



SCIENCE FOR THE BENEFIT OF HUMANITY

THE ROCKEFELLER UNIVERSITY SUBSTANCE ABUSE POLICY

The Rockefeller University (“University”) is committed to protecting the safety, health, and well-being of its employees and students. The University recognizes that alcohol abuse and illicit drug use pose a significant threat to our community. The Rockefeller University's policy is to make every effort to ensure a drug-free workplace to protect the health, safety, and welfare of its employees, students, and the public. It is a condition of employment that each university employee complies with the terms of this policy. **A student or employee violating this Policy will be subject to university sanctions and potential criminal penalties under federal, state, and local law.** The following standards of conduct have been established to maintain a drug-free environment.

A. STANDARDS OF CONDUCT

- (1) University policy prohibits the unlawful manufacture, possession, use, distribution, dispensation, sale, or purchase of non-prescribed controlled substances (drugs), marijuana, and intoxicants (alcohol) on university premises or at off-campus University-sponsored events. This does not include the lawful and moderate consumption and/or possession of alcohol by those over the age of 21 at university-sponsored events (on or off campus) or in the Abby Aldrich Dining Room, the Faculty and Students Club, or University Housing.
- (2) All employees must report to their jobs in good mental and physical condition. As a federal contractor, the University prohibits employees from reporting to work and/or working at the university while under the influence of drugs or alcohol. Any individual whose work performance is impaired by the use of illegal drugs, alcohol, marijuana, and/or other intoxicants will be considered a threat to the safety of their work environment and subject to immediate discipline, up to and including termination of employment.
- (3) As required by the Drug-Free Workplace Act of 1988, an employee working on projects funded through federal contracts or grants must notify Human Resources or the Dean’s Office of a conviction of any criminal drug violation that occurred on university property within five (5) days of such conviction. The University must notify the relevant federal contracting or granting agency within ten (10) days and take the appropriate personnel action within thirty (30) days of receipt of the notice. A conviction includes a plea or finding of guilt, any plea of “nolo contendere”, or an imposition of a fine or penalty.
- (4) The University is a smoke-free campus in compliance with the NYC Smoke-Free Act. Accordingly, there is no smoking of any substance, including but not limited to tobacco or cannabis) permitted on campus.

B. DRUG AND ALCOHOL TREATMENT ASSISTANCE

The University acknowledges the existence of substance abuse and use disorder (also known as drug and alcohol addiction) and that individuals may require assistance with respect to drug and/or alcohol abuse or misuse. The University will address such matters on a case-by-case basis. Members of the campus community who are in need of drug and/or alcohol counseling, rehabilitation, or support services are urged to seek such help. Such assistance is available on and off-campus.

On-Campus Resources Include:

- The University's Employee Assistance Program (EAP) provides immediate and confidential assistance for any work, health, or life concern. Provided by the Standard Life Insurance Company of New York (The Standard), employees, their dependents (including children to age 26), and all household members can contact master 's-degreed clinicians 24/7 by phone, online, live chat, email, and text. There is also a mobile EAP app. Through the EAP, referrals may be made to support groups, a network counselor, community resources, or health plans. If necessary, the EAP will contact emergency services. EAP services can help with depression, grief, loss and emotional well-being; family, marital, and other relationship issues; life improvement and goal-setting; addictions such as alcohol and drug abuse, stress or anxiety, in addition to financial and legal concerns. Employees can call **888-293-6948** and identify The Rockefeller University as the employer or register at: www.workhealthlife.com/Standard3
- The Oxford also has a program available through their Oxford Live and Work Well Program. It is also available 24 hours a day, seven days a week and can be accessed at www.liveandworkwell.com and by calling its substance abuse hotline at 1-855-780-5955.
- University Health & Wellness (UHW) by phone (212) 327-8414 or by visiting UHW in Room 118 of the Rockefeller University Hospital.
- Counseling – To schedule an appointment with the University's Weill-Cornell contracted psychiatrist or social worker, please contact UHW at (212) 327-7257

(1) Off-Campus Resources:

- Alcoholics Anonymous (212) 647-1680 - <http://www.nyintergroup.org> or <http://www.aa.org/>
- Narcotics Anonymous (212) 929-NANA (6262) – www.newyorkna.org or www.na.org
- New York City Department of Health 24/7 hotline – 888-692-9355
- New York City Department of Mental Health, Bureau of Alcoholism and Substance Abuse Services – (877) 846-7369
- The Alcoholism Council of New York Help Line - (212) 252-7022
- National Council on Alcoholism and Drug Dependence - (800) NCA-CALL (622-2255) www.ncadd.org

To report an incident of concern related to drug or alcohol use or abuse, please contact Campus Security at (212) 327-8506 or ext. 1111 from an on-campus telephone. You may also contact Human Resources at (212) 327-8300. In the case of a medical emergency, please call 911.

C. HEALTH RISKS OF DRUG AND ALCOHOL USE AND ABUSE

The Drug-Free Schools and Communities Act as amended in 1990 requires that this Policy include descriptions of the health risks associated with drug and alcohol abuse and the legal sanctions under local, state, or federal law for illicit use, possession, or distribution of alcohol and controlled substances.

- **Alcohol Use and Abuse**

Alcohol consumption causes several 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 spouse and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce these effects.

Repeated use of alcohol can lead to dependence. Alcoholism is defined as a complex, chronic psychological and nutritional disorder associated with compulsive and/or excessive drinking. Alcohol is addictive in nature; it poisons the body, destroys the brain, heart, liver, and pancreas; it damages the digestive tract and immune system. Alcoholics are more vulnerable to heart disease, cancer, organ failure, and mental illnesses. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than others of becoming alcoholics.

- **Drug Use and Abuse**

The United States Drug Enforcement Agency classifies drugs into five categories based on the drug's acceptable medical use and the drug's abuse or dependency potential.¹ The abuse rate is a determinate factor in the scheduling of the drug: for example, Schedule I drugs have a high potential for abuse and the potential to create severe psychological and/or physical dependence². As the drug schedule changes—Schedule II, Schedule III etc., so does the abuse potential—Schedule V drugs represent the least potential for abuse. A comprehensive list of controlled substances and their health risks may be found in Chart A attached. Some commonly used/abused drugs and their associated health risks are listed below.

¹ www.dea.gov/drug-information/drug-scheduling.com

² Ibid

- Marijuana³: (cannabis, weed, pot, or dope) refers to the dried flowers, leaves, stems, and seeds of the cannabis plant. The cannabis plant contains more than 100 compounds (or cannabinoids). These compounds include tetrahydrocannabinol (THC), which is impairing or mind-altering, as well as other active compounds, such as cannabidiol (CBD). CBD is not impairing, meaning it does not cause a “high”⁴. Marijuana use may have a wide range of health effects on the body and brain. Marijuana use, especially frequently (daily or nearly daily) and in high doses, can cause disorientation and sometimes unpleasant thoughts or feelings of anxiety and paranoia. People who use marijuana are more likely to develop temporary psychosis (not knowing what is real, hallucinations, and paranoia) and long-lasting mental disorders, including schizophrenia (a type of mental illness where people might see or hear things that are not really there).
- Synthetic cannabinoids⁵: (spice, K2, and other names) are man-made chemicals and, despite the name, are not marijuana or cannabinoid medicines.²⁰ Synthetic cannabinoids are often sprayed onto dried plant material that can then be smoked or sold as liquids to use in vaping devices.
Synthetic cannabinoids can affect the brain much more powerfully than marijuana, creating unpredictable and, in some cases, life-threatening effects, including nausea, anxiety, paranoia, brain swelling, seizures, hallucinations, aggression, heart palpitations, chest pains, severe injury, and death.
- MDMA⁶: (Molly/Ecstasy) 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,

³ <https://www.cdc.gov/marijuana/health-effects/index.html>

⁴ Ibid, citing: Rosenberg EC, Tsien RW, Whalley BJ, Devinsky O. Cannabinoids and epilepsy. *Neurotherapeutics*. 2015; 12(4) 747-768

⁵ <https://www.cdc.gov/marijuana/health-effects/index.html>

⁶ www.drugabuse.gov/publications/drugfacts/mdma-ecstasy-molly

decreased interest in and pleasure from sex. 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.

- Cocaine⁷: (Coke/Blow) Users primarily administer cocaine orally, intranasally, intravenously, or by inhalation. When people snort the drug, they inhale cocaine powder through the nostrils, where it is absorbed into the bloodstream through the nasal tissues. Users also may rub the drug onto their gums. Dissolving cocaine in water and injecting it (intravenous use) releases the drug directly into the bloodstream and heightens the intensity of its effects. When people smoke cocaine (inhalation), they inhale its vapor or smoke into the lungs, where absorption into the bloodstream is almost as rapid as by injection. Cocaine is a powerfully addictive stimulant drug. Severe medical complications can occur with cocaine use. Some of the most frequent are cardiovascular effects, including disturbances in heart rhythm and heart attacks; neurological effects, including headaches, seizures, strokes, and coma; and gastrointestinal complications, including abdominal pain and nausea. In rare instances, sudden death can occur on the first use of cocaine or unexpectedly thereafter. Cocaine-related deaths are often a result of cardiac arrest or seizures. In addition to the increased risk for stroke and seizures, other neurological problems can occur with long-term cocaine use⁸. There have been reports of *intracerebral hemorrhage*, or bleeding within the brain, and balloon-like bulges in the walls of cerebral blood vessels. Movement disorders, including Parkinson's disease, may also occur after many years of cocaine use.
- Specific Dangers of Drugs Used to Facilitate Sexual Assault⁹: There are three specific drugs that are commonly used in drug facilitated sexual assaults. They are GHB, Ketamine, and Rohypnol. Each of these drugs can cause sedation, drowsiness, difficulty breathing, hallucinations, unconsciousness, seizures, and death. If you believe your or someone you know has consumed any of these drugs, it is important to seek medical treatment and obtain care for sexual assault, including a forensic examination.

C. FEDERAL PENALTIES AND SANCTIONS

(3) Illegal Possession of Controlled Substances

- **First Conviction** - Up to one-year imprisonment and fine of at least \$1,000, or both.
- After one prior drug conviction - At least 15 days in prison, not to exceed two years and fine of at least \$2,500, or both.
- **After two or more prior drug convictions** – At least 90 days in prison, not to exceed three years and a fine of at least \$5,000, or both.
- In addition, the offender may be forced to relinquish personal and real property used to possess or facilitate possession of a controlled substance if the violation is punishable by more than one year in prison. Any vehicle used to transport or conceal a controlled substance

⁷ <https://nida.nih.gov/publications/research-reports/cocaine> and <https://nida.nih.gov/publications/research-reports/cocaine/what-are-long-term-effects-cocaine-use>

⁸ Ibid, citing: Riezzo I, Fiore C, De Carlo D, et al. Side effects of cocaine abuse: multiorgan toxicity and pathological consequences. *Curr Med Chem.* 2012;19(33):5624-5646, and Büttner A. Neuropathological alterations in cocaine abuse. *Curr Med Chem.* 2012;19(33):5597-5600.

⁹ www.drugabuse.gov/drug-topics/commonly-used-drugs-charts

must be forfeited and a civil fine may be imposed. For first-time offenders, federal benefits, such as student loans, grants, contracts, and professional and commercial licenses, can be denied for up to one year. For the second and subsequent offenses, federal benefits can be denied for up to five years.

Under federal law, marijuana is considered a Schedule 1 controlled substance and has no acceptable medical use. The federal government, however, does acknowledge that several states permit the use of marijuana for medical purposes and personal use¹⁰. The federal government has stated in various publications that it will focus its enforcement resources on 8 priorities¹¹ and trust that state and local marijuana laws will address the enforcement of penalties relating to such activity. While the federal government allows the states to enforce marijuana infractions, the federal government has not relinquished its enforcement or penalties to the states. It is illegal to cross state or country borders with any cannabis product, even if you have a prescription for it or are traveling to another state where it is legal¹²

- (4) **Trafficking Penalties** Please review Charts B and C below for a description of federal penalties for the trafficking of controlled substances.

D. NEW YORK STATE AND CITY DRUG PENALTIES AND SANCTIONS

- (1) **Illegal Drug Possession** New York State law also forbids the possession, use, or distribution of illicit drugs and imposes criminal penalties, which may include imprisonment. The penalty imposed for a conviction will generally depend upon the specific drug and the amount of the drug held or sold, as well as the individual's history of prior convictions. Judges have some discretion to consider the circumstances in sentencing. The following are a few examples of potential criminal penalties for drug infractions under New York law.
- The criminal possession of 500 milligrams or more of cocaine is a class D felony, punishable by up to 2 ½ years in prison.
 - The possession of one-half an ounce of cocaine or more is a Class C felony punishable by 1 - 9 years in prison.
 - The criminal possession of eight to sixteen ounces of marijuana is a class E felony, punishable by up to 4 years in prison and up to \$5000.00.

Under New York City law, a person who has been convicted of felony possession or sale of a controlled substance may be subject to a civil penalty between \$10,000 and \$100,000 for each count that resulted in a conviction and for the costs of the investigation and prosecution of the individual.

- (2) **Driving While Impaired by Drugs (DWAI)** It remains illegal to operate a motor vehicle while under the influence of marijuana. Driving while under the influence of marijuana (cannabis) can result in a charge against you. To date, no legal limit THC, the active ingredient in marijuana/cannabis, has been established in New York State.
- (3) **Penalties for Unlawful Distribution of Alcohol** Under both federal and New York State laws, selling or otherwise furnishing alcohol to an individual under the age of 21 is a

¹⁰ There are currently federal proposals to reclassify marijuana from a Schedule I drug to a Schedule III drug.

¹¹ The 8 federal enforcement priorities concern marijuana activity relating to the distribution to minors, funding criminal enterprises, diverting state laws, trafficking other drugs, firearms and violence, drugged driving and adverse public health consequences, growth on public lands and use or possession on federal property.

¹² <https://www.nyc.gov/site/doh/health/health-topics/marijuana.page>

misdemeanor punishable by fine and/or imprisonment. In New York State the punishment may include up to one-year imprisonment and \$1000.00 fine. Selling alcohol without a license or permit is unlawful and punishable by a fine and/or imprisonment.

- (4) **Driving While Intoxicated (DWI)** Driving while intoxicated (DWI), as determined by a blood alcohol content of .08 or higher is a misdemeanor punishable by up to a year imprisonment and/or a \$1,000 fine for a first offense plus six months license revocation; a second or subsequent offense is a felony. Driving while impaired by alcohol (DWAI, not necessarily legally intoxicated, but with a relevant level of blood alcohol content of at least .05) is also a violation, punishable by up to 15 days imprisonment and/or a \$500 fine plus a 90-day license suspension. Repeated offenses result in more serious penalties.

This list is not intended to be exhaustive and is subject to change. The full list of NY drug crimes and their penalties can be found in the New York Penal Code.

Marijuana (Cannabis) for Recreational Use

The New York State Marijuana Regulation and Taxation Act (MRTA) of 2021 permits adults over the age of 21 to purchase and possess marijuana in limited amounts for recreational use. When outside their homes, individuals over the age of 21 may possess up to 3 ounces of cannabis (marijuana) and 24 grams of cannabis concentrate. The rules for home possession and home growth are specified in the MRTA. With certain restrictions, employers may not discriminate against employees for the recreational use of marijuana when conducted outside of work hours.

Adults can buy cannabis at adult-use or medical dispensaries licensed by the State Office of Cannabis Management. Licensed dispensaries post a New York State Licensed Cannabis Dispensary decal on or near their main entrance¹³.

Medical Cannabis¹⁴

Medical cannabis is legally available to New Yorkers through the State's medical cannabis program. People may be eligible to use medical cannabis to treat their health condition if a state-registered healthcare provider certifies that medical cannabis is clinically appropriate. Patients must also register with the state to be able to purchase medical cannabis.

The new law expands the eligibility of medical cannabis, increases the number of caregivers allowed per patient, allows prescriptions for as many as 60 days (up from 30), and allows smokable cannabis to be purchased in medical cannabis dispensaries. You can find a list of medical cannabis dispensaries in New York State using the [medical dispensary locator](#).

Once regulations are finalized, certified medical cannabis program patients will also be able to grow up to six plants at a time at home.

Medical cannabis is not FDA-approved and, therefore, is not currently eligible for insurance coverage. However, there are a few FDA-approved prescriptions for cannabis-derived products, such as CBD, and for some synthetic products related to cannabis.

For more information about whether medical cannabis could help you, talk to your healthcare provider.

¹³ <https://www.nyc.gov/site/doh/health/health-topics/marijuana.page>

¹⁴ <https://www.nyc.gov/site/doh/health/health-topics/marijuana.page>

As a federal contractor, Rockefeller University must comply with federal law. Accordingly, the university must weigh its obligations under federal law against those of New York State when considering the use of medical marijuana at the workplace on a case-by-case basis.

E. DISCIPLINARY SANCTIONS FOR VIOLATIONS OF THE UNIVERSITY'S SUBSTANCE ABUSE POLICY

The Rockefeller University will impose disciplinary sanctions on students and employees (consistent with local, state, and federal law), up to and including expulsion or termination of employment and referral for prosecution, for violations of this Policy.

CHART A

CONTROLLED SUBSTANCES - USES AND EFFECTS

DRUGS CSA	OTHER NAME	MEDICAL USES	DEPENDENCE		Tolerance	Duration (Hours)	Usual Methods	Possible Effects	Effects of Overdose	Withdrawal Syndrome
			Physical	Psychol.						
NARCOTICS										
Opium II III V	Dover's Powder, Paregonic	Analgesic, Antidiarrheal	High	High	Yes	3-6	Oral, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
Morphine II III	MS-Contin, Roxanol	Analgesic, Antitussive	High	High	Yes	3-6	Oral, smoked, injected			
Oxycodone II	Percocet, OxyContin	Analgesic	High	High	Yes	3-12	Oral, injected			
Heroin I	Diacetylmorphine Horse, Smack	None	High	High	Yes	3-6	Injected, sniffed, smoked			
Hydromorphone II	Dilaudid	Analgesic	High	High	Yes	3-6	Oral, injected			
Meperidine II	Demoral, Mepergan	Analgesic	High	High	Yes	3-6	Oral, injected			
Methadone II	Dolophine, Methadose	Analgesic	High	High-Low	Yes	12-24	Oral, injected			
Others I II III IV V	Percodan, Lomotil	Analgesic, antidiarrheal	High-Low	High-Low	Yes	Variable	Oral, injected			
DEPRESSANTS										
Chloral Hydrate IV	Noctee	Hypnotic	Moderate	Moderate	Yes	5-8	Oral	Slurred speech, disorientation drunken behavior without odor	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Barbiturates II III IV	Seconal, Tuinal Phenobarbital	Anesthetic sedative, hypnotic	High-Mod.	High-Mod.	Yes	1-16	Oral			
Benzodiazepines IV	Valium, Xanax, Atvian, Dalmane	Antianxiety, sedative, hypnotic	Low	Low	Yes	4-8	Oral			
Methaqualone I	Quaalude	Sedative, hypnotic	High	High	Yes	4-8	Oral			
Glutethimide III	Doriden	Sedative, hypnotic	High	Moderate	Yes	4-8	Oral			
Others III IV	Valmid, Noludar, Placidyl GHB	Varies	Moderate	Moderate	Yes	4-8	Oral			

STIMULANTS										
Cocaine II	Coke, Crack, Flake, Snow	Local anesthetic	Possible	High	Yes	1-2	Sniffed, smoked injected	Increased alertness, excitation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increase in body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
Amphetamines II	Delcobese, Biphetamine	Weight control, narcolepsy	Possible	High	Yes	2-4	Oral, injected			
Phenmetrazine II	Preludin	Weight control	Possible	High	Yes	2-4	Oral, injected			
Methylphenidate II	Ritalin	Attention deficit, narcolepsy	Possible	Moderate	Yes	2-4	Oral, injected			
Others III IV	Adipex, Cylert, Didrex, Ionamin Khat	Weight control	Possible	High	Yes	2-4	Oral, injected			
HALLUCINOGENS										
LSD I	Acid, Microdot	None	None	Unknown	Yes	8-12	Oral	Illusions and hallucinations, poor perception of time and distance	Longer, more intense "trip" episodes, psychosis, possible death	Withdrawal syndrome not reported
Mescaline I	Peyote, Cactus, Buttons	None	None	Unknown	Yes	8-12	Oral			
Amphetamine Variants I	2.5-DMA PMA STP MDA DOM	None	Unknown	Unknown	Yes	Variable	Oral, injected			
Phencyclidine II	PCP, Angel Dust, Hog	None	Unknown	High	Yes	Days	Smoked, oral, injected			
Phencyclidine Analogues I	PCE, PcPy, TCP	None	Unknown	High	Yes	Days	Smoked, oral, injected			
Others I	Psilocyn, DMT, Bufotenine, DET	None	None	Unknown	Possible	Variable	Smoked, sniffed injected, oral			
CANNABIS										
Marijuana I	Grass, Reefer, Pot, Thai Sticks		Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disoriented behavior	Fatigue, paranoia, possible psychosis	Insomnia, hyperactivity, and decreased appetite, occasionally reported
Tetrahydrocannabinol I II	THC, Marinol	Chemotherapy antinauseant	Unknown	Moderate	Yes	2-4	Smoked, oral			
Hashish I	Hash	None	Unknown	Moderate	Yes	2-4	Smoked, oral			
Hashish Oil I	Hash Oil	None	Unknown	Moderate	Yes	2-4	Smoked, oral			

CHART B

FEDERAL TRAFFICKING PENALTIES FOR SCHEDULES I, II, III, IV, AND V (EXCEPT MARIJUANA)				
SCHEDULE	SUBSTANCE/ QUANTITY	PENALTY	SUBSTANCE/ QUANTITY	PENALTY
II	Cocaine 500-4999 grams mixture	<p>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.</p> <p>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.</p>	Cocaine 5 kilograms or more mixture	<p>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.</p> <p>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.</p> <p>2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p>
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	
SUBSTANCE/QUANTITY		PENALTY		
Any Amount Of Other Schedule I & II Substances		<p>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.</p>		
Any Drug Product Containing Gamma Hydroxybutyric Acid		<p>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.</p>		
Flunitrazepam (Schedule IV) 1 Gram		<p>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.</p>		

CHART B

Any Amount Of Other Schedule III Drugs	<p>First Offense: Not more than 10 yrs. If death or serious bodily injury, not more that 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.</p> <p>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.</p>
Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.</p>
Any Amount Of All Schedule V Drugs	<p>First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p>Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>

CHART C

FEDERAL TRAFFICKING PENALTIES FOR MARIJUANA, HASHISH AND HASHISH OIL	
SCHEDULE I SUBSTANCES	
Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants	<p>First Offense: 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.</p> <p>Second Offense: 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.</p>
Marijuana 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants	<p>First Offense: 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.</p> <p>Second Offense: 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.</p>
Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants	<p>First Offense: 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.</p> <p>Second Offense: 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.</p>
Hashish More than 10 kilograms	
Hashish Oil More than 1 kilogram	
Marijuana less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) 1 to 49 marijuana plants	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.</p>
Hashish 10 kilograms or less	
Hashish Oil 1 kilogram or less	