

As a part of a diverse and vibrant community, the Center recognizes there is no risk-free environment. Each person must assume responsibility for his or her own safety both on-campus and off-campus. The Center strives to offer its students and employees a secure and safe environment and to comply with the requirements of the various federal, state and local building codes, and the Board of Health and Fire Marshal regulations.

CLERY ACT

Campus security and safety are important issues in postsecondary education today. Providing students nationwide with a safe environment in which to learn and keeping students, parents and employees well informed about campus security are goals that have been voiced by many groups. These goals were advanced by the Crime Awareness and Campus Security Act of 1990. The U.S. Department of Education (ED) is committed to ensuring that postsecondary institutions are in full compliance with this act, and that the enforcement of the act remains a priority. Compliance with this act, now known as the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, or CLERY Act, provides students and families, as higher education consumers, with the information they need to make informed decisions.

Annual Security Report

Preparation and Distribution of the Annual Security Report

The Director of Financial Aid is responsible for collecting, classifying, and disseminating crime statistics and **applicable policies and procedures contained in this Annual Security Report ("ASR" or "Report")**. The crime statistics included in the Report represent reports of crimes occurring:

On Campus, either in:

(a) any building or on any property owned or controlled by the Center within the same reasonably contiguous geographic area of the Center and used by the Center in direct support of, or in a **manner related to, the Center's** educational purposes; or

(b) any building or on any property within or reasonably contiguous to the geographic area of the Center that

- (i) is owned by the Center but controlled by another person;
- (ii) is frequently used by students; and
- (iii) supports the Center's purposes.**

On Public Property:

(a) (including thoroughfares, streets, sidewalks and parking facilities) that is

- (i) within the Center's Campus; or**
- (ii) immediately **adjacent to and accessible from the Center's Campus.**

The Center obtains reports of crimes from students and other persons and will make a reasonable, good faith **effort to obtain required statistics for crimes occurring on the Center's Campus or Public** Property from local law enforcement agencies. A formal police report or investigation is not necessary in order for a reported crime to be included in the crime statistics in the Report. All crimes reported in any calendar year will be included in the crime statistics included in the Report for that calendar year, regardless of the calendar year in which the crime actually occurred.

The Center does not have a campus police or security department of any kind. Any security services or security personnel that the Center may use have no relationship with any state or local law enforcement agency and have no authority to arrest anyone. The Center does not have a memorandum of understanding, or any other arrangement in place, with local police. All students and employees, and visitors to the Center, whether victims or witnesses of crimes, are encouraged to voluntarily, promptly and accurately report all criminal activity to Center officials and the appropriate law enforcement agencies. Students and others are directed to report occurrences **involving crimes on the Center's premises to Sarah Bokow**, Assistant Director, and if she is not available, to any Director or Manager of the Center.

SECURITY AND SAFETY

Name	Title	Contact Information
Sarah Bokow	Assistant Director	sbokow@cahe.edu
Howard Sickles	Facilities Manager	hsickles@cahe.edu
Robert Zeitz	Director of Operations	rzeitz@cahe.edu

Upon receipt of any report of a medical or criminal emergency, the Center will offer to contact emergency medical services and/or local law enforcement for the persons affected. Following a reported incident involving a crime, the Center may require the reporting student to confirm in writing the details of the crime and may contact and apprise local law enforcement agencies. The Center does not have any policies or procedures that:

- (a) allow victims or witnesses to report crimes on a voluntary confidential basis; or
- (b) encourage pastoral counselors, if and when they deem it appropriate, to inform the persons they are counseling of any procedures to report crimes on a voluntary, confidential basis for inclusion in the crime statistics contained in the Report.

Since the Center does not recognize, operate, or sponsor any off-campus facilities for student organizations, the Center does not monitor or record through local law enforcement agencies any crimes occurring at off-campus locations of any student organization.

The crime statistics for each of the three previous calendar years are included in the Report. On or before October 1st of each year, the Report is distributed to all current students and employees. In addition, the most recent Report is available to all prospective and current students as well as prospective and current employees from the Administrative Office and may also be viewed on the Center's website at <http://www.cahe.edu/consumer-info.php>. Prospective students and employees are notified about the availability and location of the Report at the beginning of the application process. Current students and employees are notified about the availability and location of the Report via email notification. Crime statistics are also reported annually to the US Department of Education and statistics are available at <http://ope.ed.gov/security/>.

Facility Access

Access to the Center's offices and classrooms is restricted to those with valid ID cards through the use of an electronic card reader at each door. Students and faculty are required to wear their ID cards at all times. Guests or visitors must be admitted by the Receptionist after confirming an appointment with the appropriate staff member. There are surveillance cameras monitoring all entrances and exits from the Center. All staff, faculty and students must be vigilant in maintaining a secure and safe facility without endangering themselves. Any crimes or dangerous situations occurring within the building or on the sidewalks or buildings adjacent to the Center should immediately be reported to the appropriate authorities and the Director of the Center.

Campus Threat Alerts

Timely Warning

Center will issue Timely Warnings to heighten safety awareness and provide students, faculty, and staff notification regarding Clery crimes that occur on campus or on public property immediately adjacent to and accessible from campus and that are considered by Center to present a serious or continuing threat to students and employees.

Robert Zeitz, the Director of Operations is responsible for preparing and distributing Timely Warnings. Warnings will be distributed to the campus community by means of e-mails and announcements posted to the Center's student portal. The Timely Warning will provide details of the crime, a description of the suspect, if known, and information on whom to contact about the incident.

Emergency Warnings

In the event of a significant emergency or dangerous situation involving an immediate threat to the health or safety of students or employees on Campus, the Director of the Center is responsible for assessing the situation **and making the decision to issue an emergency warning without delay. In the Director's absence, a senior staff member** will be responsible for gathering information, consulting with the Director if possible, and issuing the warning without delay. If necessary, local police, fire or EMS agencies will be consulted prior to the warning being issued. After the warning is issued, the staff member will determine and confirm the threat level of the situation and will determine the content of the notification and initiate the notification system (unless issuing the notification would compromise efforts to assist a victim, or to contain, respond to, or otherwise mitigate the emergency). The staff member will notify faculty and students of the nature of the situation and recommend an appropriate course of action by using the Center-wide phone system intercom, electronic communications such as **email or announcements on the Center's student portal, and, if necessary, physically going into the classrooms and making a verbal announcement.** The Director or staff member is also responsible for contacting local police and emergency services, if warranted.

In case of imminent danger, a verbal warning will be issued via the intercom system in each classroom stating the nature of the situation, when it occurred, and a suggested course of action. The purpose of the warning is to enable faculty and staff to take appropriate actions to protect themselves and therefore, all information supplied to the faculty and students will reflect this intent.

Annually the emergency response and evacuation procedure will be tested to ensure the procedure is operational. These tests may be announced or unannounced. In conjunction with each annual test, the Center will distribute an email notification to all current students and employees with a link to emergency evacuation procedures. The Center will document each test including a description of the exercise, the date the test was held, the time the test started and ended, and whether the test was announced or unannounced. Records of each test will be maintained by the Director of Operations.

If a situation arises prior to the start of classes for the day, students and faculty will be allowed into the building based upon the **New York City Police Department ("NYPD")** discretion. Since the Center is not staffed 24 hours a day, there is no capability to notify students and faculty of situations occurring while the building is empty (before and after classes).

Addressing the Media

The Director or Assistant Director of the Center are the only ones who may address the media. Information released will be verified facts; who, what, when, where and future actions to be taken. Any information released will follow FERPA regulations and not compromise the safety of students and staff.

Procedure for Reporting a Crime

The occurrence of a crime or dangerous situation (whether inside the program's building or on public property adjacent to the program's building) **should be reported immediately to the police department by calling 911 and to the Director of the Center or Assistant Director.** Pertinent information should include the nature of the activity, scope of involvement, and the exact location and time of the occurrence. The areas of concern are within the program building, the sidewalks in front of and across the street from the program building, the Parking Garage adjacent to the program building and the sidewalk in front of Duane Reade.

Safety and Security Education

Matters concerning campus safety and security, as well as student conduct and the prevention of crimes, are addressed in the Institutional Catalog and Catalog Addendum. These documents discuss the Center's safety and security policies and should be **retained and periodically reviewed to reinforce the student's understanding and**

SECURITY AND SAFETY

knowledge of the Center's safety practices and security procedures. Applicable policies are reviewed with all students at orientation.

The Center conducts an annual substance abuse program, which also serves to inform students and employees of **the Center's security policies. This program and the policies contained in the Institutional Catalog and Employee Handbook** are intended to encourage students and employees, respectively, to be responsible for their own safety and security and to be considerate of the safety and the security of others.

As required by the Drug Free Centers and Communities Act, the Center has implemented an annual mandatory Drug and Alcohol Abuse Prevention Program for both students and employees that involves the annual distribution to each student and employee of: (a) the standards of conduct prohibiting the unlawful possession, use, or distribution of illicit drugs and alcohol; (b) a description of the health risks associated with the use of illicit drugs and the abuse of alcohol; (c) a description of available drug and alcohol counseling, treatment, or rehabilitation services in the community; (d) a description of the sanctions imposed for violating the Center's student conduct policy, employee policies and federal or state drug laws; and (e) a description of the federal penalties and sanctions for the illegal possession of a controlled substance.

The Drug and Alcohol Abuse Prevention Program materials can be **found on the Center's website at http://cahe.edu/images/info_safety3.pdf**.

The unlawful possession, use, or distribution of drugs or alcohol by a student violates the Center's student conduct policy. Any use, distribution, or possession of alcoholic beverages on the Center's premises or at organized Center events by a student also violates the Center's student conduct policy. The unlawful possession, use, or distribution of drugs or alcohol by an employee while working or on the Center's premises violates the Center's policies.

In addition to administrative action, the Center will refer students and employees found to be unlawfully possessing, using, or distributing drugs or alcohol, including individuals found to have engaged in underage drinking, to local police for possible further sanctions.

Campus Law Enforcement

There is no private campus law enforcement at the Center for Allied Health Education. All emergencies should be reported to the Director of the Center or a senior staff member so that the situation can be assessed and a decision to issue an emergency warning and to contact local law enforcement can be made.

Campus Crime Log

The Center does not have a security of campus police department and therefore is not required to maintain a daily campus crime log.

Whistleblower Protection

Nothing in the Clery Act shall be construed to permit the Center to take retaliatory action against anyone with respect to the implementation of the Clery Act.

DRUG PREVENTION PROGRAM

Substance Abuse and Alcoholic Beverages

New York Methodist Hospital's Center for Allied Health Education (the Center) is committed to creating and maintaining an environment that is free of alcohol and substance abuse and that complies with New York State and local laws. The Center views the abuse of alcohol and legal drugs and the use of illicit drugs as being antithetical to the pursuit of educational excellence and the realization of one's full potential as a student. Accordingly, the Center takes very seriously its obligation to address the issue of substance abuse.

At the same time, the Center expects that students will conduct themselves in accordance with the 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.

The United States Department of Education has issued regulations implementing the provisions of the Drug-Free Centers and Communities Act Amendments of 1989. These regulations require that the Center distribute the following information annually to you in writing concerning the possession, use, or distribution of alcohol and illicit **drugs the Center's policies on substance abuse and on alcoholic beverages are set out below**, along with related information on program sanctions for violation of these policies, on criminal sanctions for the illegal possession or distribution of drugs and alcohol, on the health risks associated with drugs and alcohol, and on places to obtain help concerning the use and abuse of alcohol and illicit drugs. These policies apply to all students and to all events or activities which are sponsored by the Center whether they occur at the Center or not. Please read all of this material very carefully. There is much information here, some of it technical, but all of it vitally important. Should a student need additional information or substance abuse counseling they should make an appointment with student services, which will provide them with additional material and refer them for outside counseling.

Standard of Conduct

The following are the Center's Statements of Policy on Substance Abuse and on Alcoholic Beverages. 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 attention to the needs of those who may require help with alcohol or other drug-related problems. To that end, the Center provides information about related services that are available in the local community.

A. Statement of Policy on Substance Abuse

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

- The unlawful possession, use, or distribution of drugs will not be tolerated on the **Center's premises. Upon finding evidence of the unlawful possession, use, or distribution of drugs on its premises by any student, the Center will take appropriate disciplinary action, including, but not limited to, probation, suspension, or termination. The Center will take disciplinary action, up to and including discharge, against any student found to be unlawfully using, possessing, or distributing drugs on program premises.**
- Students should also be aware that, in addition to program sanctions, they may be subject to criminal prosecution under federal and state laws that specify fines or imprisonment for conviction of drug-related offenses. Where appropriate or necessary, the Center will cooperate fully with law enforcement agencies.

B. Statement of Policy on Alcoholic Beverages

SECURITY AND SAFETY

The sale, service, possession, and consumption of alcoholic beverages at the Center are governed by the New York State Alcoholic Beverage Control Law and other laws of the State of New York. Based on such laws, it is the policy of New York Methodist Hospital's Center for Allied Health Education that:

- Persons under the age of 21 years are prohibited from possessing any alcoholic beverage at **the Center or at any event sponsored by the Center, whether the event is at the Center's premise or not.**
- The following rules are applicable to all events at which alcoholic beverages are served or sold at the Center and to all events or activities, whether or not at the Center, which are sponsored by the Center.
 - No person shall be sold or served any alcoholic beverage:
 - if that person is, or appears to be, under the legal drinking age of 21;
 - if that person is, or appears to be, intoxicated, or is known to the server or seller to be a problem drinker.
 - 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.
 - 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.
 - No alcoholic beverage shall be sold to any person unless:
 - a license or permit sanctioning the sale of such alcoholic beverage has been obtained by the seller; and
 - 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.

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 State laws and regulations **and all the Center's 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:

- 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.
- 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 complying with **items a and b above, including examining attendees' evidences of age; notifying either the Program Director prior to each on-campus event at which alcoholic beverages are to be sold or served; and instructing the person or persons actually selling or serving alcoholic beverages at the event not to sell or serve alcoholic beverages to any person who is or appears to be intoxicated, or whom such server or seller knows to be a problem drinker, or who is or appears to be under the legal drinking age.**
- **Violation of the Center's Policy on Alcoholic Beverages will be addressed pursuant to applicable disciplinary codes and policies.** Sanctions which may be imposed against violators include discharge. Students should also be aware that, in addition to program sanctions, they

SECURITY AND SAFETY

may be subject to criminal penalties under certain circumstances for the possession, service, or sale of alcoholic beverages, particularly for serving or selling an alcoholic beverage to a person under the age of 21 years. Where appropriate or necessary, the Center will cooperate fully with law enforcement agencies.

New York Methodist Hospital's Center for Allied Health Education Sanctions

Any member of the faculty, administration, or staff may file a complaint against an employee or student under the Center's Disciplinary Procedures if he or she knows or believes that an employee or student has violated the Center's Policy on Substance Abuse or its Policy on Alcoholic Beverages.

If you are alleged to have violated either or both of these policies, you may be suspended pending an investigation **as described in the Center's Disciplinary Procedures**. Moreover, if it is determined that you have violated either or both of these policies, the consequences may be severe up to and including termination from the program.

Students may also be required to undergo evaluation and/or participate in and satisfactorily complete an appropriate counseling or rehabilitation program.

Criminal Sanctions

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

Regarding illicit drugs, 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. For example, in New York State, the criminal possession of 500 milligrams of cocaine is a class D felony, punishable by sentences ranging from 1 - 2 ½ years in prison. The sale of less than one-half an ounce of cocaine is a class B felony, punishable by sentences ranging from 1 - 9 years in prison. The criminal possession of eight to sixteen ounces of marijuana is a class E felony, punishable by sentences ranging from 1 – 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. In New York State, a gift of drugs, including marijuana, is treated as a sale.

Under federal law, possession of illicit drugs can be punished by jail terms of up to twenty 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.

SECURITY AND SAFETY

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	First Offense: Not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	Cocaine 5 kilograms or more mixture	First Offense: Not less than 10 yrs. and not more than life. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Not less than 20 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.		
II	Cocaine Base 28-279 grams mixture		Cocaine Base 280 grams or more mixture			
IV	Fentanyl 40-399 grams mixture		Fentanyl 400 grams or more mixture			
I	Fentanyl Analogue 10-99 grams mixture		Fentanyl Analogue 100 grams or more mixture			
I	Heroin 100-999 grams mixture		Heroin 1 kilogram or more mixture			
I	LSD 1-9 grams mixture		LSD 10 grams or more mixture			
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture			
II	PCP 10-99 grams pure or 100-999 grams mixture		PCP 100 grams or more pure or 1 kilogram or more mixture			
Substance/Quantity			Penalty			
Any Amount Of Other Schedule I & II Substances			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 not an individual. 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.			
Any Drug Product Containing Gamma Hydroxybutyric Acid		First Offense: Not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.				
Flunitrazepam (Schedule IV) 1 Gram						
Any Amount Of Other Schedule III Drugs		First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.				
Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)		First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.				

SECURITY AND SAFETY

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	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. 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.
Marijuana 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants	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. 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, \$50million if other than an individual.
Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants	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. 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.
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	
Hashish 10 kilograms or less	First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual. Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.
Hashish Oil 1 kilogram or less	
Hashish Oil 1 kilogram or less	

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 intent to prepare the substance for sale is presumptive evidence of knowing possession of such substance by anyone in close proximity.

Criminal penalties also may result from the misuse of alcoholic beverages. In New York, 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.

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.

These 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 New York Methodist Hospital Center for Allied Health Education's policy to discourage violations of Federal, State, and City laws by its students. Where appropriate, New York Methodist Hospital Center for Allied Health Education will refer students who violate such laws for prosecution by the relevant government authorities and will cooperate fully with such authorities.

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).

Terminology

SECURITY AND SAFETY

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.

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). 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. 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.

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.

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.

Prescription Drugs

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.

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.

Stimulants

Stimulants are a class of drugs that enhance brain activity. They cause an increase in alertness, attention, and energy and are 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

SECURITY AND SAFETY

(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.

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 picolinate, 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.

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.

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

SECURITY AND SAFETY

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.

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.

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, 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.

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.

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

SECURITY AND SAFETY

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.

Rohypnol, GHB, and Ketamine

Rohypnol, GHB, and ketamine are predominantly central nervous system depressants. 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.

Rohypnol ("rophies," "roofies," "roach," and "rope.")

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.

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.

Inhalants

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

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);

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);

Nitrites

SECURITY AND SAFETY

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.

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 occurs. Generalized numbness of the extremities and lack of muscular coordination 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.

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 than are other smokers. 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.

PREVENTION AND AWARENESS PROGRAM FOR SEXUAL MISCONDUCT AND HARASSMENT

The Violence against Women Act (VAWA) is a federal law that was implemented in 1994 in recognition of the severity of the crimes associated with domestic violence, sexual assault and staling as part of the Violent Crime Control and Law Enforcement Act of 1994. VAWA was reauthorized in 2000, 2005 and 2013 to strengthen the law.

Policy Statement

The Center is committed to maintaining a safe and secure work and academic environment free of any form of sexual misconduct including domestic violence, dating violence, sexual assault and sexual harassment. A violation **of the Violence Against Women’s Act shall constitute grounds for disciplinary action, up to and including termination.** The Center is committed to preventing sexual misconduct through heightened employee, faculty and student awareness, training and the prompt confidential investigation of all complaints. This policy applies to all employees, students, and staff.

The Center policy prohibits unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature constituting sexual misconduct when:

- **submission of such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or student’s enrollment/academic progress; or**
- submission to, or rejection of, such conduct by an individual is used as a basis for employment decisions, enrollment decisions, or academic progress decisions; or
- **such conduct has the purpose of effect of unreasonably interfering with an individual’s work or scholastic performance or creating an intimidating, hostile, or offensive working environment or classroom setting; or**
- such conduct has the purpose or effect of unreasonably interfering with the establishment of an adequate collegial, professional working relationship or student – teacher relationship.

Definitions

Sexual Assault

Sexual Assault means an offense that meets the definition of

- rape,
- fondling,
- incest, or
- statutory rape.

What is Sexual Assault? Sexual assault can be defined as any type of sexual contact or behavior that occurs by force or without consent of the recipient of the unwanted sexual activity. Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, and attempted rape. It includes sexual acts against people who are unable to consent either due to age or lack of capacity.

Examples of sexual assault include, but are not limited to:

SECURITY AND SAFETY

- Sexual contact with someone whom you reasonably should have known was impaired due to the use of alcohol or other drugs.
- Sexual contact with someone who is “passed out” or sleeping.
- Sexual contact with someone who is unable to say “no” and/or change his/her mind due to the presence of coercion or intimidation.
- Sexual contact with someone who is under the legal age to consent.

Sexual Harassment

Sexual Harassment means an unwelcome conduct of a sexual nature. It includes sexual advances, requests for sexual favors, and other verbal, non-verbal, or physical conduct of a sexual nature when:

- Submission to or rejection of the conduct is either an explicit or implicit term or condition of employment, basis for participation or advancement in an academic program, or basis for participation in a Center activity or benefit
- Such conduct creates an intimidating, hostile or offensive work or academic environment;
- Such conduct otherwise adversely affects employment or academic opportunities.

Examples of sexual harassment include, but are not limited to:

- Verbal abuse or hostile behavior such as insulting, teasing, mocking, degrading or ridiculing another person or group.
- Unwelcome or inappropriate physical contact, comments, questions, advances, jokes, epithets or demands.
- Physical assault or stalking.
- Displays or electronic transmission of derogatory, demeaning or hostile materials.
- Unwillingness to train, evaluate, assist, or work with a student.
- Engaging in behavior that is invasive or disruptive to another student for the purpose of initiating a sexual or romantic relationship with that person.

Domestic Violence

Domestic Violence means a felony or misdemeanor crime of violence committed by

- a current or former spouse or intimate partner of the victim,
- a person with whom the victim shares a child in common,
- a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner,
- a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies (under VAWA), or
- **any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.**

What is Domestic Violence? Domestic violence can be defined as a pattern of abusive behavior that is used by an intimate partner to gain or maintain power and control over the other intimate partner. Domestic violence can be physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure or wound someone.

Dating Violence

Dating Violence means a violence committed by a person

- who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - the length of the relationship;
 - the type of relationship; and
 - the frequency of interaction between the persons involved in the relationship.

Stalking

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to

- fear for his or her safety or the safety of others; or

SECURITY AND SAFETY

- suffer substantial emotional stress.

What is Stalking? Stalking can be defined as a pattern of repeated and unwanted attention, harassment, contact or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.

Consent

“Consent” means intelligent, knowing and voluntary consent and does not include coerced submission. “Consent” shall not be deemed or construed to mean the failure by the alleged victim to offer physical resistance to the offender. Giving in is not the same as giving consent.

Recognizing Signs of Abuse

Critical to ending violence and maintaining a safe environment is recognizing and avoiding abusive behavior. Abuse can surface in many ways (emotional, verbal, psychological, sexual and physical.) Some warning signs of abuse are:

- Frequent yelling directed at a partner
- Blaming partner for own faults
- Name-calling
- Consistently accusing partner of infidelity
- Kicking, holding, slapping and scratching
- Forcible sex (i.e. wanting sex after hitting)

Bystander Intervention

Offer Support: if you suspect that the person is being abused or has been sexually assaulted or stalked.

Speak Out: against all forms of sexual violence

Be an Advocate: for preventing sexual violence

Model: the behavior that values respect for others and promotes positive pro-social behavior

Victims of Sexual Misconduct

If a student or employee is a victim of a sexual misconduct your first priority is to get to a safe place and obtain necessary medical attention. Victims are encouraged to make a timely report to law enforcement officials and the **Center’s Title IX Coordinator**, Jonathan Schwartz at 718-645-3500 or jschwartz@cahe.edu. The timely reporting of the incident is important for necessary evidence collection and preservation. Filing a police report does not obligate a victim to cooperate with prosecution.

Victims of sexual misconduct are entitled to specific rights including:

- The right to a prompt and equitable investigation and resolution of a complaint.
- The right to file a complaint with the appropriate local law enforcement authorities for the purpose of filing a criminal complaint and/or seeking and enforcing a no contact, restraining or similar court order.
- The right to be assisted by the University in seeking assistance from local law enforcement.
- The right to request and receive a change in his/her living situation if such a change is reasonably available.
- The right to request and receive a change in his/her academic situation if such a change is reasonably available.
- The right to be referred to on- and off-campus counseling, mental health or other student services for victims of sex offenses.
- The right to file a complaint on campus and to avail him/herself of the process for doing so including, but not limited to, the following: adequate, reliable, and impartial investigation of complaints; an equal opportunity to present relevant witnesses and other evidence; an equal opportunity to be accompanied by an adviser (who may be an attorney); an equal opportunity to the appeal processes.

SECURITY AND SAFETY

- The Family Educational Rights and Privacy Act (FERPA) permits a school to disclose to the student victim information about the sanction imposed upon a student who was found to have engaged in volatile behavior when the sanction directly relates to the victim. Furthermore, when the conduct involves allegations of a crime of violence or a non-forcible sex offense, a postsecondary institution is required to simultaneously provide written notification of the final results of a disciplinary proceeding against the alleged perpetrator to both the victim and the alleged perpetrator, regardless of whether the institution concluded that a violation was committed.

Violations of Law

Behavior which violates the **Center's** policy may also violate the laws of the locality in which the incident occurred and subject the perpetrator to criminal prosecution by the presiding authority.

A. **Federal:** Title IX of the Education Amendments of 1972 (Title IX), 20 U.S.C. §§ 1681 et seq., and its implementing regulations, 34 C.F.R. Part 106, prohibit discrimination on the basis of sex in education programs or activities operated by recipients of Federal financial assistance.
<http://www.justice.gov/crt/about/cor/coord/titleix.php>

B. **New York State:** Sex Offenses are described in Sections 130.00 to 130.90 of the New York State Penal Code. <http://public.leginfo.state.ny.us/menugetf.cgi?COMMONQUERY=LAWS>

Reporting an Incident of Sexual Misconduct

There shall be no retaliation against any employee or student for invoking or participating in the sexual harassment complaint procedure.

Reporting an Incident to the Center

If an employee or student has a complaint of sexual misconduct or if a senior staff member (Directors, Assistant Directors, Managers, Program Directors, etc.) or other responsible employee becomes aware of a situation that they believe may be sexually harassing in nature or may involve sexual misconduct, to either a staff member, faculty member or a student; he/she must contact **the Center's Title IX Coordinator, Jonathan Schwartz** at 718-645-3500 ext 120 or jschwartz@cahe.edu.

Reporting an Incident to Local Law Enforcement

A victim of sexual misconduct has the option to report the incident to the appropriate local law enforcement authorities for the purpose of filing a criminal complaint and/or seeking and enforcing a no contact, restraining or similar court order and has the right to be assisted by the Center in exercising this option. A criminal investigation into an **allegation of sexual misconduct does not relieve, or substitute for, the Center's obligation and authority to conduct its own prompt review of a complaint.** The Center will not wait for the conclusion of a criminal investigation or proceeding to begin its own investigation and resolution of an alleged violation. Furthermore, **because the standards for criminal proceedings differ from those used in the Center's disciplinary process, conduct that may not be subject to criminal prosecution or sanctions may still be addressed through the Center's disciplinary process and a finding of "not guilty" in a criminal case does not preclude a finding of responsibility in a Center's disciplinary process for violating the Center's policy.**

Resolution of a Report of Sexual Misconduct

The Center will act promptly in response to information that an incident of an assault, misconduct or harassment has occurred. Any conduct that may be in violation of this policy will be investigated and addressed in a timely manner, typically within 60 calendar days.

SECURITY AND SAFETY

Confidentiality

If a complainant requests confidentiality or asks that the complaint not be pursued, the Center still must take all reasonable steps to investigate and respond to the complaint within the parameters of such a request. If a complainant insists that his or her name or other identifiable information not be disclosed to the alleged perpetrator, the complainant must realize that the Center's ability to respond may be limited. When a complainant insists that his or her name or other identifiable information not be revealed, the Center must evaluate that request in the context of its responsibility to provide a safe and nondiscriminatory environment for all students. Thus, the Center will weigh the request for confidentiality against the following factors:

- the seriousness of the alleged harassment
- **the complainant's age**
- whether there have been other complaints about the same individual
- **the alleged perpetrators' rights to receive information about the allegations** under the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g; 34 C.F.R. Part 99.15

If the Center cannot ensure confidentiality, the complainant will be so informed. If the Center cannot take disciplinary action against the alleged perpetrator because the complainant insists on confidentiality, it may pursue other steps to limit the effects of the alleged conduct and prevent its recurrence.

Investigation and Resolution

Investigation: The Title IX coordinator or assigned senior staff member will conduct a prompt, thorough and impartial initial investigation of the complaint in the manner he or she deems necessary. The parties to the complaint each will have an opportunity to be heard and will be kept informed of the status of the investigation as deemed appropriate. As circumstances warrant, preliminary administrative actions (i.e. probation, suspension, etc.) may be taken to preserve the safety and well-being of those involved and/or the campus community.

With the consent of the complainant and the alleged perpetrator, and if the Center deems the circumstances to warrant doing so, a matter may be resolved through non-disciplinary interventions (i.e. educational, counseling, changes in academic accommodations, administrative actions). A complainant has the right, however, to end the informal process at any time and begin a formal disciplinary proceeding. Mediation, even on a voluntary basis, is not an appropriate means of resolving a sexual assault complaint.

Should informal resolution be inappropriate or unattainable, the matter will be referred to the oversight committee.

Standard of Evidence: The Center utilizes a standard of preponderance of the evidence (i.e. it is more likely than not that sexual assault, harassment or another form of sexual misconduct occurred) when reviewing a complaint.

Disciplinary Sanctions: The following sanctions may be imposed following a final determination of an investigation regarding a sexual misconduct:

- Probation
- Suspension
- Forced Leave of Absence
- Transfer to another cohort
- Termination

Notification: When the conduct involves allegations of a crime of violence or a non-forcible sex offense, a postsecondary institution is required to simultaneously provide written notification of the final results of a disciplinary proceeding against the alleged perpetrator to both the victim and the alleged perpetrator, regardless of whether the institution concluded that a violation was committed. Compliance with this paragraph does not constitute a violation of the Family Educational Rights and Privacy Act ("FERPA"). **For the purposes of this paragraph, the outcome of a disciplinary proceeding means only the institution's final determination with respect to the alleged sex offense, and any sanction that is imposed against the accused.**

SECURITY AND SAFETY

Medical and Counseling Resources Available to Victims/Complainants and Bystanders

Many services, including resources for medical and emotional well-being, are available to victims of sexual assault, harassment and other forms of sexual misconduct. Contact information and general advice on how to seek assistance for yourself or another person who has been subjected to such behavior can be obtained from the Assistant Director.

Prevention and Response

The Center educates the student community about sexual assaults, harassment, domestic and dating violence and stalking through mandatory orientations. The NYPD offers sexual assault education and information programs to students **and employees upon request. Literature on education, risk reduction, and the Center's response** is available through the Director of the Center for Allied Health Education.

Student – Supervisor/Faculty Relationships

Romantic and/or sexual relationships where one member has supervisory or other evaluative responsibility for the other create conflicts of interest and perceptions of undue advantage. There are also special risks in any sexual or romantic relationship between individuals in inherently unequal positions of power (such as teacher and student, supervisor and employee). Such relationships may undermine the real or perceived integrity of the supervision and evaluation provided, and the trust inherent particularly in the instructor-student relationship

Moreover, such relationships may harm or injure others in the academic or work environment. Relationships in which one party is in a position to review the work or influence the career of the other may provide grounds for complaint when that relationship gives, or creates the appearance of, undue access or advantage to the person involved in the relationship, or when it restricts opportunities or creates a hostile environment for others.

Sexual or romantic relationships between a student and a staff member who functions in an instructional context with the student are prohibited by this policy. Other relationships, such as a relationship between a staff member and a student in the same department but where no instructional context exists, while not prohibited, may present the appearance of a conflict of interest or may run the risk of developing into an actual conflict of interest which would place the relationship in the prohibited category.

This policy applies to consensual romantic and/or sexual relationships between individuals of the same sex or of the opposite sex. Regardless of who initiates the relationship, the student is responsible for complying with this policy. Failure to disclose said information can result in disciplinary action up to and including termination from the program.

Assistance Resources

The following organizations are available to assist victims of sexual violence.

1. NYC Alliance Against Sexual Assault – Guide for victims after an assault focusing on counseling, transportation to an emergency room, legal help, etc. - 212-229-0345.
2. NYC Police Department Sex Crimes Report Line – All female detectives can give advice or initiate an investigation, send police, give referrals for counseling, etc. - 212-267-7273
3. National Sex Assault Hotline – 800-656-4673
4. Mount Sinai Hospital Sexual Assault and Violence Intervention Program – 212-577-7777

Following a report of an incident that constitutes sexual assault or harassment, the Center will change a victim's academic schedule after an alleged sex offense if those changes are requested by the victim and are reasonably available.

Information on Obtaining A List Of Registered Sex Offenders

New York State Sex Offender Registry and the
Sex Offender Registration Act (SORA)
1-800-262-3257
<http://www.criminaljustice.state.ny.us/nsor/index.htm>

Referenced above is the New York State Sex Offender Registry Information Center web site. The purpose of this site is to provide an overview of the sex offender registration law and how the public can obtain information about sex offenders. The Sex Offender Registration Act, New York's version of Megan's Law, was signed in July 1995 and became effective on January 21, 1996. The text of the statute is contained in Correction Law Article 6-C (Section 168 et seq.).

Registered sex offenders in New York are classified by the risk of re-offense. A court determines whether an offender is a level 1 (low risk), 2 (moderate risk) or 3 (high risk). The court also determines whether an offender should be given the designation of a sexual predator, sexually violent offender or predicate sex offender. Offenders are required to be registered for 20 years or life. Level 1 offender with no designation must register for twenty years. Level 1 offender with a designation, as well as level 2 and level 3 offenders regardless of whether they have a designation must register for life.

There are 4 ways to obtain information about sex offenders in New York State:

1. You can call 1-800-262-3257 to determine if someone is on the Registry. You will need the name of the offender and one of the following: an exact address, a complete date of birth, a driver's license number or a social security number. Read more on the 800 Information line.
2. You can access the Subdirectory on the web site listed above by clicking on the "Search Subdirectory" button. You can search for level 2 and level 3 offenders by name, county or zip code. Please note that a federal court injunction currently prohibits the release of information on this web site concerning sex offenders who committed their crime prior to January 21, 1996 and were assigned a risk level prior to January 1, 2000, unless they have had an opportunity for a due process hearing.
3. The local law enforcement agency where the offender currently resides, can, if it chooses, release information on sex offenders residing in the community to "entities with vulnerable populations related to the nature of the offense". The law enforcement agency can release information on level 1, level 2 and level 3 offenders through this method. Also, while the exact address of level 3 offenders can be provided, the law provides that only an approximate address based on zip code can be provided for level 1 and level 2 offenders. Please note that a federal court injunction currently prohibits the release of information through this method concerning sex offenders who committed their crime prior to January 21, 1996 and were assigned a risk level prior to January 1, 2000, unless they have had an opportunity for a due process hearing.
4. Each local law enforcement agency receives from the New York State Division of Criminal Justice Services a copy (electronically or on a CD ROM) of the Subdirectory which is maintained on www.criminaljustice.state.ny.us/nsor/index.htm. Local law enforcement is required to maintain the Subdirectory for the public to view upon request.

FIRE SAFETY PLAN

Procedures in Case of a Fire

In the event of a fire or smoke condition, all staff and students should be evacuated immediately to the sidewalk in front of the building. Students will be notified to evacuate by verbal instructions being issued by the staff or by

SECURITY AND SAFETY

the ringing automatic alarm system. The system includes audible alarms and flashing lights. 911 should be notified of the condition. Staff will ensure that all students are accounted for. Missing persons must be reported to emergency personnel upon their arrival.

The Facilities Manager or his designee will act as the fire safety marshal and be in charge of the scene until emergency personnel arrive.

RACE

In the event of a fire follow standard fire pre-plan:

- R: Rescue endangered persons
- A: Alarm by pulling nearest alarm box
- C: Confine – close all windows and doors
- E: Extinguish if you feel comfortable or Evacuate fire area

Emergency exits

Second Floor: Stairways to the street are located at the front and back of central hallway of the second floor. The exits are clearly marked by illuminated exit signs. The rear door has a push bar alarm that will sound when activated. Emergency lighting is provided on the stairways and hallways within the ceiling lighting units.

Basement: Stairways to the street are located at the front and far side (near the lounge) of the basement. The exits are clearly marked by illuminated exit signs. Emergency lighting is provided on the stairways and hallways within the ceiling lighting units.

Fire prevention

The Center has very limited storage facilities. Therefore, flammable liquids such as oil based paints, paint thinner, varnish, gasoline, methyl alcohol, etc., may **not** be stored in the building. Similarly, combustible items such as papers, cloth and wood may **not** be stored in the building. No open flames or smoking will be allowed in the offices or classrooms. Smoking is not allowed in the entire building at any time.

The staff will ensure that none of the above items are stored in the building through periodic inspections.

The director will orient all new staff to the location and use of emergency equipment such as fire extinguishers.

Fire extinguishers

One model 10 hi sa80 abc type fire extinguisher is located in each classroom, hallways and one in the copier room of the office area.

Electrical

Staff will inspect the facility for defective wiring and electrical equipment such as frayed wiring on plugs. Such items will be discarded or repaired immediately. The use of extension cords should be avoided. Fuse boxes, switches and junction boxes must have proper covers. Problems will be immediately reported to the director for resolution.

Kitchen

Garbage will be removed daily. All kitchen equipment must be thoroughly cleaned after each use or at the end of the day of continual use to avoid grease or dirt buildup.

Smoking

The Center is a "smoke free" facility and signs are posted. Staff will ensure that this rule is rigorously enforced at all times. The facility is equipped with "hard-wired" smoke detectors which will be checked by the staff periodically.

SECURITY AND SAFETY

Carbon monoxide detectors are located strategically throughout the building. The detectors are tested periodically.

Hot plates and heaters of any kind are prohibited in the building at all times.

Arson

Suspicious activity of any type should be reported to the director or staff immediately. All storage areas will be locked unless in use.

Exit signs

Illuminated exit signs are displayed in the hallways visible from each classroom. Each classroom will have emergency evacuation instructions and an exit chart posted on the back of the door.

Maintenance and testing

Inspections

The Facilities Manager will check regularly to ensure that all provisions of this fire safety plan are being followed, that all equipment is functioning, and that all necessary repairs have been made and resolve any outstanding problems.