VIRGINIA MILITARY INSTITUTE
Lexington, Virginia

GENERAL ORDER)
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Policy on Prohibiting Controlled Substances and Drug Paraphernalia; and the VMI Drug Testing Program.

1) **General.** The VMI academic and co-curricular programs are unique among the colleges in the Commonwealth of Virginia. As part of the academic program, mandatory ROTC courses as well as participation in the Physical Education Department are graduation requirements for all cadets. The physical and mental skill requirements of these programs demand cadets perform at the highest state of awareness to prevent injury to themselves and others while participating in this training. Similarly, cadet co-curricular program requirements demand the same mental and physical acuity and include the following activities: rat challenge, which consists of a number of physically challenging and dangerous activities to include; rappelling off of a 150 foot cliff, climbing and navigating high ropes courses, participating in difficult obstacle courses, and self-defense training; barracks life, where each cadet maintains a weapon in their room (rifle and bayonet), and cadets routinely perform as members of the twenty-four hour – seven day a week VMI guard team responsible to ensure the safety and security of the barracks and their fellow cadets; and non-ROTC military training where weapons firing and land navigation is mandatory. With the exception of rats while they are in the ratline, all cadets are eligible to operate state vehicles in support of the VMI mission. The above training and conditions apply to all cadets and it is only prudent that VMI ensure, as part of its safety program for cadets, that those among them using drugs and threatening their safety are identified.

2) **Prohibited Activity.** Virginia Military Institute (VMI) will not tolerate the possession, solicitation, distribution, sale, or use of controlled substances, and or of drug paraphernalia.

a) VMI therefore prohibits all cadets at any time or place, whether on- or off-Post, from possessing or using any controlled substances or other drug paraphernalia as defined in sections 18.2-250 (included in schedule I through VI of the Drug Control Act, Chapter 34 (§ 54.1-3400)) and 18.2-265.1 of the Code of Virginia, which is incorporated herein as Annex I and II unless authorized by legal prescription for such substance or otherwise specifically permitted by law. Any cadet knowingly and willfully possessing or using such a substance or item in violation of this policy will be dismissed from the Institute. Any student possessing or using any such substance or item in violation of this policy, but for whom the possession or use is not knowing and willful, will be subject to a penalty up to and including dismissal from the Institute.

b) VMI additionally prohibits any person – whether a cadet, visitor, employee, or other person – from bringing onto or possessing on VMI property any controlled substance or any drug paraphernalia except as specifically permitted by law. Any such prohibited item located on VMI property is regarded as contraband and subject to immediate seizure.

c) Items constituting paraphernalia which are prohibited by this policy are those items identified in the Code of Virginia, Section 18.2 -265.1., as amended, including, but not limited to, the items indicated in Annex II. As defined in the Code of Virginia, "Paraphernalia" includes all equipment, products, and materials of any kind which are either designed for use or which are

intended by the person charged with violating § 18.2-265.3 for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, strength testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body marijuana or a controlled substance. A listing of examples of these items is indicated in Annex II.

3) **Drug Testing Program Policy.**

a) VMI's drug testing program allows the Institute to randomly test members of the Corps of Cadets periodically for the presence of illegal drugs and other controlled substances. Agreeing to participate in this program is a condition of matriculation at Virginia Military Institute, and submitting to testing when required under this program is a condition for remaining a cadet.

b) VMI will conduct unannounced random drug tests periodically during the academic year. Cadets selected for random urinalysis testing will be directed to report immediately to a specified location for the purpose of providing a urine specimen for testing. Each cadet will be briefed on the process and will remain at the designated location until an acceptable sample is provided for use by the laboratory.

c) In addition, the Commandant may direct members of the Corps of Cadets to be tested when a reasonable suspicion of drug use exists. "Reasonable suspicion" is defined as the existence of circumstances, reports, information or direct observation of such a nature as to create a reasonable belief that a violation of the Drug Policy of Virginia Military Institute may have occurred (VMI Blue Book, August 2013, Chapter 22, page 68).

d) Refusal to provide a specimen for testing upon request in accordance with the provisions of this Policy may be treated as the equivalent of a positive test and turned over to the Commandant for appropriate disciplinary action in accordance with the Drug Policy for VMI.

e) A positive finding of the presence of a prohibited substance pursuant to any generally accepted test including, but not limited to a blood, urine or hair follicle test for such substance; shall be treated as confirmation of possession and use of the prohibited substance in violation of this policy and will result in dismissal.

FOR THE SUPERINTENDENT:

James P. Inman
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Chief of Staff

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Annex I – Controlled Substances
Annex II – Paraphernalia listing per Code of Virginia section 18.2- 265.1.
Annex III - Random Drug Screen Procedures

Annex I –Controlled Substances

Schedule I gamma-Hydroxybutyric acid (GHB), which has been used as a general anesthetic with minimal side-effects [*citation needed*] and controlled action but a limited safe dosage range. It was placed in Schedule I in March 2000 after widespread recreational use. Uniquely, this drug is also listed in Schedule III for limited uses, under the trademark **Xyrem**;

- 12-Methoxyibogamine (Ibogaine), which has been used in opiate addiction treatment and psychotherapy.
- Cannabis (includes cannabinoids found in marijuana, hashish , and hashish oil). Controversy exists about its placement in Schedule I. *Main article: Removal of cannabis from Schedule I of the Controlled Substances Act*.
- Dimethyltryptamine (DMT), which is found in small quantities in the human brain but is pharmacologically active in larger quantities.
- Heroin (Diacetylmorphine), which is used in some European countries as a potent pain reliever in terminal cancer patients, and as second option, after morphine. (It is about twice as potent, by weight, as morphine.)
- Other strong opiates and opioids used in many other countries, or even in the USA in previous decades for palliation of moderate to severe pain such as nicomorphine (Vilan), dextromoramide (Palfium), ketobemidone (Ketalgin), dihydromorphine (Paramorfan), piritramide (Dipidolor), diacetyldihydromorphine (Paralaudin), dipipanone (Wellconal), phenadoxone (Heptalgin) and many others.
- Weak opioids used for relief of moderate pain, diarrhea, and coughing such as benzylmorphine (Peronine), nicocodeine (Tusscodin), thebacon , tilidine (Valoron), meptazinol (Meptid), propiram (Algeril), acetyldihydrocodeine and others.
- Pholcodine , a weak opioid cough suppressant with negligible abuse potential which is available over-the-counter in many other countries.
- MDMA (3,4-methylenedioxymethamphetamine, Ecstasy), which continues to be used medically, notably in the treatment of post-traumatic stress disorder (PTSD) (approved by the FDA for PTSD use in 2001). The medical community originally agreed upon placing it as a Schedule III substance, but the government denied this suggestion, despite two court rulings by the DEA's administrative law judge that placing MDMA in Schedule I was illegal. It was temporarily unscheduled after the first administrative hearing from December 22, 1987 - July 1 , 1988 .[10]
- Psilocybin , the active ingredient in psychedelic mushrooms ;
- 5-MeO-DIPT (Foxy / Foxy Methoxy / 5-methoxy-N,N-diisopropyltryptamine)
- Lysergic acid diethylamide (LSD / Acid), a psychotropic hallucinogen which has historically been used to treat alcoholism and other addictions, cluster headaches, and has been shown to be useful in treating schizophrenia, Bipolar disorder, childhood autism, and other psychological disorders;
- Peyote , a cactus growing in nature primarily in northeastern Mexico; one of the few plants specifically scheduled, with a narrow exception to its illegal status for religious use by members of the Native American Church;
- Mescaline, the main psychoactive ingredients of the peyote, san pedro, and Peruvian torch cacti;
- Methaqualone (Quaalude, Sopor, Mandrax), a sedative that was previously used for similar purposes as barbiturates, until it was rescheduled;
- 2,5-dimethoxy-4-methylamphetamine (STP / DOM), a psychotropic hallucinogen that rose to prominence in 1967 in San Francisco when it appeared in pill form (known as "STP", in doses as high as four times the amounts previously considered "safe") on the black market;

- Tetrahydrogestrinone (THG / "The Clear"), an anabolic progestegenic androgen first created by the BALCO athletic supplement company that was the drug of choice for athletes using steroids due to its "invisibility" in standard steroid screening tests until 2003, when Trevor Graham provided a sample to the United States Anti-Doping Agency for use in creating a screening test; banned by the FDA for medical use and added to Schedule I in 2003;
- 2C-T-7 (Blue Mystic / T7), a psychotropic entheogen;
- 2C-B (Nexus / Bees / Venus / Bromo Mescaline), a psychotropic hallucinogen and aphrodisiac;
- Cathinone (β-ketoamphetamine), a monoamine alkaloid found in the shrub *Catha edulis* (Khat);
- AMT (alpha-methyltryptamine), an anti-depressant from the tryptamine family with hallucinogenic properties; first developed in the Soviet Union and marketed under the brand name Indopan;
- Bufotenin (5-OH-DMT), a naturally-occurring tryptamine with hallucinogenic and aphrodisiac properties; named for the *Bufo* genus of toads whose venom contains the chemical;[11]
- Benzylpiperazine (BZP), a synthetic drug with a slight resemblance to MDMA and stimulant effects 10 times less potent than amphetamine (though it was mistakenly said to be 10 times more addictive than amphetamine at the drug's schedule hearing).
- DXO, active metabolite of Dextromethorphan, NMDA antagonist. [12]
- Controlled Substance Analogs intended for human consumption (as defined by the Federal Analog Act)

Schedule II

- Cocaine (used as a topical anesthetic);
- Methylphenidate (Ritalin) & Dexmethylphenidate (Focalin) (used in treatment of Attention Deficit Disorder);
- Opium and opium tincture (laudanum), which is used as a potent antidiarrheal;
- Methadone (used in treatment of heroin addiction as well as for treatment of extreme chronic pain)
- Oxycodone (semi-synthetic opioid; active ingredient in Percocet, OxyContin, and Percodan)
- Fentanyl and Most other pure strong opioid agonists, *i.e.* levorphanol, opium, or oxymorphone;
- Morphine
- Amphetamine Salts (racemic) Under brand name Adderall
- Dextroamphetamine (Dexedrine) Dextromethamphetamine (Desoxyn)
- Hydromorphone (Dilaudid)
- Pure codeine and any drug for non-parenteral administration containing the equivalent of more than 90 mg of codeine per dosage unit;
- Pure hydrocodone and any drug for non-parenteral administration containing no other active ingredients or more than 15 mg per dosage unit;
- Secobarbital (Seconal)
- Pethidine (USAN: Meperidine; Demerol)
- Phencyclidine (PCP);
- Short-acting barbiturates, such as pentobarbital, (Nembutal (now out of production));
- Amphetamines were originally placed on Schedule III, but were moved to Schedule II in 1971. Injectable methamphetamine has always been on Schedule II;

- Nabilone (Cesamet) A synthetic cannabinoid. An analogue to dronabinol (Marinol) which is a Schedule III drug.

Schedule III

- Anabolic steroids (including prohormones such as androstenedione);
- Intermediate-acting barbiturates, such as talbutal or butalbital ;
- Buprenorphine;
- Dihydrocodeine single-ingredient drugs and the pure drug itself.
- Ketamine, a drug originally developed as a milder substitute for PCP (mainly to use as a human anesthetic) but has since become popular as a veterinary and pediatric anesthetic;
- Xyrem, a preparation of GHB used to treat narcolepsy. Xyrem is in Schedule III but with a restricted distribution system. All other forms of GHB are in Schedule I;
- Hydrocodone / codeine , when compounded with an NSAID (e.g. Vicoprofen, when compounded with ibuprofen) or with acetaminophen (paracetamol) (e.g. Vicodin / Tylenol 3);
- Marinol, a synthetic form of Tetrahydrocannabinol (THC) used to treat nausea and vomiting caused by chemotherapy, as well as appetite loss caused by AIDS;
- Paregoric, an antidiarrheal and anti-tussive, which contains opium combined with camphor (which makes it less addiction-prone than laudanum, which is in Schedule II;
- LSA, listed as a sedative but considered by most experts to be psychedelic. A pre-cursor to and chemical relative of LSD. LSA occurs naturally in Rivea corymbosa, morning glory seeds, and Hawaiian baby woodrose seeds. LSA is not biosynthesized by the ergot fungus (*Claviceps purpurea*), but can be biosynthesized by other *Claviceps* species. LSA can be present as an artifact in extracts of ergot.
- pseudoephedrine (sudafed) is a schedule 3 in the state of Oregon.

Schedule IV

- Benzodiazepines, such as alprazolam (Xanax), chlordiazepoxide (Librium), diazepam (Valium)
- temazepam (Restoril) (Note that some states require specially coded prescriptions for temazepam)
- flunitrazepam (Rohypnol) (Note that flunitrazepam is not used medically in the United States);
- The benzodiazepine-like "Z-drugs": Zolpidem (Ambien), Zopiclone, Eszopiclone, and Zaleplon;
- Dextropropoxyphene (Doloxene) and propoxyphene (sold in the U.S. as Darvocet);
- Long-acting barbiturates such as phenobarbital ;
- Some partial agonist opioid analgesics, such as pentazocine (Talwin);
- The stimulant-like drug modafinil (sold in the U.S. as Provigil));
  Antidiarrheal drugs, such as difenoxin, when combined with atropine (Motofen) (difenoxin is 2-3 times more potent then diphenoxylate, the active ingredient in Lomotil, which is in Schedule V);

Schedule V

- Cough suppressants containing small amounts of codeine (e.g., promethazine +codeine);
- Preparations containing small amounts of opium or diphenoxylate (used to treat diarrhea);
- Pregabalin (Lyrica), an anticonvulsant and pain modulator.
- Pyrovalerone
- Some centrally-acting anti-diarrhoeals, such as diphenoxylate (Lomotil) when mixed with

atropine to make it unpleasant for people to grind up, cook, and inject. Difenoxin with atropine (Motofen) has been moved to Schedule IV. Otherwise the drugs are in Schedule II.

Schedule VI

The federal law has only five schedules, but some states have added a "Schedule VI" to cover certain substances which are not "drugs" in the conventional sense, but are nonetheless used, or abused, recreationally; these include toluene (found in many types of paint, especially spray paint) and similar inhalants such as amyl nitrite (or "poppers"), butyl nitrite, and nitrous oxide (found in many types of aerosol cans, though it is pharmacologically active, it is considered an inhalant). Many state and local governments enforce age limits on the sale of products containing these substances.

Additional Prohibited Substances

- K2
- Spice
- Synthetic type marijuana
- other

Annex II – Paraphernalia listing per Code of Virginia section 18.2- 265.1.

§ 18.2-265.1. Definition.

As used in this article, the term "drug paraphernalia" means all equipment, products, and materials of any kind which are either designed for use or which are intended by the person charged with violating § 18.2-265.3 for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, strength testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body marijuana or a controlled substance. It includes, but is not limited to:

1. Kits intended for use or designed for use in planting, propagating, cultivating, growing or harvesting of marijuana or any species of plant which is a controlled substance or from which a controlled substance can be derived;
2. Kits intended for use or designed for use in manufacturing, compounding, converting, producing, processing, or preparing marijuana or controlled substances;
3. Isomerization devices intended for use or designed for use in increasing the potency of marijuana or any species of plant which is a controlled substance;
4. Testing equipment intended for use or designed for use in identifying or in analyzing the strength or effectiveness of marijuana or controlled substances;
5. Scales and balances intended for use or designed for use in weighing or measuring marijuana or controlled substances;
6. Diluents and adulterants, such as quinine hydrochloride, mannitol, or mannite, intended for use or designed for use in cutting controlled substances;
7. Separation gins and sifters intended for use or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining, marijuana;
8. Blenders, bowls, containers, spoons, and mixing devices intended for use or designed for use in compounding controlled substances;
9. Capsules, balloons, envelopes, and other containers intended for use or designed for use in packaging small quantities of marijuana or controlled substances;
10. Containers and other objects intended for use or designed for use in storing or concealing marijuana or controlled substances;
11. Hypodermic syringes, needles, and other objects intended for use or designed for use in parenterally injecting controlled substances into the human body;
12. Objects intended for use or designed for use in ingesting, inhaling, or otherwise introducing marijuana, cocaine, hashish, or hashish oil into the human body, such as:

a. Metal, wooden, acrylic, glass, stone, plastic, or ceramic pipes with or without screens, permanent screens, hashish heads, or punctured metal bowls;
b. Water pipes;
c. Carburetion tubes and devices;
d. Smoking and carburetion masks;
e. Roach clips, meaning objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand;
f. Miniature cocaine spoons, and cocaine vials;
g. Chamber pipes;
h. Carburetor pipes;
i. Electric pipes;
j. Air-driven pipes;
k. Chillums;
l. Bongs;
m. Ice pipes or chillers.

(1981, c. 598; 1983, c. 535.)

Annex III (Random Drug Screen Procedures)

Purpose: To provide the Commandant's staff a set of procedures for implementation of unannounced random drug screening in a manner that is mindful of cadets' interests and seeks to minimize interference with cadets' duties.

Description: The Commandant's staff shall, in all ways possible, conduct random drug screen testing in conformance with the following guidelines:

Step One. The Commandant shall determine the time and date of the unannounced random drug screen test. In selection of the time and date, the Commandant shall be mindful of the Corps calendar and seek to minimize disruption of or interference with the Institute's educational program.

Step Two. At the request of the Commandant, the Directorate of Information Technology shall provide a computer-generated, random list of cadets for testing. All cadets present for duty will be tested; only those cadets on authorized permits or leave and are thus out of barracks, or those who are in patient at the Post Infirmary, are excused. Cadets shall be selected for screening from that list based upon their schedules and availability only. Every effort will be made to avoid interference with academic duty.

Step Three. On the morning of the random drug screen test, members of the Guard Team will order those cadets selected for testing to report immediately to the Commandant's Office, with a photo ID. Neither the Guard Team member nor the subject cadet will be informed concerning the reason the cadet is being directed to the Commandant's office.

Step Four. Upon arrival at the Commandant's office, a Commandant's staff member will serve as the test "proctor," and will verify their name on the list and ensure they have proper ID. A second Staff member will perform the actual test.

Step Five. Once the cadet is verified, the proctor directs them to the latrine to provide the specimen. They are then directed to an area adjacent to, but out of the direct view of the testing area with their specimen.

Step Six. In the event a female cadet is selected, a female member of the Commandant's staff will act serve as "observer." In the event any cadet cannot immediately provide a specimen, they will be retained in the concourse area and provided access to water/liquids until such time as a sample can be provided.

Step Seven. Each cadet is called into the test area individually and their name and ID are verified once again. The test administrator will ask the cadet to select a Rapid Drug Screen test kit from the box of unopened test kits.

Step Eight. The test proctor will prepare the selected Rapid Drug Screen test for sampling in the presence of the cadet.

Step Nine. The test proctor will test the urine using the 5-Panel Rapid Drug Screen test, in the presence of the cadet. If the test results are negative, then the sample is discarded in the latrine, the cadet's ID card is returned to the cadet, and the cadet is permitted to return to duty. If the test results are positive for one or more of the tested drugs, the Post Physician will be contacted immediately to review the cadet's medical records to see if the cadet is on any prescribed medication that could cause a positive result. If none, the cadet may be escorted to Stonewall Jackson Hospital in Lexington, Virginia, for an additional drug screen collection or may choose to be presumed to be in violation of the Institute's drug policy and held accountable accordingly and pursuant to the ordinary processes of the Institute.