

Prescription Drugs

Thank you for choosing Prescription Drugs

Faculty & Staff have a leading role in fostering a safe and supportive school culture through building a connected campus with inclusive and equitable learning environments. This discussion guide is designed to provide a framework for using this resource with your campus community.

The goal is to take the critical content shared by Kognito and make it applicable to your campus and the experience of those you are working with. We will discuss each module and provide an opportunity to localize the content. The discussion guide is set up to leverage individual experiences, dialogue, and campus resources. This guide can be used in concert with the Kognito experience in a couple of ways, and we suggest one of the following approaches.

First, decide how you want to facilitate the Kognito program:

01 Asynchronous: Assign all modules to be completed ahead of the in-person discussion. We recommend no more than 2 weeks in advance of the in-person workshops.

02 Synchronous: Work through each module as a team in a space together. Each individual works through the content on their own computers with headphones, with facilitated discussion to follow. This approach allows you to work through and engage in the content as a team.

Note: However you choose to use the guide, we look forward to seeing the way this training impacts organizational culture. If you ever have any questions or concerns, please reach out to your Kognito team!

Overall Program Outcomes

Through this session, participants will build on the knowledge gained through completion of the interactive learning experience to:

- Outline the potential risks—medical, legal, and disciplinary—of stimulant, opioid, and depressant medication misuse.
- Apply refusal skills to resist a request to share or sell a prescribed stimulant.
- Learn to recognize risks of dependency, withdrawal, and warning signs of overdose.

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Facilitation Tips and Best Practices

As a facilitator you are responsible for learning this content, delivering this content, guiding dialogue, keeping track of time, and working to ensure that each participant's voice is heard.

Please find below a few tips that might help as you prepare and facilitate this program.

- 1. Be prepared** - The more familiar you are with the subject matter, the more readily you'll be able to use this as a true guide, and not a script.
- 2. It's not your job to know everything** - If asked a question that you don't know the answer to, be okay saying, "You know, I'm not sure, but I'm happy to try to find out for you. Let me reach out to someone tomorrow and I'll get back to you." And, if that happens, don't take that moment personally - it's happened to every facilitator. Keep going and trust that you are well prepared.
- 3. Think through the entire day of the program** - If possible, arrive early to give yourself time to be in the space you'll be facilitating and mentally prepare before you begin the program.
- 4. Be observant during the program** - Listen to those who contribute and be aware of those who are quiet. This can help you to know when to dig into further discussion, give others a chance to comment, and when to move on. If a student becomes upset or distressed, it may help to follow up with them individually afterwards.
- 5. This experience is about the students** - You are there to guide the group through this content. Even sharing individual experiences or perspectives could unknowingly bias the information the students receive or pressure them to react emotionally instead of evaluating the facts.
- 6. Get ready to learn** - If you are very prepared to facilitate, you will be able to allow yourself to learn along the way. Spend adequate time digesting and practicing facilitating this content so that you feel confident and composed.
- 7. Be okay with silence** - this can be a challenge. When you ask a question but don't get an answer immediately, your instinct may be to fill the silence. Instead, let it sit for a minute and trust that an answer will come.
- 8. Have fun!** The more excited and engaged you are, the more excited and engaged they will be.

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Communication Tips for Facilitators

How you communicate is just as important as what you communicate.

Below are some communication tips that might be helpful while facilitating this curriculum.

- 1. Active listening** – Show interest in what participants are saying. Try to summarize or reflect what was said to ensure understanding and demonstrate that you are listening.
- 2. Remember your body language** – Consider your facial and body expressions as others are sharing; you could be projecting criticism or disagreement without realizing it. Appreciate the value and courage of everyone who shares their thoughts and that will show in your face and body language. Refrain from activities that could be distracting, like checking your cell phone, or eating or chewing gum while you are facilitating.
- 3. Use reflections** – Take a portion of what was said and reflect it back to the speaker or group to encourage the next step in the discussion. For example. If someone were to share skepticism with the content by saying “I think way more people take pills without a prescription than what it says here.” You could reflect the statement “You think the research shows a lower rate than what you’ve experienced and that makes you wonder if it’s true.” You could add a question to guide the response, such as “What might cause someone’s experience to be different from a reported average?” Facilitating discussion is an advanced skill that takes practice. Try to stay neutral and allow participants to critically analyze the material with your help, rather than give your own answers or directions.
- 4. Include everyone** – Some participants will be eager to raise their hands and share, while others will prefer to keep quiet the entire session. It’s okay for some participants to process the information differently; just because some participants are quiet it doesn’t mean they aren’t taking it in. However, it can help to set the stage for everyone to feel comfortable participating. Try a short, low-stakes question that goes around the room, so everyone has a chance to talk at least once. This seems insignificant but can increase the comfort level for those who might not share in class otherwise.

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Curriculum Heading Key

Time	<p>This is the general amount of time you have for each portion of the discussion. Some sections might take more, some might take less, but this will give you a general idea as you are mapping out your session.</p> <p>You will see times listed like this: 15 min (35/90). That means that the section itself should take 15 minutes and, when you have finished that section, you have facilitated 35 minutes of the 90 minutes total for the program.</p> <p><i>Facilitation tip: Once you know the time/date of your program, go back through this facilitation packet and create a time-roadmap making note of what time each section should begin and end.</i></p> <p><i>Pro tip: As you are doing that, remember that if the program is slated to begin at 7pm ET you are not really going to begin at 7pm. Give yourself some flexibility in your time-roadmap.</i></p>
Facilitator notes or Facilitation Instructions	<p>This section is to provide context for the section you are facilitating and will always be in italics. Think of them like your information stops along the way. Please pay special attention to each of these sections as they can be rich with helpful information.</p>

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Facilitator talking points	These are the talking points for each section. The facilitator talking points help frame the message you share.
Text that is in bold	If a section is in bold , those statements can be read as they are printed in this guide.
Facilitation tips	<p><i>Facilitation tip:</i> Once you have become familiar with the curriculum it's often helpful to underline or highlight the main points in each section. That way, as you are facilitating you can glance down at your notes and you will see those key words standing out on your page.</p> <p><i>Pro tip:</i> The content has been reviewed by multiple experts in the field to ensure it is accurate and representative of the topics. Be comfortable though, in delivering each section in your own way or in your own words.</p> <p><i>Caveat:</i> Sharing an opinion of how to interpret the information could pressure students to conform or rebel against that interpretation. Students should feel free to evaluate the information presented and come to their own conclusions.</p> <p>Throughout this discussion guide you may see sections noted as "optional" based on your time and/or session goals.</p>

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Opening

10 min; 10/90

The opening section is your opportunity to set the stage for why this conversation matters. The prompts will help you lead a guided conversation to enhance the online simulation that participants have completed prior to your session. The more you can “land the plane” on the opening section, the easier the rest of the session will be.

The content of this session can be sensitive, so spend a little extra time at the beginning getting to know one another and underscoring the importance of maintaining a supportive environment while in the session.

Welcome everyone. [Tonight/today] we are going to spend some time talking about prescription drug use and misuse.

As we open our time together, I would like to start with a few shared expectations and ground rules to be sure we have a mutual understanding of how we can get the most out of our time together.

Note: *Insert audience specific reference here – Team motto, fraternity values, floor ground rules, etc.*

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Shared Expectations & Ground Rules

What do we need to do to make our time together successful?

For example, no cell phones, one person speaks at a time, use “I statements” that speak to your personal experience, use appropriate language, you can share your own perspective without framing it in opposition to another’s perspective or being judgmental, etc.

Sometimes these discussions can be emotionally activating. If you need to take a break, that is ok. It is important that we all check in with ourselves and take care of ourselves both while we are here and after.

Our time today is intended to allow us to explore ways to support ourselves or others; however, if you have any questions or personal concerns you’d like to discuss privately, please let me know.

Include ways to reach you or other resources on campus or in the community. This may include when they can speak with you privately (e.g., during the session break, office hours, by reaching out via email), or who they can reach out to with more questions (e.g., campus counseling or health services)



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Prescription Drugs: Use and Misuse

20 min; 30/90

This section is intended to review and reinforce understanding of prescription drug use and misuse. At some point in our lives, we will likely have a prescription medication.

Ask participants: **What is your experience using a medication prescribed to you?**

- I have never had a prescription for medication.
- I have had a prescription, but a parent mostly told me how to take it.
- I have spoken to my doctor or pharmacists about my prescription myself and have taken as directed.
- I have or have had a prescription, but I might take it a little differently than prescribed now and then.
- I have taken meds I wasn't prescribed and/or shared my prescription with others.

Allow participants to add to the list as appropriate; however, keep in mind some of these responses may feel private. You could ask participants to self-reflect or jot their answers on a piece of paper for themselves if that is preferable.

Many of us already have had one or may have an ongoing prescription. We may be very familiar with some medications and less so with others, but whatever our experience, there's always the possibility we have misconceptions and that there may be more to learn. Let's cover some of the basics of prescription medication use.

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Reading a Medication Label

Usually, a doctor or your prescriber will tell you what you need to know before giving you a prescription, but it's a lot to know. It's best to keep pills in the original bottle with the label, so you can always check the important info.

1. Patient Name
2. Drug and dose
3. Expiration date
4. Description of pill
5. Directions
6. Warnings
7. Refills
8. Contact info

Prescription Medication Tips:

1. Talk to your prescriber

- Ask questions about a medication when you're prescribed it. Just because your doctor is recommending it doesn't mean there aren't also risks. You'll want to know both the risks and benefits so that you can make an informed decision about taking the medication.
- Sometimes a prescription doesn't work exactly the way it should. If you notice any new side effects, or that it doesn't seem to be working, call your prescriber or pharmacy with questions.
- If you're planning to drink, smoke, or take any other substances, ask what that would mean with your prescription. Health care providers are concerned for your health and safety, not judging you or getting you in trouble. It is also against the law for a healthcare provider to report illicit drug use to authorities or to tell your parents if you are over 18.

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2. Keep meds in a private spot

- What you take for your health is your business. You don't need roommates, friends, siblings, or random people searching your bathroom to see what you have. Use a locked drawer or lockbox for safety and to prevent theft. If you can't get a locked box, you could also keep a prescription bottle hidden in my sock drawer, in a closet, or anywhere you might expect some privacy.

3. Get rid of old pills

- Usually, a prescription is meant to be finished as outlined. Others, like painkillers, you may only take what you need, and you'll have leftovers. Leaving them around could be dangerous for someone who wasn't prescribed them. Throwing them away or flushing them down the toilet can also be bad for the environment, or animals.
- Take leftover medication to a designated drop off site. Facilitator's note: Share campus resources of safe spots to dispose of prescriptions and DEA search tool: <https://APPS2.DEADIVERSION.USDOJ.GOV/PUBDISPSEARCH/SPRING/MAIN?EXECUTION=E1S1>

Medication Types

There are several types of prescription medications, but we'll discuss three of the most commonly misused drugs:

1. Stimulants
2. Depressants
3. Opioids

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Stimulants

- Might be prescribed for ADHD, for example.
- Prescription: Adderall, Concerta, Ritalin, Focalin, Dexedrine, Vyvanse, and others

Some stimulants aren't prescribed, either because you can buy them in the store or because they're illegal and don't serve any medical purpose.

Facilitator's note: *For the info here and under depressants and opioids, it may be useful to emphasize the difference between an over-the-counter medication, and an illegal drug that serves no medical purpose. They are listed together here, in the category "non-prescription" but can vary widely in safety. Consider checking with participants to identify the over-the-counter substances and the illegal substances in the list.*

- Non-prescription: caffeine, nicotine
- Illegal: cocaine, meth

Depressants

- Includes sedatives and might be prescribed for anxiety, sleep problems, or panic attacks
- Prescription: Valium, Xanax, Halcyon, Ativan, Klonopin, Librium, Phenobarbitol
- Non-Prescription: alcohol
- Illegal: Rohypnol ("roofie")

Opioids

- Might be prescribed for pain and are often extraordinarily strong, with an elevated risk of dependency. Fentanyl for example is prescribed only in a small dose in a hospital setting for extreme pain and can be dangerous or lethal otherwise.
- Prescription: OxyContin, Codeine, Percocet, Vicodin, Dilaudid, Morphine, Fentanyl
- Illegal: Heroin

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Facilitator's note: *Your state may have specific regulations related to marijuana as a prescription or non-prescribed drug. While the simulation doesn't cover marijuana as a prescription medication, you may include information appropriate for your location.*

Misuse

Use by someone who has not been prescribed, or in a way that was not prescribed.

Misuse can refer to using a prescription medication without a prescription, or even using your own prescription in a way other than how it was prescribed. This could mean taking more or less than the prescribed dose, more or less frequently, by a different route, or in combination with other drugs or substances that can cause interactions.

Medical Risks

Let's revisit the three types of prescription medications we discussed earlier to look at some of the medical risks associated with misusing each.

Stimulants

Top 3 serious health risks of misuse:

- Overdose
- Dependency
- Heart problems

Top 3 common health risks of misuse:

- Headaches
- Sleep problems
- Anxiety or panic attacks

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Do not mix:

- **Alcohol:** dulls your feeling of both substances, but still affects the body. Because you're less aware how much is in your system, you're more likely to overdose or drink too much for your body to handle.
- **Caffeine:** increases side effects, like headaches and heart problems.

Depressants

Top 3 serious health risks of misuse:

- Overdose and death
- Dependency
- Slower brain activity

Top 3 serious health risks of misuse:

- Poor concentration
- Confusion
- Lack of coordination

Do not mix:

- **Alcohol, cold or pain medication:** slows heart rate and breathing, reducing oxygen to the brain, and increasing risk of overdose and death.
- **Stimulants:** reduces awareness of effects, can lead to overdose

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Opioids

Top 3 serious health risks of misuse:

- Overdose and death
- Dependency
- Slowed breathing

Top 3 serious health risks of misuse:

- Drowsiness
- Confusion
- Constipation

Do not mix:

- **Anything**: including alcohol, over-the-counter painkillers, or other prescribed medications. The risks of death and overdose increases significantly when other substances are mixed with opioids.
- **Any off-market pills carry a risk of fentanyl mixing**. It's not always a choice to avoid the danger of mixing opioids with other substances when misusing prescription drugs. What this means is that strong opioids such as fentanyl have been found in other drugs that are sold and used illegally, including cocaine, methamphetamines, and other prescription pills. Fentanyl is cheaper and more addictive so illegal market sellers will cut other drugs with it to save money. Sometimes these drugs are manufactured to look like prescription pills, which could cause the mistaken belief that they are safer. Citation: CDC, 2021. <https://www.cdc.gov/stopoverdose/fentanyl/index.html>

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Legal and Academic Discipline Risks

In addition to the medical risks of misusing prescription medications, there are also legal and disciplinary risks.

- Fines
- Jail time
- Loss of scholarships and tuition aid
- Expulsion
- Violation of school honor code

Ask participants: **How common do you think it is for college students to use prescription stimulants, depressants, or opioids without a prescription, or in ways that were not prescribed?**

Facilitator's note: *Often students have the impression that prescription drug misuse is much more common than research shows it really is. The actual rate of misuse will vary between campuses and different social groups, but on average that rate is 11%, according to the American College Health Association, 2020.*

American College Health Association. American College Health Association-National College Health Assessment III: Reference Group Executive Summary Fall 2020. Silver Spring, MD: American College Health Association; 2020.

While studies show that most students are asked to share a prescription at some point, most don't share or sell their prescriptions. This is a choice you must make for yourselves, now that you have more information about the medical, academic disciplinary, and legal risks associated with prescription drug misuse.

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Refusal Skills

20 min; 50/90

This section reviews, reinforces, and outlines conversation skills.

If you've made the decision to avoid the medical and disciplinary risks of sharing a prescription medication, or misusing a medication yourself, it can still be difficult to navigate the conversations around that decision.

Even among students who have shared their prescription medications with friends, particularly stimulants, 39% said they felt manipulated. And students who've asked friends for pills have admitted to using manipulation tactics, such as dropping hints, giving compliments or guilt-trips, and offering exchanges, like alcohol.

Citation: Vrecko 2014, Checton & Greene 2011, Holt 2018

Since most requests to share a prescription come from friends, as well as offers to take a medication you aren't prescribed, it can feel challenging to stick to your decision while maintaining that friendship.

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Refusal Skills:

Explanation (internal): Telling someone your reasons for saying no, based on your own values and decision-making process

- Example: “I can’t, I need these to concentrate.”
- Ask participants: **What are some internal explanations you might give someone asking for your medication, or offering you a medication you’re not prescribed?**

Explanation (external): Telling someone your reasons for saying no, based on an outside factor, like how someone else might react. This could be your doctor refusing to refill a prescription, or wanting a younger sibling to look up to you.

- Example: “I can’t; my doctor won’t give me a refill if I run out too soon.”
- Ask participants: What are some external explanations you might give someone asking for your medication, or offering you a medication you’re not prescribed?
- Facilitator’s note: It’s not particularly important to know the difference between an external or internal explanation. You may find it easier to combine the participation question to include either type of explanation here.

Alternative: Offer another option to try instead

- Example “Maybe an energy drink or coffee will help” or “How ‘bout I stay up and study with you instead?” or “Nah, let’s stick with our drinks”
- Ask participants: **What are some alternatives you might give someone asking for your medication, or offering you a medication you’re not prescribed?**

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Direct Refusal: Just say no. Many people find it easy and comfortable enough to just communicate their decision directly. However, if you're worried about coming off as rude, particularly to a friend, it can help to say something supportive.

- Example: "Oh yes, I know what you mean, it's hard to keep studying for so long. But I don't give away my prescription."
- Ask participants: **What are some supportive statements you might give someone asking for your medication, or offering you a medication you're not prescribed, if you want to soften that "no"?**

Excuse: Avoid the issue altogether. This can be a problem if the message doesn't get across. You might find yourself having to answer requests of offers repeatedly if you make up excuses. It's better to try one of the above refusal techniques. Ask participants: **Think about a time that you've said no to a friend, or they've said no to you. This could be about anything, like where you want to eat, or if you want to borrow a book. When was this easy to do? When was it difficult?**

Allow participants the opportunity to share 2-3 examples of each as time allows. After each example, ask "What was (or could have been) helpful for you to say to them or hear from them to make those conversations easier?" to expand on the example. If participants don't offer examples, you could get the ball rolling with an example from your own life.

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Dependency, Withdrawal, and Overdose

15 min; 65/90

This section is intended to review and reinforce the understanding of medication dependency, withdrawal, and overdose risk.

The refusal methods we covered are helpful if you made the decision not to share your medication or take any medications you weren't prescribed. However, some people make a different decision. If you or someone you know has decided to take a medication that wasn't prescribed to them, or differently than was prescribed, it is useful to understand how some of the riskiest medications might work in the body.

How Some Medications Work

Tolerance

Our bodies adapt to some medications over time. Building tolerance means you need more of the medication to feel the intended effects. After our body adapts like that, it starts to need the medication just to feel normal.

Withdrawal

If you reduce or stop the medication, you experience withdrawal. These symptoms can start out just unpleasant enough to make us want to keep taking the medication, to make them go away. But sometimes they can be dangerous or even lethal.

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Dependency

This describes when your body has become tolerant to a medication, and you experience withdrawal symptoms if it's stopped or reduced.

Not all medications cause dependency, and if your medicine is prescribed, a doctor can help find the right balance to get the right effects while reducing the risks for dependency. Medications that can cause dependency are more likely to be prescribed short-term, to help recover from an injury or surgery. If they're taken longer or differently than prescribed, that risk of dependency increases.

This is where it can get tricky because occasional recreational use can progress to dependency before someone might even realize it.

Facilitator's Note: *This might be a suitable time to share campus resources that are available to anyone who is experiencing dependency themselves or may have a friend who is experiencing dependency.*

Overdose

An overdose is a lethal or toxic amount of a medication. We may think someone needs to experience dependency before they can overdose. That is a misconception. The risk of overdose depends on so many varied factors that change from person to person and over time. An overdose can happen to someone who is trying a drug for the first time, or to someone who has done that same drug many times before.

Pills can be especially difficult to predict how our bodies will react, because a small pill can still contain a very potent drug. Pills that look like they came from a pharmacy could come from an illegal manufacturer that might cut it with something far more dangerous, like fentanyl, because it is cheaper and increases the effect.

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National Overdose Deaths in 2019

Ask participants: **Which of the following drugs do you think contributes to more overdose deaths nationwide: heroin, prescription opioids, or benzodiazepines (a type of prescription depressant)?**

Facilitator's note: Reveal and discuss slide with chart of national overdose deaths in 2019. Participants who have already completed the simulation may know the answer, but you can still discuss their reactions when they first saw the chart and any questions they may have. It is worth noting that often overdose deaths involve mixing multiple substances, including times when the user did not intend to mix dangerous substances and had taken something that was cut or mixed with something else without their knowledge. Regardless of the mixture, the number of deaths involving prescription opioids is higher than the number involving heroin.

Some people participating may know of someone who survived an overdose or even someone who didn't survive. But often we don't know when someone in our school or community has experienced an overdose. Details regarding an overdose are often kept private for the sake of the victim and their family. A school or community may also be less likely to share that information to reduce bad press, so it can be difficult to judge how common overdose hospitalizations and deaths are even if they happen to someone we may know.

Helping a Friend

If you're worried about someone, if you're with them and they don't seem in control of their body, they might need help.

Facilitator's note: *Participants might ask about overdose symptoms or warning signs to look out for, things like slowed breathing or heart rate. We do not share such a list because we don't expect participants, who may themselves be under the influence of a substance at the time of an incident, to take on the responsibility of a healthcare professional in a challenging moment. This is not a healthcare or emergency medical training; if a participant has any suspicion that someone could be in danger, it is safest to get medical help. Participants should be encouraged to trust a decision to seek medical help; the risks of requesting help are low and it could save someone's life.*

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There are a few things you can do in that situation:

Ask them what they took

Whatever the answer, if your instincts tell you something is off... Trust your instinct and don't leave them alone. It takes time for some drugs to kick in and they could get worse.

If they're incoherent, seem not in control of their body, or tell you they took a combination of medications, they probably need medical help.

Don't leave them alone

Even if they look like they're sleeping peacefully, they could stop breathing. They may need your help to survive.

Get medical help

Depending on where you are, you can contact an RA, campus security, or just call 911 and ask for an ambulance.

Medical professionals aren't interested in getting you in trouble. Their job, their only concern, is to keep you alive and healthy.

Good Samaritan laws

These exist in many states to protect those seeking medical attention for themselves or a friend. That includes most drug possession and underage drinking.

Facilitator's Note: Good Samaritan laws exist in many states, check your local laws before including this information to ensure it is accurate for your area.

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Strategies for Support

20 min; 85/90

This section is intended to identify strategies and resources to support yourself and others through challenges.

There's a lot going on at this time in your life, and you may find it challenging to deal with it all. The good news is that if you get in the habit of using effective strategies to deal with challenges now, you will have these strategies for life. Think about some of the following ways to deal with stress and other challenges coming your way.

Strategies for Support

Healthy Risk Taking: New ways to meet people, challenge yourself, and get your adrenaline pumping

- There's safe, dangerous, and somewhere in between. Physical and emotional challenges help us grow, learn from our mistakes, and achieve great things.
- Ask participants: **What are some activities that can feel challenging or dangerous, but with moderate or minor risk? Or activities where the reward or achievement of doing it might outweigh the risk?**

Examples:

- Adrenaline Challenge: Skydiving, mountain climbing, sailing, base jumping... or try that last one in VR instead.
- Explore Challenge: Travel solo or go somewhere you have never been

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- Object Challenge: Take apart something you own (like a computer, a car, or a coffee mug), and see if you can put it back together again
- Social Challenge: Say hi, or start a conversation with someone you don't know

Simple Honesty: This is an advanced technique that sounds deceptively simple.

- Research shows reward circuits in the brain can be strengthened by telling the truth—even about little things like why you were late to class, or if you ate your roommate's yogurt.
- The average adult tells one to two lies a day.
 - See how easy or hard it is to go a full day always being truthful.
 - Can you make it a week being completely honest?
 - Can you make it a month?

Citation: Lembke, A. (2021). Dopamine Nation: Finding Balance in the Age of Indulgence. United States: Penguin Publishing Group.

- Ask participants: **Can you think of any lies you told today, or recently, where you could've told the truth? What would the consequences have been if you had told the truth instead? How would that have felt, immediately and in the long run?**

Study Tools: Planning and study strategies to stay on top of your responsibilities and improve your academic performance

- Ask participants: What are some study strategies that work for you? Anything that has been a game-changer?
- Facilitator's note: Some students may want to share things they've been told to do that didn't work for them. Try to steer back to things that did work. Even if a tip didn't work for one student, it may be working for someone else.

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Examples:

- Pomodoro Method: a way to break work into smaller sessions
- Automate your life! Set up reminders for the semester in your calendar or voice assistant.
- Journal Distractions: If something is distracting you—like a fight with a friend—write your thoughts in a notebook to “get it out.”

Exercise: Avoid injury and improve overall mood; exercise is a natural antidepressant!

- Studies have shown exercise can be a natural anti-depressant and mood-lifter. Find activities you like to do! What if, when you’re angry or stressed, you could move for 20 minutes and feel better?
- Ask participants: What do you do for exercise? **Anything that involves movement counts. When do you like to exercise most? How do you get yourself in the mood if you’re not feeling it?**

Examples:

- Do anything where you move. From gentle stretching or walking, to goat yoga or surfing.
- Help yourself get in the mood. Try putting on workout clothes and see how you feel or play music that gets you moving!

Reward Yourself: When you just need to unwind, relax, or take a break

- This can be unique for each person. It’s something you enjoy, but don’t let yourself do all the time.
- Ask participants: **What do you do to reward yourself?**

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Examples:

- Getting a massage
- Going to a favorite restaurant or cooking a favorite meal
- Buying a new recording or comic
- Doing absolutely nothing (yes, that's allowed too)

Stress Reduction: Some techniques to help you manage stress

- All these strategies can help with stress, but what if you just want to unwind from the day, rest easy, and wake up refreshed?
- Ask participants: **What do you do to unwind from the day, relax, or fall asleep?**

Examples:

- Journaling before bed
- Yoga or stretching
- Meditation
- Playing relaxing music

Did you hear of any new strategies that you'd like to try? Everyone is different, and what works for you, might not work for someone else. But as we face new challenges, we start to figure out our own strategies or learn new ones that are right for each of us. Notice when you find something that works and ask yourself if you think that strategy is going to continue to help you in the future, or if it could create bigger problems over time. Don't stop looking for new strategies until you find ones that will be sustainable in your life.

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Closing

15 min; 90/90

Closing – reiterate resources available.

We all may have prescription medication now or at some point in our lives. We discussed how to use your own prescription(s) safely and how to refuse sharing a prescription if a friend asks.

We also discussed what prescription drug misuse is and what the risks are. If you or someone you know is misusing a prescription medication, some of the most serious risks are dependency and overdose.

Resources

There are resources to help you if you or someone you know is experiencing dependency, and we talked about what to do if you're concerned a friend may be experiencing an overdose.

Lastly, we discussed strategies for dealing with stress and other challenges that can help now, and for the rest of your life.