Café Salon Notetakers' Template for Café Salon #8 - Note-taker John Olerio

#8   Addiction: Social, Cultural, and Medical Implications - Facilitators: Jeffrey Bratberg, Nichea Spillane   – Lobby seating area/Main Lounge area (adjacent to info desk)   – Room 300, Senate Chambers

Summary Notes

1.   What would it look like for URI to take leadership in this area?

Body image lab or center. Multi-faceted. Approach body image from multiple disciplines. Pharmacy, nutrition, health studies, psychology, TMD. How do people manipulate appearance with dress? 3D body scanner for treatment and prevention. People on the campus are already interested in body image. We need a place to come together. We have a population in students who can benefit. Social media is a huge part of it. Addiction to social media and validation is part of it.

For consideration: what is classified as addiction? What is not? There are plenty of addiction centers and labs. What could make URI unique among them? Setting goals would be important. Goals are important for when action begins. You do not want to stray from the goals and having them can prevent that.

There are so many existing strengths and expertise in different areas of addiction. How does culture fit in with this? Mindfulness is part of this.

40% of transgender people have a substance abuse problem. There is a significant rise in opioid deaths among women. We need to change our medicine and care to account for these things. Health equity zones is a focus. There is lots to be studied around this and this can be URI's strength.

Student success is tied to wellness. We know we have 18,000 students who we need to support because we have accepted them to be here. How can we promote wellness with our students. Addiction converges with wellness. This can be our framework. Helping our students here is how we can learn about how we help others more broadly. Student Life is doing a lot of great stuff. We can engage non-academic units. This leverages existing resources.

We train people to take care of people and then research the care of people. Two possible goals: a tangible benefit is students taking care of each other. Counseling Center is full. Psychological folks get overflow and they have a wait list. College student mental health is an urgent issue. These types of waits are common across types of practitioners.

How can we leverage the strengths of faculty to examine society. We don't have an epidemiology at URI and we need to study this. Deaths of despair can be a focus.

75% of mental health problems occur between 14-22. We have an educational responsibility to confront this. Some students come here addicted, others will become once they get here. Are we offering classes to prevent this?

Wellness is a buzzword. Explaining to students why it is important is necessary. There are three phases: What are the unanswered questions for scholarship? How do we disseminate the answers we already have? How do we measure our effectiveness in doing this? Suicide rate is rising so we have less time to help someone address mental health. We need to have students involved in the conversation? Their representation is always essential. How do you change the culture if do not intimately know the culture? This is where social media is essential.

Folks with disinformation have been incredible in marketing non-facts. A high-performing Pharmacy student went to a wellness conference and came back and said "I do none of these things." And it wasn't clear she was about to adopt the wellness behaviors.

At what point are you an addict? When you ignore consequences. When will a student ask for help? We need to develop cultural awareness. We may need a stigma center. We have an incredibly stigmatized population. We have stigma about treatment, mental health, and mental health treatment. And it is worst with men.

Do students know the definition of a binge? They hear the answer and are shocked - they exceed this often. Standard drink sizes surprise students. There are programs to promote harm reduction. DARE doesn't work. Telling students not to do something makes it more interesting. Do we stay away from the word addiction? Is replacing it with "misuse" more effective?

2.   How does work in this topic open up research/scholarly activity <u>across disciplines</u>? - Who is already working on this topic?

3.   What is the right breadth of areas to be covered?

4.   What are the University's strengths that would build out this topic well?

5.   What areas of the topic would be a main focus for URI?

The drinking culture of URI so ingrained. We can direct interventions where we know they can effective. Mark Woods was a leader of studying student drinking. College student binge drinking was declared a public health crisis at Dartmouth. URI was a huge party school before the dry campus. With technology, we want to involve app developers, marketing, the College of Engineering, art for exhibits. Visual representation about the opioid crisis an appealing thing to do.

Once you increase awareness, you need to be able to help those who come forward and do it in a timely manner. Student Affairs is back loaded with mental health treatment.

It becomes about identifying a problem with people and fixing it. There is no validation of the person. We want to be careful with the research. We can ask other disciplines what they think about the treatment. Are we creating a research atmosphere where we identify problems and here is what you need to do to be fixed. Listening needs to be part of this. We need to view people beyond their problems. Are we going to be told what to do to help the center? Or will be asked for input knowing that the input will be considered. There can be an approach beyond identifying and fixing.

Isolation and loneliness and boredom are reasons for substance abuse. Behavioral economics is really coming into play with addiction. You need to promote alternative, cultural activities here at URI.

When students come to college, they think drinking is part of the culture. If we can get to a point where someone who is working with them truly cares about them, you can begin to change behavior. Conspiracy theories are based on trust issues. If we can create an environment of interaction we can promote people taking care of each other. We need to train students to be their own therapists. Community health workers provide care. Leverage student affairs. Student Affairs has so much access to professional folks. Hall directors, RAs, etc. MHFA has really helped build a bridge between Student Affairs and faculty. It is fantastic that students are seeking help, but there is the issue of meeting demand. We want people to understand themselves and their own symptoms. The issues our students have are so individualized. MHFA is great for strategies, but they need to be used in different ways to help individuals.

We need to take a step back from the narrative that is mainstreamed. We know the data is there. How does that relate to other disciplines. The solution will be inclusive. Students can be co-researchers in this project. There is precedent for this with cultural studies. Students learned and then were morally obligated to bring knowledge back to home communities. This work can

be reciprocal and powerful. There is community building built into this, there is mentorship built into this. We think of centers as for scholars and graduate students. But undergraduates can be involved. "Home communities" in this instance may be their residence halls. A way to focus the conversation might be: if you were awarded funding for a center today, how would you invest it? There is precedent for ideas that come out of the summit to have an outsized impact here at URI.

RI is unique in having one public health department that does little outreach. There are students at URI who have a desire to be a part of outreach. Peer educator models are really effective.

The arts have ideas and aren't necessarily great at quantifying results. Others can help with that! URI does not promote much culture. It is a very high pressure atmosphere that is centered on achieving professional success. We need to showcase students who overcame struggle. Students identify with struggle.

One thing: A proposal for a cluster hire could be one thing. Money drives what people research. There is pre-existing expertise, but do they have the time to start a center of excellence amid all other responsibilities? New hires could be charged with starting the center and bringing together all the existing experts. We are doing a lot of great things, but we are not evaluating them in a way that will be published in top journals.

We have a lot of data because we have a robust Student Affairs group. Having the people who have the skills to effect change with the data. Pre-existing expertises can find an intersection.

Students have a fixation/stress/nervousness about being different.

Students like examining culture because it is fun. It is relevant to their lives.

How can art create buzz among students? Something that raises so many questions that students cannot look away.

Guest speakers won't work. Carving out 50 minutes in a semester won't do it.

The center could be studying addiction in culture and care. We do not want to have a center that designs interventions that fail.