Campus Safety and Security Report 2007-2008
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## POLYTECHNIC INSTITUTE OF NEW YORK UNIVERSITY CAMPUS CRIME AND SECURITY STATISTICS
Introduction

Colleges and universities are required by the federal government to publish and distribute an annual security report containing campus security policies and procedures as well as campus crime statistics. In the 2007-2008 report which follows, the term “campus” will include all NYU-POLY facilities (on-campus and non-campus). The crime statistics of this report are broken down into the categories of “on campus,” “non-campus,” and “public property,” as defined by the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Section 485 (f) of the Higher Education Act.

Campus Safety and Security Report Preparation
This report has been prepared by from the Offices of the Dean Student Affairs, Residence Life, and Facilities Management. This group is part of the Campus Safety and Security Committee which meets throughout the year to discuss security and safety issues and review existing policies.

Safety and Security at NYU-POLY
Safety and Security for NYU-Poly is provided by the Department of Facilities Management. The NYU-POLY security personnel regularly provides foot patrols on-campus, emergency team response, building security, first aid and CPR care, internal communications, and security at numerous special events.

NYU-POLY maintains a professional relationship with local, state and federal law enforcement agencies, NYU-POLY works with the 84th Precinct (Brooklyn Heights) New York City Police Department and MetroTech Bid Security.

NYU-Poly’s main campus in Brooklyn is located in MetroTech Center. Committed to creating the safest possible campus environment, NYU-POLY provides a wide range of measures to expand its safety and protection services for the benefit of all members of the NYU-POLY community — students, faculty and staff. The security services provided by NYU-POLY include:

- Foot patrols of NYU-POLY buildings
- Participation in New Student Orientation programs
- Monitoring of incoming calls to the Security Desk to ensure proper attention
- Emergency Response Team with specialized training in evacuation and disaster control procedures
- Special events teams
- A communications system linking all NYU-Poly-owned radios to provide better coordination during emergencies

Sources of Advice and Information about Security
NYU-Poly students are educated about safety practically from the moment they first arrive on campus through the New Student Orientation and Welcome Week activities. At the start of the fall semester each incoming student receives the Student Planner. This publication is also available on-line. Within this guide, students can access safety information including maps showing campus buildings.

The Campus Security Report distributed on-line each year at the beginning of the fall semester. In addition, “Safety Alerts” are distributed as necessary to inform the community about safety-related issues, risk-reducing precautions, and sources of help and additional information.
**Emergency Assistance**
Emergency Phone Numbers 911 or
Security Front Desk - from on-campus ext 3537
Security Front Desk – from off-campus 718-260 3537

If you are in need of assistance and cannot get to a telephone, you will find security officers at each building entrance (Othmer and JAB 24 hours a day), MetroTech Bid security patrol staff, or the NYPD officer parked in front of Othmer.

HOW TO REPORT A CAMPUS SAFETY CONCERN

NYU-Poly students, staff, and faculty are urged to promptly report to NYU-Poly officials all crimes or emergency situations in relation to which they are a victim or a witness, including those that occur either on campus or off campus. Individuals also are encouraged to notify the police of such matters and Facilities Management will be glad to offer support and assistance in doing so. If need be, however, incidents may be reported on a voluntary and confidential basis.

All incidents should be reported to Facilities Management (JB152) by filling out an Incident Report. Incidents include (but not limited to) perceived harassment, crime, facility safety concerns, or medical emergencies. In the case of a life threatening emergency, please contact 911 first then report it to a school official.

Please be as specific as possible, sign it and leave a telephone number where you can be reached. If you are unsure of the process or who to contact, please ask any security guard or NYU-Poly employee for assistance. If you need to file a report after business hours or on the weekends, please go to any Security Desk for assistance.

The NYU-Poly makes every effort to facilitate the reporting process by providing the NYU-Poly community with multiple ways in which to do so. Even though incidents can be reported with the assistance of any campus office, the following campus offices can best assist you:

<table>
<thead>
<tr>
<th>Office/Department</th>
<th>Location</th>
<th>On-Campus Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities Management</td>
<td>Jacobs Building 152</td>
<td>3020</td>
</tr>
<tr>
<td>Guard Station – Dibner/Library</td>
<td>Dibner Lobby</td>
<td>3727</td>
</tr>
<tr>
<td>Guard Station – Rogers Hall Front Entrance</td>
<td>Jacobs Academic Building Lobby</td>
<td>3537</td>
</tr>
<tr>
<td>Guard Station – Rogers Hall Rear Entrance</td>
<td>Rogers Hall Rear Entrance</td>
<td>3213</td>
</tr>
<tr>
<td>Guard Station – Wunsch Hall</td>
<td>Wunsch Lobby</td>
<td>5901</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Jacobs Building 258</td>
<td>3840</td>
</tr>
<tr>
<td>Office of Residence Life</td>
<td>Othmer Hall 103</td>
<td>4160</td>
</tr>
<tr>
<td>Office of the Dean of Student Affairs</td>
<td>Jacobs Building 158</td>
<td>3137</td>
</tr>
<tr>
<td>Department of Student Development</td>
<td>Jacobs Building 158</td>
<td>3800</td>
</tr>
<tr>
<td>Westchester</td>
<td>Administrative Office</td>
<td>2000</td>
</tr>
<tr>
<td>Melville</td>
<td>Administrative Office</td>
<td>4444</td>
</tr>
<tr>
<td>Broad Street</td>
<td>Administrative Office</td>
<td>4014</td>
</tr>
</tbody>
</table>

When reports are received, the following actions are taken:
• Victims are referred to the appropriate offices/agencies on and off campus, including law enforcement, counseling, health/medical services and judicial affairs.
• Incident reports concerning students are promptly sent to the Office of the Dean of Student Affairs, Department of Student Development, Residence Life, as appropriate.
• Incident reports concerning staff and faculty are sent to appropriate administrative or academic departments for review and follow-up.
• NYU-Poly distributes information on campus crime to the NYU-Poly community through the campus web site and email system. In the event of the commission of a serious crime or report of a crime pattern or trend either on or off campus, such as robbery or assault, Facilities Management, in consultation with the appropriate offices, promptly distributes “Safety Alerts” to the campus community.
NYU-Poly uses the information from incident reports to improve its campus protection program and shares the information with the proper law enforcement authorities and NYU-Poly personnel. For example:

- The Facilities Management analyzes the reports, compiles crime statistics, and develops strategies to reduce criminal incidents and enhance preventive measures.
- Staff from NYU-Poly’s Offices of the Dean Student Affairs, Residence Life, Facilities Management and Public Safety regularly meet to discuss campus safety issues and to develop related crime prevention programs, safety workshops, and posters.
- Local police agencies are requested to report to NYU-POLY and Facilities Management any criminal activity involving NYU-POLY students or personnel at off-campus locations.
CAMPUS FACILITIES AND AWARENESS PROGRAMS

NYU-Poly takes very seriously its responsibilities to help ensure the safety of its residence hall, classrooms, and other facilities. In order to provide this level of security to the community, NYU-Poly provides services and structures that include: ID card readers for access control at all campus buildings; 24-hour coverage at the residence hall and main entrance in JAB; video surveillance in various outdoor and indoor locations.

All guests of Polytechnic Institute of NYU must be signed in by a host. The host is responsible for the actions of their guest. All guests must abide by the policies and procedures of the university.

Residence Halls- The residence hall has a 24-hour security officer posted in the building. The residence hall has security turnstiles, to allow resident students access by using their ID. No one is allowed into the residence halls unless he/she is a resident, guest or otherwise authorized visitor. All persons seeking entry, including staff and faculty, are checked for proper identification. Guests in residence halls must be signed in and leave I.D. at the security desk.

NYU-Poly Identification

All members of the NYU-Poly community are required to carry and maintain at all times their photo-identification cards issued by the Office of Facilities Management. ID cards must be presented and/or surrendered to any official of the NYU-Poly upon request.


3.4 Identification Cards

Each member of the NYU-Poly community is issued a picture identification card or visitor’s pass, and must wear it at all times while on NYU-Poly premises or at NYU-Poly-sponsored activities. Identification cards must be presented upon entering NYU-Poly buildings and must be worn while on NYU-Poly premises. The ID card must be relinquished upon request by any NYU-Poly official in the normal conduct of NYU-Poly business.

3.4.1 Identification cards are not transferable. The owner of the card will be called upon to account for any fraudulent use of his or her identification card and will be subject to disciplinary action by the NYU-Poly if he or she has aided such fraudulent use. The card will be forfeited if the student to whom it was issued allows any other person to use the card.

3.4.2 At the end of each semester, or upon the owner’s withdrawal from the NYU-Poly, all rights and privileges related to the identification card automatically cease. If the student withdraws, or is suspended or expelled, from the NYU-Poly, the identification card must be surrendered to the Department of Student Development.

Maintenance of Campus Facilities

Facilities are maintained in a manner that minimizes hazardous conditions. NYU-POLY regularly patrols the campus and reports any unsafe physical conditions to Facilities Management, where a work order report is prepared. Work order reports are then routed for corrective action. NYU-POLY personnel are helpful when they report equipment problems to security personnel or Facilities Management.

Fire Safety
Fire safety is a collaborative endeavor that involves the efforts of the Facilities Management, the Office of the Dean of Student Affairs, and the Office of Residence Life. Although the systems in our buildings meet, and in many cases exceed, the related codes, to enhance our fire safety systems we are engaged in a continual process of review and evaluation of those systems. Accordingly, the academic building and residence hall fire safety systems are tested and inspected on a regular basis.

In addition to systems safety, NYU-POLY understands that efforts related to student and staff education are vital, especially in the student residences. Fire safety information is distributed to all residence hall students during check-in. Fire safety notices that include evacuation instructions are affixed to the back of room/ apartment entry doors. Fire drills are conducted three times a year by Facilities Management in cooperation with the residence hall staff. Fire safety alerts are issued as deemed appropriate and necessary. An electronic reminder is sent to all faculty and staff reminding them of the fire and evacuation procedures.


**Automated External Defibrillators and First Aid Kits**
NYU-POLY has automated external defibrillators (AEDs) readily accessible to the NYU-POLY community as a preventive tool, with the potential for saving lives in cases of sudden cardiac arrest. Various Campus personnel are trained to meet certification standards. Training and certification come from the American Heart Association, and they are valid for two years. In addition to this training and certification Facilities Management conducts mock response training. The purpose of the mock response training is to simulate an emergency situation where every aspect of our AED Protocol & Response Plan is tested — from the initial notification of a victim with signs of cardiac arrest to the deployment and use of an AED unit by one of our responders.

First Aid Kits are located at each Security Desk. Automated External Defibrillator Units are located at the JAB Security Desk and Othmer Security Desk.

**Crime Awareness and Prevention Programs**
NYU-POLY students are educated about safety as soon as they arrive on campus. Awareness sessions are a part of the New Student Orientation, resident student Move-in day and SL1010 Freshman Seminar, covering issues such as sexual assault, bias and harassment, and general safety. General safety tips regarding safety on-campus, security in the residence halls, being “street-wise” in New York City, are outlined for students. More specific safety information on how to avoid being a victim is also included on the web page http://www.poly.edu/studentcitizenship/safety/index.php.

**E2Campus Text Alert System**
Polytechnic Institute of NYU now has a state-of-the-art notification system that is capable of sending notifications instantly and simultaneously to all registered mobile phones, Blackberry’s, wireless PDAs, pagers, Smart or Satellite phones, email addresses. These announcements can be set to also “pop up” to anyone using Google, Yahoo, or AOL as your home page or anyone using an RSS client. Students are strongly encouraged to sign up for this voluntary notification system during New Student Orientation and the first month of the semester. All resident students must enroll.

In addition to programs for incoming students, safety information is provided to the NYU-Poly community throughout the year in the following ways:
• General information and tips for being safe on campus and in New York City are presented online by the Office of the Dean of Student Affairs
• Updates concerning specific safety related matters on the NYU-POLY campus, in the local community, and in relation to events in New York City are issued on the NYU-Poly website
• “Safety Alerts” are distributed as necessary to inform the community about safety-related issues, risk-reducing precautions, and sources of help and additional information.
• Campus Safety session for parents during New Student Family Orientation and are a part of the Family Guide located at http://www.poly.edu/newstudent/_doc/poly_family_guide.pdf
• Safety and crisis identification training is on-going for Resident Assistants and Peer Counselors
• Resident assistants, athletic staff, and Peer Counselors receive first aid and CPR training, first responder training, related to a variety of potential crisis situations, including but not limited to, building evacuation, sexual assault intervention, and bias intervention.
NYU-POLY CODE OF CONDUCT

The NYU-Poly Code of Conduct, edited and administered by the Department of Student Development, gives notice to the NYU-Poly community of prohibited behavior and outlines the procedures to be followed in the event of a breach of this code. This Code is dedicated to the protection and promotion of the academic enterprise and is indispensable in maintaining an academic environment appropriate to teaching, learning and the development of individuals.

The NYU-Poly Code of Conduct is available to students and all members of the NYU-Poly community at www.poly.edu/_doc/NYU-PolyCodeofConduct2005.pdf. For further information, contact the Department of Student Development at (718) 260-3800 or visit Room 158 in the Jacobs Building.

Alcohol and Drug Use

In compliance with New York State law, NYU-Poly prohibits the unlawful possession, manufacture, use or distribution of illicit drugs and alcohol on its property or as part of any of its activities, unless otherwise noted. Violations of this policy will result in disciplinary actions pursuant to the Code of Conduct. Furthermore, NYU-Poly will not protect those who violate these laws, nor will it interfere with law enforcement agencies that may pursue violators of these laws.

All student organizations or groups wishing to hold events where alcohol is served must obtain permission from the Director of Student Development or designee, who will be solely responsible for making that decision and applying conditions and obligations to that permission. (Source: 2007-2009 UNDERGRADUATE AND GRADUATE CATALOG - http://www.poly.edu/catalog/_doc/catalog_08_09/poly_academic_catalog_08_09.pdf)

The issue of safety touches on many other areas of campus and city life, among them the use and sale of illegal drugs, underage drinking, and abuse of alcohol. NYU-Poly is committed not only to educating students on issues concerning alcohol and drug use but also to responding to behavior that is in violation of the NYU-Poly’s Code of Conduct. The Code of Conduct outlines the policy on alcohol and drugs http://www.poly.edu/_doc/PolytechnicCodeofConduct2005.pdf.

3.6 Prohibited Conduct

All members of the University community are prohibited from engaging in conduct resulting in, or leading to, any of the following:

3.6.8 Drugs

The unlawful manufacture, distribution, dispensation, use, or possession of illegal drugs, other controlled substances or paraphernalia on University premises or at University-sponsored activities.

3.6.16 Alcohol

Unauthorized distribution, possession, and consumption of alcohol on University premises or at University-sponsored activities.


The manner in which the policy pertains to NYU-Poly employees can be found on the Human Resources Employee Handbook.

Resources regarding HEALTH RISKS ASSOCIATED WITH ILLICIT DRUG USE AND ALCOHOL ABUSE are available below in this document.
NYU-Poly Anti-Harassment Policy and Reporting Procedures for Employees and Students

NYU-Poly is committed to a work and learning environment in which all individuals are treated with respect and dignity. Each individual has the right to work and learn in a professional atmosphere that promotes equal employment and academic opportunities and prohibits discriminatory practices, including harassment. Therefore, NYU-Poly expects that all relationships among persons at the NYU-Poly (in the workplace and in the classroom) will be business-like and free of bias, prejudice and harassment.

Definitions of Harassment

a. Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example: (i) submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or academic experience; (ii) submission to or rejection of such conduct by an individual is used as the basis for academic or employment decisions affecting such individual; or (iii) such conduct has the purpose or effect of unreasonably interfering with an individual’s academic or work performance or creating an intimidating, hostile or offensive working or learning environment.

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual’s body, sexual prowess or sexual deficiencies; leering, catcalls or touching; insulting or obscene comments or gestures; display or circulation in the workplace, or anywhere within the confines of the NYU-Poly, of sexually suggestive objects or pictures (including through e-mail); and other physical verbal or visual conduct of a sexual nature. Sex-based harassment — that is, harassment not involving sexual activity or language (e.g., male manager yells only at female employees and not males) — may also constitute discrimination if it is severe or pervasive and directed at employees (or students) because of their sex.

b. Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, national origin, age, disability, alienage or citizenship status, marital status, creed, genetic predisposition or carrier status, sexual orientation or any other characteristic protected by law or that of his/her relatives, friends, or associates, and that:

(i) has the purpose or effect of creating an intimidating, hostile or offensive work or learning environment;

(ii) has the purpose or effect of unreasonably interfering with an individual’s academic or work performance; or

(iii) otherwise adversely affects an individual’s academic or employment opportunities.

Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes and display or circulation in the workplace, or anywhere within the confines of the NYU-Poly, of written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through e-mail).
Individuals and Conduct Covered- These policies apply to all applicants, employees and students, and prohibit harassment, discrimination and retaliation whether engaged in by a faculty member, staff member or student, by a supervisor or manager, or by someone not directly connected to NYU-Poly (e.g. an outside vendor or consultant). Conduct prohibited by these policies is unacceptable in the workplace, in the classroom, and in any work related setting outside the workplace, such as during NYU-Poly trips, meetings, and social events.

Retaliation Is Prohibited- NYU-Poly prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to disciplinary action.

Reporting an Incident of Harassment, Discrimination or Retaliation - NYU-Poly strongly urges the reporting of all incidents of discrimination, harassment or retaliation, regardless of the offender’s identity or position. Individuals (including, but not limited to, students, faculty and staff) who believe they have experienced conduct that they believe is contrary to NYU-Poly’s policy or who have concerns about such matters should file their complaints with their immediate supervisor, a member of the Human Resources Department (x3840), the Affirmative Action Officer (msanchez@poly.edu and x3343) or the Associate Dean of Student Affairs (cmcnear@poly.edu and x3800). Individuals should not feel obligated to file their complaints with their immediate supervisor first before bringing the matter to the attention of one of the other NYU-Poly-designated representatives identified above.

Early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment. Therefore, while no fixed reporting period has been established, NYU-Poly strongly urges the prompt reporting of complaints or concerns so that rapid and constructive action can be taken. NYU-Poly will make every effort to stop alleged harassment before it becomes severe or pervasive, but can only do so with the cooperation of its staff/employees and students.

The line between acceptable social conduct and harassment is not always clear. For that reason, NYU-Poly encourages individuals who feel they are being or may have been harassed to communicate politely, clearly and firmly to the offending party that the conduct is unwelcome, offensive, intimidating or embarrassing; to explain how the offensive behavior affects the employee’s work; and to ask that the conduct stop. If the individual is uncomfortable with making a direct approach to the offending party or has done so, but the perceived harassment has not stopped, the individual may use this complaint procedure to address and resolve the problem.

The Investigation - Any reported allegations of harassment, discrimination or retaliation will be investigated promptly, thoroughly and impartially. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge. Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

Responsive Action - Misconduct constituting harassment, discrimination or retaliation will be dealt with promptly and appropriately. Responsive action may include, for example, training, referral to counseling, monitoring of the offender and/or disciplinary action such as warning, reprimand, expulsion or suspension from the NYU-Poly, withholding of a promotion or pay increase, reduction of
wages, demotion, reassignment, temporary suspension without pay or termination of employment, as
NYU-Poly believes appropriate (and subject to any applicable collective bargaining agreement or
other contract) under the circumstances. Individuals who have questions or concerns about these
policies should talk with the Affirmative Action Officer, the Assistant Director of Human Resources or
the Associate Dean of Student Affairs.

Finally, these policies should not, and may not be used as a basis for excluding or separating
individuals of a particular gender, or any other protected characteristic, from participating in business,
student, or work-related social activities or discussions in order to avoid allegations of harassment.
The law and the policies of NYU-Poly prohibit disparate treatment on the basis of sex or any other
protected characteristic, with regard to the terms, conditions, privileges and perquisites of
employment and of being a student at the University. The prohibitions against harassment,
discrimination and retaliation are intended to complement and further these policies, not to form the
basis of an exception to them.

Resources and information regarding Surviving Sexual are available below in this document.
SAFETY AND SECURITY TIPS

Staying Safe On – and Off- Campus (http://www.poly.edu/studentcitizenship/safety/index.php)
Some college campuses mirror the larger society with respect to crime. NYU-Poly is very proud of our focus on the safety and well-being of our community members. Once our students leave our campus we encourage them to maintain awareness of their surroundings, people they encounter, and their personal property. Institutions are required by federal law to report the number and type of criminal acts that occur on campus each year.

Though we are concerned with the safety of our students, we can only ensure their safety while on our grounds. We strive to educate students on eliminating dangerous situations. All students are required to show and carry their NYU-Poly ID card at all times and guests must be signed in by a host. Each building has a security desk that monitors who comes in and out of the campus buildings. The Othmer Residence Hall has 24 hour security and staff on call.

Register for the university text alert system at http://www.e2campus.com/my/polytechnic/signup.htm

Personal Safety: Playing it Smart
The safety of our students is always a priority at NYU-Poly. While the university provides programs, services and educational opportunities regarding safety, students can lower their risk of becoming victims by following these safety tips.

Campus Security can be reached at 718-260-3537

If you live on campus:
- Have your ID with you at all times.
- Keep their residence hall room locked.
- Do not lend your keys/or ID to friends.
- Do not take valuables to campus.
- If you do bring valuables, store them in your personal room safes.
- Have renters insurance.
- Let people know where you are going.
- Avoid being alone in isolated places such as the basement laundry room, deserted study lounges, etc.

If you live off campus:
- Have good locks on your doors and windows - and use them!
- Do not prop open doors - if someone is supposed to be in the building they will have access.
- Do not hide extra keys in easily accessible places. Criminals will find them.
- Do not let strangers into your home or apartment to use the telephone. Offer to make the call for them.
- Have working lights at all entrances and turn them on after dark.
- Let people know where you are going.

When You Are Out:
- Always travel in groups, preferably with four or more people.
- Don't carry a lot of money.
- Be aware of your surroundings - don't wear headphones, read, talk on the phone or anything else that might distract you. If you observe anyone or anything suspicious, walk to where there are other people and call the police.
- Be very careful when using outdoor ATM's at night or in unfamiliar locations.
- Do not get in a car with someone who is sleepy or under the influence.
- Refuse to accept drinks from strangers.
- Never become so intoxicated that they lose consciousness or the ability to keep safe.
- Do not be alone with unknown people.
- Avoid taking the train/bus at night or alone.
- When taking the subway, try to ride in the car with the conductor and avoid the last car.
- Keep a cell phone handy.

General safety tips:
- Programming emergency contact information into your cell phone under the listing "ICE" (In Case of Emergency) and carrying an ICE identification card in a wallet or purse can assist first responders in contacting family and friends in the event you're involved in an emergency.
- Keep a cell phone charged and handy.
- Report any obscene phone calls right away.
- Do not give out personal information to people met online.
- Do not list personal contact info, such as your address, on publicly accessible web-based online sites.
- Let people know where they are (family, roommates, friends).

In Your Car:
- Always drive with the doors locked.
- Always park in visible, well-lit areas.
- When stopped at traffic lights or in traffic, allow space between your vehicle and the vehicle in front of you so you can drive away if necessary.
- Do not stop for stranded motorists. Instead, use your cell phone or go to the nearest telephone booth and call the police for assistance.
- Do not open your window if someone approaches your vehicle to ask for directions, the time, etc. Keep the door locked.
- Keep any valuables in your car in the trunk or otherwise out of sight.
Local Police Stations

Brooklyn

84TH PRECINCT
301 Gold Street
718-875-6811

Manhattan

1ST PRECINCT (WATER STREET)
16 Ericsson Place
212-334-0611

5TH PRECINCT (BROOME STREET, 80 LAFAYETTE)
19 Elizabeth Street
212-334-0711

6TH PRECINCT (WASHINGTON SQUARE)
233 West 10th Street
212-741-4811

9TH PRECINCT (EAST VILLAGE)
321 Fifth Avenue
212-477-7811

10TH PRECINCT (WEST SIDE)
230 West 20th Street
741-8211

13TH PRECINCT (DENTAL CENTER)
230 East 21st Street
212-477-7411

17TH PRECINCT (SCHOOL OF MEDICINE)
167 East 51st Street
212-826-3211

19TH PRECINCT (INSTITUTE OF FINE ARTS)
153 East 67th Street
212-452-0600

MIDTOWN SOUTH PRECINCT
357 West 35th Street
212-239-9811

TRANSIT DISTRICT #4
Union Square/Fourth Avenue
212-253-7571
RESOURCES REGARDING 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

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 powerfuly 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 hyperstimulation, 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 sniffing 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 and Pain**

**Medications**

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

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

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 his 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.

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.

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.

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

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

Animal research going back more than 20 years shows that high doses of methamphetamine damage neuron cell endings. The central nervous system (CNS) actions that result from taking even small amounts of methamphetamine include increased wakefulness, increased physical activity, decreased appetite, increased respiration, hyperthermia, and euphoria. Other CNS effects include irritability, insomnia, confusion, tremors, convulsions, anxiety, paranoia, and aggressiveness. Hyperthermia and convulsions can result in death. Methamphetamine causes increased heart rate and blood pressure and can cause irreversible damage to blood vessels in the brain, producing strokes. Other effects of methamphetamine include respiratory problems, irregular heartbeat, and extreme anorexia. Its use can result in cardiovascular collapse and death.
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, and deepened voice. For adolescents—growth halted prematurely through premature skeletal maturation and accelerated puberty changes. This means that adolescents risk remaining short the remainder of their lives if they take anabolic steroids before the typical adolescent growth spurt. In addition, people who inject anabolic steroids run the added risk of contracting or transmitting HIV/AIDS or hepatitis, which causes serious damage to the liver.

Scientific research also shows that aggression, extreme mood swings, including manic like symptoms leading to violence, and other psychiatric side effects such as paranoid jealousy, extreme irritability, delusions, and impaired judgment stemming from feelings of invincibility may result from abuse of anabolic steroids. Depression often is seen when the drugs are stopped and may contribute to dependence on anabolic steroids. Research also indicates that some users might turn to other drugs to alleviate some of the negative effects of anabolic steroids.

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

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.

Counseling and Support Program Resources Regarding Illicit Drug Use and Alcohol Abuse

The abuse of alcohol or other drugs among students is often related to a personal crisis or problem such as relationship difficulties, feelings of isolation at school, identity confusion, academic or financial pressures, conflicts at home, or drastic change such as an unwanted pregnancy or loss of a loved one. Services and programs are available through city agencies and community organizations at little or no cost and usually are voluntary and confidential. These services assist those who may have developed an alcohol or drug-related problem, suspect they are at risk for such problems, are affected by the drug or alcohol abuse of others, or seek information about illegal or controlled substances.

The decision to seek out information about substance abuse-related problems is often a complicated one. Staff members in Counseling & Psychological Services (CAPS) are sensitive to this reality and offer non-judgmental support and guidance as well as a wide range of resources for students, including those who are ambivalent about their own or someone else’s alcohol or drug related problems. CAPS also offers a variety of on-line assessments to identify the course of action that will be most helpful in their particular situation.
On-Campus Resources
Counseling & Psychological Services (CAPS)
Jacobs Building 358
718- 260-3456
http://www.poly.edu/counseling

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

Off-Campus Community Resources Hotlines
National Drug & Alcohol Treatment Referral Service
   1-800-662-4357
NY State Office of Alcoholism and Substance Abuse Services - toll-free information and referral line
   1-800-522-5353
Alcoholism Council of New York Helpline
   1-800-567-6237

Off-Campus Treatment Options
Inpatient:
The Addiction Institute of New York at Roosevelt Hospital
   212-523-6491

Outpatient:
The Addiction Institute of New York at Roosevelt Hospital
   212-523-6491
Triangle Treatment/Arms Acres (lesbian, gay, bisexual and transgender)
   212-399-6901
Greenwich House
   212-691-2900
Pride Institute
   800-547-7433
Cornerstone Medical Arts Building
   212-755-0200

Questions
If you have any questions about these programs, or about any other aspect of the information contained in this document, please call Counseling & Psychological Services (CAPS) at 718- 260-3456.

If you are an employee, please contact the Office of Human Resource at 718-260-3840.

Mutual/Self Help Groups (On & Off-Campus)
Many different mutual and self-help programs are available in New York City. These programs generally are free of charge and do not require a long-term commitment. Although most programs are
abstinence-based and follow the 12-step approach, there are also programs that support moderation as a goal and/or do not use 12 steps. None of the programs listed below has any religious affiliation, but some may use spirituality as a part of the program. Meeting times and locations are available by calling the corresponding contact numbers, or viewing the corresponding web-sites. Each meeting is somewhat different from any other (even within the same program) both in terms of structure and participants. New York City supports a huge diversity of meetings — some groups are geared specifically towards men, women, lesbians, gays, bisexuals or transgendered people. Many people find it helpful to explore different options.

<table>
<thead>
<tr>
<th>Organization</th>
<th>Organization Contact #</th>
<th>Organization Website</th>
<th>12 Step or Abstinence Based</th>
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<td>Alcoholics Anonymous</td>
<td>212-647-1680</td>
<td><a href="http://www.aa.org">www.aa.org</a></td>
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<td>Al-Anon/Alateen</td>
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<td>Marijuana Anonymous</td>
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<td><a href="http://www.ma-newyork.org/">www.ma-newyork.org/</a></td>
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<td>Children of Alcoholics Foundation</td>
<td>646-505-2065</td>
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<td>Cocaine Anonymous</td>
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<td><a href="http://www.ca.org/">www.ca.org/</a></td>
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<td>Narcotics Anonymous</td>
<td>212-929-6262</td>
<td><a href="http://www.na.org/">www.na.org/</a></td>
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<td>Moderation Supports Management</td>
<td>212-871-0974</td>
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<td>Smart Recovery</td>
<td>212-929-6107</td>
<td><a href="http://www.smartrecovery.org/">www.smartrecovery.org/</a></td>
<td>Abstinence (Not 12-Step or spiritually based)</td>
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SURVIVING SEXUAL ASSAULT: Resources and Information

Sexual assault touches everyone’s life in many different ways. It affects us all, regardless, gender, sexual of age, race orientation, religion, ethnicity, class, or national origin. Sexual assault can encompass a variety of experiences a person may have, including unwanted sexual touching, non-consensual oral or anal sex, or rape, and can happen with someone you have just met, with an intimate partner, or with a stranger.

National statistics indicate that one out of five college women are raped during their college years and 10% of adult rape victims are male. In a survey at 171 institutions of higher education, alcohol was involved in 74% of all sexual assaults. Despite the prevalence of sexual assault on college campuses throughout the United States, less than 5% of completed or attempted rapes experienced by college students were reported to law enforcement officials. In many cases, individuals who have experienced interpersonal events that meet the legal definitions of rape do not define their experience in these legal terms. Factors that affect the likelihood of a survivor viewing their assault as rape may stem from self-blame, their relationship to the assailant, engagement in drinking before the assault occurred, or the degree of physical force used.

Talking about these issues can be very challenging. You are not alone, there are people who are here to help. This publication is intended to help you recognize misconduct of a sexual nature, to provide information about options and resources available as it relates to medical, legal, and counseling or support services, and to identify some tips to help reduce the risk of sexual assault. We encourage you to read this information, review it periodically so you will remember it, and keep this document for future reference.

Overview
NYU-Poly is committed to maintaining a learning and working environment that is free of bias, prejudice, and harassment - an environment that supports, nurtures, and rewards career and educational advancement on the basis of ability and performance. Harassment based upon race, gender, color, religion, age, national origin, ethnicity, disability, veteran or military status, sexual orientation, marital status, citizenship status, or any other legally protected basis is prohibited by law and undermines the character and purpose of the NYU-Poly. Such harassment is illegal and against NYU-Poly policy, and will not be tolerated. Refer to the NYU-Poly Code of Conduct to review the Anti-Harassment Policy and Complaint Procedures

Sexual assault is a term that can have a variety of meanings. For NYU-Poly, the definition can be found as a part of the NYU-Poly Anti-Harassment Policy and Reporting Procedures for Employees and Students. It is also located in the Student Planner
http://www.thezonelive.com/zone/02_SchoolStructure/NY_PolytechnicUniversity/handbook.pdf

Legal definitions of unlawful sexual conduct differ from state to state. The New York State Penal Code uses the term “sex offenses” to include conduct that would be considered sexual assault by the University. For a list of these offenses, see below New York State Laws Regarding Sex Offenses. Where criminal behavior is involved, the NYU-Poly will cooperate with victims and law enforcement authorities in prosecuting such violations.
Victims’ Needs, Rights and Choices When Sexual Assault Occurs
Victims of sexual assault may encounter a bewildering number of choices related to medical services, legal assistance, and counseling/support services. The emotional reactions that may follow a sexual assault often make the decision making process even more complicated. Supportive friends, family, and professionals can significantly improve the victim’s ability to cope with their experience and make informed decisions.

Sexual Assault Survivor’s Bill of Rights
• You have the right to seek and receive help.
• You have the right to be given the same credibility as any other crime victim.
• You have the right to courteous, efficient treatment.
• You have the right to be treated with dignity and respect, without prejudice against race, class, lifestyle, age, gender, religion, sexual orientation or occupation.
• You have the right to accurate information, presented in a way that you understand.
• You have the right to ask questions.
• You have the right to make your own decisions.
• You have the right to change your mind.
• You have the right to get help and support from others.
• You have the right to heal.
• You have the right to the same opportunity as the accused to have others present during on-campus disciplinary actions.
• You have the right to be informed of the outcome of any disciplinary proceeding.
• You have the right to be informed of your options to notify law enforcement.
• You have the right to be notified of counseling services.
• You have the right be notified of options for changing academic and living situations.

Medical Needs
Victims of sexual assault or attempted sexual assault should receive a comprehensive medical examination as soon as possible after the incident occurs. This is important for two reasons. One is to provide an immediate opportunity to treat medical conditions that may arise as a result of the sexual assault. A victim of sexual assault may also have injuries that are not physically visible. The second reason is to help in the collection of evidence.

A victim of sexual assault can go to the hospital for a forensic examination up to 96 hours after a sexual assault. This will include a collection of evidence. Therefore, when possible, it is best not to shower, wash, douche, eat, or drink. It is also important to bring, in a paper bag, the clothes that were worn at the time of the sexual assault. At the hospital emergency department, a victim can also be given a general medical examination, antibiotics and testing for sexually transmitted infections, emergency contraception, and HIV prophylaxis and testing. After completing a forensic examination, the victim does not have to immediately file a report with the police. A hospital will store the rape kit for 30 days, which allows for the victim to later decide if she/he wants to report to the police. Financial assistance for any expenses that are incurred at the hospital that are not covered by the victim’s insurance may be covered by the New York State Crime Victim’s Board. Rape crisis centers affiliated with several local hospitals are listed below.
If the victim does not choose to have a forensic examination completed, she/he also has the option to go to a local health clinic or their private physician for a general examination, emergency contraception, and sexual transmitted infection treatment and testing.

Testing for the presence of date rape drugs can be done at a hospital emergency department, up to 96 hours after a sexual assault, when a police report is filed. Rohypnol usually remains in the blood for only 2-4 hours after ingestion, but it can be detected in urine for up to 72 hours. GHB usually remains in the blood for at most 4 hours and in the urine for at most 12 hours.

**Emotional Needs**
Victims of sexual assault can experience emotional as well as physical consequences. Initial reactions vary and may include shock, denial, anxiety, guilt, anger, and self-blame. A victim may experience nightmares, changes in their eating or sleeping patterns, and depression. Individuals who have been sexually assaulted are strongly encouraged to obtain help from a professional counselor as soon as they are ready after the incident occurs. Call Counseling & Psychological Services (CAPS) at 718-260-3456 for further information.

**Seeking Legal Action**
Reporting a sexual assault to the police does not obligate the victim to file criminal charges or pursue other legal action. In the case of sexual assault, however, prompt reporting and a comprehensive medical examination completed at a hospital emergency department within 96 hours of the assault will enable the victim to file criminal charges at a later date if he or she wishes to do so. Try to note details of the incident and characteristics of the offender. Try not to clean the scene of the sexual assault, including furniture and any items that the offender may have touched.

**Seeking University Action**
A member of the NYU-Poly community wishing to file a sexual assault complaint against a student should contact the Dean of Student Affairs or the Department of Student Development. A student wishing to file a sexual assault complaint against a faculty or staff member should contact the Dean of Student Affairs or the Department of Student Development and Human Resources. Complaints involving a student alleged to have sexually assaulted a faculty or staff member may be directed to the Dean of Student Affairs or the Department of Student Development. A member of the University community who wishes to file a sexual assault complaint against a staff member or administrator should contact the Director of Humans Resources. A member of the University community who wishes to file a sexual assault complaint against a visitor, vendor, or other third party should contact the Director of Humans Resources.

**Counseling and Other Support Services for Sexual Assault Victims**
NYU-Poly students are urged to avail themselves of on-campus services for support and information. The Dean of Student Affairs, the Department of Student Development, Counseling & Psychological Services (CAPS) and the Office of Residence Life serve as a primary resource for such support and information. Students can request assistance with class schedules, assignments or other academic issues. Resident students can request assistance with room assignments or other housing-related issues. General assistance and explanation of options for any concerns related to sexual assault is also available.
How to Help Someone Who Has Been Sexually Assaulted: Tips for Friends, Partners, Family, and Loved Ones

The support and understanding of a friend, partner, family member, and loved one can be very helpful for a sexual assault victim. It is important to let someone who has been sexually assaulted know that you are there to help and that they are not alone. It is also helpful to acknowledge their strength in disclosing to you about their experience. Below you can find some tips to follow when helping someone who has been sexually assaulted:

• Listen and allow the victim to speak at her/his own pace. Sexual assault is a crime about power and control, not sex. It is important to return the control that was taken away from the victim by allowing her/him to reveal information and make decisions when she/he feels comfortable.
• Believe unconditionally. Only 2% of reported rapes are false reports. This is no different from any other crime. It is important to assure your friend or loved one that you support her/him.
• Don’t question actions. THE VICTIM IS NOT TO BLAME. A victim’s behavior does not cause sexual assault. No one asks to be sexually assaulted. Be careful of asking blaming questions such as “Why didn’t you scream?” or “Why did you go home with that person?”
• Encourage the victim to seek help. She/he may need medical attention or additional support services.
• Don’t ignore your own need to discuss your feelings. You can contact Counseling & Psychological Services (CAPS) for information and support.

Minimizing the Risk of Sexual Assault

Although there is no guarantee when it comes to preventing sexual assault, the following tips are important to help minimize the risk:

Communication

• Communicate your sexual desires and limits clearly. If you feel uncomfortable about a behavior, someone is crossing your boundaries. Verbal cues are the most direct way to let someone know your limits.
• Be assertive and direct. Forget about being nice if you feel threatened. You have the right to protect yourself.
• Say what you are thinking, what you really want.
• Be an active partner in relationships and share decisions about what to do, where to meet and when to be intimate.
• Never take silence as consent. If you feel you are getting double messages, speak up and ask for clarification.
• Accept a person’s decision. Respect the word “no.”

Assessment

• Trust your instincts. If you feel uncomfortable or think you may be at risk, leave the situation immediately and go to a safe place.
• Exercise caution when dating. Have first dates in public places. Let someone know where you are going and when you will return. Try to provide your own transportation.
• Avoid anyone who puts you down, is physically violent or does not respect you or your decisions.
• Do not assume that a person wants to have sex just because they are drinking heavily, dressed in a particular manner, or agrees to go home with you. Do not assume that if a person agrees to kissing or other sexual intimacies, that they are also willing to have sexual intercourse.
• Know your limits when using alcohol or other drugs.

Some Things to Think About…
• Do not assume you know what your partner wants.
• If you have doubts about what you partner wants, STOP and ASK!
• Sexually interacting with a person who is mentally or physically incapable of giving consent (drunk, stoned, etc.) is sexual assault.
• Speaking out against sexual assault shows your support.
• You can stand up to racist, sexist, homophobic, and classist statements and jokes.

**Tips Related to “Date Rape Drugs”**
• Never go to a bar, party or social event alone.
• Use the buddy system.
• Watch your drink being poured and never leave it unattended—even take it to the bathroom with you.
• Don’t share drinks with another person.
• Don’t leave a party with someone you just met.
• Inform others of this information.
• If you have a strange reaction to a drink, get help.

**Penalties for Committing Sexual Offenses**
NYU-Poly will act promptly in response to information that sexual assault has occurred. Cases involving sexual assault by students are subject to adjudication under the Student Adjudication Process as outlined in the current Code of Conduct. Such cases can be pursued simultaneously through the appropriate processes and the criminal courts, if the victim wishes to do so.

For additional information on procedures, students should refer to the Code of Conduct. Disciplinary sanctions can range from warning, censure, or disciplinary probation to suspension or dismissal. Descriptions of the sanctions are found in the Code of Conduct. Employees who are found to be in violation of the Anti-Harassment Policy and/or public laws related to sexual misconduct are subject to disciplinary action. NYU-Poly may also, as it deems appropriate, refer violators to the appropriate civil authorities.

**NYU-POLY and New York City Resources**

**NYU-Poly**
- Counseling and Psychological Services (CAPS) Jacobs Building 152 3456
- Facilities Management Jacobs Building 152 3020
- Guard Station – Dibner/Library Dibner Lobby 3727
- Guard Station – Rogers Hall Front Entrance Jacobs Academic Building Lobby 3537
- Guard Station – Rogers Hall Rear Entrance Rogers Hall Rear Entrance 3213
- Guard Station – Wunsch Hall Wunsch Lobby 5901
- Human Resources Jacobs Building 258 3840
- Office of Residence Life Othmer Hall 103 4160
- Office of the Dean of Student Affairs Jacobs Building 158 3137
- Department of Student Development Jacobs Building 158 3800
- Westchester Administrative Office 2000
- Melville Administrative Office 4444
- Broad Street Administrative Office 4014

**New York City Support Services**
In addition or as alternatives to NYU-Poly support services, students may seek help from a number of community agencies. The following are other helpful numbers:

- Police emergency 911 *
- NYPD Sex Crimes Hotline (212) 267-7273 *
- NYC Gay and Lesbian Anti-Violence Project (212) 714-1141 *
- Safe Horizons: Rape and Sexual Assault Hotline (212) 227-3000 *
- Safe Horizons: NYC Domestic Violence Hotline (800) 621-4673 *
- New York Asian Women’s Center (888) 888-7702 *
- NYC Alliance Against Sexual Assault (212) 229-0345
- NYS Victim Information and Notification Everyday (888) VINE-4NY
- NYS Crime Victim’s Board (718) 923-4325
- Manhattan DA’s Office (212) 335-9000
- Brooklyn DA’s Office (718) 250-2000
- Bronx DA’s Office (718) 590-2000
- Queens DA’s Office (718) 286-6000

**Rape Crisis Centers (affiliated with hospitals)**

**Manhattan**
- Beth Israel Medical Center (212) 420-4516
- Bellevue Hospital Center (212) 562-3435
- Columbia Presbyterian Medical Center (212) 305-9060
- Harlem Hospital (212) 939-4613 *
- Mt. Sinai Medical Center (212) 423-2140
- New York Presbyterian Hospital (212) 305-9060
- St. Luke’s Roosevelt Hospital (212) 523-4728
- St. Vincent’s Hospital & Medical Center (212) 604-8068

**Brooklyn**
- Coney Island Hospital (718) 616-3000
- Long Island College Hospital (718) 780-1459

**Bronx**
- North Central Bronx Hospital (718) 519-5722

**Queens**
- Elmhurst Hospital Center (718) 736-1288

**Staten Island**
- Rape Advocacy Agency, Staten Island (718) 720-2591 *
  - (Advocates on call 24 hours, responding to hospitals.)
- Safe Horizons (borough-wide) (212) 227-3000 *
  - *indicates 24-hour number

**New York State Laws Regarding Sex Offenses**

Sex offenses are defined in the New York State Penal Law, Sections 130.00 to 130.90. Sex offenses are ranked (first degree, second degree, etc.), and carry different punishments ranging from a few months imprisonment for misdemeanors, to up to 25 years imprisonment for felonies.

**What constitutes consent?**
Consent- “Lack of consent” is defined in New York State’s Penal Law as occurring in the following circumstances:

(a) forcible compulsion
   • actual physical force
   • the threat of physical force, expressed or implied, that puts the victim in fear of being physically harmed or of another person being physically harmed
   • the imminent threat to kidnap the victim or third person

(b) physically helpless
   • physically unable to indicate a lack of consent (e.g. because the victim is unconscious or because of a physical disability that makes one unable to physically or verbally communicate lack of consent)

(c) under 17 years of age
   • if the victim is under 11, or a person over 18 has sex with someone less than 13, this constitutes a 1st degree sexual offense
   • if a person 18 or over has sex with someone less than 15, this constitutes a 2nd degree sexual offense
   • if a person at least 21 years old has sex with someone less than 17, this constitutes a 3rd degree sexual offense
   • if the victim is under 17 and the perpetrator is an adult, this is constituted as a misdemeanor

(d) mentally incapacitated
   • when the victim is made temporarily incapable of understanding or controlling his or her conduct because of a drug or other intoxicating substance that was given to them without their consent

(e) mentally disabled
   • when a person suffers from a mental illness or condition that renders them incapable of understanding the nature of their conduct

(f) inmate
   • when a person is literally or physically under the control of others. Some examples are: The victim is an inmate in either a sate or city correctional facility, the victim is committed to a psychiatric institution, or the perpetrator is a mental health provider and the victim is her/his client.

(g) some factor other than incapacity to consent
   • Rape 3 and Criminal Sexual Act 3 have been modified with a “no means no” clause. In cases of intercourse only, if the victim expressed that she or he did not consent to the sex act in such a way that a reasonable person would have understood those words or acts as expressing lack of consent, this would be prosecutable as Rape in the third degree or Sodomy in the third degree.

What constitutes a sexual offense?
If any of the following acts are perpetrated against a victim “without his or her consent,” as defined above, it is a crime under the New York State Law:

**Sexual Intercourse:** the penetration of the penis into the vagina, however slight — in other words, if the penis goes into the vagina just a little, not in its entirety, that is considered completed “sexual intercourse.” (There is no requirement of physical injury and there is usually no requirement that ejaculation or orgasm have occurred).

**Deviate Sexual Intercourse:** does not require any penetration and occurs upon contact between penis and mouth, penis and anus, or mouth and vaginal area.

**Sexual Contact:** any touching of the sexual or intimate parts of the body whether over or under clothing:
   • between persons not married to each other
• done for the purpose of gratifying the sexual desire of either party
• includes the touching of the victim’s sexual or intimate parts by the perpetrator AND the touching of the perpetrator's sexual or intimate parts of the victim

**Aggravated Sexual Contact:**
• Insertion of a foreign object into the vagina, urethra, penis or rectum.
• Insertion of a finger into vagina, urethra, penis or rectum causing injury, constitutes a 2nd degree sexual offense
• If the insertion of the object causes physical injury, this constitutes a 1st degree sexual offense
• If no injury occurs, this constitutes a 3rd degree sexual offense

**Sex Offender Registry Information — New York “Megan’s Law”**
Information regarding a registered sex offender can be obtained by calling the New York State Sex Offender Registry Information Line at 1-800-262-3257 or online at [www.criminaljustice.state.ny.us/nsor/index.htm](http://www.criminaljustice.state.ny.us/nsor/index.htm)

Callers must be 18 years old and must provide their name, address, and telephone number in order to request information. The Information Line is open Monday-Friday 8:00 a.m. to 5:00 p.m. To learn the status of an individual, callers must provide the individual’s name and at least one of the following identifiers: the individual’s street address and apartment number, driver’s license number, social security number, or birth date. A physical description is helpful but is not required. To use the on-line link, the person inquiring must provide his/her name and address to access information about the registered sex offenders.

Nationwide information is available at [www.sexoffender.com/](http://www.sexoffender.com/)


# - Some information attained from [http://www.nyu.edu/student.affairs/pdfs/Surviving_Sexual_Assault_06-07.pdf](http://www.nyu.edu/student.affairs/pdfs/Surviving_Sexual_Assault_06-07.pdf)
### Polytechnic Institute of New York University Campus Crime and Security Statistics - 2007

*There were no hate crimes reported in 2005, 2006, 2007.*

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