

ADULT SPECIALTY COURTS & OFFICE OF COMMUNITY CORRECTIONS OF BARRY COUNTY

BANNED SUBSTANCES AND MEDICATIONS LIST

You are not allowed to use any of the following substances or medications while participating in the Drug Testing Program. Any exceptions must be approved by the Court in advanced and documented with the Adult Specialty Courts/OCC Staff:

- **Illegal Substances** of any kind (Cocaine, Meth, Marijuana, LSD, PCP, K2 Spice, Bath Salts, etc.)
- **Alcohol Products** of any kind (including anything with alcohol in it, such as alcoholic beverages, foods or drinks containing alcohol, cold medicines, mouthwash, etc.)
- **Opiates** of any kind (Heroin, Morphine, Vicodin, Norco, Codeine, etc.)
- **Benzodiazepines** of any kind (Xanax, Librium, Klonopin, Ambien, etc.)
- **Barbiturates** of any kind (Phentobarbital, Seconal, etc.)
- **Amphetamines** of any kind (Adderall, Concerta, Ritalin, Stratera, etc.)
- **Buprenorphine** (Suboxone)
- **Methadone**
- **Medical Marijuana**
- **Tramadol** (Ultram)
- **Oxycodone** (Oxycotin)
- **Products with Dextromethorphan (DXM)**
- **Sudafed** or any products with **pseudoephedrine** or **ephedrine**
- **Energy drinks** (Monster, 5-hour Energy, Red Bull, etc.)
- **Mind or Body-altering substances** of any kind (substances that are not necessarily illegal but gets people high, like Salvia, Peyote, etc.)
- **Prescription medications that are not YOUR current, valid prescriptions** (cannot take old meds, cannot take someone else's meds, etc.). **Approved prescription medications cannot be on our list of banned substances or medications.*

The Barry County Adult Specialty Courts and Office of Community Corrections may ban any additional substance deemed inappropriate due to its potential for abuse and/or addiction.

It is YOUR responsibility to make sure that you are not ingesting/inhaling/using any of these banned substances or medications. You must not fill any prescriptions for any of these banned medications while participating in the Drug Testing Program.

By signing this form, I hereby verify that I have reviewed and received a copy of this list of Banned Substances and Medications.

Offender Signature

Date

Printed Name of Offender

Staff Signature

Date