

## **NEW YORK UNIVERSITY POLICIES**

**Title:** New York University Policies on Substance Abuse and Alcoholic Beverages

**Effective Date:** August 15, 2015

**Issuing Authority:** Marc Wais, Office of the Vice President for Student Affairs

**Responsible Officer:** Thomas Grace - Director of Community Standards and Compliance

### **PURPOSE OF POLICY:**

1. To comply with the requirements of the Drug Free Schools and Communities Act.
2. To set forth the standards and regulations associated with the possession, consumption, service and distribution of alcoholic beverages at the University.
3. To set forth the standards and regulations associated with the possession, consumption, service and distribution of illegal controlled substances at the University.
4. To set forth the manner in which allegations of violations of the policy will be addressed at the University.
5. To provide resources for those seeking information about, or struggling with, a substance abuse problem.

### **TO WHOM THE POLICY APPLIES:**

The United States Department of Education has issued regulations implementing the provisions of the Drug-Free Schools and Communities Act Amendments of 1989. These regulations require that the University distribute the following information annually to all students, administrators, faculty and staff at the University in writing concerning the possession, use, or distribution of alcohol and illicit drugs. New York University's policies on substance abuse and on alcoholic beverages are set out below, along with related information regarding University sanctions for violation of these policies, criminal sanctions for the illegal possession or distribution of drugs and alcohol, the health risks associated with drugs and alcohol, and places to obtain help concerning the use and abuse of alcohol and illicit drugs. The University policies set forth below apply to all University students and to all events or activities which are sponsored by the University or by a University organization, whether they occur at the University or not.

### **GENERAL STANDARDS OF CONDUCT ASSOCIATED WITH ALCOHOL AND OTHER SUBSTANCES:**

NYU is committed to creating and maintaining a campus environment that is free of alcohol and substance abuse. The abuse of alcohol and legal drugs and the use of illicit drugs is antithetical to the pursuit of educational excellence and the realization of one's full potential as a student and member of this community. Accordingly, the University takes very seriously its obligation to address the issue of all forms of substance abuse.

We believe that the best way to maintain an appropriate campus environment with respect to drugs and alcohol is through preventive education about the dangers of drug abuse and compassionate attention to the needs of those who may require help with alcohol or other drug-related problems. To that end, the University provides on-campus support programs and services as well as information about related services that are available in the local community.

At the same time, NYU expects that students will conduct themselves in accordance with basic principles of personal responsibility, respect for order, and consideration of the rights of others. Implied in these expectations is the understanding that students are responsible for making their own decisions and accepting the consequences of those decisions. In order to make informed choices about alcohol and other drug use, students should educate themselves about the social, physiological, and psychological consequences of drug use or excessive drinking as well as the policies set forth below.

## **I. STATEMENT OF POLICY ON SUBSTANCE ABUSE:**

New York University policy and practices regarding the possession, use and distribution of substances is based upon federal and New York State laws. The use, possession or distribution of a substance that is designated as a controlled substance according to these laws is prohibited on any University campus, facility, function, or sponsored program.

Although University policies and practices emphasize a concern for the welfare of individuals, the University also recognizes the importance of maintaining the safety and well-being of the community as a whole. The University therefore adheres to the following guidelines concerning the unlawful possession, use, or distribution of drugs:

1. The unlawful possession, use, or distribution of drugs will not be tolerated on premises owned or controlled by the University.
2. Upon finding evidence of the unlawful possession, use, or distribution of drugs on its premises by any student, the University will take appropriate disciplinary action, including, but not limited to, probation, suspension, or expulsion.
3. Using regularly established procedures, the University will take disciplinary action, up to and including discharge, against any member of the faculty or staff found to be unlawfully using, possessing, or distributing drugs on University premises.

Faculty, staff, and students should also be aware that, in addition to University sanctions, they may be subject to criminal prosecution under federal and state laws that specify fines or imprisonment or loss of federal financial student aid for conviction of drug-related offenses. Where appropriate or necessary, the University will cooperate fully with law enforcement agencies if a student's use, possession, or distribution of a substance violates the national, state and/or local laws of the country in which the campus where the incident occurred is located.\*

**\*A Note for Students Traveling Abroad:** Students traveling abroad as part of a University program should familiarize themselves with the laws and policies of the location to which they are traveling.

## **II. STATEMENT OF POLICY ON ALCOHOLIC BEVERAGES:**

The University Policy regarding the possession, consumption, sale and service of alcoholic beverages at New York University is based on federal and New York State law, as well as the New York State Alcoholic Beverage Control Law.

### **A. Possession and Consumption:**

It is the policy of New York University that persons under the age of 21 years are prohibited from possessing any alcoholic beverage at New York University or at any event sponsored by the University or by a University organization, whether the event is at the University or not.

## **B. Service and Sale:**

1. To serve alcoholic beverages shall mean to give away, deliver, or otherwise provide alcoholic beverages to any person by any means other than by sale to such person.
2. Sales of liquor include, without being limited to, cash bars, events to which admission tickets are sold or for which fees are charged, either by the event or for a period of time (e.g., entertainment charge or annual dues), entitling the purchaser access to an open bar, and parties at which alcoholic beverages are served and for which contributions or donations to offset the costs of the party are sought.
3. **The following rules are applicable to all events at which alcoholic beverages are served or sold at New York University and to all events or activities, whether or not at the University, which are sponsored by the University or by a University organization.**
  - a. No person shall be sold or served any alcoholic beverage:
    - i. if that person is, or appears to be, under the legal drinking age of 21;
    - ii. if that person is, or appears to be, intoxicated, or is known to the server or seller to be a problem drinker.
  - b. No person under the age of 21 years shall present any written evidence of his or her age that is false, fraudulent, or not actually his or her own in order to purchase or be served, or to try to purchase or be served, any alcoholic beverage or in order to gain access, or to try to gain access, to any event or activity at which any alcoholic beverage is being sold or served.
  - c. No person shall in any way misrepresent the age of any other person or help any other person to misrepresent the age of any other person or help any other person to misrepresent his or her age so that such person can purchase or be served, or try to purchase or be served, any alcoholic beverage or gain access, or try to gain access, to any event or activity at which any alcoholic beverage is being served or sold.
  - d. No alcoholic beverage shall be sold to any person unless:
    - i. a license or permit sanctioning the sale of such alcoholic beverage has been obtained by the seller; and
    - ii. the license or permit sanctioning such sale and any posters, signs, notices, or other material or information required by applicable law or by the State Liquor Authority are prominently displayed at the site of such sale.
  - e. The individual or group(s) sponsoring an event or activity at which any alcoholic beverage is to be sold or served (the "sponsor") shall be responsible to make sure that all New York University rules and regulations regarding the sale, use, service, possession, and consumption of alcoholic beverages are observed at such event or activity. This responsibility shall include, without being limited to, the following:
    - i. Alcoholic beverages should not be served at University events attended by students unless it is anticipated that the majority of those in attendance will be of legal age to drink, a mechanism is in place to assure that only attendees who are of legal age to drink have access to alcoholic beverages, and the event is

adequately supervised. Adequate supervision shall be expressly determined by the Senior Vice President for Student Affairs or designee.

- ii. Student organizations are responsible for following public laws and NYU policies regarding the sale, service and consumption of alcoholic beverages at student events.
- iii. Each University unit is responsible for advising all student organizations recognized by that unit of the procedures and resources available to address any health, safety, security, or behavioral concerns that may arise at an event at which alcoholic beverages are served. Upon request, staff from the Wellness Exchange, Public Safety, Community Standards and Compliance, and the Center for Student Activities, Leadership, and Service will be available to advise in that process.
- iv. Public laws and University policies and guidelines that concern the presence of alcoholic beverages at events attended by students apply to all such events regardless of the sponsoring unit/organization or whether the activity takes place on or off University premises.
- v. Alcoholic beverages may be served at events held at NYU global sites, under the supervision of site supervisors, in accordance with the applicable laws governing legal drinking age in the particular country.
- vi. No student organizations may use University funds, or any other monies derived from other sources of income, including donations, to purchase alcoholic beverages to be served at a student event.
- vii. All student organizations wishing to have alcoholic beverages served at an on-campus event must use an approved NYU catering vendor which shall provide such service on a cash bar basis only. Events held at an off-campus site must use a licensed private vendor which shall provide such service on a cash bar basis only.
- viii. Exceptions to the restrictions on the use of University funds and the cash bar requirements can be granted on a case-by-by case basis for student organizations provided that all of the other conditions set forth in this document are met. Requests for exceptions must be submitted in writing to the Office of the Senior Vice President for Student Affairs no later than 30 days in advance of an event. The request for exception must include: a detailed rationale for the request; a description of the event including mission, scope, and goals; location of the event; information regarding anticipated attendees including anticipated ages of attendees; and any other applicable information. Additional information not aforementioned may be requested by the Office of the Senior Vice President for Student Affairs.

### **C. NYU Global Academic Centers and Degree Granting Campuses:**

1. Each NYU Global Academic Center/Campus has its own policies, procedures, and regulations governing the possession, consumption, and serving of alcoholic beverages that may vary from the general University policy. These policy differences reflect variations in the laws concerning the possession and consumption of alcoholic beverages in the locality

and country in which that site is located, regulations established to best meet the unique needs of that particular campus, and practices that reflect respect for the social/cultural customs of that community and country. Students enrolled at a Global Academic Center/Campus should consult the office of the Site Director for information regarding the policies, procedures and regulations for that location.

2. Students enrolled at any NYU Global Academic Center/Campus will be held accountable to the Study Away Standard which sets forth behavioral expectations for all students involved in study at the academic centers. Violations of that standard which involve the use of alcohol or another controlled substance will be subject to close scrutiny and may result in serious disciplinary consequences.\*

**\*A Note for Students Traveling Abroad:** Students traveling abroad as part of a University program should familiarize themselves with the laws and policies of the location to which they are traveling.

### III. STATEMENT OF POLICY ON UNIVERSITY INTERVENTIONS

- A. Any member of the University Community who feels that a student's possession, use, or distribution of alcohol or controlled substances places that student or the University community at risk, or violates the University's Policy on Substance Abuse and Alcoholic Beverages, and who wishes the University to intervene is encouraged to report the situation to one of the following officials:

- Department of Public Safety
- Student Affairs officials: Vice President, Associate Vice President for Student Affairs, Director of Student Activities, Coordinator for Greek Life, Director of the Student Resource Center, and the Director of Community Standards.
- Deans of Students in the Schools and Colleges
- Residence Hall officials: Director-Residence Life and Housing Services, Assistant Director for Residence Life, Residence Hall Directors, and Assistant Residence Hall Directors.
- Athletics Department officials: Director of Athletics and Coaches.

#### B. Considerations for Good Samaritans and Self Referral:

The University recognizes that there may be health or safety emergencies related to the use of alcohol or other substances in which the potential for disciplinary action by the University may serve as a deterrent to students who want to seek assistance for themselves or to "Good Samaritans" who want to get help for another member of the NYU community. In all such matters, the health and safety of the student at risk will be the University's top priority. Accordingly, should a student him/herself, or another individual on behalf of that student, voluntarily come forward seeking assistance in a situation involving the over-consumption or abuse of drugs and alcohol, the University's student conduct response in regard to that overconsumption will be first and foremost focused on medical treatment, counseling and/or educational interventions. However, the University reserves the right to address any associated acts that compromise the well-being of the community and its members such as harassment, violence, damage, harm to self/others, or distribution of illegal substances on a case by case basis as deemed appropriate/necessary.

**Reporting a Personal Concern:** Students who have concerns about their personal use of alcohol and/or other drugs, or students who are concerned about a friend's use, are encouraged to seek assistance through one of several University support services that may be accessed

through the University's Wellness Exchange by calling (212) 443-9999. Confidentiality in these circumstances will be protected in compliance with University policy and applicable law (e.g. FERPA, HIPAA, etc..)

**C. Student Groups:** If University policies are violated at an event sponsored by a student organization, the student organization, along with its members, may be held responsible for such violations. A variety of sanctions can be imposed on the organization, including loss of funding or other privileges, denial of access to University facilities and services, and dissolution

**D. Student Conduct Intervention:** The University's disciplinary response to incidents involving the use, possession, or distribution of alcohol and other drugs within the University community is formulated on a case-by-case basis.

1. The University considers the abuse or inappropriate use of alcohol and other drugs to be hazardous to an individual's health and safety and an impediment to his/her academic and personal success. The University's response in matters involving alcohol and illegal drugs strives to balance the interests of individual students who may be engaged in the use, possession, or distribution of alcohol or other drugs with that of the larger community that may adversely be affected by such behavior. While the use/abuse of alcohol and other substances can present personal, social and academic consequences to the individual, the behavior frequently associated with the use of alcohol and other drugs can be disruptive and - compromise the interests of others within the University community as well. Accordingly, the University views the use/abuse of alcohol and other drugs as a matter of both personal and community wellness and believes that any such behavior warrants decisive intervention.
2. When allegations of the distribution, use, and/or possession of alcohol and other drugs in violation of University policies or federal, state, or local laws are presented to University officials (i.e. administrators, faculty, and staff members) who are not health and/or mental health professionals, the University may act on that information, including using it in educational, administrative or disciplinary responses in accordance with the nature and severity of the circumstances including the preferences of the individual making the report, the well-being of the student whose behavior is of concern, and the interests of the University community. If the information is credible, the University will endeavor to identify and confront student/s who are illegally possessing, using, abusing, and/or distributing drugs or alcohol. In doing so, the University will attempt to maintain the confidentiality of the complainant's identity consistent with the goal of conducting a thorough and complete investigation. While every effort will be made to preserve the privacy of all persons involved, anonymity cannot be promised when the information is disclosed to a non-confidential source and/or when the well-being of an individual student or of the University community is at serious risk.
3. The University draws clear distinctions between the possession, use/abuse and the distribution of alcohol or illegal drugs and will take decisive and potentially more severe action, in matters involving the distribution of substances.
  - a. The University will consider various factors when determining its response to cases involving the distribution of illegal drugs including the type of substance being distributed and the nature and magnitude of the distribution. Removal of a student from the residence halls and/or suspension or dismissal from the University are likely outcomes where it is determined that a student is engaged in the distribution of illegal drugs.

- b. In matters involving the distribution of alcohol to underage persons, the University will take into consideration the impact of the distribution upon the individuals to whom the alcohol is provided and upon the University community. Those who provide alcohol to underage persons may be subject to disciplinary sanctions of a more severe nature than those imposed for possession or consumption up to and including a suspension from the residence halls and/or the University.
4. In cases involving the possession or consumption of alcohol by an underage student or the possession or consumption of illegal drugs, depending upon the nature of the circumstances, the University may elect to implement educational, administrative, medical, counseling, disciplinary action, or a combination of interventions. Disciplinary sanctions can include dismissal (i.e., expulsion) from the University, suspension from classes and other activities or privileges, or other penalties permitted by University codes. For example, a student can be expelled from University housing or barred from participating in athletic or other extracurricular activities such as the Study Away Program. Students may also be required to undergo an assessment and/or complete an appropriate course of education, counseling or rehabilitation.
5. In addition to this policy, student who live in a University residence hall also are subject to housing policies regarding the possession, consumption, and being in the presence of alcohol and/or illegal substances.
6. Disciplinary sanctions become part of a student's permanent academic record and may be noted on the student's transcript.
7. The University may (in accordance with the Federal Educational Rights and Privacy Act - FERPA) choose to contact parents or legal guardians of students who have violated University policies on substance abuse.
8. Finally, students are urged to be mindful of the fact that they are subject to all federal, state and local laws related to the use, possession, and distribution of alcohol and other drugs – whether on or off the campus – and the University reserves the right to involve local law enforcement agencies as the situation warrants.
9. Employees alleged to be in violation of University Policies on Substance Abuse and Alcoholic Beverages may be subject to disciplinary action through the applicable Human Resources venue.
10. **Guidelines for Student Conduct/Disciplinary Interventions** - The following chart reflects possible options the University may exercise and relevant outcomes when responding to certain types of alcohol or other drug violations by students. Actual responses and sanctions may vary in accordance with the unique circumstances of each case including, but not limited to the following factors: the nature of the substance involved, the amount of the alcohol/substance involved, the disruption to the community, the actual or potential risk to the community associated with the incident, the conduct record of the student, the cooperation of the student, etc.

Nature of behavior	Typical responses for initial violation may include, but are not limited to:	Typical responses for repeat violations may include but are not limited to:
Possession or use of alcohol or other drugs in violation of University policy or federal, state, or local law  (see definitions below)	<ul style="list-style-type: none"> <li>• Written Warning</li> <li>• Campus Service</li> <li>• Residential Probation</li> <li>• Educational Project</li> <li>• Voluntary referral for counseling or education</li> </ul>	<ul style="list-style-type: none"> <li>• Campus Service</li> <li>• Residential Probation</li> <li>• Educational Project</li> <li>• Mandatory Health Referral or Evaluation</li> <li>• Persona Non Grata in designated University location</li> <li>• Residence Hall reassignment (if res hall student)</li> <li>• Suspension from Residence Hall (if res hall student)</li> <li>• Dismissal from Residence Hall (if res hall student)</li> <li>• Parental Notification</li> <li>• Restriction of Privileges</li> <li>• University Level Disciplinary Action (in addition to Res. Life sanctions - depending upon the circumstances)</li> </ul>
<b>Possession or use of alcohol or other drugs in violation of University policy or federal, state, or local law in a manner involving aggravated circumstances (e.g. actual/potential harm to self or others, disruption of the University community, repeated offenses)</b>  (see definitions below)	<ul style="list-style-type: none"> <li>• Campus Service</li> <li>• Residential Probation</li> <li>• Educational Project</li> <li>• Restriction of Privileges</li> <li>• Persona Non Grata in designated University location</li> <li>• Mandatory Health Referral or Evaluation</li> <li>• Notification of Dean</li> <li>• Parental Notification</li> <li>• Residence Hall Reassignment (if res hall student)</li> <li>• Deferred Suspension from Residence Hall (if res hall student)</li> <li>• University Level Disciplinary Sanctions (in addition to Res. Life sanctions - depending upon the circumstances)</li> </ul>	<ul style="list-style-type: none"> <li>• Campus Service</li> <li>• Residential Probation</li> <li>• Educational Project</li> <li>• Restriction of Privileges</li> <li>• Mandatory Health Referral or Evaluation</li> <li>• Notification of Dean</li> <li>• Parental Notification</li> <li>• Residence Hall Reassignment (if res hall student)</li> <li>• Suspension or Dismissal from Residence Hall (if res hall student)</li> <li>• University Level Disciplinary Sanctions (in addition to Res. Life sanctions - depending upon the circumstances)</li> </ul>
<b>Distribution, or intent to distribute, a controlled substance in violation of University</b>	<ul style="list-style-type: none"> <li>• University Level Disciplinary Sanctions (in addition to Res. Life sanctions - depending</li> </ul>	<ul style="list-style-type: none"> <li>• University Level Disciplinary Sanctions (in addition to Res. Life sanctions - depending upon the circumstances)</li> </ul>

<p><b>policy or federal, state, or local law</b></p> <p><b>(see definitions below)</b></p>	<p>upon the circumstances)</p> <ul style="list-style-type: none"> <li>• Referral to appropriate law enforcement agencies (to be determined based upon the circumstances)</li> </ul>	<ul style="list-style-type: none"> <li>• Referral to appropriate law enforcement agencies (to be determined based upon the circumstances)</li> </ul>
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**a. Definition of Terms:**

**Possession:** Unlawful holding or controlling of alcohol, other drugs, or associated paraphernalia.

**Use:** Unlawful personal use of alcohol or other drugs.

**Abuse:** Repeated unlawful use of alcohol or other drugs; or use accompanied by other aggravating behavior, including but not limited to:

- i. Disorderly, disruptive, or aggressive behavior that interferes with the well-being, safety, security, health, or welfare of the community and/or the regular operations of the University.
- ii. Engaging in, or threatening to engage in, any behavior that endangers the health, safety or well-being of oneself, another person, or property;
- iii. Physical violence, actual or threatened, against any individual or group of persons

**Distribution:** The unlawful sale, exchange, or giving of alcohol or other drugs to one or more persons. Factors that will be considered when determining the University’s response include, but are not limited to:

- i. The health and wellness of the responsible student;
- ii. The interests of the University;
- iii. The impact on the community;
- iv. The type, quantity, and packaging of the substance;
- v. The number of persons to which the substance was distributed;
- vi. The amount of revenue associated with the distribution;
- vii. The existence of any other aggravating or extenuating circumstances;

**b. Definition of Residential Life Related Responses and Sanctions – (applicable to the status of a student in regard to housing that is University assigned, operated, or controlled.) Sanctions include, but are not limited to:**

**Written Warning:** A written summary of the violation is issued to the student and placed in the student’s file with the appropriate office.

**Residential Probation:** The student is placed on this status for a specified period of time, during which he/she is expected to hold a heightened awareness of his/her behavior. A behavioral violation during the probationary period may result in more serious disciplinary sanctions.

**Parental Notification:** In an effort to provide support or assistance to students, the University (in accordance with the Federal Educational Rights and Privacy Act - FERPA) may notify the parents or legal guardians of students who have violated University policies or federal, state, or local laws pertaining to alcohol or other drugs or in situations

in which there is a health and safety emergency. The decision to notify parents or legal guardians will be made according to the professional judgment of the appropriate staff. Whenever possible, students will be consulted in the notification process. The primary goal of notifying parents or legal guardians is to promote the health and wellness of the student and others in the community.

**Persona Non Grata (PNG):** Exclusion from a University building, area of campus, or other University location either for a designated period of time or on a permanent basis. (Note: this sanction may also be applied to individuals who do not reside in University housing but who seek to enter such facilities as a guest)

**Restricted Contact Directive:** Mandatory requirement to refrain from attempts to contact, communicate or interact with an identified individual including, but not limited to, the following forms: in-person, by phone, in writing, by electronic means (e.g. email, texting, tweeting, etc.), via any form of social media, or through a third party.

**Residence Hall Reassignment:** A residential student is removed from his/her current room and reassigned to a different room within the University Housing system.

**Deferred Suspension from Housing:** A residential student is placed on this status for a specified period of time as a final opportunity to display appropriate behavior. If any behavioral violation occurs while a student is on a Deferred Suspension, the student will be immediately suspended from University Housing.

**Suspension from University Housing:** The residential student is directed to vacate University Housing immediately and is prohibited from returning for a specified period of time.

**Referral to the University Student Conduct Process:** The case is referred to the Office of Community Standards and Compliance in the Office of the Vice-President for Student Affairs. When this is done, disciplinary action may be taken at the University level in accordance with the Rules for Maintenance of Public Order and Rules of Conduct. Referral may be made as an alternative or in addition to the House (Residence Hall) based actions, if applicable.

- c. **Definition of General and University Level Responses and Sanctions:** (may be applied to all students.) Sanctions include, but are not limited to:

**Residential Life Sanctions:** The imposition of any of the residence hall related sanctions described above.

**Educational Intervention:** The student is assigned to participate in “Informed Choices” or “Substance Abuse Feedback and Evaluation (SAFE)” or assigned a project designed to increase awareness about alcohol or other drugs and one’s responsibilities within the community.

**Campus Service:** The student is required to complete a specified number of hours of service to the University community. A specific administrator is designated to coordinate the service and ensure its satisfactory completion.

**Mandatory Health Evaluation:** The student is required to participate in individual sessions with a professional staff member from the Student Health Center to assess the circumstances of his/her use of alcohol and other drugs for the purpose of determining whether such use represents a significant hazard to the health and safety of that student or other members of the University community. The student and staff member will discuss health and wellness issues related to the student's use of alcohol and/or other drugs and collaborate to develop strategies for making more effective and healthy decisions. The results of the evaluation may be shared with University administrators and considered in determining the University's response, as appropriate.

**Parental Notification:** In an effort to provide support or assistance to students, the University (in accordance with the Federal Educational Rights and Privacy Act - FERPA) may notify the parents or legal guardians of students who have violated University policies or federal, state, or local laws pertaining to alcohol or other drugs or in situations in which there is a health and safety emergency. The decision to notify parents or legal guardians will be made according to the professional judgment of the appropriate staff. Whenever possible, students will be consulted in the notification process. The primary goal of notifying parents or legal guardians is to promote the health and wellness of the student and others in the community.

**Warning:** A notice to the student, orally or in writing, that continuation or repetition of the conduct found wrongful, or participation in similar conduct, within a period of time stated in the warning, shall be a cause for disciplinary action.

**Censure:** A written reprimand for violation of specified regulation, including the possibility of more severe disciplinary sanction in the event of conviction for the violation of a University regulation within a period of time stated in the letter of reprimand.

**Persona Non Grata (PNG):** Exclusion from a University building, area of campus, or other University location either for a designated period of time or on a permanent basis. (Note: this sanction may also be applied to individuals who do not reside in University housing but who seek to enter such facilities as a guest)

**Restricted Contact Directive:** Mandatory requirement to refrain from attempts to contact, communicate or interact with an identified individual including, but not limited to, the following forms: in-person, by phone, in writing, by electronic means (e.g. email, texting, tweeting, etc.), via any form of social media, or through a third party.

**Disciplinary Probation:** Exclusion from participation in specified privileges or University programs and activities as set forth in the notice of disciplinary probation for a designated period of time.

**Restitution:** Reimbursement for damage to or misappropriation of property. Reimbursement may take the form of appropriate service to repair or otherwise compensate for damages.

**Monetary Fine:** For any offense.

**Suspension/Restriction of Privileges:** Exclusion from extracurricular activities or other privileges as set forth in the notice of disciplinary probation for a specified period of

time. (eg. sign-in guests to a residence hall, participate in a student club activity or event, etc.)

**Suspension from the University:** Exclusion from classes and all related student privileges as set forth in the notice of disciplinary probation for a specified period of time.

**Dismissal from the University:** Separation from the University with the option to reapply at a future point and in accordance with certain performance objectives.

**Expulsion from the University:** Permanent separation from the University without the option of reapplication at any future point.

**Referral to Law Enforcement Authorities:** The University reserves the right to refer any case that involves criminal activity to local law enforcement agencies. The decision to notify such agencies shall be made by senior administrators of the University.

#### **IV. RELEVANT LAWS AND RELATED CRIMINAL SANCTIONS**

All members of the University community should also be aware that, in addition to University sanctions, they may be subject to criminal penalties under certain circumstances for the possession, service, or sale of controlled substances and/or alcoholic beverages – particularly for serving or selling an alcoholic beverage to a person under the age of 21 years. Where appropriate or necessary, the University will cooperate fully with law enforcement agencies.

##### **A. New York City Campus**

###### **1. Regarding Illicit Substances**

The unlawful possession, use, or distribution of illicit drugs and alcohol in New York State is punishable by criminal sanctions authorized by the Federal government and by the State of New York. These sanctions can include imprisonment, fines, assigned community service, and loss of federal student financial aid eligibility.

The seriousness of the offense and the penalty imposed upon conviction usually depend upon the individual drug and the amount of the drug held or sold. A person need not be in actual physical possession of a controlled substance to be guilty of a crime. The unlawful presence of a controlled substance in an automobile is presumptive evidence of knowing possession of such substance by each passenger unless the substance is concealed on the person of one of the occupants. Similarly, the presence of certain substances, including marijuana, in open view in a room under circumstances demonstrating an intent to prepare the substance for sale is presumptive evidence of knowing possession of such substance by anyone in close proximity.

###### **Examples:**

###### **a. In New York State**

The criminal possession of 500 milligrams of cocaine is a class D felony, punishable by sentences up to 2 ½ years in prison. The sale of less than one-half an ounce of cocaine is a class B felony, punishable by sentences up to 9 years in prison. The criminal possession of eight to sixteen ounces of marijuana is a class E felony, punishable by

sentences up to 1 ½ years in prison, as is the sale of more than 25 grams of marijuana. Possession or sale of larger amounts of marijuana is punishable by more severe penalties. Judges have some discretion to consider the circumstances in sentencing. In New York State, a gift of drugs, including marijuana, is treated as a sale.

**b. Under U.S. Federal Law**

Possession of illicit drugs can be punished by jail or prison terms of up to 20 years and minimum fines ranging from \$1,000 to \$5,000. Federal possession and trafficking convictions can also lead to the forfeiture of property (e.g. your car), the denial of federal benefits such as student loans and grants, and a criminal record which may prevent an individual from entering certain career fields.

**2. Regarding Alcoholic Beverages**

**a. Serving/Selling**

Under federal and New York State laws, if you give or sell an alcoholic beverage to a person less than 21 years old, you are committing a misdemeanor punishable by a fine, a jail term, or both. Any sale of any kind of alcoholic beverage without a license or permit is also a misdemeanor punishable by a fine, a jail term, or both.

**b. Under 21**

If you are under the age of 21, you are prohibited from possessing an alcoholic beverage with the intent to consume it. Each violation is punishable by a fine of up to \$50 and/or completion of an alcohol awareness program and/or up to 30 hours of appropriate community service. You can also be fined up to \$100 and/or be required to perform community service and/or be required to complete an alcohol awareness program if you are under 21 and present falsified proof when purchasing or attempting to purchase alcoholic beverages. Your driver's license may be suspended for three months if you are under 21 and use a driver's license to try to purchase alcohol illegally. Fines and license suspension periods may increase with subsequent violations.

NOTE: These above are only examples of the penalties that can be assessed against you for the illegal possession, use, or distribution of alcoholic beverages and/or drugs. You should also know that it is the University's policy to discourage violations of Federal, State, and City laws by its students. Where appropriate, the University will refer students who violate such laws for prosecution by the relevant government authorities and will cooperate fully with such authorities.

**B. NYU Global Academic Centers and Degree Granting Campuses**

The possession, use, or distribution of alcohol and other substances at a NYU Global Academic Center or Degree Granting Campus is subject to the national and local laws of the country and city in which that facility is located. Students should be aware that some nations have different, and potentially more severe, penalties for violating their laws regarding alcohol and controlled substances. Thus, students are strongly advised to familiarize themselves with the laws of the countries in which they will be living and traveling while studying away from New York.

**C. Loss of Student Eligibility for Federal Aid due to Drug Conviction (All Students/Locations)**

- a.** Section 484 of the Higher Education Act of 1965 (as authorized and amended in 2008) provides that a student is ineligible for federal student aid if convicted, under federal or state

law, of any offense involving the possession or sale of a controlled substance during a period of enrollment in which federal student aid was received.

- b. Federal aid can be grants, student loans, and/or college work study.
- c. The period of ineligibility begins on the date of conviction and lasts until the end of a statutorily specified period.
- d. Rehabilitation. - A student whose eligibility has been suspended under paragraph (1) may resume eligibility before the end of the ineligibility period determined under such paragraph if
  - the student satisfactorily completes a drug rehabilitation program that – complies with such criteria as the Secretary shall prescribe in regulations for purposes of this paragraph; and
  - includes two unannounced drug tests;
  - or the conviction is reversed, set aside, or otherwise rendered negatory
- e. The suspension of eligibility for financial aid due to drug-related offenses and rehabilitation is set forth in the following table:

If convicted of an offense involving:		
The possession of a controlled substance:		
Ineligibility period is	First offense	1 year
	Second offense	2 years
	Third offense	Indefinite
The sale of a controlled substance:		
Ineligibility period is:	First offense	2 years
	Second offense	Indefinite

**V. HEALTH RISKS ASSOCIATED WITH ILLICIT DRUG USE AND ALCOHOL ABUSE**

Below are summaries of the health risks and the signs and symptoms associated with illicit drug use and alcohol abuse. This is an overview and not a complete list. Each individual will experience the drug in a different way depending on individual characteristics such as body size, sex, and other physical and psychological factors. (Source of drug-related information: National Institute on Drug Abuse).

**A. Terminology:**

**Tolerance:** Development of body or tissue resistance to the effects of a chemical so that larger doses are required to reproduce the original effect.

**Withdrawal:** Physical or emotional signs of discomfort related to the discontinued use of a substance.

**Psychological Dependence:** A tendency for repeated or compulsive use of an agent because its effects are considered pleasurable or satisfying, or because it reduces undesirable feelings.

**Physical Dependence:** Adaptation of body tissue to the continued presence of a chemical, revealed in the form of serious, even life-threatening withdrawal symptoms. The extent of physical dependence and the severity of withdrawal vary by drug and by amount, frequency, and duration of use. While physical dependence can complicate the process of cessation of use, it is the psychological relationship with a substance that often proves more difficult to alter.

- B. Alcohol:** Alcohol is a central nervous system (CNS) depressant that alters a variety of activities in the brain. When used to excess, it can produce anesthesia, coma, respiratory depression, and death. Regular or heavy use of alcohol carries a high risk of psychological and physical dependence. Tolerance develops to its depressant effects, and withdrawal symptoms occur within a few hours of heavy use contributing to the hangover symptoms suffered by many drinkers.

The average person can safely metabolize one standard drink per hour. Binge drinking, which involves consuming large quantities over a short period of time, is especially dangerous because so much alcohol enters the bloodstream that vital body systems may shut down. **Signs that may indicate overdose include: cold, clammy, pale or bruised skin, abnormally slow breathing, unconsciousness and vomiting while sleeping or passed out. Immediate medical attention should be sought for anyone exhibiting these symptoms.**

Short-term risks of alcohol use may include: impaired judgment, poor motor coordination, emotional instability, increased aggression, and risk of death by overdose (alcohol alone or in combination with other drugs).

Long term risks of alcohol use may include: irreversible damage to brain, liver, pancreas, kidneys; memory problems and nutritional deficiencies and high risk of fetal damage – so much so that, by law, alcohol producers must add warning labels to their bottles cautioning women against use during pregnancy.

*Alcoholic withdrawal symptoms, when they occur, set in about three hours after the last drink. Early signs include tremors, nausea, anxiety, perspiration, cramps, hallucinations and hyper-reflex reactions.*

A second phase of withdrawal, beginning within 24 hours, can involve convulsions. The most severe form of withdrawal—delirium tremens (“DT’s”)—involves dangerously high fever, rapid heartbeat, hallucinations and delirium. Death can result from cardiac failure. Alcoholic withdrawal is considered more life-threatening than withdrawal from heroin. Because of the risk of complications, particularly in the DT phase, withdrawal following extensive, long-term use should only be attempted under medical supervision.

**C. Drugs such as rohypnol (roofies), a valium-like drug, or gamma hydroxybutyrate (GHB) can be added to a drink, alcoholic or not, to disable a potential victim of sexual assault:**

Anyone experiencing symptoms of intoxication that are exaggerated beyond the amount of alcohol consumed may have been drugged and should seek immediate medical assistance.

- D. Marijuana:** Marijuana can produce stimulant, depressant and/or hallucinogenic effects depending on the dose. The active chemical ingredient is tetrahydrocannabinol (THC). Marijuana raises heart rate, lowers blood pressure, and causes reddening of the eyes. At low to moderate dosages, effects last from two to three hours and can range from euphoria and giddiness to mild lethargy. Perceptual changes such as paranoia and feelings of heightened sensitivity may occur. High dose effects can simulate the perceptual and cognitive changes associated with more potent hallucinogens, including those prompting panic attacks. Since the drug's effects on performance—particularly on tracking ability and reaction speed—can last hours after intoxicating effects fade, marijuana use can pose significant safety risks. High dose or regular use can lead to the development of tolerance. In addition, marijuana may cause problems in learning and social development for adolescent users.

Research has suggested numerous health risks associated with smoking marijuana. These include: risk of lung damage, impaired memory and concentration, impaired immune system functioning, problems with motivation, and effects on fertility. Pregnancy-related effects can include higher levels of miscarriage, stillbirths, and low birth-weight babies, as well as problems in nervous system development in fetuses.

The use of marijuana is more likely to produce a psychological dependence than a physical one. However, long-term or heavy use can result in a withdrawal syndrome characterized by irritability, depression, sleep disturbances, and decreased appetite. This syndrome, whether termed physical or psychological, can complicate the process of cessation of marijuana use.

- E. Cocaine and Crack:** Cocaine and its derivative Crack produce dilated pupils and elevated blood pressure, heart rate, respiratory rate, and body temperature. They may also cause insomnia, loss of appetite, tactile hallucinations, paranoia, seizure and death.

Cocaine is a powerfully addictive drug of abuse. Once having tried cocaine, an individual cannot predict or control the extent to which he or she will continue to use it. The major routes of administration of cocaine are sniffing or snorting, injecting, and smoking (including free-base and crack cocaine). Compulsive cocaine use may develop even more rapidly if the substance is smoked rather than snorted. The injecting drug user is at risk for transmitting or acquiring HIV infection/AIDS if needles or other injection equipment are shared.

Cocaine is a strong central nervous system stimulant. Physical effects of cocaine use include constricted peripheral blood vessels, dilated pupils, and increased body temperature, heart rate, and blood pressure. Cocaine's immediate euphoric effects include hyper-stimulation, reduced fatigue, and mental clarity. An appreciable tolerance to the high may be developed, and many addicts report that they fail to achieve as much pleasure as they did from their first exposure. Increased use can also reduce the period of stimulation. Some users of cocaine report feelings of restlessness, irritability, and anxiety. In rare instances, sudden death can occur on the first use of cocaine or unexpectedly thereafter.

High doses of cocaine and/or prolonged use can trigger paranoia. Smoking crack cocaine can produce a particularly aggressive paranoid behavior in users. When addicted individuals stop using cocaine, they often become depressed. This also may lead to further cocaine use to alleviate

depression. Prolonged cocaine snorting can result in ulceration of the mucous membrane of the nose and can damage the nasal septum enough to cause it to collapse. Cocaine-related deaths are often a result of cardiac arrest or seizures followed by respiratory arrest. Mixing cocaine and alcohol compounds the danger of each drug separately.

**F. Opioids:** These drugs are often prescribed to treat pain. Among those that fall within this class - sometimes referred to as narcotics - are morphine, codeine, oxycodone (OxyContin); propoxyphene (Darvon); hydrocodone (Vicodin); hydromorphone (Dilaudid); and meperidine (Demerol). In addition to relieving pain, opioids can affect regions of the brain that mediate what we perceive as pleasure, resulting in the initial euphoria that many opioids produce. They can also produce drowsiness and cause constipation. Taking a large single dose of these drugs, or combining them with other substances such as alcohol, antihistamines, barbiturates, or benzodiazepines, could cause severe respiratory depression or be fatal. Chronic use of opioids can result in tolerance to the drugs so that higher doses must be taken to obtain the same initial effects. Long-term use also can lead to physical dependence - the body adapts to the presence of the drug and withdrawal symptoms occur if use is reduced abruptly. Symptoms of withdrawal can include restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey"), and involuntary leg movements.

**G. Central Nervous System (CNS) Depressants:** These drugs slow down normal brain function and are used to treat anxiety and sleep disorders. In higher doses, some CNS depressants can become general anesthetics. CNS depressants can be divided into two groups, based on their chemistry and pharmacology:

- Barbiturates, such as mephobarbital (Mebaral) and pentobarbital sodium (Nembutal), which are used to treat anxiety, tension, and sleep disorders; and

- Benzodiazepines, such as diazepam (Valium), chlordiazepoxide HCl (Librium), alprazolam (Xanax), triazolam (Halcion), and estazolam (ProSom) which can be prescribed to treat anxiety, acute stress reactions, panic attacks, or sleep disorders.

CNS depressants can be addictive and should be used only as prescribed. They should not be combined with any medication or substance that causes sleepiness, including prescription pain medicines, certain over-the-counter cold and allergy medications, or alcohol. The effects of the drugs can combine to fatally slow breathing and heart rate. Discontinuing prolonged use of high doses of CNS depressants can lead to withdrawal and a rebound in previously slowed brain activity to the point that seizures can occur.

**H. Stimulants:** Stimulants are a class of drugs that enhance brain activity - they cause an increase in alertness, attention, and energy that is accompanied by increases in blood pressure, heart rate, and respiration. Stimulants are prescribed for treating only a few health conditions, including narcolepsy, attention-deficit hyperactivity disorder (ADHD), and depression that has not responded to other treatments. Stimulants may also be used for short-term treatment of obesity, and for patients with asthma. Taking high doses of a stimulant can result in an irregular heartbeat, dangerously high body temperatures, and/or the potential for cardiovascular failure or lethal seizures. Taking high doses of some stimulants repeatedly over a short period of time can lead to hostility or feelings of paranoia in some individuals. Mixing stimulants with antidepressants or over-the-counter cold medicines containing decongestants may cause blood pressure to become dangerously high or lead to irregular heart rhythms. When misused, stimulants can be addictive.

**I. Over the Counter Drugs:** Diet Pills, Dextromethorphan (DXM) and dietary supplements are among those substances that can be misused and abused. Abuse of DXM, found in some cough

medicines, can cause mental confusion and excitement, respiratory depression, hallucinations, and possible psychosis. Taking DXM in conjunction with alcohol can further depress breathing and cause vomiting. Products sold in health food stores can contain drugs. These products may not be regulated for safety by the Food and Drug Administration and therefore should be used cautiously. Dietary supplements and some so-called "smart drugs" like DHEA, chromium picolonate, melatonin and ephedra (Herbal Ecstasy or Mahuang) have all been touted as having remarkable powers. These advertising claims are not supported by substantive research. Ephedra has been linked to numerous deaths nationwide.

- J. Heroin:** Heroin is a highly addictive drug that can be injected, snorted, or smoked. Heroin is processed from morphine, a naturally occurring substance extracted from the seedpod of the Asian poppy plant. Heroin usually appears as a white or brown powder. Street names for heroin include "smack," "H," "skag," and "junk."

Heroin abuse is associated with serious health conditions, including fatal overdose, spontaneous abortion, collapsed veins, and infectious diseases, including HIV/AIDS and hepatitis. The short-term effects of heroin abuse appear soon after a single dose and disappear in a few hours. After an injection of heroin, the user reports feeling a surge of euphoria ("rush") accompanied by a warm flushing of the skin, a dry mouth, and heavy extremities. Following this initial euphoria, the user goes "on the nod," an alternately wakeful and drowsy state. Mental functioning becomes clouded due to the depression of the central nervous system. Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, cellulitis, and liver disease. Pulmonary complications, including various types of pneumonia, may result from the poor health condition of the abuser, as well as from heroin's depressing effects on respiration. In addition to the effects of the drug itself, street heroin may have additives that do not readily dissolve and result in clogging the blood vessels that lead to the lungs, liver, kidneys, or brain. This can cause infection or even death of small patches of cells in vital organs.

With regular heroin use, tolerance develops. This means the abuser must use more heroin to achieve the same intensity or effect. As higher doses are used over time, physical dependence and addiction develop. With physical dependence, the body has adapted to the presence of the drug and withdrawal symptoms may occur if use is reduced or stopped.

*Withdrawal, which in regular abusers may occur as early as a few hours after the last administration, produces drug craving, restlessness, muscle and bone pain, insomnia, diarrhea and vomiting, cold flashes with goose bumps ("cold turkey"), kicking movements ("kicking the habit"), and other symptoms.*

- K. Methamphetamine:** Methamphetamine is an addictive stimulant drug. It is closely related chemically to amphetamine, but the central nervous system effects of methamphetamine are greater. Methamphetamine is made in illegal laboratories and has a high potential for abuse and dependence. Street methamphetamine is referred to by many names, such as "speed," "meth," and "chalk." Methamphetamine hydrochloride, clear chunky crystals resembling ice, which can be inhaled by smoking, is referred to as "ice," "crystal," and "glass."

Methamphetamine is taken orally or intranasally (snorting the powder), by intravenous injection, and by smoking. Immediately after smoking or intravenous injection, the methamphetamine user experiences an intense sensation, called a "rush" or "flash," that lasts only a few minutes and is described as extremely pleasurable. Oral or intranasal use produces euphoria - a high, but not a rush. Users may become addicted quickly to methamphetamines, and use it with increasing frequency and in increasing doses.

Animal research going back more than 20 years shows that high doses of methamphetamine damage neuron cell endings. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death. Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.

- L. LSD:** Commonly referred to as "acid", LSD (lysergic acid diethylamide) is sold on the street in tablets, capsules, and, occasionally, liquid form. It is odorless, colorless, and has a slightly bitter taste and is usually taken by mouth. Often LSD is added to absorbent paper, such as blotter paper, and divided into small-decorated squares, with each square representing one dose.

The physical effects include dilated pupils, higher body temperature, increased heart rate and blood pressure, sweating, loss of appetite, sleeplessness, dry mouth, and tremors. The user may feel several different emotions at once or swing rapidly from one emotion to another. If taken in a large enough dose, the drug produces delusions and visual hallucinations. Some LSD users experience severe, terrifying thoughts and feelings, fear of losing control, fear of insanity and death, and despair while using LSD. Some fatal accidents have occurred during states of LSD intoxication. Many LSD users experience flashbacks - recurrences of certain aspects of a person's experience - without the user having taken the drug again. A flashback occurs suddenly, often without warning, and may occur within a few days or more than a year after LSD use. LSD users may manifest relatively long-lasting psychoses, such as schizophrenia or severe depression. Like many of the addictive drugs, LSD produces tolerance, so some users who take the drug repeatedly must take progressively higher doses to achieve the state of intoxication that they had previously achieved. This is an extremely dangerous practice, given the unpredictability of the drug.

- M. Steroids (Anabolic-Androgenic):** Anabolic-androgenic steroids are man-made substances related to male sex hormones. These drugs are available legally only by prescription. They are used to treat conditions that occur when the body produces abnormally low amounts of testosterone, such as delayed puberty and some types of impotence. Steroids are also used to treat body wasting in patients with AIDS and other diseases that result in loss of lean muscle mass. Abuse of anabolic steroids, however, can lead to serious health problems, some irreversible. Major side effects from abusing anabolic steroids can include liver tumors and cancer, jaundice (yellowish pigmentation of skin, tissues, and body fluids), fluid retention, high blood pressure, increases in LDL (bad cholesterol), and decreases in HDL (good cholesterol). Other side effects include kidney tumors, severe acne, and trembling. In addition, there are some gender-specific side effects: For men--shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, and increased risk for prostate cancer. For women--growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, and deepened voice. For adolescents--growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt. In addition, people who inject anabolic steroids run the added risk of contracting or transmitting HIV/AIDS or hepatitis, which causes serious damage to the liver.

Scientific research also shows that aggression, extreme mood swings, including manic-like symptoms leading to violence, and other psychiatric side effects such as paranoid jealousy,

extreme irritability, delusions, and impaired judgment stemming from feelings of invincibility may result from abuse of anabolic steroids. Depression often is seen when the drugs are stopped and may contribute to dependence on anabolic steroids. Research also indicates that some users might turn to other drugs to alleviate some of the negative effects of anabolic steroids.

- N. Club Drugs:** MDMA (Ecstasy), Rohypnol, GHB, and Ketamine are among the drugs used by some young adults who participate in a nightclub, bar, rave, or trance scene. Raves and trance events are generally night-long dances, often held in warehouses. Many who attend raves and trances do not use drugs, but those who do may be attracted to the generally low cost, seemingly increased stamina, and intoxicating highs that are said to deepen the rave or trance experience. Current science, however, is showing change to critical parts of the brain from use of these drugs. Also, in high doses most of these drugs can cause a sharp increase in body temperature (malignant hyperthermia) leading to muscle breakdown and kidney and cardiovascular system failure.
- O. MDMA (*Ecstasy*):** MDMA is a synthetic, psychoactive drug with both stimulant (amphetamine-like) and hallucinogenic (LSD-like) properties. Street names for MDMA include Ecstasy, Adam, XTC, hug, beans, and love drug. Its chemical structure is similar to methamphetamine, methylenedioxyamphetamine (MDA), and mescaline, synthetic drugs known to cause brain damage. MDMA usually is taken in pill form, but some users snort it, inject it, or use it in suppository form.

Many problems MDMA users encounter are similar to those found with the use of amphetamines and cocaine. Psychological difficulties can include confusion, depression, sleep problems, severe anxiety, and paranoia. Physical problems can include muscle tension, involuntary teeth clenching, nausea, blurred vision, faintness, and chills or sweating. Use of the drug has also been associated with increases in heart rate and blood pressure, which are special risks for people with circulatory or heart disease. Recent research also links MDMA use to long-term damage to those parts of the brain critical to thought, memory, and pleasure. Content of MDMA pills varies widely, and may include caffeine, dextromethorphan, heroin, and mescaline. In some areas of the country, the MDMA-like substance paramethoxyamphetamine (PMA) has been involved in the deaths of people who mistakenly thought they were taking true MDMA. The deaths were due to complications from hyperthermia.

- P. Molly:** Although users frequently assume “Molly” is “pure” MDMA, what is typically offered to users/buyers as Molly is most often not MDMA. According to federal researchers, the drug has become a toxic mixture of lab-created synthetic chemicals that have not been tested and are produced in widely varying strengths. The DEA says only 13% of the Molly seized in New York state the last four years actually contained any MDMA, and even then it often was mixed with other drugs. The drugs frequently found in Molly are Methyldone, MDPV, 4-MEC, 4-MMC, Pentadrone and MePP.

These lab-created chemicals mimic the effects of MDMA; most of them are central nervous system stimulants that cause euphoric highs. They can also cause a rapid heartbeat, high blood pressure, blood vessel constriction and sweating, and can prevent the body from regulating temperature. Some of the chemicals have been reported to cause intense, prolonged panic attacks, psychosis and seizures. After they wear off, the chemicals can cause devastating depression. Several of these compounds have caused deaths. Molly is particularly dangerous because of the impurity of the chemicals and the toxic mix; users have no idea what they're taking or at what strength.

- Q. Rohypnol ("rophies," "roofies," "roach," and "rope."), GHB, and Ketamine:** These substances are predominantly central nervous system depressants.

**Rohypnol:** Rohypnol, a trade name for flunitrazepam, has been of particular concern for the last few years because of its abuse in date rape. It belongs to the class of drugs known as benzodiazepines. When mixed with alcohol, Rohypnol can incapacitate victims and prevent them from resisting sexual assault. Individuals may not be able to remember events they experienced while under the effects of the drug. Also, Rohypnol may be lethal when mixed with alcohol and/or other depressants. Rohypnol is not approved for use in the United States, and its importation is banned. Because they are often colorless, tasteless, and odorless, they can be added to beverages and ingested unknowingly. These drugs emerged a few years ago as "date rape" drugs. Because of concern about their abuse, Congress passed the "Drug-Induced Rape Prevention and Punishment Act of 1996", which increased Federal penalties for use of any controlled substance to aid in sexual assault.

**GHB:** GHB (gamma hydroxybutyrate) is abused for euphoric, sedative, and anabolic (body building) effects. It is a central nervous system depressant that was widely available over-the-counter in health food stores during the 1980s and until 1992. It was purchased largely by body builders to aid fat reduction and muscle building. Street names include Liquid Ecstasy, Soap, Easy Lay, and Georgia Home Boy. Coma and seizures can occur following abuse of GHB and, when combined with methamphetamine, there appears to be an increased risk of seizure. Combining use with other drugs such as alcohol can result in nausea and difficulty breathing. GHB may also produce withdrawal effects, including insomnia, anxiety, tremors, and sweating. GHB has been involved in poisonings, overdoses, date rapes, and deaths.

**Ketamine ("Special K", "vitamin K"):** Ketamine is an anesthetic used with both humans and animals in medical settings; about 90 percent of the ketamine legally sold is intended for veterinary use. It can be injected or snorted. Certain doses of ketamine can cause dream-like states and hallucinations, and it has become common in club and rave scenes and has been used as a date rape drug. At high doses, ketamine can cause delirium, amnesia, impaired motor function, high blood pressure, depression, and potentially fatal respiratory problems.

- R. PCP (Phencyclidine):** PCP was developed as an intravenous anesthetic, but its use was discontinued because patients often became agitated, delusional, and irrational while recovering from its effects. PCP is illegally manufactured in laboratories and is sold on the street by such names as "angel dust," "ozone," "wack," and "rocket fuel." "Killer joints" and "crystal supergrass" are names that refer to PCP combined with marijuana. The variety of street names for PCP reflects its bizarre and volatile effects. PCP is a white crystalline powder that is readily soluble in water or alcohol. It has a distinctive bitter chemical taste. PCP can be mixed easily with dyes and turns up on the illicit drug market in a variety of tablets, capsules, and colored powders. It is normally used in one of three ways: snorted, smoked, or eaten. For smoking, PCP is often applied to a leafy material such as mint, parsley, oregano, or marijuana.

PCP is addicting; that is, its use often leads to psychological dependence, craving, and compulsive PCP-seeking behavior. At low to moderate doses, physiological effects of PCP include a slight increase in breathing rate and a more pronounced rise in blood pressure and pulse rate. Respiration becomes shallow, and flushing and profuse sweating occur. Generalized numbness of the extremities and muscular incoordination also may occur. Psychological effects include distinct changes in body awareness, similar to those associated with alcohol intoxication. Use of PCP among adolescents may interfere with hormones related to normal growth and

development as well as with the learning process. At high doses of PCP, there is a drop in blood pressure, pulse rate, and respiration. This may be accompanied by nausea, vomiting, blurred vision, flicking up and down of the eyes, drooling, loss of balance, and dizziness. High doses of PCP can also cause seizures, coma, and death. Psychological effects at high doses include illusions and hallucinations. PCP can cause effects that mimic the full range of symptoms of schizophrenia, such as delusions, paranoia, disordered thinking, a sensation of distance from one's environment, and catatonia. Speech is often sparse and garbled. People who use PCP for long periods report memory loss, difficulties with speech and thinking, depression, and weight loss. These symptoms can persist up to a year after cessation of PCP use. Mood disorders also have been reported. PCP has sedative effects, and interactions with other central nervous system depressants, such as alcohol and benzodiazepines, can lead to coma or accidental overdose.

**S. Inhalants:** Inhalants are breathable chemical vapors that produce psychoactive (mind-altering) effects. Inhalants fall into the following categories:

- 1. Solvents:** Industrial or household products (paint thinners, degreasers (dry-cleaning fluids), gasoline, and glues); and art or office supplies (correction fluids, felt-tip-marker fluid, and electronic contact cleaners);
- 2. Gases or aerosol propellants:** Used in household or commercial products, including butane lighters and propane tanks, whipping cream aerosols or dispensers (whippets), and refrigerants, spray paints, hair or deodorant sprays, and fabric protector sprays; and medical anesthetic gases, such as ether, chloroform, halothane, and nitrous oxide (laughing gas);
- 3. Nitrites:** Aliphatic nitrites, include cyclohexyl nitrite, which is available to the general public; amyl nitrite, which is available only by prescription; and butyl nitrite, which is now an illegal substance.

Although different in makeup, nearly all abused inhalants produce effects similar to anesthetics, which act to slow down the body's functions. When inhaled via the nose or mouth into the lungs in sufficient concentrations, inhalants can cause intoxicating effects. Initially, users may feel slightly stimulated; with successive inhalations, they may feel less inhibited and less in control; finally, a user can lose consciousness. Sniffing highly concentrated amounts of the chemicals in solvents or aerosol sprays can directly induce heart failure and death. This is especially common from the abuse of fluorocarbons and butane-type gases. High concentrations of inhalants also cause death from suffocation by displacing oxygen in the lungs and then in the central nervous system so that breathing ceases. Other irreversible effects caused by inhaling solvents include hearing loss, limb spasms, central nervous system or brain damage, and bone marrow damage. Death from inhalants usually is caused by a very high concentration of fumes. Deliberately inhaling from a paper or plastic bag or in a closed area greatly increases the chances of suffocation. Amyl and butyl nitrites have been associated with Kaposi's sarcoma (KS), the most common cancer reported among AIDS patients.

**T. Cigarettes and Other Nicotine Products:** Nicotine is one of the most heavily used addictive drugs in the United States. In 1989, the U.S. Surgeon General issued a report that concluded that cigarettes and other forms of tobacco, such as cigars, pipe tobacco, and chewing tobacco, are addictive and that nicotine is the drug in tobacco that causes addiction. In addition, the report determined that smoking was a major cause of stroke and the third leading cause of death in the United States.

Nicotine is both a stimulant and a sedative to the central nervous system. The ingestion of nicotine results in an almost immediate "kick". Stimulation is then followed by depression and fatigue, leading the abuser to seek more nicotine. Nicotine is absorbed readily from tobacco smoke in the lungs, and it does not matter whether the tobacco smoke is from cigarettes, cigars, or pipes. Nicotine also is absorbed readily when tobacco is chewed.

With regular use of tobacco, levels of nicotine accumulate in the body during the day and persist overnight. Thus, daily smokers or chewers are exposed to the effects of nicotine for 24 hours each day. Research has shown that stress and anxiety increase susceptibility to nicotine tolerance and dependence. Addiction to nicotine results in withdrawal symptoms when a person tries to stop smoking. These may include anger, hostility, aggression, and loss of social cooperation. Persons suffering from withdrawal also take longer to regain emotional equilibrium following stress. During periods of abstinence and/or craving, smokers have shown impairment across a wide range of psychomotor and cognitive functions, such as language comprehension. Women who smoke generally have earlier menopause. If women smoke cigarettes and also take oral contraceptives, they are more prone to cardiovascular and cerebrovascular diseases.

In addition to nicotine, cigarette smoke is primarily composed of a dozen gases (mainly carbon monoxide) and tar. The tar in a cigarette, which varies from about 15 mg for a regular cigarette to 7 mg in a low-tar cigarette, exposes the user to a high expectancy rate of lung cancer, emphysema, and bronchial disorders. The carbon monoxide in the smoke increases the chance of cardiovascular diseases. The Environmental Protection Agency has concluded that secondhand smoke causes lung cancer in adults and greatly increases the risk of respiratory illnesses in children and sudden infant death.

## VI. COUNSELING AND SUPPORT SERVICES AND PROGRAMS

The abuse of alcohol or other drugs among students is often related to a personal crisis or problem such as relationship difficulties, feelings of isolation at school, identity confusion, academic or financial pressures, conflicts at home, or drastic change such as an unwanted pregnancy or loss of a loved one.

There are many kinds of treatment for drug or alcohol-related problems. Whether provided on an outpatient or inpatient basis, treatment will generally consist of a combination of individual counseling sessions and group meetings. The particular mix is determined by the individual's needs. Medications can be utilized where appropriate. Treatment will generally follow one of two principles. Treatment can be abstinence-based, meaning that it encourages participants to direct their energy into complete non-use of the substance. Another option is harm reduction-based treatment, where abstinence can be a goal, but the main focus is on learning how to reduce both use and the consequences of use. While the abstinence model still predominates, it is becoming easier to find treatment that teaches harm reduction techniques.

A number of such services and programs are available for members of the University community who may have developed an alcohol or other drug-related problem, suspect they are at risk for such problems, are affected by the drug or alcohol abuse of others, or seek information about illegal or controlled substances. **These services and programs are voluntary and confidential.**

The decision to seek out information about substance abuse-related problems is often a complicated one. Staff in the **Student Health Center (SHC), Counseling & Wellness Services at SHC and the Wellness Exchange** (see below for more information about these offices) are sensitive to this reality. They offer non-judgmental support and guidance as well as a wide range of resources for students,

including those who are ambivalent about their own or someone else's alcohol or drug-related problems. These offices seek to work collaboratively with students to identify the course of action that will be most helpful in their particular situation. A student can gain access to alcohol and other drug-related services through any of the resources listed below, depending on whether the student is most comfortable approaching the topic from a medical, health promotion or psychological perspective. If you are unsure about what might be right for you, contact the Wellness Exchange.

## **A. NEW YORK CITY RESOURCES**

### **1) Wellness Exchange** <http://www.nyu.edu/999>

726 Broadway, 4<sup>th</sup> Floor  
212-443-9999

The Wellness Exchange is your key to accessing the University's extensive health and mental health resources designed to address your needs. You can call a private hotline, available 24 hours a day, seven days a week, which will put you in touch with a professional who can help you address day-to-day challenges, as well as other health-related concerns. These might include medical issues, academic stress, depression, sexual assault, anxiety, alcohol and other drug dependence, sexually transmitted infections, and eating disorders. The hotline is also available if you just need to talk or want to call about a friend.

### **2) Student Health Center** <http://www.nyu.edu/shc>

726 Broadway, 3rd and 4th Floors  
212-443-1000

The Student Health Center (SHC) is an award-winning healthcare facility that provides comprehensive medical services to respond to your health needs and concerns and promote a healthier, safer campus. From common colds to chronic illness management, the staff at SHC is prepared to provide you with confidential, caring service at a convenient location.

### **3) Health Promotion** <http://www.nyu.edu/shc/promotion>

726 Broadway, Suite 344  
212-443-1234

NYU Health Promotion plans, implements and supports initiatives and programs to create a healthier campus community. The department addresses topics including stress, alcohol and other drugs, mental and sexual health and bystander intervention for sexual assault primary prevention. Interactive, engaging information empowers students to make informed and healthy choices for themselves and to help their peers while at NYU and beyond.

### **4) Recovery Support Services**

The University offers support for students in recovery, including a Students in Recovery listserv and CHOICES Residential Living Communities. For more information about recovery support, please contact Counseling and Wellness Services at 212-443-9999.

### **5) Counseling & Wellness Services**

726 Broadway, 4th Floor  
212-443-9999  
<http://www.nyu.edu/shc/counseling>

SHC provides free, confidential counseling and psychological services for NYU students. These include consultation, short-term psychotherapy, selective psychiatric services, group therapy, and outreach services for a variety of personal and psychological concerns. The staff of psychologists, psychiatrists, social workers, and trainees complies with strict standards of confidentiality. If you require long-term psychotherapeutic or psychiatric services that are not available at SHC, you can be referred to a variety of other options in the community.

### 6) Support Groups

Counseling and Wellness Services at SHC sponsors various support groups for NYU students. Groups are designed around the needs of students and can include topics such as managing early recovery, maintaining abstinence from drugs and alcohol, and contemplating behavioral changes. Groups may address issues particularly relevant for women, lesbian, gay, bisexual or transgender students and students of color. Call Counseling and Wellness Services at 212-998-4780.

### 8) Mutual/Self Help Groups (On & Off-Campus)

Many different mutual and self-help programs are available in New York City. These programs generally are free of charge and do not require a long-term commitment. Although most programs are abstinence-based and follow the 12-step approach, there are also programs that support moderation as a goal and/or do not use 12 steps. None of the programs listed below has any religious affiliation, but some may use spirituality as a part of the program. Meeting times and locations are available by calling the corresponding contact numbers, or viewing the corresponding web-sites. Times and locations of 12 step meetings recommended by NYU students can be viewed by visiting the Students in Recovery section of the Alcohol and Other Drugs page on the [Health Promotion site](#). Each meeting is somewhat different from any other (even within the same program) both in terms of structure and participants. New York City supports a huge diversity of meetings -- some groups are geared specifically towards men, women, lesbians, gays, bisexuals or transgendered people. Many people find it helpful to explore different options.

Organization	Organization Contact #	Organization URL	12 Step or Abstinence Based
Alcoholics Anonymous	212-870-3400	<a href="http://www.aa.org">www.aa.org</a>	12 Step Abstinence
Alcoholics Anonymous of New York	212-647-1680	<a href="http://nyintergroup.org">http://nyintergroup.org</a>	12 Step Abstinence
New York Al-Anon/Alateen	212-941-0094	<a href="http://www.nycalanon.org">http://www.nycalanon.org</a>	N/A
Marijuana Anonymous	212-459-4423	<a href="http://www.ma-newyork.org">http://www.ma-newyork.org</a>	12 Step Abstinence
Center on Addiction and the Family	844-294-4677	<a href="http://www.phoenixhouse.org">http://www.phoenixhouse.org</a>	N/A
Cocaine Anonymous	212-262-2463	<a href="http://www.canewyork.org">http://www.canewyork.org</a>	12 Step Abstinence
Narcotics Anonymous	212-929-6262	<a href="http://www.nycna.org">http://www.nycna.org</a>	12 Step Abstinence

## 9) Off-Campus Community Resources

### Hotlines

National Drug & Alcohol Treatment Referral Service	1-800-662-4357
NY State Addiction Hotline	1-877-846-7369

### Treatment Options

The Addiction Institute of New York	212-523-6491
Greenwich House	212-691-2900
Center for Motivation and Change	212-683-3339

## **B. NYU GLOBAL ACADEMIC CENTER AND DEGREE GRANTING CAMPUS RESOURCES:**

New York University students studying at a NYU Global Academic Center can access services offered by the Wellness Exchange, Student Health Center and Counseling and Behavioral Health Service via phone or email. Additional services are available at each of the sites. For information about other services on or near your campus site, call the Site Wellness Coordinator/Student Life Administrator listed below who can be your primary resource for accessing health and mental health care.

<b>CAMPUS</b>	<b>WELLNESS CONTACT INFORMATION</b> <b>For confidential personal, psychological or medical support and the confidential reporting of an incident in regard to which the student is seeking resources or referrals</b>	<b>SITE ADMINISTRATOR CONTACT INFORMATION</b> <b>For administrative or academic support and to seek formal action in regard to a matter involving the reporter or other students</b>
<b>NYU Abu Dhabi</b>	Jessica Lee Wellness Counselor +971-2-628-4118 j.lee@nyu.edu NYUAD Wellness Exchange: +971 2-628-5555	Dean of Students Office number: <u>+971 2 6284427</u> Office location: Saadiyat A3 (West Administration Building)-E019 Email: <u>dt57@nyu.edu</u>
<b>NYU Accra</b>	NYU Wellness Exchange: +1-212-443-9999	Marian Ansa-Otu Student Life Coordinator <u>Mao9@nyu.edu</u> T: 233-302-761528

<b>NYU Berlin</b>	Sara Zeugmann Wellness Counselor +49 (0) 30 290 291 001 Sz59@nyu.edu NYU Berlin Wellness Exchange: 0800-1802-599	Linn Friedrichs Student Life Coordinator <a href="mailto:linn.friedrichs@nyu.edu">linn.friedrichs@nyu.edu</a> T: 49-30-290-291-002
<b>NYU Buenos Aires</b>	Sarah Akhter Wellness Counselor +54-11-4828-5226 Sarah.akhter@nyu.edu Local Wellness Exchange: +52 11 4828-5229	Paula DiMarzo Assistant Director, Student Life <a href="mailto:paula.dimarzo@nyu.edu">paula.dimarzo@nyu.edu</a> T: 54-11-4828-5205
<b>NYU Florence</b>	Silvia Fiammenghi Wellness Counselor Sf108@nyu.edu +39-055-5007-337 NYU Florence Wellness Exchange: 800879563	Mary L. Barbera Assistant Director for the Office of Student Life <a href="mailto:mary.barbera@nyu.edu">mary.barbera@nyu.edu</a> 39-055-5007-450
<b>NYU London</b>	Donna Drummond-Smart Wellness Counselor +44- (0)20-7907-3230 Donna.drummondsmart@nyu.e du NYU London Wellness Exchange: 0800.316.0469 (#7)	Nigel Freeman Assistant Director, Student Life <a href="mailto:Nigel.freemna@nyu.edu">Nigel.freemna@nyu.edu</a> Office: +44(0)2079073222
<b>NYU Madrid</b>	Neda Hajizadeh Wellness Counselor +34-91-51-58-163 Nh414@nyu.edu NYU Madrid Wellness Exchange: 900834703	Rodrigo Urbina Manager, Student Life and Housing <a href="mailto:rodrigo.urbina@nyu.edu">rodrigo.urbina@nyu.edu</a> T: 34-91-590-2922 T: 34-91-590-2922
<b>NYU Paris</b>	Cynthia Mitchell Wellness Counselor +33-1-53-73-28-00 <a href="mailto:Cynthia.mitchell@nyu.edu">Cynthia.mitchell@nyu.edu</a> NYU Paris Wellness Exchange: 0800912825	Gabriella Ricciardi Assistant Director, Student Life <a href="mailto:gabriella.ricciardi@nyu.edu">gabriella.ricciardi@nyu.edu</a> T: 33 1 53 73 28 00
<b>NYU Prague</b>	Desiree Gonzalo Wellness Counselor	Martina Faltova Assistant Director, Student

	+420-224-226-658 desiree.gonzalo@nyu.edu NYU Prague Wellness Exchange: 800999894	Life <a href="mailto:martina@nyu.edu">martina@nyu.edu</a> T: 420-224-226-658
<b>NYU Shanghai</b>	Yirui Wang Wellness Counselor +86 21 2059-5329 Yirui.wang@nyu.edu NYU Shanghai Wellness Exchange: +86-21-2059-9999	Judy Li Associate Director, Student Life +86-21-5029-5323 hl50@nyu.edu
<b>NYU Sydney</b>	Lauren Stahl Wellness Counselor L.stahl@nyu.edu Local Wellness Exchange: 1800-047-973	Marcus Neeld Student Services Program Manager marcus.neeld@nyu.edu T: 61-2-8016-8205
<b>NYU Tel Aviv</b>	NYU Wellness Exchange: +1-212-443-9999	Tahlia Berger Program Coordinator tahlia.berger@nyu.edu T: (972) 77-450-2650 ext. 103
<b>NYU Washington, DC</b>	NYU Wellness Exchange: +1-212-443-9999	Brian Dooley Program Manager, Student Life brian.dooley@nyu.edu T: 202- 654-8313

## VII. EMPLOYEES

NYU recognizes that the success of the University is critically linked to the physical health and total well-being of the faculty, employees, and their family members. Employees seeking assistance for an alcohol or drug related matter may contact Carebridge Life Resources (NYU's Employee Assistance Program). Information is available at: <http://www.nyu.edu/employees/life-wellness/employee-assistanceprogram.html>

University employees must abide by the University's policies as a condition of employment and, furthermore, are required to notify the University of any criminal drug statute convictions for a violation occurring in the workplace no later than five days after such conviction. Please be advised that if a grant or contract employee is convicted under a criminal drug statute of a violation occurring in a University workplace, the University is required to notify the agency covering the grant or contract. If you are an employee as well as a student, or if you are a grant or contract employee, please refer to Substance Abuse and Alcoholic Beverages Policies for Faculty, Administrators, and Staff which is available on the Office of Human Resources website at <http://www.nyu.edu/hr/index.html>