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Campus Safety, Student Rights & Code of Student Conduct



Sections:

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Student Bill of Rights

- All students have the right to:
 - a. Make a report to local law enforcement and/or state police.
 - b. Have disclosures of domestic violence, dating violence, stalking, and sexual assault treated seriously.
 - c. Make a decision about whether or not to disclose a crime or violation and participate in the judicial or conduct process and/or criminal justice process free from pressure by the institution.
 - d. Report an incident and participate in a process that is fair, impartial, and provides adequate notice and a meaningful opportunity to be heard.
 - e. Be treated with dignity and receive from the institution courteous, fair, and respectful health care and counseling services where available.
 - f. Be free from any suggestion that the reporting individual is at fault or should have acted in a different manner to avoid such crimes or violations.
 - g. Describe the incident to the appropriate and necessary institution representatives and not be required to unnecessarily repeat a description of the incident.
 - h. Be protected from retaliation by the institution, any student, the accused and/or the Respondent, and/or their friends, families and acquaintances within the jurisdiction of the institution.
 - i. Have access to at least one level of appeal of after a determination has been made.
 - j. Be accompanied by an institution representative of choice who may assist and advise a reporting individual, accused, or respondent throughout the judicial or conduct process including during all hearings related to such process.
 - k. Exercise civil rights and practices of religion without interference by the investigative, criminal justice, or judicial or conduct process of the institution.
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Dignity at Work and Study

A positive working and learning environment which supports dignity at work and study is vital to the success of the College. Therefore, we will take a Zero Tolerance approach to any form of unlawful discrimination, including harassment, retaliation, racism, sexism, homophobia, and any other unacceptable behavior. Dignity and respect should underpin our day to day behaviors, and everyone has rights and responsibilities under this Policy.

All staff, students and stakeholders at the College have a right to be:

- Treated with dignity and respect
- Work and learn in an environment free from discrimination, bullying and harassment
- Valued for their skills, abilities and contribution

All staff, students and stakeholders at the College have a responsibility to:

- Behave in an appropriate manner, and in ways that are not derogatory to others;
- Play their part in ensuring we create a positive working environment that is tolerant and supportive through treating each other with dignity and respect;
- Challenge inappropriate behavior with confidence.

The full Dignity at Work and Study can be found at www.gcnyc.com in the Consumer Information section.

Code of Student Conduct

The Code of Student Conduct applies to all students. GCNYC believes that effective learning and teaching is best achieved in an ordered and disciplined environment. The Code seeks to ensure that student discipline is maintained in a manner that promotes fair and equitable treatment of all students.

One of the purposes of this Code is to help and encourage students to achieve and maintain standards of conduct required by the College. It is essential that all students comply with these standards and understand that if they fail to do so this is likely to lead to action by the College. The Code also outlines the action that will be taken when those standards are not met.

A full list of offenses, processes for review, investigation, disciplinary hearings and penalties. Are available in full detail in the College Catalog at www.gcnyc.com in the Catalog and Policies Section.

Campus Safety

At GCNYC, campus safety is specifically the responsibility of the Vice President & Provost and the Director of Operations, Title IX Coordinator—to whom any questions or concerns should be directed. They are responsible for the campus' annual safety report, as well as all initiatives to increase the safety and security of our campus.

The Vice President & Provost and the Title IX Coordinator will be informed of all reports or formal complaints of violations of this policy and oversees the College's centralized response to ensure compliance with Title IX, The Clery Act, NYS Educational Laws 129 a & b and the 2013 Amendments to the Violence Against Women Act (VAWA).

Prohibited Conduct

GCNYC prohibits the offenses of:

- domestic violence,
- dating violence,
- sexual assault,
- stalking,
- Title IX sexual harassment,
- quid pro quo sexual harassment
- and other forms of sexual violence.

These incidents are considered a violation of the Code of Student Conduct (located in the College Catalog).

Reports & Daily Crime Log

Reports: GCNYC will publicly release an Annual Safety Report (ASR) on or before October 1 of each year. The ASR will include a copy of all crime and safety related policies, practices, and a report on the safety of the campus for the three previous years. GCNYC will also file a certificate of compliance with New York State Education Law article 129 annually.

Daily Crime Log: The campus will record all crimes reported to the College and from them generate a Daily Crime Log. The Log will include crimes committed on campus and within the College's Clery geography.

Further details can be found in the Campus Safety section of the College Catalog.

Geographic Definitions

For our annual Federal Campus Safety Report, GCNYC defines its campus geography as follows:

- **On-Campus:** The Main and lower-level of 64 Wooster Street
 - **Non-campus:** Any additional facilities rented or controlled by GCNYC for the purposes of the delivery of classes or required student activities. These locations are only considered as part of our report during such times as GCNYC is actively using the site.
 - **Public Property:** For our reporting purposes, the only public property which the GCNYC campus abuts is Wooster Street between Broome Street and Spring Street. The report includes reports of crime occurring on the street and either sidewalk.
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Reporting an Incident

Community members, students, faculty, staff, and guests are encouraged to report all crimes and emergencies, in an accurate and prompt manner, directly to the NYPD by dialing 911. During normal business hours, we encourage people reporting a crime or emergency to the NYPD to also report the incident, as soon as practicable, to GCNYC's Title IX Coordinator, a CSA or other College official, and complete an incident report (copies available from the Title IX Coordinator or any other CSA.) Crimes should be accurately and promptly reported to the appropriate police agency, when the victim of a crime elects to, or is unable to, make such a report.

Members of the community are helpful when they immediately report crimes or emergencies to the NYPD and/or to the College's Title IX Coordinator, CSA or other College official, for purposes of including them in the annual statistical disclosure and assessing them for issuing Emergency and Timely Warning Notices, when deemed necessary.

Title IX Coordinator: 646-768-5357 or titleixcoordinator@gcu.ac.uk

Reporting an Incident

Our published materials for students, staff and faculty reflect our policy that the decision to report a crime is an individual choice; that the College commits itself to not revealing any details which would make victims or witnesses identifiable and provides ways in which individuals can confidentially make reports.

The College Catalog contains information about on- and off-campus resources (Appendix A) and is made available to all GCNYC community members. The information regarding “resources” is not provided to infer that those resources are “crime reporting entities” for GCNYC. Crimes should be reported to NYPD officials and GCNYC as described above to ensure inclusion in the annual crime statistics and to aid in providing timely warning notices to the community, when appropriate.

Campus Security Authorities

CSA's: Campus Security Authorities are individuals that have been trained in campus security processes and are able to appropriately assist students in reporting an incident. As of August 2022, GCNYC's CSA's are the Title IX Coordinator, the Director of Academic Engagement, the Vice President & Provost and our College Security Guards.

Campus Alerts

Upon confirmation that a significant campus emergency or dangerous situation which puts the safety of the College community at risk has occurred, GCNYC will utilize their Campus Alerts system to notify students, staff and faculty. Announcements will also be made via email, website, on-campus announcements and on social media. Campus Alerts will also be used for notifications of campus closure due to inclement weather.

Timely Warning Notifications: A Timely Warning will be initiated when a criminal act has occurred, has been reported to the College by Police or to a campus CSA, and it is determined that there is a risk of the same crime occurring again by the same individual, agent, or circumstance. The College is not required to provide a Timely Warning with respect to crimes reported by a pastoral or professional counselor.

Emergency Notifications: If there is an immediate threat to the College's students, staff and faculty, GCNYC will issue an emergency notification as soon as possible.

If you are not sure if you are signed up for GCNYC's Campus Alerts System please contact: [**titleixcoordinator@gcu.ac.uk**](mailto:titleixcoordinator@gcu.ac.uk).

Reporting Individual Support

Reporting individuals of sexual assault, domestic violence, dating violence and/or stalking will be made aware of supporting resources including resources in compliance with the Violence Against Women Act (VAWA) and Education Law Article 129. GCNYC will provide written notification to reporting individuals with information on their rights, options and available resources including counseling, health, mental health, victim advocacy, legal assistance, student financial aid and other services for victims.

This document can be found in GCNYC's Annual Security Report and in the College Catalog (both available at gcnyc.edu) and is also available in hard copy from the Title IX Coordinator.

Reporting Individual Support

Upon receipt of a report or formal complaint of sexual misconduct or violence, the College, through the Title IX Coordinator, will promptly contact the reporting individual to discuss the availability of supportive measures, consider the reporting individual's wishes with respect to supportive measures, provide written notification to the reporting individual of the availability of supportive measures with or without the filing of a formal complaint, and explain to the reporting individual the process for filing a formal complaint.

Protective measures and accommodations may include:

- counseling;
- extensions of deadlines or other course-related/academic adjustments;
- modifications of work or class schedules;
- modifications to mode of attending work or class (virtual or on campus);
- campus escort services;
- mutual restrictions on contact between the parties;
- leaves of absence;
- increased security and monitoring of certain areas of the campus; and/or
- any other measure that can be used to achieve the goals of this policy.

Further information can be found in the Campus Safety section of the College Catalog.

Protection from Retaliation and Intimidation

Retaliation against any member of the GCNYC community who files a report on sexual misconduct or violence is strictly prohibited. Likewise, intimidation of anyone who files a report or any witnesses to an incident is strictly prohibited. Members of the GCNYC community found to have engaged in retaliation or intimidation, will be subject to disciplinary action that can include suspension, expulsion, separation, or termination from GCNYC.

Crime Definitions

Consent:

GCNYC follows New York Education Law Article 129-B's definition of affirmative consent which is:

Affirmative consent is a knowing, voluntary and mutual decision among all participants to engage in sexual activity. Consent can be given by words or actions, as long as those words or actions, create clear permission regarding willingness to engage in the sexual activity. Silence or lack of resistance, in and of itself, does not demonstrate consent. The definition of consent does not vary based upon a participant's sex, sexual orientation, gender identity, or gender expression.

Furthermore, consent to any sexual act or prior consensual sexual activity between or with any party does not necessarily constitute consent to any other sexual act. Consent is required regardless of whether the person initiating the act is under the influence of drugs and/or alcohol. Consent may be initially given but withdrawn at any time. Consent cannot be given when a person is incapacitated, which occurs when an individual lacks the ability to knowingly choose to participate in sexual activity. Incapacitation may be caused by the lack of consciousness or being asleep, being involuntarily restrained, or if an individual otherwise cannot consent. Depending on the degree of intoxication, someone who is under the influence of alcohol, drugs, or other intoxicants may be incapacitated and therefore unable to consent. Consent cannot be given when it is the result of any coercion, intimidation, force or threat of harm. When consent is withdrawn or can no longer be given, sexual activity must stop.

Crime Definitions

Hate Crimes: Items counted as hate crimes are those for which subjective evidence exists that said criminal acts were motivated by bias. Evidence of bias is determined by:

- i. Oral comments, written statements or gestures
 - ii. Drawings, markings, symbols, or graffiti
 - iii. Preponderance of incidents in a significant location
 - iv. Incidents on holidays or dates of significance
 - v. Previous involvement in hate crimes by perpetrators
 - vi. Community perception that the incident was motivated by bias
 - vii. Dating violence includes sexual or physical abuse as well as the threat of such abuse
 - viii. Domestic violence includes felonies and misdemeanors involving individuals who have been intimate and/or shared a residence
 - ix. Stalking reported as related to campus are those incidents where the perpetrator engaged in the stalking course of conduct or the victim first became aware of the stalking (the latter particularly important for electronic stalking)
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Crime Definitions

Dating, Domestic and Intimate Partner Violence: A pattern of coercive behavior that can include physical, psychological, sexual, economic and emotional abuse, perpetrated by one person against an intimate partner. Such violence may occur in all kinds of intimate relationships, including married couples, people who are dating, couples who live together, people with children in common, same-sex partners, and people who were formerly in a relationship with the person abusing them.

Sexual Assault: Any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent. Sexual assault can occur between individuals of the same or different sexes and/or genders. This includes the following: The carnal knowledge of a person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;

- i.** Oral or anal sexual intercourse with another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- ii.** To use an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- iii.** The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of their age or because of their temporary or permanent mental or physical incapacity;
- iv.** Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law; or
- v.** Sexual intercourse with a person who is under the statutory age of consent.

Crime Definitions

Title IX Sexual Harassment: Unwelcome sexual conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies an individual equal access to the College's education program or activity.

Stalking: Intentionally engaging in a course of conduct directed at a specific person with whom the perpetrator currently has, previously has had, or desires to have, some form of sexual or romantic relationship, that:

- 1) is likely to cause reasonable fear of material harm to the physical health, safety or property of such person, a member of such person's immediate family or a third party with whom such person is acquainted; or
 - 2) causes material harm to the mental or emotional health of such person, where such conduct consists of following, telephoning or initiating communication or contact with such person, a member of such person's immediate family or a third party with whom such person is acquainted; or
 - 3) is likely to cause such person to reasonably fear that her/his employment, business or career is threatened, where such conduct consists of appearing, telephoning or initiating communication or contact at such person's place of employment or business, and the actor was previously clearly informed to cease that conduct.
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Crime Definitions

Complainant refers to the individual(s) who is alleged to be the victim of conduct that could constitute Title IX Sexual Harassment or any other prohibited conduct per this policy.

Formal complaint refers to a document filed by a complainant (meaning a document or electronic submission (such as by electronic mail) that contains the complainant's physical or digital signature, or otherwise indicates that the complainant is the individual filing the formal complaint) alleging Title IX Sexual Harassment against a respondent and requesting that the College investigate the allegation of Title IX Sexual Harassment. At the time of filing a formal complaint, a complainant must be participating in or attempting to participate in the education program or activity of the College. A formal complaint may be filed with the College Title IX Coordinator in person, by mail, or by electronic mail, by using the contact information provided in this policy, and by any additional method identified in this policy.

Formal complaint may also refer to a document signed by the College Title IX Coordinator alleging Title IX Sexual Harassment against a respondent. Where the College Title IX Coordinator signs a formal complaint, the College Title IX Coordinator is not a complainant or otherwise a party.

Respondent refers to the individual(s) who has been alleged to be the perpetrator of conduct that could constitute Title IX Sexual Harassment or any other prohibited conduct per this policy.

Safe & Positive Options for Bystander Intervention

Bystanders play a critical role in the prevention of sexual and relationship violence. They are “individuals who observe violence or witness the conditions that perpetuate violence. They are not directly involved but have the choice to intervene, speak up, or do something about it.”¹ GCNYC wants to promote a culture of community accountability where bystanders are actively engaged in the prevention of violence without causing further harm. We may not always know what to do even if we want to help. Below is a list² of some ways to be an active bystander. If you or someone else is in immediate danger, dial 911. This could be when a person is yelling at or being physically abusive towards another and it is not safe for you to interrupt.

- 1. Watch out for your friends and fellow students/employees. If you see someone who looks like they could be in trouble or need help, ask if they are ok.**
- 2. Confront people who seclude, hit on, try to make out with, or have sex with people who are incapacitated.**
- 3. Speak up when someone discusses plans to take sexual advantage of another person.**
- 4. Believe someone who discloses sexual assault, abusive behavior, or experience with stalking.**
- 5. Refer people to on or off campus resources listed in this document.**

¹ Burn, S.M. (2009). A situational model of sexual assault prevention through bystander intervention. *Sex Roles, 60*, 779-792.

² Bystander intervention strategies adapted from Stanford University's Office of Sexual Assault & Relationship Abuse

Risk Reduction & Preventing Dating Violence

With no intent to victim blame and recognizing that only abusers are responsible for their abuse, the following are some strategies to reduce one's risk of sexual assault or harassment (taken from Rape, Abuse, & Incest National Network, www.rainn.org)

1. **Be aware** of your surroundings. Knowing where you are and who is around you may help you to find a way to get out of a bad situation.
 2. Try to **avoid isolated areas**. It is more difficult to get help if no one is around.
 3. **Walk with purpose**. Even if you don't know where you are going, act like you do.
 4. **Try not to load yourself down** with packages or bags as this can make you appear more vulnerable.
 5. **Make sure your cell phone is with you** and charged and that you have cab money.
 6. **Don't allow yourself to be isolated** with someone you don't trust or someone you don't know.
 7. **Avoid putting music headphones in both ears** so that you can be more aware of your surroundings, especially if you are walking alone.
 8. **When you go to a social gathering, go with a group of friends**. Arrive together, check in with each other throughout the evening, and leave together. Knowing where you are and who is around you may help you to find a way out of a bad situation.
 9. **Trust your instincts**. If you feel unsafe in any situation, go with your gut. If you see something suspicious, contact law enforcement immediately (local authorities can be reached by calling 911 in most areas of the U.S.).
 10. **Don't leave your drink unattended** while talking, dancing, using the restroom, or making a phone call. If you've left your drink alone, just get a new one.
 11. **Don't accept drinks from people you don't know or trust**. If you choose to accept a drink, go with the person to the bar to order it, watch it being poured, and carry it yourself. At parties, don't drink from the punch bowls or other large, common open containers.
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Risk Reduction & Preventing Dating Violence Con't.

12. **Watch out for your friends, and vice versa.** If a friend seems out of it, is way too intoxicated for the amount of alcohol they've had, or is acting out of character, get him or her to a safe place immediately.
 13. **If you suspect you or a friend has been drugged, contact law enforcement immediately (local authorities can be reached by calling 911 in most areas of the U.S.).** Be explicit with doctors so they can give you the correct tests (you will need a urine test and possibly others).
 14. If you need to get out of an uncomfortable or scary situation here are some things that you can try:
 - i. **Remember that being in this situation is not your fault.** You did not do anything wrong, it is the person who is making you uncomfortable that is to blame.
 - ii. **Be true to yourself.** Don't feel obligated to do anything you don't want to do. "I don't want to" is always a good enough reason. Do what feels right to you and what you are comfortable with.
 - iii. **Have a code word with friends or family** so that if you don't feel comfortable you can call them and communicate your discomfort without the person you are with knowing. Your friends or family can then come to get you or make up an excuse for you to leave.
 - iv. **Lie.** If you don't want to hurt the person's feelings it is better to lie and make up a reason to leave than to stay and be uncomfortable, scared, or worse. Some excuses you could use are: needing to take care of a friend or family member, not feeling well, having somewhere else that you need to be, etc.
 - v. **Try to think of an escape route.** How would you try to get out of the room? Where are the doors? Windows? Are there people around who might be able to help you? Is there an emergency phone nearby?
 - vi. **If you and/or the other person have been drinking,** you can say that you would rather wait until you both have your full judgment before doing anything you may regret later.
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Drug & Alcohol Policy

The possession, sale or the furnishing of alcohol on campus is governed by GCNYC's alcohol policy and New York State law. Alcohol is prohibited on campus except in the case of approved events where the sale and service of alcohol is being conducted by the College and/or an affiliated organization in accordance with College policy and State Law. Alcohol policies and applicable federal and state laws and regulations are strictly enforced by Campus Safety and Security.

Prohibited behaviors involving alcohol include, but are not limited to: use, sale, distribution, and possession; use, display or possession of any paraphernalia associated with alcohol; use of alcohol that leads to impairment and disorderly, destructive, or violent behavior to self or others; and, students under the age of 21 being in the presence of alcohol in the residence halls. The possession, sale, manufacture, or distribution of any controlled substance is illegal under Federal, State and Local law. GCNYC strictly enforces all applicable laws and policies.

Prohibited behaviors involving drugs, controlled substances, related synthetic materials, and related paraphernalia (including altered or constructed devices used to conceal or consume) include, but are not limited to: use, possession, display, distribution, sale, and being under the influence. Prohibited behaviors involving look-alike drugs include, but are not limited to: possession, consumption, distribution, use, and forcing another to ingest "imitation drugs" or synthetic materials that are either not intended for human consumption or used to produce effects similar to an illegal drug or a substance or drug being used for an unintended purpose (e.g., synthetic cannabis, herbal incense, and or herbal smoking blends, Whip-it and other similar products). Students and employees that violate policy or law are subject to College disciplinary action, criminal prosecution (under the NYS Penal Law; Article 220 - Controlled Substances Offenses, and/or NYS Penal Law; Article 260 - Offenses Relating to Children, Disabled Persons, Vulnerable Elderly Persons), fine and imprisonment. ***Please see the Federal Drug Trafficking Penalties in Appendix C and the Commonly Used Drugs Chart including uses and effects in Appendix D.**

Disciplinary Sanctions for Students

Incidents are considered a violation of the Code of Student Conduct and subject to both College disciplinary procedures up to and including expulsion and criminal prosecution.

Drug and Alcohol Abuse Prevention Information

Statement on Self-Reporting and Bystander Intervention (Good Samaritan)

GCNYC students are expected to be aware of their health and safety and to be bystanders who help fellow students when their health and safety is in danger. When a person's health or safety is threatened due to consumption of alcohol, unlawful drugs, controlled substances and/or other synthetic materials, domestic violence, dating violence, sexual assault or stalking, immediate actions should be taken. This includes alerting medical personnel, campus security, or an appropriate College official.

In all cases, the incident will be documented. When determining the appropriate response in the conduct process, the College will consider actions taken by any student who seeks assistance on their own behalf or the behalf of another student experiencing a medical emergency related to consumption of alcohol, unlawful drugs, controlled substances and/or other synthetic materials. In some cases, disciplinary sanctions may be reduced. This practice does not preclude action by Campus Safety or other legal authorities.

Health Risks & Resources

Health Risks: Drug and Alcohol Abuse (referenced from the National Institute of Health-NIH)

- Alcohol: Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. Alcohol is produced by the fermentation of yeast, sugars, and starches. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream.
- Alcohol affects every organ in the drinker's body and can damage a developing fetus. Intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke, and liver disease. Alcoholism or alcohol dependence is a diagnosable disease characterized by a strong craving for alcohol, and/or continued use despite harm or personal injury. Alcohol abuse, which can lead to alcoholism, is a pattern of drinking that results in harm to one's health, interpersonal relationships, or ability to work.
- Drug addiction is a brain disease. Although initial drug use might be voluntary, drugs of abuse have been shown to alter gene expression and brain circuitry, which in turn affect human behavior. Once addiction develops, these brain changes interfere with an individual's ability to make voluntary decisions, leading to compulsive drug craving, seeking and use.
- The impact of addiction can be far reaching. Cardiovascular disease, stroke, cancer, HIV/ AIDS, hepatitis, and lung disease can all be a result of drug abuse. Some of these effects occur when drugs are used at high doses or after prolonged use; however, some may occur after just one use.

The following is a list of resources for local drug and alcohol abuse prevention programming:

- NYS Office of Addiction Services and Supports: <https://oasas.ny.gov>
 - NYS Treatment Availability Dashboard: <https://findaddictiontreatment.ny.gov>
 - NYC Health: Alcohol and Drug Use: <https://www1.nyc.gov/site/doh/health/health-topics/alcohol-and-drug-use.page>
 - Inter-Group Association of A.A. of New York: <https://www.nyintergroup.org>
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Emergency Action Plan

All employees and students should familiarize themselves with this plan and its requirements.

All fire alarms are visual as well as auditory, and all fire exits are clearly indicated on our campus. For special events during which we have large numbers of attendees, we have hired fire marshals in attendance—their directions and instructions should be followed at all times. A first aid kit and defibrillator are available on the main level. Fire extinguishers are located throughout the building and the building is equipped with sprinklers.

Testing: GCNYC facilitates testing of our Emergency Action Plans and Emergency Notification procedure at least once per year. These tests will include students, staff and faculty and may be announced or unannounced. During such tests/drills, building occupants will be re-familiarized with the College's emergency response and evacuation procedures. All tests conducted will be documented by the Title IX Coordinator or their designee and will include a description of the exercise, the date, time and whether it was announced or unannounced.

Building Evacuation

If the fire alarm is triggered, all individuals should exit the building.

The fire alarm will be used for any threat to safety that requires evacuation of the building. Even if students or staff do not smell smoke or see flames, they are required to exit the building.

Upon exiting the building, turn left and head towards Broome Street. The meeting point will be the northwest corner of Broome and Wooster Streets:

- i. Do not remain in front of the building as Emergency Vehicles will be arriving.
- ii. Do not depart until you have checked in with both GCNYC Incident Commanders, who will ensure that everyone is present after the evacuation. If you wish permission to depart, please ensure that you have informed both Incident Commanders.

If a student has important information about the incident or anyone still in the building, the student should report it immediately to one of the GCNYC Incident Commanders, who will communicate the information directly to Emergency Responders.

Once the students and staff have departed the building, no one may not re-enter until an Incident Commander, who after receiving clearance from Emergency Responders, says it is safe to return.

Emergency Actions

Seeking Shelter: If a safety threatening event occurs for which safe shelter is required, when directed, all individuals should go to the ground floor of 64 Wooster Street and remain as far to the east end as possible (inside Classroom 3).

Medical Emergencies: If someone should become seriously ill or injured, call or ask someone to call 911 using a mobile phone. Immediately report this to a College official. That College official will become the Incident Commander and will be the primary contact with emergency personnel. Be sure to pass on any and all relevant information to them. A first aid kit and defibrillator are available on the main level. A second first aid kit is located under the kitchen sink on the lower level.

Emergency Actions

Active Threat: In the event of an active threat such as an active shooter or other act of criminal violence, the College will (if safe to do so) send out a Campus Alert text message reading, "Shelter in place" or "Evacuate the building."

College Personnel will keep you updated and/or provide further direction as they are able and as the situation warrants. At no time should students or staff/faculty accept directions from anyone other than a College Incident Commander, Campus Security Guard or Law Enforcement Personnel.

Emergency Actions

If you are on-campus during an active shooter or similar threatening situation:

- **Run. Get out and get away as quietly and quickly as possible.**
 - Evacuate regardless of whether others agree to follow
 - Leave your personal belongings behind
 - Help others escape, if possible.
 - If you can't run out, you can run away, buy time and create distance between yourself and the attacker
 - Call 911 as soon as it is safe to do so
 - **Hide. If you cannot run, find a place to hide where the attacker is less likely to find you.**
 - Lock and/or barricade doors
 - Turn off lights
 - Remain quiet
 - Stay out of the attacker's view
 - Silence your cell phone
 - Hide behind large items that could protect you
 - **Fight. If all else fails, and only as a last resort, attack the shooter with whatever makeshift weapons you can find (scissors, portable fire extinguishers, chairs, etc.) to disarm and disable. It is best, when possible, to work with others.**
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Emergency Actions

Afterwards:

- **When law enforcement arrives:**
 - Remain calm and follow law enforcement personnel's instructions
 - Keep hands visible at all times
 - Avoid making quick movements towards law enforcement personnel
 - Do not stop to ask the officers for help or directions when evacuating. Just proceed in the direction from which they entered the premises.

Incident Commanders

Incident Commanders: will be the primary responsible parties for GCNYC in an emergency situation and the primary contact for emergency personnel.

Incident Commanders will:

- i. Ensure that everyone has vacated the building in an evacuation situation
- ii. Ensure that individuals exit the building in a timely manner
- iii. Ensure that all individuals are in the appropriate areas in a seek shelter situation
- iv. Ensure that everyone is accounted for

Unless otherwise communicated the Incident Commanders will be:

From 9am-6pm:

- Vice President & Provost
- Title IX Coordinator
- If the above are unavailable, a GCNYC staff Director may assume this role

After 6pm:

- College Security Guards
 - or a Faculty member present on campus
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Contact

For more information on anything in this presentation, please contact:

Jessica Chang-Russell

Director of Operations, Title IX Coordinator

jessica.changrussell@gcu.ac.uk

titleixcoordinator@gcu.ac.uk

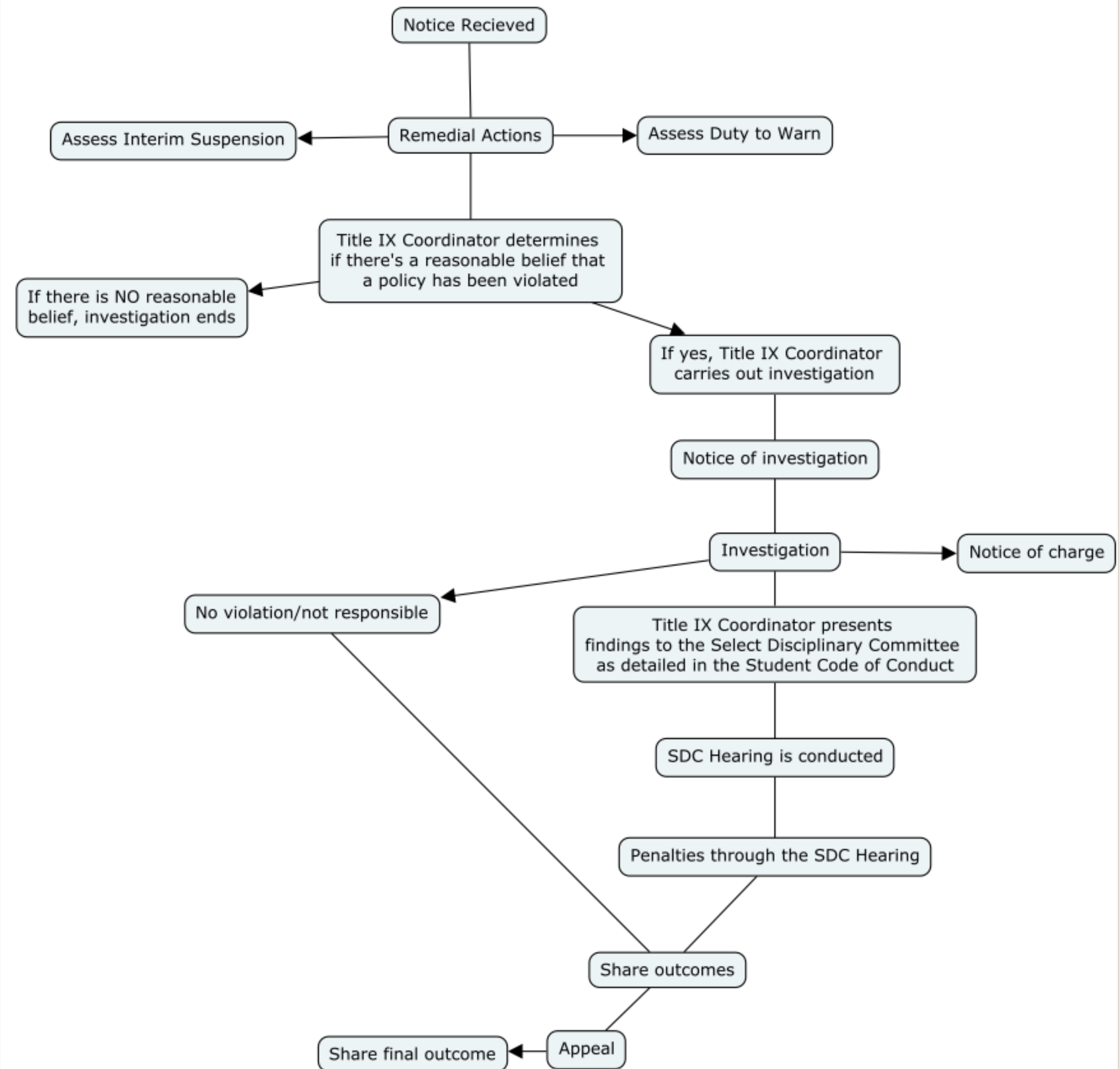
646-768-5357

For more details on any of the policies mentioned, the GCNYC College Catalog can be found at:

<https://gcnyc.edu/students/catalog-and-policies/>

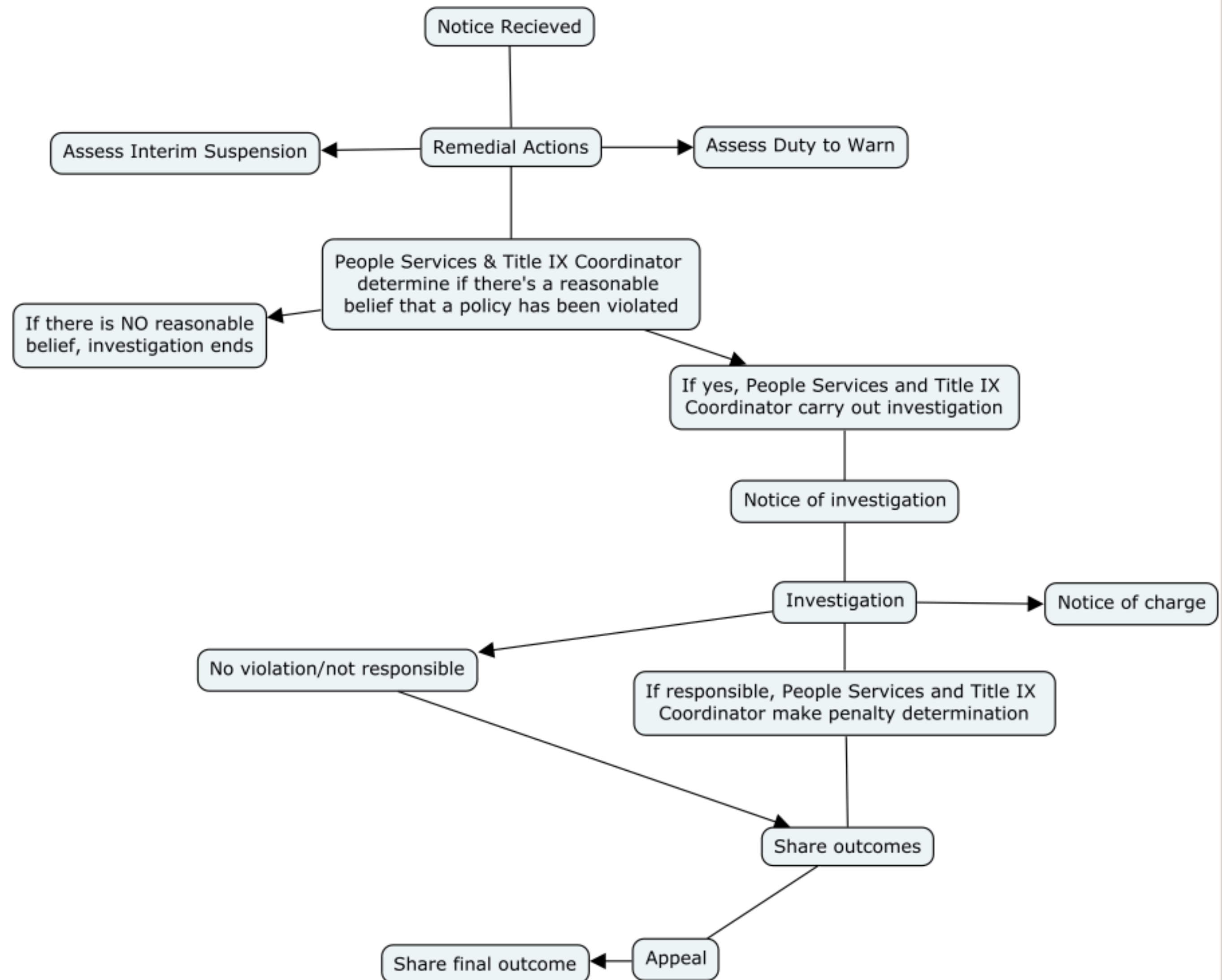
Appendix A

Student Investigation Model for Violations of domestic violence, dating violence, sexual assault, stalking, Title IX sexual harassment, quid pro quo sexual harassment and other forms of sexual violence



Appendix B

Employee Investigation Model for Violations of domestic violence, dating violence, sexual assault, stalking, Title IX sexual harassment, quid pro quo sexual harassment and other forms of sexual violence



Appendix C

DRUG/SCHEDULE	QUANTITY	PENALTIES	QUANTITY	PENALTIES
Cocaine (Schedule II)	500–4999 grams mixture	<p>First Offense: Not less than 5 yrs, and not more than 40 yrs. If death or serious injury, not less than 20 or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual.</p> <p>Second Offense: Not less than 10 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.</p>	5 kgs or more mixture	<p>First Offense: Not less than 10 yrs, and not more than life. If death or serious injury, not less than 20 or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual.</p> <p>Second Offense: Not less than 20 yrs, and not more than life. If death or serious injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p> <p>2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.</p>
Cocaine Base (Schedule II)	28–279 grams mixture		280 grams or more mixture	
Fentanyl (Schedule II)	40–399 grams mixture		400 grams or more mixture	
Fentanyl Analogue (Schedule I)	10–99 grams mixture		100 grams or more mixture	
Heroin (Schedule I)	100–999 grams mixture		1 kg or more mixture	
LSD (Schedule I)	1–9 grams mixture		10 grams or more mixture	
Methamphetamine (Schedule II)	5–49 grams pure or 50–499 grams mixture		50 grams or more pure or 500 grams or more mixture	
PCP (Schedule II)	10–99 grams pure or 100–999 grams mixture		100 gm or more pure or 1 kg or more mixture	
PENALTIES				
Other Schedule I & II drugs (and any drug product containing Gamma Hydroxybutyric Acid)	Any amount	<p>First Offense: Not more than 20 yrs. If death or serious injury, not less than 20 yrs, or more than life. Fine \$1 million if an individual, \$5 million if not an individual.</p> <p>Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.</p>		
Flunitrazepam (Schedule IV)	1 gram			
Other Schedule III drugs	Any amount	<p>First Offense: Not more than 10 years. If death or serious injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual.</p> <p>Second Offense: Not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.</p>		
All other Schedule IV drugs	Any amount	<p>First Offense: Not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual.</p> <p>Second Offense: Not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.</p>		
Flunitrazepam (Schedule IV)	Other than 1 gram or more			
All Schedule V drugs	Any amount	<p>First Offense: Not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual.</p> <p>Second Offense: Not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.</p>		

Appendix C Continued

DRUG	QUANTITY	1st OFFENSE	2nd OFFENSE *
Marijuana (Schedule I)	1,000 kg or more marijuana mixture; or 1,000 or more marijuana plants	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 life. Fine not more than \$10 million if an individual, \$50 million if other than an individual.	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 (Schedule I)	100 kg to 999 kg marijuana mixture; or 100 to 999 marijuana plants	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 life. Fine not more than \$5 million if an individual, \$25 million if other than an individual.	Not less than 10 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 (Schedule I)	More than 10 kgs hashish; 50 to 99 kg marijuana mixture More than 1 kg of hashish oil; 50 to 99 marijuana plants	Not less 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.	Not less than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if other than an individual.
Marijuana (Schedule I)	Less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) marijuana plants; 1 to 49 marijuana plants;	Not less than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual	Not less than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual
Hashish (Schedule I)	10 kg or less		
Hashish Oil (Schedule I)	1 kg or less		

*The minimum sentence for a violation after two or more prior convictions for a felony drug offense have become final is a mandatory term of life imprisonment without release and a fine up to \$20 million if an individual and \$75 million if other than an individual.

Appendix D

	METHAMPHETAMINE	PCP	SYNTHETIC CANNABINOIDS	SYNTHETIC CATHINONES ("BATH SALTS")	TOBACCO	ALCOHOL	
DESCRIPTION	An extremely addictive stimulant amphetamine drug. For more information, see the <i>Methamphetamine Research Report</i> .	A dissociative drug developed as an intravenous anesthetic that has been discontinued due to serious adverse effects. Dissociative drugs are hallucinogens that cause the user to feel detached from reality. PCP is an abbreviation of the scientific name, phencyclidine. For more information, see the <i>Hallucinogens and Dissociative Drugs Research Report</i> .	A wide variety of herbal mixtures containing man-made cannabinoid chemicals related to THC in marijuana but often much stronger and more dangerous. Sometimes misleadingly called "synthetic marijuana" and marketed as a "natural," "safe," legal alternative to marijuana. For more information, see the <i>Synthetic Cannabinoids DrugFacts</i> .	An emerging family of drugs containing one or more synthetic chemicals related to cathinone, a stimulant found naturally in the khat plant. Examples of such chemicals include mephedrone, methylone, and 3,4-methylenedioxypropylvalerone (MDPV). For more information, see the <i>Synthetic Cathinones ("Bath Salts") DrugFacts</i> .	Plant grown for its leaves, which are dried and fermented before use. For more information, see the <i>Tobacco/Nicotine Research Report</i> .	Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine and liquor. It is produced by the fermentation of yeast, sugars, and starches.	
STREET NAMES	Crank, Chalk, Crystal, Fire, Glass, Go Fast, Ice, Meth, Speed	Angel Dust, Boat, Hog, Love Boat, Peace Pill	K2, Spice, Black Mamba, Bliss, Bombay Blue, Fake Weed, Fire, Genie, Moon Rocks, Skunk, Smoked, Yucatan, Zohai	Bloom, Cloud Nine, Cosmic Blast, Flakka, Ivory Wave, Lunar Wave, Scarface, Vanilla Sky, White Lightning	None	Booze, Juice, Sauce, Brew	
COMMERCIAL NAMES	Desoxyn®	No commercial uses	No commercial uses	No commercial uses for ingested "bath salts"	Multiple brand names	Various	
COMMON FORMS	White powder or pill; crystal meth looks like pieces of glass or shiny blue-white "rocks" of different sizes	White or colored powder, tablet, or capsule; clear liquid	Dried, shredded plant material that looks like potpourri and is sometimes sold as "incense"	White or brown crystalline powder sold in small plastic or foil packages labeled "not for human consumption" and sometimes sold as jewelry cleaner; tablet, capsule, liquid	Cigarettes, cigars, bidis, hookahs, smokeless tobacco (snuff, spit tobacco, chew)	Beer, wine, liquor/spirits/malt beverages	
COMMON WAYS TAKEN	Swallowed, snorted, smoked, injected	Injected, snorted, swallowed, smoked (powder added to mint, parsley, oregano, or marijuana)	Smoked, swallowed (brewed as tea).	Swallowed, snorted, injected.	Smoked, snorted, chewed, vaporized.	Ingested by drinking	
DEA SCHEDULE	II	I, II	I	I (Some formulations have been banned by the DEA)	Not Scheduled	Not scheduled; illegal for purchase or use by those under age 21	
POSSIBLE HEALTH EFFECTS	SHORT-TERM	Increased wakefulness and physical activity; decreased appetite; increased breathing, heart rate, blood pressure, temperature; irregular heartbeat.	Delusions, hallucinations, paranoia, problems thinking, a sense of distance from one's environment, anxiety. Low doses: slight increase in breathing rate; increased blood pressure and heart rate; shallow breathing; face redness and sweating; numbness of the hands or feet; problems with movement. High doses: nausea; vomiting; flicking up and down of the eyes; drooling; loss of balance; dizziness; violence; seizures, coma, and death.	Increased heart rate; vomiting; agitation; confusion; hallucinations, anxiety, paranoia; increased blood pressure.	Increased heart rate and blood pressure; euphoria; increased sociability and sex drive; paranoia, agitation, and hallucinations; violent behavior; sweating; nausea, vomiting; insomnia; irritability; dizziness; depression; panic attacks; reduced motor control; cloudy thinking.	Increased blood pressure, breathing, and heart rate.	Injuries and risky behavior, including drunk driving and inappropriate sexual behavior; impaired judgement, coordination, and reflexes; slurred speech, memory problems.
	LONG-TERM	Anxiety, confusion, insomnia, mood problems, violent behavior, paranoia, hallucinations, delusions, weight loss, severe dental problems ("meth mouth"), intense itching leading to skin sores from scratching.	Memory loss, problems with speech and thinking, loss of appetite, anxiety.	Unknown	Death	Greatly increased risk of cancer, especially lung cancer when smoked and oral cancers when chewed; chronic bronchitis; emphysema; heart disease; leukemia; cataracts; pneumonia.	Irregular heartbeat, stroke, high blood pressure; cirrhosis and fibrosis of the liver; mouth, throat, liver, breast cancer.
	OTHER HEALTH-RELATED ISSUES	Pregnancy: premature delivery; separation of the placenta from the uterus; low birth weight; lethargy; heart and brain problems. Risk of HIV, hepatitis, and other infectious diseases from shared needles.	PCP has been linked to self-injury. Risk of HIV, hepatitis, and other infectious diseases from shared needles.	Use of synthetic cannabinoids has led to an increase in emergency room visits in certain areas.	Risk of HIV, hepatitis, and other infectious diseases from shared needles.	Pregnancy: miscarriage, low birth weight, stillbirth, learning and behavior problems.	Pregnancy-related: fetal alcohol spectrum disorders (FASD)
	IN COMBINATION WITH ALCOHOL	Masks the depressant effect of alcohol, increasing risk of alcohol overdose; may increase blood pressure.	Unknown	Unknown	Unknown	Unknown	N/A
	WITHDRAWAL SYMPTOMS	Depression, anxiety, tiredness.	Headaches, increased appetite, sleepiness, depression.	Headaches, anxiety, depression, irritability.	Depression, anxiety.	Irritability, attention and sleep problems, depression, increased appetite.	Trouble sleeping, shakiness, irritability, depression, anxiety, nausea, sweating.
TREATMENT OPTIONS	MEDICATIONS	There are no FDA-approved medications to treat methamphetamine addiction.	There are no FDA-approved medications to treat addiction to PCP or other dissociative drugs.	There are no FDA-approved medications to treat synthetic cannabinoid addiction.	There are no FDA-approved medications to treat addiction to synthetic cathinones.	Bupropion (Zyban®) Varenicline (Chantix®) Nicotine replacement (gum, patch, lozenge)	Naltrexone, acamprosate, disulfiram.
	BEHAVIORAL THERAPIES	<ul style="list-style-type: none"> Cognitive-behavioral therapy (CBT) Contingency management, or motivational incentives The Matrix model 12-Step facilitation therapy Mobile medical application: reSET® 	More research is needed to find out if behavioral therapies can be used to treat addiction to dissociative drugs.	More research is needed to find out if behavioral therapies can be used to treat synthetic cannabinoid addiction.	<ul style="list-style-type: none"> Cognitive-behavioral therapy (CBT) Contingency management, or motivational incentives Motivational Enhancement Therapy (MET) Behavioral treatments geared to teens 	<ul style="list-style-type: none"> Cognitive-behavioral therapy (CBT) Self-help materials Mail, phone, and Internet quit resources 	<ul style="list-style-type: none"> Cognitive-behavioral therapy (CBT) 12-Step facilitation therapy Mobile medical application: reSET®

Additional Resources:

- Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locator: <http://www.findtreatment.samhsa.gov;> 1-800-662-HELP.
- The "Find a Physician" feature on the American Society of Addiction Medicine (ASAM) website: <http://www.asam.org/for-the-public-treatment>.
- The Patient Referral Program on the American Academy of Addiction Psychiatry website: <http://www.aaap.org/patient-resources>.
- The Child and Adolescent Psychiatrist Finder on the American Academy of Child & Adolescent Psychiatry Web site: http://http://www.aacap.org/aacap/Families_and_Youth/Resources/CAP_Finder.aspx.
- The Surgeon General's Report on Alcohol, Drugs, and Health: <https://addiction.surgeongeneral.gov/>
- For clinical trials information, go to www.clinicaltrials.gov.

For More Information:

The NIDA website, www.drugabuse.gov, has information on a variety of drugs and related information.

Some publications, including these charts, are available in print, free of charge.

To order print copies, call the DRUGPubs Research Dissemination Center at 1-877-NIH-NIDA or go to drugpubs.drugabuse.gov.

Appendix D Continued

PRINCIPLES OF EFFECTIVE TREATMENT

1. Addiction is a complex but treatable disease that affects brain function and behavior.
2. No single treatment is appropriate for everyone.
3. Treatment needs to be readily available.
4. Effective treatment attends to multiple needs of the individual, not just his or her drug use or misuse.
5. Remaining in treatment for an adequate period of time is critical.
6. Behavioral therapies—including individual, family, or group counseling—are the most commonly used forms of drug use disorder treatment.
7. Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.
8. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that it meets his or her changing needs.
9. Many drug-addicted individuals also have other mental disorders.
10. Medically assisted detoxification is only the first stage of addiction treatment and by itself does little to change long-term drug use and misuse.
11. Treatment does not need to be voluntary to be effective.
12. Drug use during treatment must be monitored continuously, as lapses during treatment do occur.
13. Treatment programs should test patients for the presence of HIV/AIDS, Hepatitis B and C, tuberculosis, and other infectious diseases, provide risk-reduction counseling, and link patients to treatment if necessary.

The Drug Enforcement Administration (DEA) schedule indicates the drug's acceptable medical use and its potential for abuse or dependence. The most up-to-date scheduling information can be found on the DEA website.

	COCAINE	HEROIN	INHALANTS	LSD	MARIJUANA (CANNABIS)	MDMA (ECSTASY/MOLLY)	
DESCRIPTION	A powerfully addictive stimulant drug made from the leaves of the coca plant native to South America. <i>For more information, see the Cocaine Research Report.</i>	An opioid drug made from morphine, a natural substance extracted from the seed pod of the various opium poppy plant. <i>For more information, see the Heroin Research Report.</i>	Solvents, aerosols, and gases found in household products such as spray paints, markers, glues, and cleaning fluids; also nitrites (e.g., amyl nitrite), which are prescription medications for chest pain. <i>For more information, see the Inhalants Research Report.</i>	A hallucinogen manufactured from lysergic acid, which is found in ergot, a fungus that grows on rye and other grains. LSD is an abbreviation of the scientific name lysergic acid diethylamide. <i>For more information, see the Hallucinogens and Dissociative Drugs Research Report.</i>	Marijuana is made from the hemp plant, Cannabis sativa. The main psychoactive (mind-altering) chemical in marijuana is delta-9-tetrahydrocannabinol, or THC. <i>For more information, see the Marijuana Research Report.</i>	A synthetic, psychoactive drug that has similarities to both the stimulant amphetamine and the hallucinogen mescaline. MDMA is an abbreviation of the scientific name 3,4-methylenedioxy-methamphetamine. <i>For more information, see the MDMA (Ecstasy) Abuse Research Report.</i>	
STREET NAMES	Blow, Bump, C, Candy, Charlie, Coke, Crack, Flake, Rock, Snow, Toot	Brown sugar, China White, Dope, H, Horse, Junk, Skag, Skunk, Smack, White Horse With OTC cold medicine and antihistamine: Cheese	Poppers, snappers, whippets, laughing gas	Acid, Blotter, Blue Heaven, Cubes, Microdot, Yellow Sunshine	Blunt, Bud, Dope, Ganja, Grass, Green, Herb, Joint, Mary Jane, Pot, Reefer, Sinsemilla, Skunk, Smoke, Trees, Weed Hashish: Boom, Gangster, Hash, Hemp	Adam, Clarity, Eve, Lover's Speed, Peace, Uppers	
COMMERCIAL NAMES	Cocaine hydrochloride topical solution (anesthetic rarely used in medical procedures)	No commercial uses	Various	No commercial uses	Various brand names in states where the sale of marijuana is legal	No commercial uses	
COMMON FORMS	White powder, whitish rock crystal	White or brownish powder, or black sticky substance known as "black tar heroin"	Paint thinners or removers, degreasers, dry-cleaning fluids, gasoline, lighter fluids, correction fluids, permanent markers, electronics cleaners and freeze sprays, glue, spray paint, hair or deodorant sprays, fabric protector sprays, aerosol computer cleaning products, vegetable oil sprays, butane lighters, propane tanks, whipped cream aerosol containers, refrigerant gases, ether, chloroform, halothane, nitrous oxide	Tablet; capsule; clear liquid; small, decorated squares of absorbent paper that liquid has been added to	Greenish-gray mixture of dried, shredded leaves, stems, seeds, and/or flowers; resin (hashish) or sticky, black liquid (hash oil)	Colorful tablets with imprinted logos, capsules, powder, liquid	
COMMON WAYS TAKEN	Snorted, smoked, injected	Injected, smoked, snorted	Inhaled through the nose or mouth	Swallowed, absorbed through mouth tissues (paper squares)	Smoked, eaten (mixed in food or brewed as tea)	Swallowed, snorted	
DEA SCHEDULE	II	I	Not scheduled	I	I	I	
POSSIBLE HEALTH EFFECTS	SHORT-TERM	Narrowed blood vessels; enlarged pupils; increased body temperature, heart rate, and blood pressure; headache; abdominal pain and nausea; euphoria; increased energy, alertness; insomnia, restlessness; anxiety; erratic and violent behavior, panic attacks, paranoia, psychosis; heart rhythm problems, heart attack; stroke, seizure, coma.	Euphoria; dry mouth; itching; nausea; vomiting; analgesia; slowed breathing and heart rate.	Confusion; nausea; slurred speech; lack of coordination; euphoria; dizziness; drowsiness; disinhibition, lightheadedness, hallucinations/delusions; headaches; sudden sniffing death due to heart failure (from butane, propane, and other chemicals in aerosols); death from asphyxiation, suffocation, convulsions or seizures, coma, or choking. <i>Nitrites: enlarged blood vessels, enhanced sexual pleasure, increased heart rate, brief sensation of heat and excitement, dizziness, headache.</i>	Rapid emotional swings; distortion of a person's ability to recognize reality, think rationally, or communicate with others; raised blood pressure, heart rate, body temperature; dizziness; loss of appetite; tremors; enlarged pupils.	Enhanced sensory perception and euphoria followed by drowsiness/relaxation; slowed reaction time; problems with balance and coordination; increased heart rate and appetite; problems with learning and memory; anxiety.	Lowered inhibition; enhanced sensory perception; increased heart rate and blood pressure; muscle tension; nausea; faintness; chills or sweating; sharp rise in body temperature leading to kidney failure or death.
	LONG-TERM	Loss of sense of smell, nosebleeds, nasal damage and trouble swallowing from snorting; infection and death of bowel tissue from decreased blood flow; poor nutrition and weight loss; lung damage from smoking.	Collapsed veins; abscesses (swollen tissue with pus); infection of the lining and valves in the heart; constipation and stomach cramps; liver or kidney disease.	Liver and kidney damage; bone marrow damage; limb spasms due to nerve damage; brain damage from lack of oxygen that can cause problems with thinking, movement, vision, and hearing. <i>Nitrites: increased risk of pneumonia.</i>	Frightening flashbacks (called Hallucinogen Persisting Perception Disorder [HPPD]); ongoing visual disturbances, disorganized thinking, paranoia, and mood swings.	Mental health problems, chronic cough, frequent respiratory infections. In rare cases, risk of recurrent episodes of severe nausea and vomiting.	Long-lasting confusion, depression, problems with attention, memory, and sleep; increased anxiety, impulsiveness less interest in sex.
	OTHER HEALTH-RELATED ISSUES	Pregnancy: premature delivery, low birth weight, deficits in self-regulation and attention in school-aged children prenatally exposed. Risk of HIV, hepatitis, and other infectious diseases from shared needles.	Pregnancy: miscarriage, low birth weight, neonatal abstinence syndrome. Risk of HIV, hepatitis, and other infectious diseases from shared needles.	Pregnancy: low birth weight, bone problems, delayed behavioral development due to brain problems, altered metabolism and body composition.	Unknown	Youth: May impair brain development and learning functions. Pregnancy: babies born with problems with attention, memory, and problem solving.	Unknown
	IN COMBINATION WITH ALCOHOL	Greater risk of cardiac toxicity than from either drug alone.	Dangerous slowdown of heart rate and breathing, coma, death.	Unknown	Unknown	Increased heart rate, blood pressure; further slowing of mental processing and reaction time.	MDMA decreases some of alcohol's effects. Alcohol can increase plasma concentrations of MDMA, which may increase the risk of neurotoxic effects.
	WITHDRAWAL SYMPTOMS	Depression, tiredness, increased appetite, insomnia, vivid unpleasant dreams, slowed movement, restlessness.	Restlessness, muscle and bone pain, insomnia, diarrhea, vomiting, cold flashes with goose bumps ("cold turkey").	Nausea, tremors, irritability, problems sleeping, and mood changes.	Unknown	Irritability, trouble sleeping, decreased appetite, anxiety.	Fatigue, loss of appetite, depression, aggression, trouble concentrating.
TREATMENT OPTIONS	MEDICATIONS	There are no FDA-approved medications to treat cocaine addiction.	Methadone Buprenorphine Naltrexone (short- and long-acting forms)	There are no FDA-approved medications to treat inhalant addiction.	There are no FDA-approved medications to treat addiction to LSD or other hallucinogens.	There are no FDA-approved medications to treat marijuana addiction.	There is conflicting evidence about whether MDMA is addictive. There are no FDA-approved medications to treat MDMA addiction.
	BEHAVIORAL THERAPIES	<ul style="list-style-type: none"> • Cognitive-behavioral therapy (CBT) • Contingency management, or motivational incentives, including vouchers • The Matrix model • Community-based recovery groups, such as 12-step programs • Mobile medical application: reSET® 	<ul style="list-style-type: none"> • Contingency management, or motivational incentives • 12-Step facilitation therapy 	More research is needed to find out if behavioral therapies can be used to treat inhalant addiction.	More research is needed to find out if behavioral therapies can be used to treat addiction to hallucinogens.	<ul style="list-style-type: none"> • Cognitive-behavioral therapy (CBT) • Contingency management, or motivational incentives • Motivational Enhancement Therapy (MET) • Behavioral treatments geared to adolescents • Mobile medical application: reSET® 	More research is needed to find out if behavioral therapies can be used to treat MDMA addiction.