ALCOHOL AND OTHER DRUGS
WHICH IS THE MOST WIDELY USED DRUG AT SBU CAMPUS?

1. Alcohol
2. Marijuana
3. Tobacco
4. Cocaine
MARIJUANA IS HARMLESS

1. True
2. False
SIDE EFFECTS OF MARIJUANA USE MAYBE..

1. None..its generally harmless
2. Psychosis
3. Panic and anxiety disorders
4. Paranoia
SIGNS AND EFFECTS OF MARIJUANA USE

- Increase in appetite
- Slowed thinking and reaction time
- Anxiety and paranoia
- Impaired coordination
- Respiratory problems
- Red, dilated eyes
- Memory and learning difficulties
- Increased heart rate
- Infertility
WHO IS MORE LIKELY TO ABUSE PRESCRIPTION DRUGS?

1. Males
2. Females
COMMONLY ABUSED PRESCRIPTION DRUGS

- **Opiates**: ex. Vicadin, Oxycodone, Percocet, Hydrocodone, Demerol, Darvin
  Severe respiratory depression or death following a large single dose. Frequently leads to heroin dependence.

- **Stimulants**: ex. Ritalin, Adderall, Concerta, Dexedrine
  Dangerously high body temperature or an irregular heartbeat after taking high doses. Cardiovascular failure or lethal seizures, hostility or feelings of paranoia after taking high doses repeatedly over a short period of time.

- **Benzodiazepines**: ex. Clonazepam, Valium, Xanax, Ativan
  Seizures following a rebound in brain activity after reducing or discontinuing use. Deadly when combined with alcohol.

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(NIDA.NIH August 2005)
STUDENTS WHO HAVE NEGATIVE CONSEQUENCES AROUND ALCOHOL USE ARE DEPENDENT.

1. True
2. False
HOW MANY ALCOHOL RELATED DEATHS OCCUR ANNUALLY ON COLLEGE CAMPUSES?

1. 517
2. 1,242
3. 1,825
4. 2,300
OVERALL, WHO IS AT GREATEST RISK FROM THEIR ALCOHOL AND DRUG USE?

1. Freshman
2. Sophomores
3. Juniors
4. Seniors
5. Graduate students
PHYSICAL WARNING SIGNS OF DRUG AND ALCOHOL ABUSE

- Bloodshot eyes or pupils that are larger or smaller than usual.
- Changes in appetite or sleep patterns. Sudden weight loss or weight gain.
- Deterioration of physical appearance and personal grooming habits.
- Unusual smells on breath, body, or clothing.
- Tremors, slurred speech, or impaired coordination.
BEHAVIORAL SIGNS OF DRUG AND ALCOHOL ABUSE

- Drop in attendance and performance at work or school.
- Unexplained need for money or financial problems. May borrow or steal to get it.
- Engaging in secretive or suspicious behaviors.
- Sudden change in friends, favorite hangouts, and hobbies.
- Frequently getting into trouble (fights, accidents, illegal activities).
PSYCHOLOGICAL WARNING SIGNS OF DRUG AND ALCOHOL ABUSE

- Unexplained change in personality or attitude.
- Sudden mood swings, irritability, or angry outbursts.
- Periods of unusual hyperactivity, agitation, or giddiness.
- Lack of motivation; appears lethargic or “spaced out.”
- Appears fearful, anxious, or paranoid, with no reason.
IF YOU SUSPECT A RESIDENT HAS A DRUG/ALCOHOL PROBLEM YOU SHOULD..

1. Not intervene, there is nothing you can do unless they ask for help.

2. If they are over 21 they can make their own decisions and should not get in trouble.

3. Have a conversation with them and express what your concerns are and direct them to CAPS.
THE EARLIER THE INTERVENTION THE LESS RISK OF PROBLEMS ASSOCIATED WITH ALCOHOL/DRUG USE

1. True
2. False
INTERRUPTION

- Alcoholism and drug addiction are **progressive**
- The *earlier the intervention* the less risk of problems associated with use and developing an addiction.
- External *consequences* along with *education* are found to be the most effective ways to prevent abuse.
SEXUAL VIOLENCE
WHICH TYPE OF ASSAULT IS THE MOST COMMON IN COLLEGE?

1. Stranger
2. Acquaintance
3. Non-Stranger
4. Date
UNDETECTED RAPIST

- Reenactment of a interview with a college student by David Lisak
WAS A CRIME COMMITTED?

1. Yes
2. No
CONSENT, WHO CAN GIVE IT?

- **NO** is not open for interpretation
- Silence is not equal to consent
- Consent cannot be given by:
  - Individuals under the age of 17 years
  - Physically helpless or mentally incapacitated
  - Under the influence of drugs and alcohol
DO YOU THINK THE STUDENT WILL REPORT?

1. Yes
2. No
BARRIERS TO REPORTING

Underage Drinking
Self Blame
Self Doubt: Was it or was it not an assault?
Fear of Retribution (social, emotional physical)
Embarrassment, Humiliation and Shame
Cultural implications of reporting
Fear of parents finding out
Fear that they will not be believed

National Coalition on Domestic and Sexual Violence
COUNTER-INUITIVE BEHAVIOR

Counter Intuitive behavior on the part of a victim can be inexplicable and impacted by the effect on trauma on memory formation.

Many Survivors:
- Don’t forcefully resist or cry out during the assault
- Don’t immediately report, and often delay for days, weeks or months
- Do sometimes initiate or respond to post-attack communication from their attacker
- Do sometimes withhold facts or lie regarding peripheral details (time, who was present etc.)
SEXUAL ASSAULT NURSE EXAMINER
SANE PROGRAM

- Available at SBU Medical School
- SANE is a registered nurse trained in forensic evaluation of a sexual assault survivor
- Collection and preservation of evidence
- Survivors receive comprehensive care without being re-traumatized
- Free, No insurance required
- No need to notify police or press charges
RELATIONSHIP VIOLENCE

- Physically, emotionally, verbally and/or sexually abusive.
- Controlling and Manipulative.
- Pressures or forces you into having sex or going farther than you wanted to.
- International Students increased vulnerability
  Social Isolation, Economic difficulties, Adjustment to a new culture, Academic differences, Language barriers, Cross cultural gender differences, Racial Discrimination
STALKING

- Stalking is one person’s harassing, obsessive or threatening behavior towards another person.
- Any repetitive, unwanted contact between a stalker and a victim or any behavior that threatens or places fear in that person.
- Stalkers are motivated by obsession and a desire for control, which stem from either a real or imagined relationship with the victim.
- Some acts that also constitute stalking are:
  - Mail Tampering
  - Trespass
  - Vandalism
  - Annoying/obscene phone calls
  - Breaking and entering
DEPRESSION AND SUICIDE
QPR

QUESTION, PERSUADE, REFER

1100 college students die by suicide in a year

(Imagine Javits 100 filled to capacity...then double it)

It is considered the most preventable form of death...and you can help.
HOW WILLING ARE YOU TO REACH OUT TO A RESIDENT WHO MAY BE SUICIDAL?

1. Very willing
2. Somewhat willing
3. Neutral
4. Somewhat unwilling
5. Very unwilling
COMMUNITY GATEKEEPER SUICIDE PREVENTION

Student in Crisis

- Coworker
- Professor
- Parents
- RA
- Physician
- Girlfriend
COMMUNITY GATEKEEPER SUICIDE PREVENTION

Student in Crisis

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ASKING SOMEONE DIRECTLY ABOUT SUICIDE WILL PUT THE IDEA INTO THEIR HEAD

1. True
2. False
Fact

- Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
PEOPLE WHO ARE SUICIDAL USUALLY KEEP THEIR PLANS TO THEMSELVES

1. True
2. False
QPR - SUICIDE MYTHS AND FACTS

Fact

80-90% of suicidal people communicate their intent sometime during the week preceding their attempt.
DIRECT/INDIRECT VERBAL CLUES

DIRECT

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.”

INDIRECT

- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
NON-VERBAL CLUES

Behavioral Clues

 Any previous suicide attempt
 Acquiring a gun or stockpiling pills
 Giving away prized possessions
 Unexplained anger, aggression and irritability

Situational Clues

 Sudden loss of freedom/fear of punishment
 Being fired or being expelled from school
 Loss of any major relationship
 Fear of becoming a burden to others
QPR - TIPS FOR ASKING THE SUICIDE QUESTION

- If in doubt, don’t wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor’s name and any other information that might help

Remember: How you ask the question is less important than that you ask it
P - PERSUADE

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Offer hope in any form

Then Ask:

- Will you go with me to get help?”
- “Will you promise me not to kill yourself until we’ve found some help?”

YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE, AND MAKE ALL THE DIFFERENCE
R - REFER

- In Emergency call UPD concerned about student’s immediate safety.
- If there’s any doubt, consult with appropriate resources – Academic advisor, Supervisor, Counselors on campus, CPO
- let the person know you care about what happens to them

Feeling supported, connected, and empowered promotes HOPE
WHICH IS THE BEST REFERRAL?

1. Give them a pamphlet and directions to counseling center
2. Take them to get help
3. Get them to promise to go to counseling
4. Give them a pamphlet, directions to UCC and have them promise to go soon
HOW WILLING ARE YOU TO REACH OUT TO A RESIDENT WHO MAY BE SUICIDAL?

1. Very willing
2. Somewhat willing
3. Neutral
4. Somewhat unwilling
5. Very unwilling
CASE PRESENTATION

In your group (15 minutes)

- As a group come up with a scenario that you as a RA may encounter while doing your job in the area
- Brainstorm with your group liaison to figure out what would be the best method to intervene

Presentation for your fellow RAs (5 minutes)

- Select 1 person to introduce the scenario
- 1-2 people address the difficulties that made this scenario your choice
- 1-2 people to discuss how the intervention worked or didn’t