<https://www.deadiversion.usdoj.gov/21cfr/cfr/2108cfr.htm>

Subchapter 1 – Control and Enforcement, Part D. Offenses and Penalties

<https://www.deadiversion.usdoj.gov/21cfr/21usc/index.html>

Also available at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm>

Appendix 1: Sample - Summary of Federal Drug Law (Continued)

Substance/Quantity	Penalty
Any Amount Of Other Schedule I & II Substances	First Offense: Not more that 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than Life. Fine \$1 million if an individual, \$5 million if not an individual.
Any Amount of Any Drug Product Containing Gamma Hydroxybutyric Acid	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	
Any Amount Of Other Schedule III Drugs	First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.
Any Amount Of All Other Schedule IV Drugs (other than Flunitrazepam)	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)	First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
Any Amount Of All Schedule V Drugs	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.

Appendix 2: Sample - Summary of Federal Marijuana Law³

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

³ Available at Title 21 Code of Federal Regulations, Part 1308.11 – Schedules of Controlled Substances: Schedule 1 https://www.deadiversion.usdoj.gov/21cfr/cfr/1308/1308_11.htm
Subchapter 1 – Control and Enforcement, Part D. Offenses and Penalties – Section 841. Prohibited acts A <https://www.deadiversion.usdoj.gov/21cfr/21usc/841.htm>
Also available at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcr/CFRSearch.cfm?fr=1308.11>

Appendix 3: Sample - Health Risks Information: Alcohol⁴

Health Risks

The following information on health risks is from the Centers for Disease Control and Prevention:

Drinking too much can harm your health. Excessive alcohol use led to approximately 95,000 deaths and 2.8 million years of potential life lost (YPLL) each year in the United States from 2011 – 2015, shortening the lives of those who died by an average of 29 years. Further, excessive drinking was responsible for 1 in 10 deaths among working-age adults aged 20-64 years. The economic costs of excessive alcohol consumption in 2010 were estimated at \$249 billion, or \$2.05 a drink.

The Dietary Guidelines for Americans defines moderate drinking as up to 1 drink per day for women and up to 2 drinks per day for men. In addition, the Dietary Guidelines do not recommend that individuals who do not drink alcohol start drinking for any reason.

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including: High blood pressure, heart disease, stroke, liver disease, and digestive problems; Cancer of the breast, mouth, throat, esophagus, liver, and colon; Learning and memory problems, including dementia and poor school performance; Mental health challenges, including depression and anxiety; Social problems, including lost productivity, family problems, and unemployment; Alcohol dependence, or alcoholism. By not drinking too much, you can reduce the risk of these short- and long-term health risks.

⁴ Available at CDC website: <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm> (last accessed Jan. 6, 2021)

Appendix 4: Sample - Health Risks Information: Marijuana⁵

Health Risks

The following information on health risks is from the Centers for Disease Control and Prevention:

Marijuana is the most commonly used illegal drug in the United States, and marijuana use may have a wide range of health effects on the body and brain.

About 1 in 10 marijuana users may experience some form of addiction. For people who begin using before the age of 18, that number rises to 1 in 6. People who are addicted to marijuana may also be at a higher risk of other negative consequences of using the drug, such as problems with attention, memory, and learning. Some people who are addicted may need to smoke more and more marijuana to get the same high. It is also important to be aware that the amount of tetrahydrocannabinol (THC) in marijuana (i.e., marijuana potency or strength) has increased over the past few decades. The higher the THC content, the stronger the effects on the brain. In addition, some methods of using marijuana (e.g., dabbing, edibles) may deliver very high levels of THC to the user.

In many cases, marijuana is smoked in the form hand-rolled cigarettes (joints), in pipes or water pipes (bongs), in bowls, or in blunts—emptied cigars that have been partly or completely refilled with marijuana. Smoked marijuana, in any form, can harm lung tissues and cause scarring and damage to small blood vessels. Smoke from marijuana contains many of the same toxins, irritants, and carcinogens as tobacco smoke. Smoking marijuana can also lead to a greater risk of bronchitis, cough, and phlegm production. These symptoms generally improve when marijuana smokers quit.

Marijuana use, especially frequent (daily or near daily) use and use in high doses, can cause disorientation, and sometimes cause unpleasant thoughts or feelings of anxiety and paranoia. Marijuana use is associated with temporary psychosis (not knowing what is real, hallucinations and paranoia) and long-lasting mental health challenges, including schizophrenia (a type of mental illness where people might see or hear things that aren't really there).

Marijuana use has also been linked to depression and anxiety, and suicide among teens. However, it is not known whether this is a causal relationship or simply an association.

⁵ Available at CDC website: <https://www.cdc.gov/marijuana/factsheets/teens.htm> (last accessed Jan. 6, 2021); <https://www.cdc.gov/marijuana/health-effects.html> (last accessed Jan. 6, 2021).

Appendix 5: Sample - Health Risks Information: MDMA⁶

Health Risks

The following information on health risks is from the National Institute on Drug Abuse:

People who use MDMA usually take it as a capsule or tablet, though some swallow it in liquid form or snort the powder. The popular nickname Molly (slang for “molecular”) often refers to the supposedly “pure” crystalline powder form of MDMA, usually sold in capsules. However, people who purchase powder or capsules sold as Molly often actually get other drugs such as synthetic cathinones (“bath salts”) instead. Some people take MDMA in combination with other drugs such as alcohol or marijuana.

MDMA increases the activity of three brain chemicals:

- Dopamine—produces increased energy/activity and acts in the reward system to reinforce behaviors
- Norepinephrine—increases heart rate and blood pressure, which are particularly risky for people with heart and blood vessel problems
- Serotonin—affects mood, appetite, sleep, and other functions. It also triggers hormones that affect sexual arousal and trust. The release of large amounts of serotonin likely causes the emotional closeness, elevated mood, and empathy felt by those who use MDMA.

Other health effects include:

- nausea
- muscle cramping
- involuntary teeth clenching
- blurred vision
- chills, and
- sweating.

MDMA's effects last about 3 to 6 hours, although many users take a second dose as the effects of the first dose begin to fade. Over the course of the week following moderate use of the drug, a person may experience irritability, impulsiveness and aggression, depression, sleep problems, anxiety, memory and attention problems, decreased appetite, and decreased interest in and pleasure from sex. It's possible that some of these effects may be due to the combined use of MDMA with other drugs, especially marijuana.

High doses of MDMA can affect the body's ability to regulate temperature. This can lead to a spike in body temperature that can occasionally result in liver, kidney, or heart failure or even death.

⁶ Available at NIH website: <https://www.drugabuse.gov/publications/drugfacts/mdma-ecstasy-molly>.

Appendix 6: Sample - Health Risks Information: Prescription Opioids⁷

Health Risks

The following information on health risks is from the National Institute on Drug Abuse:

Prescription opioids used for pain relief are generally safe when taken for a short time and as prescribed by a doctor, but they can be misused.

Opioids bind to and activate opioid receptors on cells located in many areas of the brain, spinal cord, and other organs in the body, especially those involved in feelings of pain and pleasure. When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts of dopamine throughout the body. This release can strongly reinforce the act of taking the drug, making the user want to repeat the experience.

In the short term, opioids can relieve pain and make people feel relaxed and happy. However, opioids can also have harmful effects, including drowsiness, confusion, nausea, constipation, euphoria, and slowed breathing. Opioid misuse can cause slowed breathing, which can cause hypoxia, a condition that results when too little oxygen reaches the brain. Hypoxia can have short- and long-term psychological and neurological effects, including coma, permanent brain damage, or death. Researchers are also investigating the long-term effects of opioid addiction on the brain, including whether damage can be reversed.

People addicted to an opioid medication who stop using the drug can have severe withdrawal symptoms that begin as early as a few hours after the drug was last taken. These symptoms include muscle and bone pain, sleep problems, diarrhea and vomiting, cold flashes with goose bumps, uncontrollable leg movements, and severe cravings.

An opioid overdose occurs when a person uses enough of the drug to produce life-threatening symptoms or death. When people overdose on an opioid medication, their breathing often slows or stops. This can decrease the amount of oxygen that reaches the brain, which can result in coma, permanent brain damage, or death.

If you suspect someone has overdosed, the most important step to take is to call 911 so he or she can receive immediate medical attention. Once medical personnel arrive, they will administer naloxone. Naloxone is a medicine that can treat an opioid overdose when given right away. It works by rapidly binding to opioid receptors and blocking the effects of opioid drugs. Naloxone is available as an injectable (needle) solution, a hand-held auto-injector (EVZIO®), and a nasal spray (NARCAN® Nasal Spray).

⁷ Available at NIH website: <https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>.

Appendix 7: Sample - Health Risks Information: Specific Dangers from Drug Facilitated Sexual Assault Drugs⁸

Health Risks

The following information on health risks is from the National Institute of Drug Abuse:

There are three specific drugs that are commonly utilized in drug facilitated sexual assault: Rohypnol®, Ketamine, or GHB (Gamma Hydroxybutyric Acid).

Rohypnol®

Rohypnol®, also known as flunitrazepam, is not approved in the United States, although it is available for use as a prescription sleep aid in other countries. It is most commonly found as a tablet which is consumed by dissolving it in a drink or swallowing it. The possible short term health effects include drowsiness, sedation, sleep, amnesia, blackout; decreased anxiety; muscle relaxation, impaired reaction time and motor coordination; impaired mental functioning and judgement; confusion; aggression; excitability; slurred speech; headache; slowed breathing and heart rate. When combined with alcohol the possible health effects include severe sedation, unconsciousness, and slowed heart rate and breathing, which can lead to death. At this point the long-term health effects of Rohypnol® are still unknown. Rohypnol® can take between 36-72 hours to leave the body.

GHB (Gamma Hydroxybutyric Acid)

GHB is a depressant approved for use in treatment of narcolepsy, and commonly goes by the other names of Goop, liquid ecstasy, and liquid X. It is most commonly found as a colorless liquid or white powder which is consumed through swallowing, often in combination with alcohol. The possible short term health effects include euphoria, drowsiness, nausea, vomiting, confusion, memory loss, unconsciousness, slowed heart rate and breath, lower body temperature, seizures, coma, and death. In combination with alcohol the possible health effects include nausea, problems with breathing, and greatly increased depressant effects. At this point in time the long-time effects of GHB are unknown. GHB, unlike Rohypnol, leaves the body between 10-12 hours after consumption.

⁸ Available at NIH website: <https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts#rohypnol-reg-flunitrazepam->
<https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts#ghb>
<https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts#ketamine>
https://www.dea.gov/sites/default/files/2018-07/DFSA_0.PDF

Appendix 7: Sample - Health Risks Information: Specific Dangers from Drug Facilitated Sexual Assault Drugs (continued)

Health Risks (continued)

Ketamine

Ketamine is a dissociative drug used as a surgical anesthetic, an anesthetic in veterinary practice, and as a prescription for treatment resistant depression under strict medical supervision. It is most commonly found in liquid or white powder and is consumed through swallowing, smoking, snorting, or injections. The possible short term health effects include problems with attention, learning, and memory; dreamlike states, hallucinations; sedation; confusion loss of memory; raised blood pressure, unconsciousness; and dangerously slowed breathing. If ketamine is consumed with alcohol there is a risk of adverse effects. The possible health effects associated with long term use include ulcers and pain in the bladder; kidney problems; stomach pain; depression; and poor memory.

If an individual believes they or a friend have consumed Rohypnol®, GHB, or Ketamine they should visit a local healthcare facility that can care for survivors of sexual assault and provide a forensic exam. While receiving care the individual who has ingested the drug can request the hospital to take a urine sample for drug toxicology testing, if the individual cannot immediately go to a hospital they should save their urine in a clean, sealable container as soon as possible, and place it in the refrigerator or freezer for future toxicology testing.
