UK101 WELLNESS LESSON PLAN 2016

Materials
- Scenarios on slips of paper for the small-group exercise; Alcohol Poisoning cards and Predatory Drug cards (Peer Instructor picks up.)

Learning Objectives
The purpose of this lesson plan is to assist with the institutional goal of promoting student health, wellness and safety. After this session, students should be able to express the following:
- Behavioral cues of intoxication and intoxication rate factors
- Guidelines for intervening
- Knowledge of the institution’s substance policies.
- How substance use can affect student success

Before your class
- If you have questions or concerns regarding this lesson plan, please contact the Office of Wellness Initiatives of Student Empowerment by emailing us at Kelsey.Hinken@uky.edu.
- If you would like assistance with the facilitation of this lesson plan, please contact the Student Wellness Ambassadors at ukstudent.wellness@gmail.com. We can assist you with:
  - Further 1:1 training, and
  - Possibly provide you with 1 or 2 Student Wellness Ambassadors to assist you with your presentation (given at least one week notice).
- Stop by room 518 of the Patterson Office Tower to pick up Alcohol Poisoning cards and Predatory Drug cards.

Introduction
Wellness is the condition of being in optimum health, and holistic wellness results in consciously choosing to live a quality life. One thing that can severely impact wellness in a variety of ways is alcohol and drug use. This is an issue on most college campuses, and UK is no different. Results from AlcoholEdu show that UK is consistently about the national average for drug use and alcohol-related consequences.

Within the past two weeks of taking AlcoholEdu Part 2:
- 32% missed class, performed poorly on an assignment, and/or got behind in school due to alcohol. National average (NA) – 30%
- 39% blacked out. NA – 34%
- 10% drove after 5 or more (4 or more for women) drinks. NA – 7%
- 13% rode with a driver who had been drinking. NA – 10%
- 14% were taken advantage of sexually while intoxicated. NA – 12%
- 10% took advantage of an intoxicated person sexually. NA – 8%
  - Nearly 1/3 of respondents has a family history of substance abuse.
We know that alcohol and drug use occurs on campus, and our goal today is not to tell anyone not to drink. We are here to give you the information and skills you need to prevent your friends or anyone else drinking around you from consuming alcohol irresponsibly. Alcohol is the most common factor in the majority of student conduct cases, and alcohol and drug use can seriously effect student success.

**Behavioral Cues**
In order to have a good and safe time, we want to talk about some topics that can really help you promote safety and wellness, particularly as it relates to drinking. The first topic is behavioral cues. The changes in people’s behaviors after a few drinks are called cues. Usually, the more alcohol in the bloodstream, the more obvious the cues.

**Write each of the cues on the whiteboard as you ask each question.**

1. **What do you think we’re talking about when we say Inhibitions are the first behavioral cue?**
   - People with lowered inhibitions become talkative, relaxed, and over-friendly. They lose their self-control and may display mood swings.

2. **What do you think we’re talking about when we say Judgement is the next behavioral cue?**
   - Behaving inappropriately such as drinking competitively, using foul language, telling off-color jokes, or annoying others exhibits poor judgment.

3. **What do you think we’re talking about when we say Reactions are the next behavioral cue?**
   - Glassy, unfocused eyes, talking and moving very slowly, forgetting things, losing one’s train of thought, and slurred speech result from slower reactions.

4. **What do you think we’re talking about when we say Coordination is the final behavioral cue?**
   - Stumbling or swaying, dropping belongings, having trouble holding a drink, or passing out can indicate a loss of coordination.

5. **What is different between the first two behavioral cues (inhibitions and judgment) compared to the last two behavioral cues (reactions and coordination)?**
   - The first two are mental cues. The last two are physical cues, which means they’re easier to identify.

6. **How can you identify the first two behavioral cues in someone who is consuming alcohol?**
   - It helps to know the person so you can identify the cues and see how their behavior is different than usual. If you don’t know them, it becomes more difficult to tell if they’re acting out of the ordinary.
7. Who here has ever been told to “know your limits” when talking about alcohol consumption? What does that mean?

- This tends to mean something different for everyone and it’s very vague. Long before we start to notice physical effects of alcohol, the drug begins working on our prefrontal cortex, which is the part of the brain in charge of judgment and decision-making. This means that it is going to be incredibly hard to “know your limit” once you start drinking because your judgment is impaired and you might make choices that you otherwise wouldn’t make in your sober state of mind. It’s a good idea to set a limit before you go out with friends, and let them know what your limit for the night is so that they can hold you responsible.

**Blood Alcohol Concentration**

You probably remember from high school alcohol education that certain factors impact your Blood Alcohol Concentration. *What are they?* Size, gender, rate of consumption, strength of drink, drug use, and food in the stomach all impact your blood alcohol concentration. Due to the rate your liver processes alcohol, it takes about an hour to process one drink. If you drink one drink per hour, you will return to sobriety much more quickly.

**Tolerance**

Ask: *We’ve talked about rate of intoxication, BAC, and behavioral cues… where do you think tolerance comes into play? Can anyone tell us what tolerance is?*

- People who drink frequently tend to have a high tolerance. This means that they may be able to hide the behavioral cues that would otherwise tell you they are intoxicated.
- It’s important to note that having a high tolerance has NO impact on a person’s BAC level. Family history of substance abuse disorder can raise a person’s tolerance level so it’s important to know your family history of addiction. If you have one immediate relative who has substance abuse disorder, you’re 4x more likely to develop it yourself. If you have two family members, you’re 16x more likely!!

**When and How to Intervene**

- So, now that you know what factors can affect a person’s intoxication level, and what behavioral cues to watch out for, what do you do if you find yourself in a situation of needing to intervene? A lot of students have the information to know that something is wrong or someone needs help, but they don’t always know how to actually step in.
- We have 6 intervention guidelines for you to follow when handling difficult situations. Even if it’s uncomfortable, just know that it’s up to each of us to step in and help on another out. Remember, subtle, indirect techniques can slow down drinking for potentially intoxicated people.

**Write these on the white board.**
Guideline 1. **Gauge the level of your response to the person's behavior.**
*Look for the cues.* Don’t make a big deal if the situation doesn’t call for it. Use a calm and firm tone of voice. Increase your firmness as the situation requires, but watch for cues as the person responds.

Guideline 2. **Make clear statements. Speak directly and to the point.** A person needs to understand what you are saying, and what you are suggesting to remedy the problem.

Guideline 3. **Use “I” statements.** Take responsibility for your statements, and avoid blaming the person or using “you” statements because this puts other people on the defensive.

Guideline 4. **Be nonjudgmental and nonthreatening.** Judgmental statements are perceived as “put downs” and promote defensiveness and anger.

Guideline 5. **Give a reason for your actions.** People don’t like to be treated in a condescending manner. Statements like “I’m sorry, but I don’t want to see you get in trouble” or, “Hey, it’s against the law.” back up your words with reasons.

Guideline 6. **Be pleasant and use nonconfrontational strategies.** These keep the mood pleasant and enjoyable while helping with problems involving alcohol.

It’s also important to remember not to back down. If you show doubts about your actions, the other person is less likely to listen to what you’re saying.

**Scenarios**

Break the class into groups of 4 or 5. Give each group a scenario and give them 5 minutes to practice. They will then act out the scenario for the class, and their peers and the instructors will give feedback on how the group did, using the intervention guidelines.

**Option scenarios.** Pick whichever ones you want to use. (Cut slips of paper with one scenario on each piece ahead of time and distribute one to each of the groups.)

1. The beer runs out at an off-campus apartment complex party, and an obviously drunk person volunteers to drive across campus to buy more beer.

2. Some intoxicated students want to climb on top of the fraternity house to watch fireworks.

3. At a formal campus affair, a couple have a heated argument; both are intoxicated, and one wants to walk back to campus five miles away.

4. Two intoxicated upperclassmen males wander into a local restaurant and start harassing some freshmen women.
5. An intoxicated group of friends want to borrow a bike/scooter/motorcycle and ride around campus.

6. A dormitory resident comes home to find her roommate passed out on the bed.

7. You are at a party and notice your friend Melissa and her boyfriend in the corner. You don’t know him well, but you see him grab her arm, shake her, and get in her face. He’s talking quietly but very forcefully. You can’t hear what is said and can’t see her reaction except her physical efforts to pull away from him.

8. A student organization you belong to is having a party. Two new freshmen have confided in you that they don’t drink and aren’t huge “partiers” but since they want to meet more people in the organization they are going to go. You are there and everyone seems to be having a good time until one of the seniors suggests a drinking game. People start to gather around a table as one of them begins to explain the rules for the drinking game. The freshmen who had confided in you initially decline but others start hassling them. You can see they’re uncomfortable. They look at you.

9. You have been at a party for a while when you realize that you haven’t seen your friend Jessie for some time. You check in a back room and find Jessie passed out on a couch. It seems Jessie’s breathing is kind of slow. Jessie is a pretty heavy drinker and in the past has been much more drunk than you saw tonight. Your friend Pat assures you that Jessie is OK and just needs to sleep it off.

10. You are at a party. During the past hour you notice your friend Kelly has been talking to one of your housemates Sam. They seem to be having a good time but it is clear that Kelly has had too much to drink. A few minutes later you see Sam put an arm around Kelly and start to lead her upstairs.

11. Your friend Matt keeps texting the new person he is dating. He has been drinking and gets visibly angry and annoyed that she’s not texting back so he wants to drive by her house and see if he can find her.

After each group has acted out their scenario and received feedback…

Why do you think it’s important to review intervention guidelines and act out the scenarios instead of just talk about them?

Unfortunately, these scenarios are events you could realistically either witness or be a part of. By practicing how it’ll feel, we’re hoping you’ll realize that although it’s sometimes uncomfortable, it’s important to watch out for one another.
Does anyone know what the Amnesty Law is? If you are concerned about someone’s wellbeing and you call for help, even if you’re drinking under age, you will not get in trouble with the law. This is to increase the number of people who are helping one another. It’s not worth someone losing their life so please call for help.

Hand out Alcohol poisoning and drug cards. The signs of alcohol poisoning can be found on these cards so please review it so that you’re able to identify when someone shows symptoms.

Does everyone know what UK’s alcohol policy is? First and foremost, you are all under 21, which means that not only is it not allowed on UK’s campus, but it’s also against the law for you to drink alcohol.

- Alcohol in houses and residence hall common areas must be for alumni focused events
- No alcohol allowed in residence hall rooms
- Allowed to host registered events outside serving alcohol, but these MUST meet guidelines established by the University.
- Greeks have more expectations put in place by Fraternity and Sorority Affairs office

(If you run out of time during this class period, please integrate the remaining information into other UK101 classes throughout the semester)

Marijuana
We’d also like to touch on a few more substances that are commonly found on college campuses. Marijuana is the second most commonly used drug on UK’s campus. We know that there is a lot of confusing and contradicting research that frequently comes out about marijuana use. It is not our goal here today to tell people that marijuana is “bad” for you; however, there are usually misconceptions about marijuana use so we want to address those. (The following statistics and information has been compiled from the National Institute on Drug Abuse, which is a part of the National Institutes of Health, the NIH. If students want more information on marijuana and cited sources, they can visit www.drugabuse.gov and type marijuana into the search bar.)

1. Is marijuana addictive?
   - It depends on several factors, like your genetics, age of when you start using, whether you also use other drugs, your relationships with your social support, success in school, etc.

   - We should point out that it is becoming more common for marijuana to be laced with harder drugs so that users get hooked on the harder substances, so that can certainly lead to addiction.

   - Research shows that repeated marijuana use can lead to addiction. About 9 percent of those who use marijuana become addicted. The rate of addiction increases to 17 percent (or 1 in 6 users) in people who start using marijuana in their teens. It goes up to 25-50 percent among daily marijuana users.
Marijuana addiction is often associated with dependence, in which a user feels withdrawal symptoms when not taking the drug, including irritability, mood and sleep difficulties, cravings, decreased appetite, restlessness, and/or various forms of physical discomfort that peak within the first week after quitting and last up to 2 weeks. Dependence becomes addiction when the person cannot stop using the drug even through it interferes with many aspects of his or her life.

2. Does marijuana negative side effects?
- While uncommon, marijuana can cause psychosis in some users. This depends on several factors including age at first use, genetic vulnerability, dosage of marijuana used, and previously diagnosed psychiatric conditions. For example, recent research has found that marijuana users who carry a specific variant of the AKT1 gene, which codes for an enzyme that affects dopamine signaling in a particular part of the brain, are at increased risk of developing psychosis. One study found that the risk was seven times higher for daily marijuana users compared with infrequent or non-users. Marijuana has also been shown to worsen the course of illness in patients who already have schizophrenia, and it can produce acute psychotic reactions in non-schizophrenic users, especially at high doses.

- Chronic marijuana use during adolescence can result in average decrease in IQ of 8 points. Deficits may include impaired learning, memory, executive functions, and verbal fluency. These may not be fully reversible, even with abstinence by age 22. Research suggests that marijuana has its strongest long-term impact on young users whose brains are still busy building new connections and maturing in other ways; the brain is not fully developed until age 25.

- These negative effects can last for days or weeks after the acute effects of the drug wear off, depending on the user’s history with the drug. Consequently, someone who smokes marijuana daily may be functioning at a reduced intellectual level most or all of the time.

- Research also shows that daily smoking of small amounts of marijuana has at least a comparable, if not greater, effect on the respiratory system, including susceptibility to chest colds, coughs, and bronchitis, than smoking more than 20 tobacco cigarettes in a day.

- In addition, a few studies have shown a clear link between marijuana use in adolescent and increased risk for an aggressive form of testicular cancer that predominantly strikes young adult males. The early onset of testicular cancers compared to more other cancers indicates that it may accumulate over just a few years of marijuana use.

- We also do want to point out that many times, marijuana users have anosognosia, otherwise known as a lack of self-awareness, when it comes to their drug use. They deny that marijuana has negative effects
on them, and it’s not until after they have ceased using the drug that they can objectively look back and identify that it actually was negatively impacting their life in some way.

**Tobacco**

Speaking on tobacco. It is important to note that the University of Kentucky has a tobacco-free policy. The tobacco-free policy, which prohibits the use of all tobacco products on all grounds and parking areas (traditional cigarettes, e-cigarettes, chew, pipes, cigars, hookah or waterpipe smoking, snus, snuff, etc.), applies to all areas of the contiguous UK campus in Lexington, indoors and out.

**ADHD Medication**

The final substance we want to cover is prescription medication, particularly ADHD medication.

1. **True or false: Drugs like Adderall and Ritalin can make you smarter.**
   - FALSE. The truth is that the brain is like a muscle and it gets stronger through exercise. Using non-prescribed medication, such as stimulants, do not exercise the brain. Research has shown that students who abuse prescription stimulants tend to have lower GPAs in high school and college than those who don’t.

2. **True or false: prescription drugs are safe.**
   - FALSE. Taking medicine that is not prescribed to you can be extremely dangerous. These drugs contain ingredients that can alter your brain chemistry and have serious side effects. Taking high doses of prescription medication can result in high body temperatures, mood swings, loss of sleep, irregular heartbeat, seizures or heart attack. It’s also dangerous for someone who is using ADHD medication with a doctor’s prescription to sell the drug to others because missing a dose can also result in serious side effects for the patient.

3. **True or false: Unlike street drug use, there is no social consequence for taking non-prescribed ADHD medication.**
   - FALSE. Under federal law, a first offense of simple possession is generally treated as a misdemeanor and a person convicted of the crime faces a potential sentence of up to one year in prison, a fine of at least $1,000, or both. If a student is caught trafficking prescription drugs within 1,000 ft. of a college campus, it is considered a felony. If this happens, the student is ineligible to receive any state financial aid, indefinitely.

**Wellness and Student Success**

We want to now relate this all back to student success. We feel that wellness is pivotal to student success, and as we discussed earlier, alcohol and drug use can severely affect both wellness and student success in negative ways.

*What are some pros and cons to using alcohol or other drugs?*
• Pros: high/buzz, “relieve” stress, socialize better, fit in, etc.
• Cons: legal, safety, and health factors.
• The pros are all short-term effects from using, while the cons are all things that can affect you long after you sober up.

**Activity:** *In your notebooks, please write down three things you value, as well as two goals you have for yourself, one long term and one short term.*

Now write down how what you’re doing now is impacting your goals and values. Consider how alcohol and drug use can affect them.

*Does anyone want to share?*

We just want to end by reminding you to consider your values and goals when making decisions, especially when it comes to using alcohol or drugs in college.

**Ask:** *Does anyone have any questions?*