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Substance abuse education program for sixth-grade population.

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SUBSTANCE ABUSE EDUCATION PROGRAM

FOR

SIXTH-GRADE POPULATION

A Dissertation Presented

By

Barbara Anne Burke

Submitted to the Graduate School of the
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of the requirements for the degree of

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Education

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ABSTRACT

SUBSTANCE ABUSE EDUCATION PROGRAM FOR SIXTH-GRADE POPULATION

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The purpose of this study was to devise a direct awareness substance abuse education program for sixth grade students. The initial data utilized in this study was based on a 1984 adult population study at a substance abuse rehabilitation facility.

The 1984 adult population study, conducted by the author, on substance abuse indicated and strengthened the position that over the years the age for substance abuse has steadily declined into the early adolescent years of 11 to 14. The statistics from the original study further indicated that a preventive substance abuse education program should include the areas of family, values clarification, and supportive feelings for self-esteem as part of the curriculum.

Therefore, based on the adult population study, a program for substance abuse was designed for sixth grade students and was field tested with pre-testing and post-testing. The program ran five days consecutively, and each day, a 45-minute period was utilized for the five subject areas: 1. Family, 2. Values, 3. Alcohol, 4. Other Drugs, 5. Decision Making.

Goals of the Study

1. To devise a substance abuse education program for sixth grade students.
2. To increase the knowledge and awareness of sixth grade students regarding substance abuse.

A Cambridge middle school was selected because it was an urban racially integrated school which is in keeping with the target population for the program. The teachers and administration were receptive to prevention programs in the health areas. The teachers were trained by the author in a two hour training session.

The t-test for related measures was utilized to determine the significance of the difference between the scores of the pre- and post-test in order to determine whether there was significant learning in the program. The results of this t-test showed the improvement in scores was highly significant and beyond the .001 level, indicating that the educational program under investigation was very effective in the transmittal of information.

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CHAPTER I

NATURE AND PURPOSE OF THE STUDY

The purpose of this study was to devise a direct awareness substance abuse education program for sixth grade students. The initial data utilized in this study was based on a 1984 adult population at a substance abuse rehabilitation facility.

The 1984 adult population study, conducted by this author, on substance abuse (see Appendix A) indicated and strengthened the position that over the years the age for substance abuse has steadily declined into early adolescent years of 11 to 14. The statistics from the study further indicated that a preventative substance abuse education program should include the areas of family, values clarification, and supportive feelings for self-esteem as part of the curriculum.

Therefore, based on the adult population study, a program for substance abuse was designed for sixth grade students and was field tested with pre-testing and post-testing (see Appendix B).

Goals of the Study

1. To devise a substance abuse education program for sixth grade students.
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Statement of Problem

In adolescent alcoholism, young people start drinking for relatively uncomplicated and largely social reasons. At present, there is a social atmosphere of permissiveness. The availability of alcoholic beverages lends itself to a large number of drinking problems among teenagers. It has been cited by the N.I.D.A. report in 1981 that among young people who have abstained completely, almost three-quarters of those who had drinking friends felt they had been pressured by their friends into indulging at least once.

The N.I.D.A. report of 1981 states that alcohol is so common to our society that many adolescents don't realize it is a powerful drug. Therefore, they drink before they think about it. Adolescents are even more susceptible to alcoholism because their bodies are still growing. Alcoholism could stunt their physical growth and definitely impairs their emotional growth.

Although alcohol used in small amounts is not dangerous, the use of large amounts is very risky. In a teenage population, as cited by J.D. Baron, Kids and Drugs, it is more of a problem because adolescents mix alcohol with other drugs. In many of these cases the combination is lethal. Alcohol mixed with depressants such as barbiturates can easily lead to an overdose situation. Alcohol in combination with marijuana causer grosser distortions in time sense and judgement than either drug is used singly.

While it is acceptable for adults to drink[1] it is illegal for teenagers. When adolescents use alcoholic beverages, they are not only breaking the law but questioning authority. Many of today's adolescents see their parents drinking beer, wine, and whiskey and sometimes overindulging. Consciously or subconsciously, the adolescent reasons that if the use of alcohol is wrong or harmful, his parents wouldn't be using alcohol[2].

As Jessor states in the 1975 Journal of Studies on Alcohol, adolescents are confronted with the following special problems:

1. Emotional: Adolescents have new feelings that they do not quite understand, causing stress and tension. Alcohol can interfere with solutions, block emotional growth, alienate friends, and lead to feelings of failure.
2. Sexual: A basic part of teenage development is learning how to make adult choices about sex. In too many cases, alcohol sways judgement and produces hurt feelings and unwanted pregnancies.
3. Behavioral: Adolescents, having little experience with alcohol, misjudge their limits. They may begin to overreact and hence lose control.

4. School: Adolescents, after drinking, may begin to neglect school assignments, and miss classes, often leading to academic failure. The dropout rate is higher for alcohol abusers. (see footnote 1)

5. Physical: Adolescent alcohol abuse during the period of physical growth impairs reflexes, lowers resistance to infection, and stunts emotional growth.

Among the reasons adolescents drink alcoholic beverages are alienation, defiance of parents, emotional and personality problems and, last but not least, as cited before, the example set by society and, many times, at home. Adolescents who abuse alcohol may alienate themselves from family to a point where there is no interaction and no communication. Moreover, adolescents for various reasons, often have little or no church affiliation, and a moral code that is faltering at best. (see footnote 2) Because adolescents are experiencing physical and emotional change during these formative years, it is important for them to have some assurance of stability and security to aid in this process. If there is little family or religious support, adolescents suffer from low self-esteem and lack any real

direction in life, as they are left with few positive role models.

Young people today must make decisions about drugs that no previous generation has had to face. Unfortunately, the age for drug usage has declined, and the seriousness of the situation has made professionals in the field turn their eyes toward the younger adolescent, aged 11 to 14. Whereas, previously, alcohol and other drug usage was explored at the high school level, the focus is now shifting to the middle-school adolescent. (see footnote 1) Owing to changes in family structure and religion in the permissiveness of society itself toward law and regulation, and a love/hate relationship with government and country, the adolescent has been left with no real supportive structure, and therefore asks:

1. Who am I?
2. What do I stand for?
3. Where am I going -- if anywhere?

Kandel writes: "Because the emotional and physical effects of drug use have far greater consequences for a developing mind and body, it is important that we focus our efforts on the young, while continuing our efforts to provide help for all age groups"[3]. Prevention is the sole key ending to drug abuse by adolescents.

It must be the obligation of the educator to expend the knowledge of drug education. While there are many and varied programs, the author of this study does not feel that there has been any program presented to date adequate enough to extend itself to the issues precluding drug abuse.

An adolescent does not just step into drug abuse; it is through some kind of unfilled need that one begins to abuse, not explore, but abuse drugs. Often-times, before the child realizes it, he/she has become dependent on drugs. All the adolescent may notice is that there has been some kind of change, e.g., he/she experiences trouble sleeping, a problem concentrating on lesson plans, etc. It is widely feared that the use of drugs by young people may lead to the loss of interest in virtually all activities, with resultant lethargy, amorality, and social and personal deterioration. (see footnote 1)

Once again, like alcohol, drug use is as old as history. During the civil war, morphine was used as a pain-killer. The drug was not then known to be addictive, and many soldiers became dependent on it. Throughout the nineteenth century there were periodic drug scares created by the use of cocaine; heroin was predominant in the 1920s, marijuana in the 1930s, and heroin again

in the 1950s. The 1960s saw a liberal social attitude encouraging an explosion of drug use of all kinds, from LSD to marijuana. All of these drugs have come to be a concern, especially now when their use is reaching an all time high among our adolescent youth. (see footnote 3) This would indicate clearly the need for preventive measures. Drug abuse prevention means assisting adolescents to develop strong personal values, which will, in turn, reduce the chance of their hurting themselves or others by abusing drugs [4]. In view of these considerations it is necessary to develop a meaningful way to introduce a substance abuse education program into the earlier grades.

Study Under Investigation

The 1984 adult population study, conducted by this author, on substance abuse (see Appendix A) indicated that over the years the age for substance abuse has steadily declined into the early adolescent years of 11 to 14, which lends itself to the assertion that a preventive substance abuse program for adolescents is sorely needed as part of the general school curriculum. The areas of family, religion/values clarification, and supportive feelings to bolster self-esteem would be addressed as part of the preventive substance abuse program.

In the 1984 adult population study, this author randomly sampled 100 adults who were former substance abuse patients at a hospital for substance abuse treatment. One hundred questionnaires were sent out, and 70 were returned.

The percentages from this 1984 study of former drug abusers strengthened the conclusions that the following three characteristics are found to be fairly consistent with chemically dependent people:

1. Lack of interaction and communication with the family,
2. Little, if any, religious affiliation;
3. Low self-esteem.

In reference to this author's statistics in the 1984 study regarding the age alcohol was first used, it should be noted that in the age 20-39 group, 35 of the 38 patients who returned the questionnaires had been between 11 and 14 years of age when they had first used alcohol, and only three patients were age 15 or older. (see Appendix A)

In the 40-plus age group, only 6 of the 32 patients first used alcohol between the ages of 11 and 14, and the remaining 26 patients were 15 years of age or older when they first used alcohol. (see Appendix A)

In conclusion, a direct awareness substance abuse education program for sixth grade students has been devised based on the 1984 adult population study which indicates that the age for substance abuse has steadily declined to the early adolescent years of 11 to 14. The educational curriculum (see Appendix C) includes the areas of family, value clarification, and supportive feelings for self-esteem. The 1984 adult population study indicated that the lack of family communication, religious affiliation, and low self-esteem were found to be fairly consistent with chemical dependence.

One purpose of this study, was to field test,

both before and after, the substance abuse program (see Appendix C), which was designed for sixth graders, in order to determine whether there would be a significant improvement in knowledge of and attitude toward substance abuse on the part of those student participants.

Method of Investigation

One of the most crucial factors in the prevention of alcohol and drug problems is education. Ignorance as to the serious effects of substance abuse is widespread among the adolescent population. This author's 1984 adult population study indicates that the age for substance abuse has steadily declined into the early adolescent years of 11 to 14. The preventive substance abuse program presented here was therefore targeted to a sixth grade population. (see Appendix A)

The program called for sixth graders to participate in a curriculum on drug use and abuse for five consecutive days of information and discussion. Each day a 45-minute period was set aside for the program during which one of the following five subject areas was examined and discussed: 1) family; 2) value clarification; 3) alcohol; 4) other drugs; and 5) decision making.

A pre-test and post-test was administered to each student.

It is emphasized that all classes should be informal, freely open for discussion, and conducted in a relaxed, comfortable atmosphere.

The substance abuse education program for sixth grade students was first introduced to the teacher who was made familiar with this particular educational program. It is not only important, but necessary, that the teacher first be familiar with his/her own beliefs and practices in regard to alcohol and drugs. If students are to be open and honest, the atmosphere of the classroom must be non-judgemental.

A short, informal written test on "Understanding Alcoholism and Drugs" was given to the participating teachers so that the teachers and this therapist/educator would get some indication of the knowledge of the subject areas. Following the informational quiz, there was an answer period clarifying the subject areas. The teachers then went into their classrooms and administered the program as prescribed.

CHAPTER II

REVIEW OF RELATED LITERATURE

History of Alcoholism

The disease of alcoholism is one of the leading health problems of our times. Yet, it is the only disease where one has the freedom of choice for recovery.[5] The American Medical Association defines alcoholism as "an illness in which there is preoccupation with alcohol and loss of control over its consumption, as a type of drug dependence that can harm a person's health and interfere with his ability to work and get along well with people." It is a progressive disease which is characterized by uncontrolled drinking. If taken in sufficient quantity alcohol produces some kind of reaction in everyone.

"A person suffering from alcohol misuse finds it difficult to stop drinking as he/she has become dependent on alcohol to cope with life. A person's health, happiness, safety and longevity are threatened and affected. It is a disease like none other--- reaching out to destroy both the body and mind. It is a social stigma and does not discriminate. There is no single cause for alcoholism. Instead, a complicated interplay of physiological, psychological, and sociological factors lead

to its development. None of these take priority"[6].

Motivation on the part of the alcoholic is the important factor in making a decision whether to stay sober or not. During this decisive period, an abundance of support and assurance is required by alcoholics. At this point they have little self-worth and know they have taxed the patience and goodness of those around them to an unbearable degree. In their present state there is little afforded to them. When viewed in terms of tragedy, unhappiness, suffering and a wasted life which the illness brings to alcoholics and those around them, even the most callous observer must realize the extent and seriousness of the illness.

Alcohol has no known discoverer or inventor. Records and cave drawings left by ancient civilizations indicate that the substance has always been with us. Distilled beverages were unknown however, in the Western World until the Middle Ages. Early American colonizers brought their liquor with them. Many historical alcohol-related factors played an important part in American history. Prohibition, in effect from 1917-1933, is probably the most unforgettable part of American history having to do with alcohol. (see footnote 7)

Alcohol is a chemical ingredient found in beer, wine, and hard liquor. A 12-ounce bottle of beer, a 5-ounce glass of wine, and a 2½-ounce mixed drink all contain one half ounce of ethyl alcohol. (see footnote 4) The chemical formula CH_3 CH_2 OH, is ether with water added, better known as ethyl alcohol. This gives clear indication of why alcohol was used as an anethetic until the mid-1800s.

The ethyl alcohol in beverages is made by the biochemical transformation of sugars found in grains, fruits, potatoes, and other plant materials. The process of transformation, or fermentation takes place when the existing sugars are changed to ethyl alcohol and carbon dioxide.

When a person takes a drink, there is a definite metabolic effect, but there is no corresponding digestive process involved. Alcohol passes right through the walls of the stomach into the small intestine. It is then absorbed into the bloodstream, which carries it immediately to the brain and the central nervous system. Alcohol affects the body much more quickly than do ordinary foods which must be broken down by enzymes and digested before they can pass into the blood. If a person has just eaten, the alcohol that goes to the stomach combines with the food and is absorbed into the bloodstream more slowly. The liver

breaks down the alcohol into carbon dioxide (CO_2) and water (HO_2) at a steady rate of one-half ounce per hour, or one drink per hour. The rate at which alcohol is broken down is consistent and cannot be slowed down or speeded up.

Alcohol is considered to be a depressant by medical standards.[7] Our society regards alcohol as merely a social beverage and tends to ignore the fact that it is a strong depressant drug which acts on the central nervous system. Some people say they feel stimulated by drinking; the reason is that alcohol dulls the higher brain center before interfering with motor area functions. While the drinker may be in control of his speech and movement, the areas of his brain which control his thinking are not functioning perfectly. Therefore, a person who is drinking too much may well be more active due to the fact that he is behaving in ways that normally are under control, and not because he is stimulated. (see footnote 5) In simple language he is already beginning to lose control.

The following gives the progressive stages of drinking:

Effect of 1 to 2 drinks:
A. Relaxation
B. Loss of inhibition
C. Judgement is affected

Effect of 3 to 4 drinks:
A. Thinking becomes impaired
B. Slow reaction
C. Poor sense of judgement

Effect of 5 to 6 drinks:
A. Impaired coordination
B. Some disorientation
C. Slurred speech
D. Mood swings

Effect of 6 to 10 drinks:
A. Difficulty walking
B. Sense of reality diminished
C. May be vomiting

Effect of 10-plus drinks:
A. Completely drunk
B. Loss of consciousness
C. Depression of breathing; slow heart rate
D. Possibility of death

It should be noted here that the possible long-term effects of alcoholism include: liver damage; heart disease, ulcers and gastritis; malnutrition; delirium tremens; oral cancer; brain damage; and damage to the developing fetus if a mother drinks while pregnant. (see footnote 5)

It takes approximately one and one-half hours to sober up after each consumed drink containing one half ounce of ethyl alcohol. (see footnote 4)

No one ever takes a drink with the intention of becoming an alcoholic. The one clear factor in alcoholism in adult people and in adolescents is that it is a disease. (see footnote 5)

Other Drug Usage

What exactly is drug abuse?

Drug dependence is the need for a drug which results from the continuous or periodic use of that drug. This need can be characterized by mental and/or physical changes in users which make it difficult for them to control or stop their drug use. They believe that they must have the drug to feel good or just to get through the day. This mental aspect of drug dependence is often called psychological dependence.[8] Some drugs, like narcotics and barbiturates, change the body's physical system so that it becomes used to the drug and needs it to function. When a user stops taking the drug, he/she will experience drug withdrawal symptoms like vomiting, tremors, sweating, insomnia, or perhaps convulsions. In order to avoid these withdrawal symptoms, the user takes the drug again. This is then called physical dependence. (see footnote 8) One cannot distinguish between psychological and physical dependence to determine which is the worse. Heavy use of any psychoactive drug produces a type of dependence which interferes with social, behavioral, and physical functioning of an individual. (see footnote 8)

A drug is any chemical substance that, when taken into the body, changes how certain parts function, and therefore changes how the person feels, thinks, and acts.[9]

There are four basic groups of drugs:

1. Stimulants	- Speed action of central nervous system
2. Depressants	- Relax central nervous system
3. Hallucinogens	- Change perception
4. Deliriants	- Cause mental confusion

Stimulants

Known on the streets as speed, uppers, pep pills, etc. Amphetamines cause restlessness, nervousness, excessive sweating, needle marks when injected.[10]

Prolonged use of amphetamines causes loss of appetite, delusions, hallucinations, perhaps toxic psychosis. There is a definite mental dependency. Heavy users who inject amphetamines accumulate larger and larger amounts of the drug in their bodies; the resulting toxicity can produce extreme suspicion or paranoia and sometimes violence. (see footnote 7)

At present, a well known stimulant being widely used is cocaine. Cocaine is a powder which is most commonly inhaled, although some users ingest it, inject it, or smoke a form of the drug, called freebase. Cocaine is one of the most powerful, seductive, and consequently, most sought-after drug today. Even though it is very expensive, it has become the fastest growing drug in the United States. Its effects last for a very short period of time-- a matter of minutes, and the intense high it produces is usually followed by an intense down. (see footnote 8) Quite a few users will take what is called a run-- repeated doses of the drug-- in an effort to avoid that "down" feeling. With heavier use come suspicious feelings, hallucinations, and other signs of serious mental disturbance. Although few people realize it, overdose deaths from injected, oral, and even snorted cocaine have occurred. Death is a result of seizures, followed by respiratory arrest and coma, or sometimes by cardiac arrest. It is clear that a psychological dependence results from heavy use, and when cocaine is used repeatedly, vital necessities such as eating and taking fluids are ignored.

Depressants

The next basic group of drugs are called depressants.

These consist of barbiturates, opiates (heroin, morphine, codeine), alcohol, and tobacco. Barbiturates are known on the street as among other things, as barbs and downers. Symptoms of abuse are drunken behavior with no smell of alcohol, drowsiness, and slowed reflexes. The result of long use is severe addiction with acute withdrawal symptoms and toxic psychosis. With constant use of depressants, memory becomes vague, and judgement is often impaired. The most commonly abused barbiturates include Phenobarbitol, Seconal, Amytal and Valium. These are used as sedatives or sleeping aids. Valium (diazepam) is prescribed to relieve anxiety. The rate of abuse of these drugs is on the increase. (see footnote 10)

Opiates, consist mainly of heroin, morphine, and codeine. Their symptoms of abuse are pinpoint pupils, needle marks, drowsiness. Results of long use: running nose, vomiting and diarrhea.

All depressants cause psychological and physical dependence as well as organic damage. (see footnote 10)

Methadone is a long-acting narcotic that is supposed to be taken orally in an attempt to substitute a safer narcotic

for heroin. Supposedly, it diminishes the craving for heroin as well as blocking the pleasure that heroin produces. (see footnote 4)

Hallucinogens

The next group of drugs, of which marijuana is one, are known as hallucinogens. The use of marijuana has tripled in the United States in the last few years.[12] Researchers have clearly shown that marijuana interferes with immediate memory and intellectual performance. It can impair concentration and reading comprehension. The extended use of marijuana has shown that it can produce severe anxiety, apprehension and fear of others. Marijuana not only has an adverse effect on the brain, it also affects the heart and lungs. Marijuana has a higher concentration of known cancer-causing agents than tobacco. PCP, also known as angel dust and used as an anesthetic for animals at present, causes bizarre effects on humans. It distorts reality in a way that can closely resemble serious mental illness. PCP users become highly destructive toward themselves and others, leading to violent and bizarre behavior. At present, the drug is usually smoked in marijuana cigarettes. This is why some marijuana cigarettes are referred to as "superpot".

THC stands for tetrahydro cannabinol, and is the active ingredient in marijuana and hashish. Contrary to common belief, THC is very difficult to find in pure form because THC is very difficult to extract from marijuana. Shuttes' analysis of the availability of THC

has proven that 95 percent of all THC sold on the street is really PCP.[11]

The most commonly reported immediate adverse reaction to marijuana is the acute panic - anxiety reaction, which causes intense fears of losing control and going crazy. There is a physical dependence on marijuana. (see footnote 12) Withdrawal symptoms are: irritability, loss of sleep, loss of appetite, sweating, loss of weight, and stomach upset. Tolerance to marijuana, the need to take more and more of the drug over time in order to experience the original effect, has been proven. (see footnote 10)

As stated previously in relation to adolescents, a very real danger in marijuana use is its possible interfence with growing up. The effects of the drug interfere with learning, impair thinking, reading comprehension, and verbal and arithmetic skills. It is also believed that the drug interferes with the development of adequate social skills and may encourage a kind of psychological escapism. (see footnote 12) By providing an escape from growing pains, drugs can prevent young people from learning to become mature, independent, and decision-making adults. (see footnote 12)

Marijuana burnout is a term used among marijuana smokers. Young people who smoke marijuana heavily over a long period of time can become dull, slow moving, and inattentive. Burnout is a sign of a drug-related mental impairment that is felt not to be reversible, or is reversible only after months of abstinence. (see footnote 12)

Most youngsters are introduced to marijuana by their peers, that is, by people of their own age. We have to remember also that at this stage in our culture we have few heroic figures. Most adolescents are caught up in the fever of rock groups who blatantly flaunt drugs as an accepted way of life. We have just been through a period when even our athletes have been appearing in the news for drug exploitation.[13]

A dangerous part of smoking marijuana is getting arrested. One can be arrested for this offence in Massachusetts, and the penalty is usually six months committed, or probation and a fine.

Unlike other drugs, marijuana, when mixed with alcohol, should not cause any unpleasant physical reactions. Youngsters know this, and therefore tend to combine marijuana and beer.[14]

However, with alcohol in the body, a high on marijuana tends to last longer than expected. Moreover, it is important to remember that mixing alcohol with angel dust, downers, tranquilizers, and other drugs increases the chances of overdose.

Among other hallucinogens are LSD and Mescaline. The symptoms of abuse are dilated pupils, and rambling speech. LSD intensifies psychosis. Sense of time and self are altered. Sensations seem to cross over, e.g., music may be seen or color heard. A flashback is a recurrence of some features of a previous LSD experience, days, or months after the last dose. Flashbacks can be spontaneous or triggered by physical or psychological stress, or by marijuana. Flashbacks cause anxiety. New perceptions of the body and of the self have been reported which have been frightening as well as gratifying. After taking LSD, a person loses control over normal thought processes. Longer term harmful reactions include depression or breaks with reality, which may last from a few days to a few months. Mescaline effects are similar to those of LSD.[15]

Deliriants

The final group classification is deliriants which cause mental confusion. This group includes aerosol products, airplane

glue, lighter fluid, paint thinner, and nail polish remover. Inhalant abuse is on the rise between the ages of 7 and 17, mainly because these inhalants are readily available and inexpensive. There is a high risk of sudden death from spray inhalation. These spray inhalants can either interfere directly with breathing or they can produce irregular heartbeats, leading to heart failure and death. Risk of death by suffocation increases when users sniff concentrated spray fumes from a paper bag. Long - term use is usually associated with drastic weight loss, vision impairment, memory and ability to think clearly. These dysfunctions generally cease when sniffing stops.

During and shortly after inhalant use, the sniffer usually exhibits motor incoordination, inability to think and act clearly, and sometimes abusive behavior. [16]

Family Relations

The socialization of children is primarily accomplished by their parents. Children depend on their parents for food, shelter, and a feeling of belonging, which leads to self - esteem and emotional support. Adolescents identify with their parents and tend to imitate them. [17]

However, fundamental social changes in this century have also produced basic changes in the family structure as well as in the quality of interpersonal relationships in the family. These changes seem to have decreased the influence of the family as a socializing agent during adolescence. [18]

As adolescents extend their social world, their peers begin to play an increasingly larger role in the socialization process and aid them in the quest for self - esteem.

Moreover, Britain [19] states that urbanization has contributed to anonymity and may have loosened the ties to the extended family. Since parents may not be fully aware of the values and attitudes of both their own adolescents and the community's, adolescents can successfully argue that everybody does it," thereby challenging

basic family values and parental authority, and often pushing parents into either an authoritarian or a permissive position.

According to Britain[19] the instability of the family is reflected in the contemporary divorce rate. Hence, the father or mother of an adolescent may not necessarily be the real parent (requiring dual allegiances from the adolescent). Many women have increasingly pursued their own careers and joined the work force in the process of becoming economically independent of their husbands, at the same time assuming a different role in the life of the adolescent.

In general, changes in family relationships are characterized by impermanence and frequently result in alienation.

Religion/Values Clarification

During adolescence, the capacity for formal thought develops, comprehension of social issues increases, needs change, and goals should become more definite. Although the importance of understanding the values of adolescents is frequently stressed, an adolescent who is rebellious will tend to adopt values and lifestyle that are the opposite of the persons being rebelled against. Since most parents are certainly against their children using drugs, a perfect rebellion is to go out and get high. Some adolescents do not even try to hide the fact from their parents; they want them to know they are rebelling. Rebelling could also take the form of refusing to do household chores, refusing to attend church services, or refusing to keep any parental/household rules.[20]

McCandless[21] in elaborating a conceptual framework for viewing adolescence, postulated four major areas of adolescent adjustment: status, sociality, sexuality, and values. Of these four major adolescent life goals, society is least equipped to guide adolescents in the areas of moral and values. The subject of values has more often than not evoked narrow doctrinaire opinions rather than thoughtful and rational consideration.

While often neglected, an individual's moral values development is likely to be more important than anything else in determining the quality of his life. Similarly, Douvan and Adelson[22] have discussed the development of adolescent value systems and the study by Beech and Schoeppe[23] was designed to measure the value system of male and female adolescents and to compare the relative importance of specific values for adolescents in the fifth, seventh, ninth, and eleventh grades. In all grades the male and female adolescents ranked certain values such as a "world at peace," "freedom," "honest" and "loving" consistently high. However, other values, such as "salvation" and "logical" were ranked low by both sexes. In the "family security" values, the rankings are similar for younger but not older boys and girls. For other values, particularly "equality" and "social recognition," the older boys and girls were more alike in their responses than the younger ones.

The persistently high ranking of "a world at peace" was likely prompted by the Southeast Asian conflict and was reflective of that period in history. The possibility that "a world of peace" represents only a momentary concern exemplifies a difficult problem in studying the development of values. (see footnote 23)

As Hovrocks[24] stated, descriptive catalogs of the values and attitudes of adolescents "are either ephemeral and apt to change from time to time or are specific to some relatively idiosyncratic sample." If the ranking of "a world at peace" was incongruent with the ranking of other values, it would seem to represent only a momentary concern.

The high ranking of "family security" by younger boys and girls is a reflection of their dependent status and the importance of the family in their lives. The older boys and girls reflect the positions in which they find themselves as they attempt to resolve the dependence-independence problem. (see footnote 23)

The terminal value of "salvation" ranked least important for both sexes. Neither boys nor girls place the locus of control in religious authority. "Social recognition," however, gained in importance from fifth to eleventh grades for both sexes. Boys and girls would appear to define their success according to conditions set by others. (see footnote 23)

As one works through the adjustments of the transitional adolescent period to internalize a reasonably consistent ego identity, the self, per se, tends to be thought about and valued more. Kohlberg[25] discussed this gradual change at length as have many other writers, notably Erikson[26] and Piaget & Inhelder[27]. Values consistently change with the growing process.

Self - Esteem

Low self-esteem is one characteristic that is seen in almost all persons who abuse drugs. Many adolescents will admit they have feelings of low self-esteem and worthlessness. In their view, one way for them to avoid feeling badly about themselves is to get high and ignore all unpleasant thoughts or emotional states. But once the high wears off, the feelings return, and the quickest way, they feel, to obtain relief is to get high again. Here is where the vicious cycle begins [28].

In Baron's article (see footnote 8) he states that hopelessness is one of the most frustrating experiences a human can endure. It is related to severely low self-esteem and lack of positive experiences. Baron feels that low self-esteem is such an important attribute that it may be the central problem in many life situations.

Brehm[29] believes that many adolescents are insecure and exhibit an overwhelming need to know they are acceptable to their peers. Because of this, many become followers and will imitate the group in which they wish to be included. Brehm goes on to say that many teenagers succumb to peer pressure and, initially, use drugs to gain the acceptance of those who

are already on drugs.

Since adolescent relationships are often extremely intense, it is quite difficult to convince teens to drop their friends. In many cases, all of a kid's friends may use drugs. Baron feels that the only solution that seems to work fairly consistently is when the old peer group can be replaced with a new, positive group. Asking a teen to drop all his drug-using friends and not offering him a replacement group is most often futile.

Treatment

The purpose of Turanski's[30] study is to point out the problems that professionals have in reaching and treating this youthful population experiencing alcohol and drug related problems. Turanski indicates the lack of insight into the consequences of alcohol use and the lack of motivation to reduce the extent of that alcohol use are serious impediments that professional service providers must overcome before alcohol problems can be resolved.

Many youthful alcohol abusers fail to receive the help or care they need for one or more of the following reasons:

a. They are unaware of the services available.

b. Limited financial resources.

c. Mistrust, fear, embarrassment, or alienation from what they consider to be impersonal, inflexible, and dehumanizing services.

d. Confidentiality from parents, or in the case of illicit substance abuse, the law.

Turanski (see footnote 30) indicates that questions being investigated by professionals are:

a. Who should establish programs offering a wide range of professional services and how should this be done?

b. What is parental consent required for, and when should parental involvement become functional?

c. Cost of services?

d. Geographical location of services-- dependence on transportation?

e. Hours of program operation?

f. What type of special outreach efforts should be initiated?

A study of high school drinking practices between 1941 and 1945 reveals that prevalence of drinking rose steadily from World War II until about 1965, when the start of drinking behavior declined to slightly over 13 years of age.

The latest prevalence estimate is based on the Research Triangle Institute's 1978 national survey of alcohol use among senior high school students in the 50 states.

Their findings are as follows:

a. Fifteen percent of senior high school students are drinking at least once a week, (5 to 12 drinks or more than 2.7 oz. of ethanol).

b. Twenty-seven percent are estimated to have been drinking once a week or more often.

c. Sixty-two percent are estimated to have been drinking once a month or more.

The proportion of tenth to twelfth graders who have used alcohol at some time has stabilized at a fairly high level. A National Institute of Alcohol Abuse and Alcoholism Report (see footnote 4) compared responses from high school students across the nation to surveys conducted in 1974 and 1978 and concluded that the data on self-reported consumption do not show substantial changes in either the percentage of adolescents who drink or in the volume of drinking. Eighty-seven percent of the respondents reported having had a drink, with over 20 percent of tenth to twelfth graders saying they had a drink once a week or more often. 8 percent reported drinking three or four days a week, and 2 percent reported drinking every day.

Drinking volume appears to increase rapidly at lower age levels. A substantial number of youths in the 1978 survey reported themselves to have been drinking fairly large amounts by the age of 15 (see footnote 4).

The 1978 survey of high school students across the nation conducted for the National Institute of Alcohol Abuse and Alcoholism shows that initial use of alcohol peaks at ages 14 and 15, with 29 percent of the survey population having had their first drink by that time. Slightly more than 4 percent of 4,918

respondents reported having had their first drink of alcohol by the time they were seven years old. (see footnote 4) Surveys dealing with the incidence of alcohol use by adolescents aged 12 and younger generally did not appear until 1970. Since then, a survey of 15,747 college students revealed that 43 percent had tasted alcohol by or before age 11. (see footnote 4)

The overall goals of this comprehensive approach is to help young people deal with the causes and consequences of alcohol abuse, develop properly as adolescents, and find meaningful alternatives to alcohol consumption. While it is preferable for any program to have a multi-disciplinary professional and paraprofessional staff capable of providing all the services and activities necessary for this adolescent group, it may not be economically feasible, so effective referral linkages need to be established with other youth service agencies in the community. In the November 17, 1985, Boston Globe Parade Magazine, on page 27 it was strongly stated that early prevention is necessary, beginning with education in the early grades.

The purpose of Hubbard's[31] study was to examine the effects of general drug abuse on the alcohol-use pattern and problems of youth. The data reported in his study raises serious questions and thoughts

that should be addressed to programs providing drug and alcohol services to young people. A significant number of youths entering drug treatment programs reported that they drank heavily and had alcoholic-related problems. Perhaps the most distressing part of Hubbard's article was the finding that a year after completing treatment, over one-third of the young people still reported substantial alcohol use.

In his article, Hubbard (see footnote 31) reports the results of the National Study Data on 1,042 youths entering residential programs and outpatient drug-free treatment programs from 1979 to 1981, with additional data on 240 of the 1979-80 youths interviewed after a year away from treatment. There were no surveys used. The clients came from residential and outpatient treatment facilities. Background information for each client was collected at intake, detailing the year before entering into treatment. Inpatient interviewing took place at one month, three months, and quarterly thereafter for as long as two years, if the client remained in treatment. Follow-up interviews were conducted 12 and 24 months after treatment.

Hubbard states (see footnote 31) that clients living in the restricted, closely supervised residential environment reported little alcohol use and far

fewer alcohol-related problems. In outpatient drug-free programs, however, the reduction in the number of heavier alcohol users and those with any alcohol-related problems was small. Treatment for alcohol use needed to become a more central focus treatment in outpatient drug-free programs. Hubbard concluded that effective early intervention and treatment should produce the best long-term benefits for the individual and society.

The purpose of Hawthorne & Menzel's study[32] is to indicate that spending decisions affecting youth treatment programs are made daily by federal, state, and local governments, insurance companies, hospital and other health agencies, and consumers, but the predominant share of these funds support intervention and treatment for adults. Hawthorne & Menzel's study further indicates that in light of the extensive damage teenage alcohol abuse is known to cause, it is apparent that teenagers need more than primary education prevention. Policy makers and program planners frequently cite several issues as reasons for not increasing youth intervention and treatment efforts. When do policy makers and program planners concerns include such problems as the lack of consensus on the point at which drinking by adolescents becomes severe enough to require therapy; whether heavy drinking in youth is a self-limiting condition or is linked to adult alcoholism; the low

incidence among adolescents of medical problems is caused by alcohol intake; and the perception that youthful problem drinking may be only a symptom of a broader personality disorder, not susceptible to alcohol and specific therapy? (see footnote 32)

Reviewing the extent and nature of adolescent problem drinking in this country underscores the need to provide appropriate services beyond prevention to young people at risk of, or already having, alcohol problems. Widely accepted statistics on the extent of heavy consumption emerged from the Rachel [33] Study of 1980 indicating that nearly one-third of the 4,918 students surveyed reported being at least a moderate-to-heavy drinker, defined by "at least once a week and medium amounts per typical drinking occasion or three to four times a month and large amounts per typical drinking occasion".

Characteristics of adolescent alcohol abusers and environmental factors associated with youth alcohol abuse have been described by several researchers. Rachel (see footnote 33) found the following personality attributes:

-Aggressiveness

-Impulsiveness

-Low self-esteem

-High anxiety

-Depression

-General lack of success in attainment of life's goals.

It is reasonable to assume that younger abusers need the full range of services offered to adults from medical detoxification to inpatient care, to outpatient clinics to aftercare. Yet, the adult programs that are not functioning for adults are not feasible for adolescents. In recognition of the younger alcoholic's needs and problems, a network of people knowledgeable about adolescent alcohol abuse must be expanded. (see footnote 33)

Summation on Treatment

While the three major studies already cited, Turanski (see footnote 30), Hubbard (see footnote 31), and Hawthorne & Menzel (see footnote 32), agree that adolescent alcohol abuse is a problem and does exist, the only study that indicated the need for monetary assistance to establish inpatient treatment programs and follow-up is that by Hawthorne & Menzel. They feel that programming should be a priority and are willing to backup their conclusions with viable data. At present, most inpatient treatment facilities are geared toward the adult patient, and the treatment modality for adolescents would be considerably different; yet, like the adults these

adolescent patients also require detoxification, rehabilitation, outpatient and aftercare. The other two studies indicate a need for intervention, more programs, more professionals, and earlier preventive programs.

Prevention

The first step in devising preventive measures for substance abuse is education. One must become familiar with many aspects of the drug culture, both to understand the problem and to conceptualize a plan of action. (see footnote 34)

In the 1970's the media reported about drugs in a less dramatic fashion than today, leading people to think mistakenly that the drug problem was diminishing and even disappearing. (see footnote 10) At present, the prevalence of drug abuse has spread from the colleges of the 1960's to the high schools, junior high schools, and now in 1985, we are finding it in the middle and grade schools.

The problem has now drawn national attention. In an effort to help communities become aware of the drug problem, First Lady, Mrs. Ronald Reagan came on national television in 1983 in an effort to organize each community to begin a prevention and intervention program for chemically dependent people. The use of drugs has finally reached epidemic proportions, effecting even the smallest towns; it is no longer an excusively urban problem. Because of the probability of drug usage remaining in our culture, prevention becomes all the more important.[34, 35, 36] During the last twenty years, there has been a marked increase in the use and abuse of drugs.[35] Substance abuse has now become an initial part of becoming of age in American Society. Now

rock groups are the heroes of our culture and few of these groups deny or hide the fact that drugs are a way of life for them.

At present, there are some songs about marijuana, cocaine, qualudes, and other drugs. The titles and lyrics of the songs lead the listener to believe that he/she will have a better life if they use drugs. Movies such as "Up in Smoke" give youngsters the idea that smoking "grass" is the most fun possible. Television programming has had a great effect on adolescents due to the subtle way drug use is presented. The cops-and-robbers films are filled with exciting chases, schemes, and shoot-outs over drugs. The overall effect, therefore, is to change, gradually, the attitude of many Americans about the casual use of drugs. As the adolescent and adult viewers see humorous stories concerning people involved with drugs, played by nationally recognizable actors, they unconsciously accept that drugs are commonplace, acceptable, and fun. (see footnote 8)

Drug-abuse prevention is a difficult, complex problem, but it must be addressed by a concerted effort of professionals and lay persons alike. This author would like to see more people become sufficiently interested in this epidemic and volunteer their time and creative talents in reversing the present trend of rapidly increasing use of drugs by our adolescents.

In 1984 the Commonwealth of Massacusetts, in answer to public interest and concern, improvised a plan for statewide substance abuse prevention education. The board that was implemented to oversee the education plan stipulated that:

1. The State Board of Education and the General Court should provide leadership and the Department of Education should administer a program of grants to local school districts which will enable them to provide technical assistance and funding for substance abuse prevention education in Massachusetts. Funding for substance abuse prevention education should be provided by the General Court to enable interested schools to develop and to provide programs.

2. The State Board of Education should develop a collaborative relationship among the Department School Districts and the Divisions of Alcoholism and Drug Rehabilitation of the Department of Public Health. Such relationships should lead to training for appropriate school personnel in identification and referral techniques to direct substance abusers to appropriate agencies for diagnosis and treatment.

3. The State Board of Education should encourage that local substance abuse prevention education curricula should be contained within comprehensive health education programs in grades K-12 for all students. Within a comprehensive health education program, school districts may establish goals, principles and processes which can be used to focus on substance abuse prevention education and on other important health issues.

4. The State Board of Education should encourage abuse prevention education planning and implementation at the local level by the school committee, teachers, building administrators, parents, older students and appropriate community agencies.

5. The State Board of Education should encourage prevention programs in substance abuse prevention education to be implemented in the elementary schools before student use of substances occurs. In order for programs at the secondary level to be effective, the addition of an intervention component may be necessary. All programs should work to develop students' self-concept, improve communication skills, and examine how decisions are made with a goal toward prevention of substance abuse.

At present there is a pilot program in conjunction with the Governor's Task Force for Substance Abuse utilizing sport celebrities who lecture in the Boston Schools on a regular basis and speak in the classrooms. To date (1985), this author knows of no regular classroom program initiated by the State or City of Boston that has been instituted for the purpose of reducing substance abuse for adolescents.

In Westchester County, New York, a Student Assistant Program[37] has been implemented in six high schools that is modeled after the employee assistance programs that have been successfully used by industry to identify and aid employees whose work performance has been negatively affected by alcohol or drugs. Students enter the program through confidential, self or mandatory referral. The program uses professional counselors to provide alcohol and drug abuse intervention and prevention services for students who have alcoholic parents; have, themselves, been using alcohol or drugs; or exhibit behavioral and academic problems that could be related to their own or their parents' abuse of alcohol or other drugs.

The Student Assistance Program in Westchester County hires only professional counselors (accredited Master's Degree holders). It is mandatory that the counselors have two full years of experience, post-Master's, which has included work with adolescents and substance abuse. The school program staff must have a

mutually cooperative relationship to ensure success. Counselors are accountable to both the community mental health agency that employs them and the school where they are based.

The program includes alcohol/drug education awareness, didactic and group counseling, and lectures with audiovisual equipment.

The Westchester County Student Assistance Program was evaluated by outside consulting firms during its first two years of operation. The evaluation showed a statistically significant improvement in school attendance among participating students whose parents were alcoholic. There was also a greater decline in the use and abuse of drugs.[37]

In Somerville, Massachusetts, an organization called Cambridge and Somerville Program for Alcoholism Rehabilitation[38] (CASPAR), which is a contractural program ready to serve both the Cambridge and Somerville school departments, offers a preventive program called "Decisions about Drinking" which has units for grades 3 to 12. This program treats similar concepts in progressively greater depth at each grade level. Each unit designed for seven to ten teaching periods of 45 minutes each, covers alcohol use and decision-making for the first five or six

sessions, with alcoholism reserved for the last two periods, when children who are experiencing family problems may be more open to this information.

In 1982, "Decisions about Drinking" was recognized and validated by the National Diffusion Network of the U.S. Department of Education. The program has been used primarily in high schools.[38]

Workshops for teachers, 20-30 hours in length, equip teachers to use the CASPAR curriculum effectively. Workshops for teachers are held three times a year in Cambridge and Somerville.[38]

Evaluations show that participants enter workshops narrowly defining the choices for teenagers as abstinence vs. uncontrolled, disruptive drinking. Training affects knowledge and attitudes.[38]

Care About Now, Inc., Chelsea, Massachusetts,[39] has a program for alcohol and drug education which, on request, is available for use in a high school setting. Their alcohol and drug education curriculum falls under the category of primary prevention. Its purpose is to provide students with the tools to make solid, informed decisions, consciously, about drinking or not drinking. The program designed is to provide students a supportive and informative framework within which they can make their decisions.

At present, there are no evaluation figures for their program.

Summation of Literature

The young are almost always introduced to drugs by a friend or schoolmate. Most people believe they are always going to be able to control and limit their drug intake, and that it is always going to be a pleasurable experience. Adolescents are familiar with all the drug information from school and media and are even familiar with victims of substance abuse, but adolescents tend to discount all of these warnings. (see footnote 8)

The progression from intermittent experimental use to abuse may, in part, be a function of social learning. Serious thought has to be given to this progression and some alternatives initiated. (see footnote 8)

Based on the adult population study of 1984 cited in Chapter I which indicates that the age for substance abuse is steadily declining to the early adolescent years of 11 to 14, a direct awareness substance education program for sixth-grade students has been devised. (see Appendix B) The suggested curriculum includes the areas of family, values clarification, and supportive feelings for self-esteem. The 1984 adult population study indicated that lack of family communication, and religious-values

affiliation as well as low self-esteem were found to be fairly consistent with chemically dependent people, both adults and adolescents. These factors have also been cited and reinforced in the earlier part of the review of literature. (see Chapter II).

C H A P T E R I I I

Research Methodology

Based on the literature review in Chapter II this author's substance abuse program was designed to address the needs of the early adolescent years. Emphasis was placed upon informality; a comfortable environment; and all classes were freely open for discussion. The students were provided with a supportive and informative framework within which they could absorb knowledge and learn to make decisions maturely.

This program was field-tested in an urban, racially integrated elementary school. The principal of the school, as well as the teachers, were very supportive, knowledgeable, and above all, willing to donate after-school time to learn the program.

The teachers took informational tests on "Understanding Alcoholism and Drugs" to indicate their ready knowledge of the subject matter and scored very high. This test also made the teachers familiar with their own beliefs and practices in regard to alcohol and drugs.

Subject areas for the pilot program follow:

Part I - Family

A. What is a Family?

B. What Makes a Family Work?

C. Family Members and Their Roles

D. Family Values

E. Written Exercise/Family

Objective

To present different types of families to the students and show the importance of the family as the key structure to human living and the complex civilization of society today. It must be indicated that each family member has a role which carries responsibilities and assists one to form personal values and goals for the future.

Procedure

The class should be informal, with lecture and discussion format. Students should be encouraged to ask questions when it is appropriate. The last 15 minutes of each session is to be spent completing educational written exercises, for example crossword puzzles, on the subject matter for the day. Positive approaches to learning will be used.

Part II - Religion/Values Clarification

A. What Is a Value?

B. Do Values Change?

C. Can Values Be Judged Right or Wrong by Others?

D. How Are Values Formed?

E. Written Exercise on Values

Objective

To assist the student in defining their own values and to understand how they build their value system. It should also be indicated to the student that his/her value system is an ongoing process and subject to change.

Procedure

Informal lecture/discussion format. The last 15 minutes of the session will be spent on the written educational exercise. Once again, a positive approach to learning is used.

Part III - Alcohol Education and Awareness

A. Brief history of alcohol

B. Alcohol and the body

C. Alcohol and emotions

D. Myths and facts of alcohol

E. Written exercise on alcohol

Objective

To educate the student to the history, addictive qualities, and depressant nature of alcoholism. To teach that alcohol can be used in moderation by adults, differentiating between a social drinker and an alcoholic. To teach the student the effects of alcohol on adolescents, who are still maturing mentally and physically.

Procedure

To follow the same informal lecture/discussion format. The last 15 minutes of the session will be spent on the written educational exercise. Once again, a positive approach to learning must be taken.

Part IV - Drug Education

A. Smoking

B. What is a non-prescription drug?

C. Drug classification

D. Physical/emotional dependency

E. Why use drugs?

F. Written exercise on drugs

Objective

To present basic facts about drugs, their use, abuse and effect on adolescents. To introduce physical and psychological dependence, and explain what tolerance and withdrawal mean. Indicate early identification of symptoms.

Procedure

To follow informal lecture/discussion format. Throughout these lecture periods, visual aids will be used e.g. posters, etc. The last 15 minutes of the session will be spent on the written educational exercise, using a positive learning approach.

Part V - Decision Making

A. Definition of a problem

B. Alternative choices for solving problems

C. How values are used in decision making

D. Acting on your decision

E. Written exercise on decision making

Objective

To instruct the students how to make sound decisions and how to handle their choices maturely and wisely. To make them understand that it is their life and their future, and that they must live with the consequences of their decisions. To strongly affirm that they alone are responsible for their actions.

Procedure

To follow informal lecture/discussion format. Once again, the class should be encouraged to ask questions when appropriate. The last 15 minutes will be spent completing a written educational exercise. A post-test of 15 minutes duration to be administered to each student who has participated in all five educational classes.

The school in which the program was administered was selected because it was an urban, racially integrated school, in keeping with the target population for the program. Also, the administration was receptive to prevention programs in the health areas. All 37 sixth grade students of that particular school were participants. The teachers were trained by the present author in a two-hour training session.

Evaluation of Test Data

The t-test for related measures was used to determine the significance of the differences between the pre-test and post-test for general knowledge of substance abuse among sixth-grade students.

The .05 level was set as the lowest level of significance acceptable in the testing of this program to determine whether the substance abuse curriculum being utilized is in fact educationally effective.

CHAPTER IV

RESULTS AND CONCLUSIONS

The main purpose of this study was to design a substance abuse education program for sixth-grade students. The purpose of this section is to determine whether there was in fact a significant increase in the knowledge and awareness in the participating students after the administration of the curriculum.

A racially integrated urban elementary school in Cambridge, Massachusetts, was utilized for this pilot program. The principal and two sixth-grade teachers who participated were not only cooperative, but well-informed on the subject of substance abuse. Both sixth-grade teachers had taken educational awareness seminars on chemically dependent people, and although their students had never had any education in this area, the subject matter had been briefly referred to in their health and social classes during the school year.

The 1984 adult population study on substance abuse conducted by this author (see Appendix A) indicated that over the years the age for substance abuse among adolescents has steadily declined to the early adolescent years of 11 to 14. Statistics from the 1984 study further indicated that a preventive substance abuse education program was needed and should include the areas of family, values clarification, and decision making.

Using the data from the 1984 adult population study as a guide, this program for substance abuse was designed for a sixth grade population. The main goal of the program was to increase the knowledge and awareness of sixth grade students regarding substance abuse with the rationale that the correct information and awareness would have a preventive effect.

The program consisted of five individual lessons, each 45 minutes long. The first lesson dealt with the family as authorities point out that chemically dependent people have emotional problems that developed within the family. The child has a feeling of not being accepted. In addition, family practices also have an effect on the child. Studies indicate, for example, that a majority of young people who smoke have parents who smoke. (see footnote 18) Similarly, teenagers who drink heavily are likely to come from homes in which heavy use of alcohol is a way of life-- though vehement parental opposition to alcohol is also likely to lead to problems with substance abuse.

The best deterrents to drug abuse within a family are shared affection, love, caring, and open communication. Parental influence comes first in a child's life and has lasting effects, particularly if the family functions successfully and with satisfying results for the children. (see footnote 18) In order to be meaningful, education for substance abuse cannot be separated from education for living.

The lesson on family, which deals with the subject in a positive way first defines what a family is and explains how families evolved from the beginning of time. The structure and kinds of family are described and how each member of the family has obligations and responsibilities within that framework. Family roles and attitudes, plus ethnic and cultural patterns, are explored. It shows how each family helps run the world, via the community; church, and marketplace. Every family is shown to be, with a place in the world.

Two worksheet exercises were used at the end of the lesson for completion by the student, with the positive aid and assistance of the classroom teacher. There was also open discussion with the completion of these pages. (see Appendix C)

The first exercise page asked the student to fill in the faces of each family member and list the household chores assigned to these members, emphasizing their family responsibilities.

The other exercise page had scrambled words containing the material from the learned lesson dealing with the feelings and attitudes that bind the family together.

The second section of the program dealt with values. On July 18, 1977, an article was printed in the Boston Globe, titled "A Move To Teach Moral Values in Schools". The article stated that "something ought to be done to help youngsters understand right from wrong". It went on to say that Sidney B. Simon, Professor of Education, at the University of Massachusetts, created values clarification

materials that were being used in schools across the country. This was a beginning.

Interestingly enough, on November 3, 1985, the Boston Globe eight years later, had two articles dealing with violence and teenagers, citing the movie Rambo as a possible link to the violence and collection of illegal weapons clearly, our current pop music, T.V. shows, and movies all glorify violence, drugs, and sex. This is a confusing world for adolescents. Therefore, it was necessary that a values clarification section be part of the program to assist the young people in building and developing their own value system to aid them in their decision making process.

In the value section, the teacher was asked to assist the student to:

1. Make their choices freely
2. Search for alternatives
3. Think clearly about their alternatives and look at the consequences
4. Stand up for their values and live according to them

The teacher then indicated to the student that their value system is an ongoing process and can change with growth.

The two educational values worksheets at the end of the lesson reinforced what the student has learned during the class period. On the first worksheet is a picture of a school on which the student is asked to list school rules on one side of the paper; and then to list their own values on the other, to discover whether any of the rules involve their values. (see Appendix C)

The other values worksheet presents three situations which pose dilemmas for the student and dean with general values, issues, and life situations. The student is required to understand that the deeds must match the words; moralizing so frequently influences people's words and little else in their lives. Young people, left on their own, experience confusion and conflict and do need some guidance.

For example, situation III in the values clarification section worksheet (you are late meeting your friends for the movies. You see an older person fall and drop all their packages. What would you do?): In the school setting all 37 students, with the assistance of the classroom teacher, agreed that they would assist the person; yet the students chose various alternatives for meeting their friends at the theater. Some chose to go late to the movies, some chose to go to the movies another time, while a few said they would call the theater and leave word for their friends that they would be late.

However, when this same situation was field-tested on six juveniles in a court setting, two of the adolescents asked why should they help the person up if they didn't knock them down. This would seem to indicate that one cannot assume that all adolescents will react in the same way without positive guidance and modeling. It would futher indicate that choices are made on the basis of knowledge. It is of the greatest importance, then, that students have factual information dealing with substance abuse, and that they also realize how values are formed. Once this information

is imparted, the student is better equipped to make decisions.

The third section of the program dealt with alcohol education. It provided factual information about alcohol and the physical, emotional, and behavioral effects on the brain. The program attempted to teach the student the effects of alcohol on adolescents who are still maturing physically and emotionally.

The program also conveyed to the students how alcohol can hinder and hide real solutions to a teenager's problems. The section on alcohol also attempted to clarify the student's personal values and family attitudes regarding alcohol, while teaching those skills that will enable them to make more responsible decisions about his/her use or non-use.

The alcohol worksheets at the end of the lesson deal with a list of statements regarding alcohol. Some of the statements are facts and some opinions. The student is requested to check which statements are facts and which are opinions. Once again, it is important to stress that all the exercises at the end of each section are freely discussed by teacher and students, reaffirming the classroom-learned material during the teaching period. The other worksheet is a Search-A-Word puzzle, using the vocabulary the student has learned during the classroom session. (see Appendix C)

The fourth section of the program deals with other drug usage and differentiates between prescription and nonprescription drugs.

This section presents facts about drugs, their use, abuse and effect on adolescents. It introduces the question of physical and psychological dependence, and what tolerance and withdrawal mean. It also introduces the hazards of smoking. Once again, the lesson clarifies the personal values of the students and helps them to make responsible decisions based on their own values.

The two worksheets for this section on drug usage address the material learned in class. One worksheet is a word-search puzzle using the learned vocabulary; the other is a fill in the missing word exercise. With the guidance of the teacher, the class discusses and then completes this worksheet. (see Appendix C)

The final section of the program (this is the fifth 45-minute period in a consecutive five-day period) addresses decision making and teaches the students how to make sound decisions and how to handle their choices maturely. It also make them aware of the fact that throughout life they must live with the consequences of their decisions. The lesson strongly affirms that they alone are responsible for their own actions. The class is also asked to freely discuss the learning material of this section. Students' values are clarified, and it is strongly indicated to the individual student that he/she, as an individual, has the right to turn down a chance to use drugs. The students are made aware that if their peers insist that they

change their minds about using drugs, that those who apply the pressure are trying to take away the rights of the students as free individuals. The section also indicates safety rules when making decisions:

1. Make sure you come to your own decisions and think out your own reasons.
2. Make sure your decision is reasonable and stick to it
3. Expect others to respect your decision--remember it's your right.
4. No decision need ever be permanent.
5. Respect the decisions of others even if they do not meet with your approval.
6. It takes courage to do the right thing, but the good feeling that comes with making a positive decision far outweighs the consequences of a negative decision.

The first worksheet for decision making introduces three problems which are freely discussed by the class together with alternatives and solutions. The discussion is joined by the teacher and other students. The second worksheet on decision making is an exercise in unscrambling letters from words selected from the newly learned lesson. Once again, this exercise is used as a reaffirming tool in the educational process. (see Appendix C)

A pre-test and post-test were included with this program for evaluating and measuring purposes. (see Appendix C)

On the twenty-question informational quiz administered to both sixth grade teachers, both demonstrated high scores, one teacher scoring 18, and the other 16, correct answers.

Each classroom had 20 students. However, three students were absent for the pre-testing and part of the program, so they were not included in the study. Thirty-seven students participated in the complete program. No names were used, and each child used a code identification; known only to themselves, on the pre-test and post-test. A note had been sent home to the parents of all the children to make them aware of this positive pilot program for the prevention of substance abuse, which was in addition to the already approved CASPAR program in the Cambridge School system.

The t-test for a difference between two independent means was utilized to determine whether there were any significant differences between the two sixth-grade classes in either the pre-test or the post-test. There were no significant differences between the two classes for either the pre-test or post-test, as indicated in Table 1. The scores are based on the number of wrong answers.

Table 1. Between -Class Pre- and Post-Test Comparison

	Class A	Class B	t	df
Pre-test Mean	7.99	7.55	0.41 (n.s.)	35
SD	2.31	2.54		
Post-test Mean	5.24	4.85	0.60 (n.s.)	35
SD	2.11	1.84		

On the basis of lack of significant difference between classes A and B, the two groups were combined for further statistical analysis.

The t-test for related measures was utilized to determine the significance of the difference between the pre- and post-test scores in order to determine whether there was significant learning in the program. The results of this t-test are presented in Table 2.

Table 2. t-test between pre- and post-test

Pre-test Mean	7.70	S.D.	2.41	
Post-Test Mean	5.03	S.D.	1.95	
t =	6.21	p	$< .001$	df = 36

As can be seen from Table 2, the improvement in scores is highly significant, beyond the .001 level, indicating that the educational program being tested was highly effective in the transmition of information.

The test was constructed to assess the students' knowledge of the factual information within the program. The supportive areas were presented primarily to form a backdrop against which the effects of substance abuse could be seen in proper perspective.

C H A P T E R V

Summary

The substance abuse program described in this author's thesis was designed in response to a 1984 adult population study indicating that the age for substance abuse has steadily declined to the early adolescent years of 11 to 14. Based on these findings from the 1984 adult population study, the program was specifically designed for a sixth grade population. The main goal of the substance abuse education program was to increase the knowledge and the awareness of sixth grade students regarding substance abuse.

The program calls for sixth graders to participate in a curriculum on drug use and abuse for five consecutive days of information and discussion. Each day a 45-minute period is set aside for the program during which, one of the following five subject areas is examined and discussed: 1) family; 2)value clarification; 3) alcohol; 4) other drugs; and 5) decision making.

For purposes of evaluation, the first 10 minutes of the first session is used to administer a pre-test to the students. The last 10 minutes of the fifth and final session is used to administer a post-test to determine if the students increased their knowledge regarding substance abuse.

All classes should be informal, freely open for discussion, and conducted in a relaxed atmosphere. The student should be provided with a supportive and informative framework within which they can gain an understanding of the subjects under discussion and learn to make sound decisions.

Family:

The objective of the section on the family is to present to the students different types of families and show the importance of the family as the key structure supporting human existence in the complex society in which we live today. It is emphasized that each family member has a role that entails responsibility and thus contributes to the formation of personal values and goals for the future. This section of the curriculum also shows that each family is important, and that each has a place in the world, via the community, the church, and the marketplace.

Religion:

The aim of the section on religion/values clarification is to assist students in defining their own values and in understanding how they have constructed their value system. Students are also reminded that their value systems is an ongoing process, and that it is subject to change. The part of the program assists the young people in building and developing their own value system so as to aid them in their decision-making process.

Alcohol:

The objective of the alcohol education and awareness section is to educate the student in the history, addictive qualities, and depressant nature of alcoholism. It also teaches that alcohol can be used in moderation by adults. The student is told of the dangerous effects of alcohol on adolescents, who are still maturing mentally and physically.

Further, the students are shown how alcohol can not only hinder but also hide real solutions to a teenager's problems. This section on alcohol clarifies the students personal values and explores family attitudes regarding alcohol, while teaching them those skills that will enable them to make more responsible decisions about the use or non-use of alcohol.

Other Drugs:

The objective of the drug education section is to present to the student, basic facts about drugs, their use, abuse, and effects on adolescents. Students are made aware of the facts concerning physical and psychological dependence, and what tolerance and withdrawal mean.

Decision Making:

The object of the section on decision-making teaches the students how to make sound decisions and how to handle their choices maturely and wisely. This section also makes the students understand that it is their life and their future,

and that they must live with the consequences of their decisions. This section strongly affirms that they and they alone, are responsible for their actions.

A Cambridge middle school was selected to test the program because it was an racially integrated urban school in accordance with the target population for the program. Moreover, the administration was receptive to prevention programs in the health areas. The teachers were trained by the author in a two-hour training session.

Both the principal of the school, and the teachers, were very supportive, knowledgeable, and above all, willing to donate after-school time to become familiar with the program. The teachers took an informational quiz on "Understanding Alcoholism and Drugs" to test their knowledge of the subject matter, and scored very high. The test given to the teachers also made them familiar with their own beliefs and practices in regard to alcohol and drugs. This was important because if students are to be open and honest, the atmosphere of the classroom must be non-judgemental.

The teachers reported favorably on the program and felt the content informative, knowledgeable, and geared to the adolescent age level. One teacher suggested that it would be helpful if there were a teacher's guide included, and a guide was then added to the program. (see Appendix B)

The t-test for related measures was applied to discover the significance of the difference between the respective scores on the pre- and post-tests in order to determine whether there was a significant amount of learning in the program. The result of this t-test showed the improvement in scores was highly significant and beyond the .001 level, indicating that the educational program devised for sixth graders was very effective in the transmittal of information.

A sensible approach to substance abuse is prevention. Effective educational programs are ways that prevention can be brought about. With teacher guidance, the program offers adolescents a chance to learn in a positive way about substance abuse, without prejudice, in terms that will allow them to make a mature decision whether to use drugs or not. If adolescents are to learn to abstain from substance abuse or to drink sensibly

and with restraint, they should depend on preventive programs and those that teach them.

The use of alcohol is so common in our society that many adolescents don't realize that it is a powerful drug. Therefore, adolescents drink alcohol before they think about it. They are even more susceptible to alcoholism than are adults because their bodies are still growing. Alcoholism can stunt their physical growth and definitely impair their emotional development.

Although alcohol used in small amounts is not dangerous, the use of large amounts is very risky. In the adolescent population today, it is even more of a risk because most adolescents mix alcohol with other drugs, and in many of these cases the combination is lethal. Alcohol mixed with depressants such as barbiturates can easily lead to an overdose. Alcohol in combination with marijuana causes gross distortions in time sense and judgement than either drug used separately. (see footnote 13)

This review of adolescent drug usage clearly indicates the need for such preventive measures as those proposed in the preventive substance abuse program presented here.

Prevention means assisting young people to develop strong personal values, which will in turn reduce the likelihood that they will hurt themselves or others by abusing drugs.

Recommendations

Based on the results of this study, it is recommended:

1. that the same materials and processes used in this study be tested in a rural setting. The data found through a study of rural youth will help to form a broader base of knowledge that should help individuals concerned with the problems of substance abuse make decisions regarding future programs.

2. that the same materials and processes used in this study be tested in a suburban school district. The basis for this recommendation is the same as that stated for recommendation number one.

3. that the same materials and processes used in this study be tested using a larger population. The data found by using a larger population would provide a stronger basis for communities who might want to initiate a program similar to the one tested in this study. The population for this study was small so that the material would be manageable. The use of a larger population would make the results more generalizable.

4. that the Commonwealth of Massachusetts provide the necessary finances to replicate this study across the State. With the increased emphasis being placed on the sensible use of alcoholic substances, it would seem that a State video study would help to increase the awareness of the citizens of the Commonwealth to the need for a program similar to the one in this study.

5. that communities across the Commonwealth begin to give serious consideration to the use of a program similar to the one in this study. Individual communities can begin a program on the prevention of substance abuse wherever the school officials or other town officials feel so inclined. Programs such as this one may save lives.

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APPENDIX A

ADULT POPULATION STUDY

Sample questionnaire from seventy random sampled former substance abuse patients at a local hospital for substance abuse rehabilitation.

1. Did you come from a broken home? Yes___ No___

2. Were you between the ages of 11 and 14 when the home broke up? Yes___ No___

3. Was your mother alcohol addicted? Yes___ No___

4. Was your father alcohol addicted? Yes___ No___

5. When did you first use alcohol?

   Adolescent ages 11 to 14___

   Older - 15 and above ___

Check one:

Strict family discipline_____

Moderate family discipline_____

Permissive family discipline_____

Inconsistent family discipline_____

6. Was your mother employed outside the home when you were between the ages of 11 and 14? Yes___ No___

7. Do you belong to a religious group? Yes___ No___

   Check one: Never attend church_____

   Seldom attend church____

   Attend church weekly____

8. Do you experience thoughts of worthlessness? Yes___ No___

9. Were you ever expelled from school? Yes___ No___

10. Were you arrested in the past year? Yes___ No___

11. Were you arrested for D.U.I.? Yes___ No___

12. Were you arrested for larceny? Yes___ No___

13. Were you arrested for A&B? Yes___ No___

14. Were you arrested for other offenses? Yes___ No___

15. Are you a daily drinker? Yes___ No___

16. Do you drink every other day? Yes___ No___

17. Are you a weekend drinker? Yes___ No___

18. Do you use diet pills? Yes___ No___

19. Do you use tranquilizers? Yes___ No___

20. Do you use sleeping pills? Yes___ No___

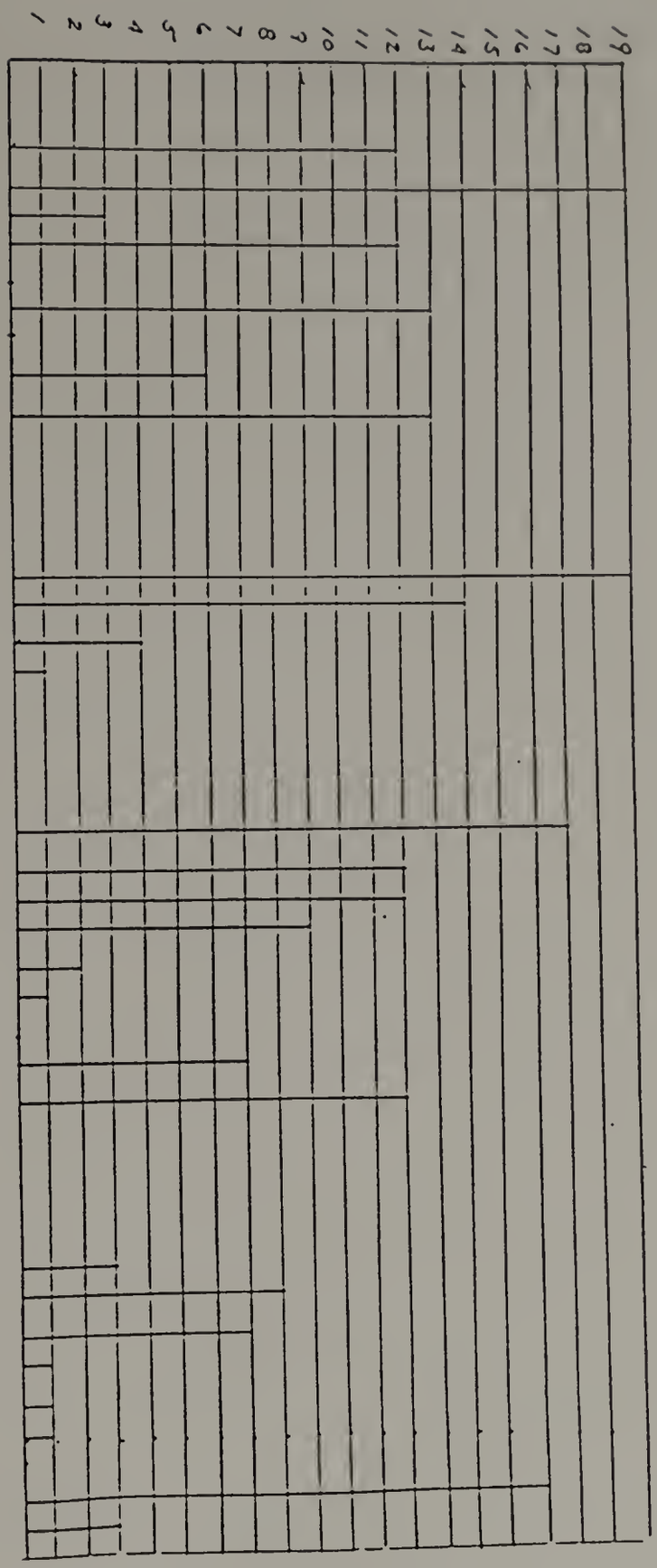
21. Do you smoke marijuana? Yes___ No___

22. Do you use cocaine? Yes___ No___

This chart indicates a percentage comparison of the questionnaire between the younger 20 to 39 year old age group and the older 40+ group.

	AGE	
	20-39	40+
	%	%
FAMILY		
Come from broken home	61	19
Adol. when home broke up	100	19
Alcoholic Mother	26	6
Alcoholic Father	61	47
Strict Family Discipline	11	66
Moderate Family Discipline	63	28
Permissive Family Discipline	3	0
Inconsistent Family Discipline	24	13
Mothers Employed During Adol.	63	53
First Use of Alcohol	92	19
RELIGION		
Organized Religious Affiliation	100	100
Never Attend Church	66	0
Seldom Attend Church	24	53
Attend Church Weekly	8	47
SELF - ESTEEM		
Exp. thoughts of worthlessness	84	100
Expelled from school	58	13
Arrested in past year	58	9
Arrested for D.U.I.	50	9
Arrested for Larceny	8	0
Arrested for A & B	3	0
Arrested - Other offences	0	0
Lost job due to subs. Abuse	42	38
Presently Employed	50	56
SUBSTANCE ABUSE		
Daily drinker	32	22
Almost daily drinker	34	38
Weekend Drinker	21	22
Binge Drinker	13	19
Diet Pill Use	3	3
Tranquilizer Use	9	9
Sleeping Pill Use	3	13
Marijuana Use	74	0
Cocaine Use	11	3

Age Category: 20 to 29



FAMILY

Come from broken home

Adol. when home broke up
Alcoholic Mother
Alcoholic Father

Strict Family Discipline
Moderate Family Discipline
Permissive Family Discipline

Inconsistent Family Discipline

Mothers Employed During Adol.

RELIGION

Organized Religious Affiliation
Never Attend Church

Seldom Attend Church
Attend Church Weekly

SELF - ESTEEM

Exp. thoughts of worthlessness

Expelled from school
Arrested in past year
Arrested for D.U.I.

Arrested for Larceny
Arrested for A & B

Arrested - Other offences
Lost job due to subs. Abuse

Presently Employed

SUBSTANCE ABUSE

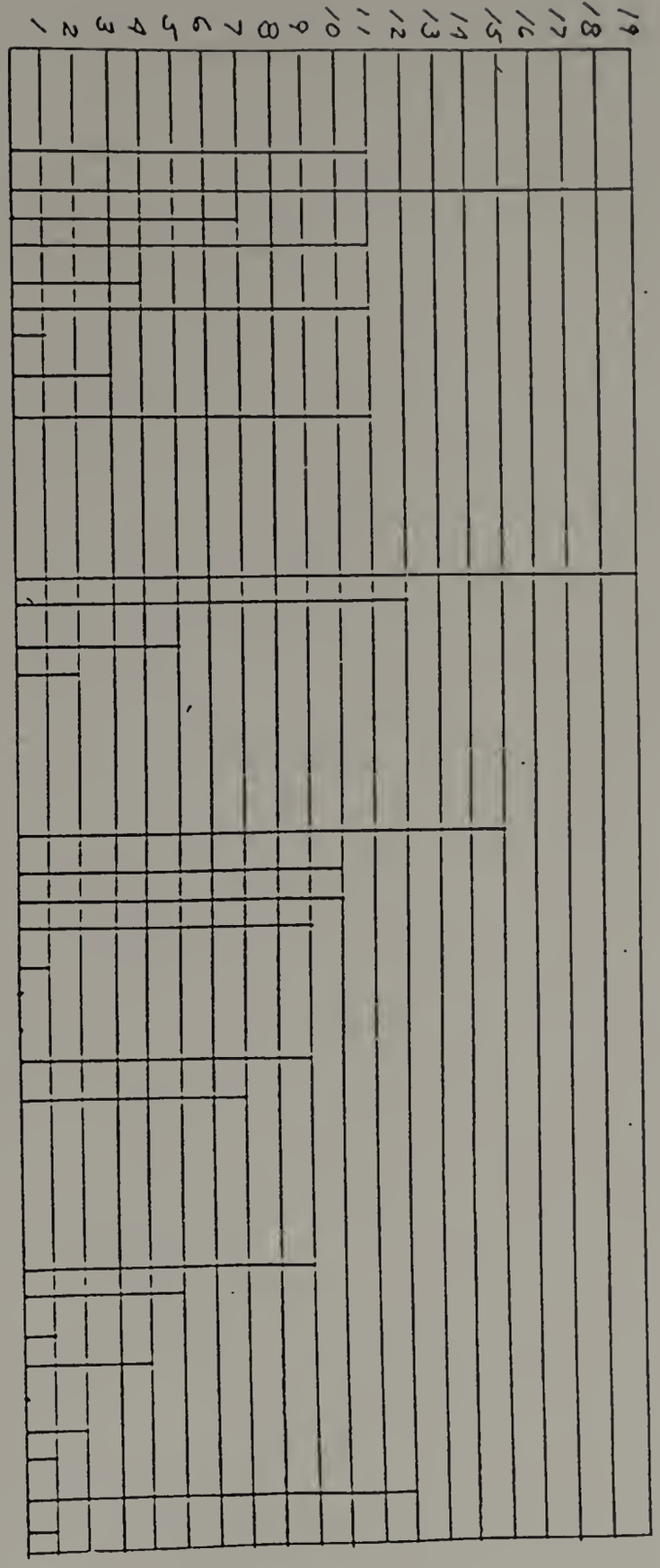
Daily drinker
Almost daily drinker

Weekend Drinker
Binge Drinker

Diet Pill Use
Tranquilizer Use
Sleeping Pill Use

Marijuana Use
Cocaine Use

Age Category: 30 to 39



FAMILY

Come from broken home

Adol. when home broke up
Alcoholic Mother
Alcoholic Father

Strict Family Discipline
Moderate Family Discipline
Permissive Family Discipline

Inconsistent Family Discipline

Mothers Employed During Adol.

RELIGION

Organized Religious Affiliation
Never Attend Church

Seldom Attend Church
Attend Church Weekly

SELF - ESTEEM

Exp. thoughts of worthlessness

Expelled from school
Arrested in past year
Arrested for D.U.I.

Arrested for Larceny
Arrested for A & B

Arrested - Other offences
Lost job due to subs. Abuse

Presently Employed

SUBSTANCE ABUSE

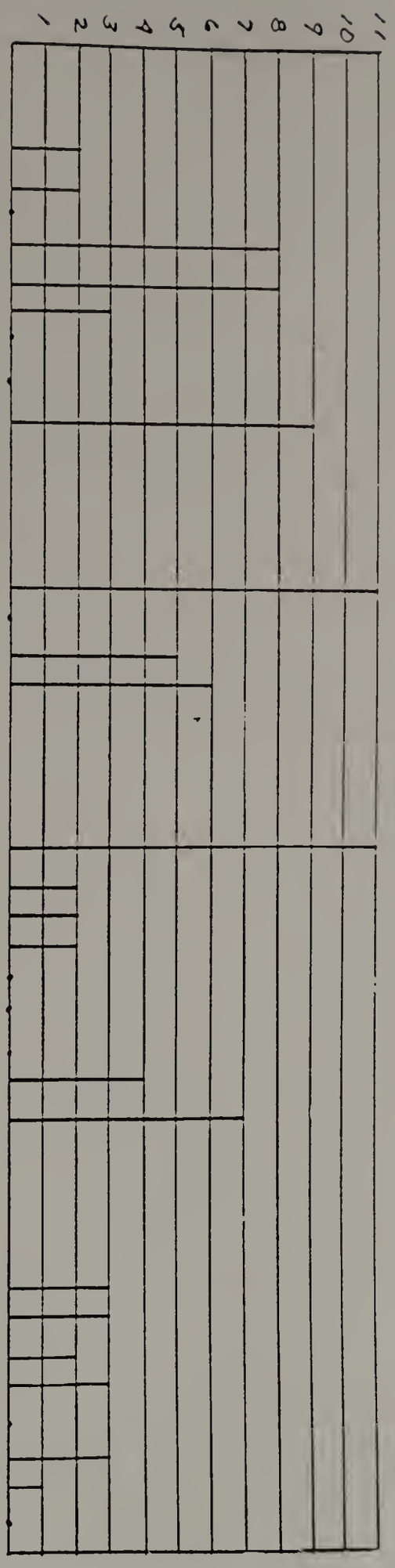
Daily drinker
Almost daily drinker

Weekend Drinker
Binge Drinker

Diet Pill Use
Tranquilizer Use
Sleeping Pill Use

Marijuana Use
Cocaine Use

Age Category: 40 to 49



FAMILY

Come from broken home

Adol. when home broke up
Alcoholic Mother
Alcoholic Father

Strict Family Discipline
Moderate Family Discipline
Permissive Family Discipline

Inconsistent Family Discipline

Mothers Employed During Adol.

RELIGION

Organized Religious Affiliation
Never Attend Church

Seldom Attend Church
Attend Church Weekly

SELF - ESTEEM

Exp. thoughts of worthlessness

Expelled from school
Arrested in past year
Arrested for D.U.I.

Arrested for Larceny
Arrested for A & B

Arrested - Other offences
Lost job due to subs. Abuse

Presently Employed

SUBSTANCE ABUSE

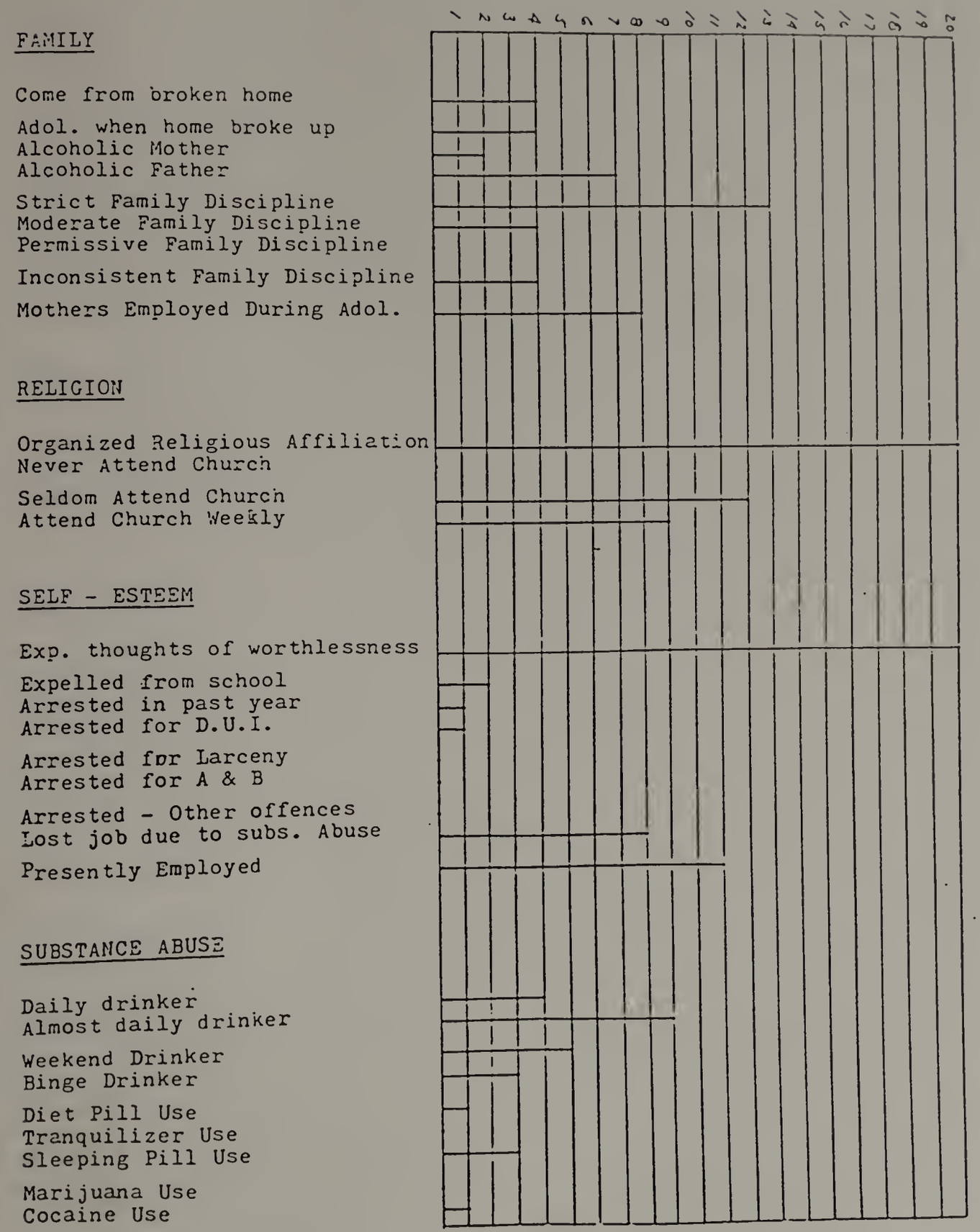
Daily drinker
Almost daily drinker

Weekend Drinker
Binge Drinker

Diet Pill Use
Tranquilizer Use
Sleeping Pill Use

Marijuana Use
Cocaine Use

Age Category: 50 and Over



APPENDIX B

TEACHER GUIDE

INSTRUCTIONS

PRE-TEST FOR SIXTH GRADE STUDENTS:

1. Explain that the test will indicate what the class, as a whole, knows of some basic facts concerning alcohol and drugs. Let them know they will have 10 minutes to do the test and that they are to circle an answer for every question. If they do not know an answer they are to guess. They are not to leave any questions unanswered.

2. Instruct the students to use a first name only on the test. (If they choose to use a different name than their own this is allright provided they use the same first name on the Post-test.)

3. Let the student know that the test will not be graded or judged in any way.

4. Stress the importance of attending all five classes and have them make a committment.

To The Teacher:

Substance abuse has become an initial part of coming of age in American Society. Although a good many young people do not experience serious disability as a result of their experimental drug taking, there are a good many more exhibiting erratic behavior as a result of abusing illegal drugs. At present these behaviors are so prevalent that drug abuse has become a leading cause of disability and death in youthful populations.

During the last twenty years, there has been a marked increase in the use and abuse of all drugs. People were more prone to find themselves by means of altered states of consciousness via drugs and this was fortified by the media who propogated this counterculture and rejected traditional values. At present rock groups are the heroes of our culture and few of these groups deny or hide the fact that drugs are a way of life for them.

The youthful are most always introduced to drugs by a friend or a school mate. Most young people believe they are always going to be able to control their intake of drugs, and that the experience is always going to be pleasurable.

One of the most crucial factors in the prevention of alcohol and drug problems is education. Ignorance as to the serious effects of substance is widespread among the adolescent population. Over the past few years the age gor substance abuse has steadily declined into the early adolescent years of eleven to fourteen. This preventive substance abuse program will, therefore, be addressed to a sixth grade population.

The Program will consist of five, 45 minute periods, over a one week time span, Monday through Friday. The Program curriculum will address:

PART I	FAMILY
PART II	VALUES CLARIFICATION
PART III	ALCOHOL AWARENESS
PART IV	DRUG (NON-PRESCRIPTION)
PART V	DECISION MAKING

A Pre-test and a Post-test will be administered to each participating student.

The program will first be introduced to the educator who must be made familiar with this particular educational program. It is not only important, but necessary, that the teacher first be familiar with his/her own beliefs and practices in regard to alcohol and drugs. If students are to be open and honest the atmosphere of the classroom must be non-judgemental.

A short Pretest and Postest on "Understanding Alcoholism and Drugs" will be given to the teachers so that the teachers, and this therapist/educator will get some feeling as to their ready knowledge of the subject areas.

Following this test, there will be an answer period clarifying the subject areas.

PROGRAM CURRICULUM

Pretest to be administered to each participating student. 10 minute duration.

PART I - FAMILY

A. What is a Family

B. What Makes A Family Work

C. Family Members and Their Roles

D. Family Values

E. Written Exercise / Family

OBJECTIVE: To present different types of families to the students and show the importance of family as the key structure to human living and the complex civilization of society today. It must be indicated that each family member has a role which carries responsibilities and assists one to form personal values and goals for the future.

PROCEDURE: The class should be informal with lecture/discussion format. Class should be encouraged to ask questions when appropriate. The last fifteen minutes of each session is to be spent completing an educational written exercise for e.g. crossword puzzle on subject matter for the day. It is important that the teacher assist the student in selecting the correct answers. A definite positive approach to learning will be used.

PROGRAM CURRICULUM

PART II - VALUES CLARIFICATION

A. What Is A Value

B. Do Values Change

C. Can Values Be Judged right or wrong by others

D. How Are Values Formed

E. Written Exercise On Values

OBJECTIVE: To assist the student in defining their own values and to understand how they built their value system. It should also be indicated to the student that their value systems is an ongoing process and changes.

PROCEDURE: Informal lecture/discussion format. The last 15 minutes of the session is to be spent on the written educational exercise. Once again a positive approach is used.

PROGRAM CURRICULUM

PART III - ALCOHOL EDUCATION AND AWARENESS

A. Brief History of Alcohol

B. Alcohol and the Body

C. Myths and Facts Of Alcohol

D. Smoking

E. Written Exercise on Alcohol

OBJECTIVE: To educate the student to the history, addictive qualities, and depressant nature of alcoholism. To teach that alcohol can be used in moderation by adults. Differentiate between a social drinker and an alcoholic. To teach the student the effects of alcohol on adolescents who are still maturing mentally and physically.

PROCEDURE: To follow the same informal lecture/discussion format. The last fifteen minutes of the session is to be spent on the written educational exercise. Once again, a positive approach is utilized.

PROGRAM CURRICULUM

PART IV - DRUG EDUCATION

A. What is A Non-prescription Drug

B. Drug Classification

C. Physicial/Emotional Dependency

D. Why Use Drugs

E. Written Exercise On Drugs

OBJECTIVE: To present basic facts about drugs, their use, abuse and effect on adolescents. To introduce physical and psychological dependence, and what tolerance and withdrawal means. Indicate early identification of symptoms.

PROCEDURE: To follow informal lecture/discussion format. Throughout these lecture periods visual aids will be used, e.g. posters etc. The last 15 minutes of the session will be spent on the written educational exercise using a positive approach.

PROGRAM CURRICULUM

PART V - DECISION MAKING

A. Definition of a Problem

B. Alternative Choices for Solving Problems

C. How Values are used in Decision Making

D. Acting on your Decision

E. Written Exercise on Decision Making

OBJECTIVE: To instruct the student how to make sound decisions, and how to handle their choices maturely and wisely. To make the student understand that it is their life and their future and that they must live with the consequences of their decision. To strongly affirm that they alone are responsible for their actions.

PROCEDURE: To follow informal lecture/discussion format. Once again, the class should be encouraged to ask questions. The last fifteen minutes is to be spent completing an educational written exercise.

Post-test to be administered to each student that has participated in all five educational classes.
Ten minute duration for post-test.

APPENDIX C

SUBSTANCE ABUSE EDUCATION PROGRAM FOR SIXTH GRADE POPULATION

CERTIFICATE OF COPYRIGHT REGISTRATION

UNITED STATES COPYRIGHT OFFICE · THE LIBRARY OF CONGRESS

OFFICIAL SEAL

This certificate, issued under the seal of the Copyright Office in accordance with the provisions of section 410(a) of title 17, United States Code, attests that copyright registration has been made for the work identified below. The information in this certificate has been made a part of the Copyright Office records.

REGISTER OF COPYRIGHTS
United States of America

FORM TX
UNITED STATES COPYRIGHT OFFICE

REGISTRATION NUMBER

TXu 208-004

TX (TXU)

EFFECTIVE DATE OF REGISTRATION

15 JUL 1985
Month Day Year

DO NOT WRITE ABOVE THIS LINE. IF YOU NEED MORE SPACE, USE A SEPARATE CONTINUATION SHEET.

1 TITLE OF THIS WORK ▼

SUBSTANCE ABUSE CURRICULUM FOR SIXTH GRADE STUDEN

PREVIOUS OR ALTERNATIVE TITLES ▼ NONE

PUBLICATION AS A CONTRIBUTION If this work was published as a contribution to a periodical, serial, or collection, give information about the collective work in which the contribution appeared. Title of Collective Work ▼

N/A

If published in a periodical or serial give: Volume ▼ Number ▼ Issue Date ▼ On Pages ▼

2 NAME OF AUTHOR ▼

a. BARBARA ANNE BURKE

DATES OF BIRTH AND DEATH
Year Born ▼ 4-3-37 Year Died ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR Citizen of ▶ U. S.
Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☒ No
Pseudonymous? ☐ Yes ☒ No
If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

SCHOOL PROGRAM *

NOTE
Under the law, the "author" of a "work made for hire" is generally the employer, not the employee (see instructions). For any part of this work that was "made for hire" check "Yes" in the space provided, give the employer (or other person for whom the work was prepared) as "Author" of that part, and leave the space for dates of birth and death blank.

NAME OF AUTHOR ▼

b. N/A

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR Citizen of ▶
Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No
If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

NAME OF AUTHOR ▼

c. N/A

DATES OF BIRTH AND DEATH
Year Born ▼ Year Died ▼

Was this contribution to the work a "work made for hire"? ☐ Yes ☐ No

AUTHOR'S NATIONALITY OR DOMICILE
Name of Country
OR Citizen of ▶
Domiciled in ▶

WAS THIS AUTHOR'S CONTRIBUTION TO THE WORK
Anonymous? ☐ Yes ☐ No
Pseudonymous? ☐ Yes ☐ No
If the answer to either of these questions is "Yes," see detailed instructions.

NATURE OF AUTHORSHIP Briefly describe nature of the material created by this author in which copyright is claimed. ▼

3 YEAR IN WHICH CREATION OF THIS WORK WAS COMPLETED 1985 ◀ Year
This information must be given in all cases.

DATE AND NATION OF FIRST PUBLICATION OF THIS PARTICULAR WORK
Complete this information ONLY if this work has been published.
Month ▶ N/A Day ▶ Year ▶ ◀ Nation

4 COPYRIGHT CLAIMANT(S) Name and address must be given even if the claimant is the same as the author given in space 2 ▼

BARBARA ANNE BURKE
P. O. Box 25
BOSTON, MA. 02122

See instructions before completing this space.

TRANSFER If the claimant(s) named here in space 4 are different from the author(s) named in space 2, give a brief statement of how the claimant(s) obtained ownership of the copyright. ▼

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APPLICATION RECEIVED
SEP 24 1985

ONE DEPOSIT RECEIVED
15 JUL 1985

TWO DEPOSITS RECEIVED

REMITTANCE NUMBER AND DATE
620326 15 JUL 1985

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MORE ON BACK ▶ • Complete all applicable spaces (numbers 5-11) on the reverse side of this page. • See detailed instructions. • Sign the form at line 10.

INFORMATIONAL TEST (Adult)

Directions: Circle the T for True, and the F for false. If you do not know the answer please guess.

1. Alcoholism should be considered a symptom of an underlying personality or mental disorder. T F

2. Becoming unconscious or passing out from excessive drinking is known as an alcoholic blackout period. T F

3. A person who never consumes anything other than beer is probably not an alcoholic. T F

4. One may be thoroughly reliable on the job yet still be alcoholic. T F

5. The ability to confine drinking to weekends suggests that a person is probably not an alcoholic. T F

6. Alcoholics are prone to abuse any other chemical substance given them which also produces a sedative effect. T F

7. It is usually wise to conceal liquor when entertaining a recovering alcoholic in your hom and to advise this to relatives of alcoholics. T F

8. The suicide rate among alcoholics is markedly higher than that for the general population. T F

9. Many people who say alcoholism is an illness often behave towards the alcoholic as though he had a moral weakness. T F

10. Tranquilizing drugs, such as librium or valium, are often valuable in maintaining the recovering alcoholic through his first year or so of sobriety. T F

11. An alcoholic with over ten years sobriety may safely take an occasional drink. T F

12. The first step in psychotherapy with an alcoholic person is determining the underlying reasons for drinking. T F

13. Involuntary treatment of an unmotivated alcoholic has been to be effective in many cases. T F

14. Professionals are often wise to advise the spouse of an alcoholic to consider precipitating a crisis, often by separation from the unmotivated alcoholic, after lesser measures have failed. T F

15. When a person builds up a tolerance to a drug he/she needs more and more of the drug to get high. T F

16. Nicotine in cigarettes is a physically addicting drug which has a stimulating effect. T F

17. Most drug abusers get their first sample of drugs from pushers. T F

18. Cocaine poses the greatest health hazard to the most people in the United States. T F

19. Marijuana is the most commonly abused drug in the United States at present. T F

20. PCP is the most unpredictable drug of abuse on the street today. T F

ALCOHOL/DRUG INFORMATION TEST (Adult)

1. False. (Alcoholism should be considered a symptom of an underlying personality or mental disorder)

   If drinking begins as a symptom of an emotional problem, by the time it has reached the stage of true alcoholism, it has taken on the properties and dynamics of a true illness. While other disorders often co-exist, the alcoholism is usually by far the most serious in its impact. It is recognized as a disease by the American Medical Association as well as the world Health Organization. Attempts to treat alcoholism simply by treating the presumed underlying disorder have been notably unsuccessful.

2. False. (Becoming unconscious or passing out from excessive drinking is known as an alcoholic blackout period)

   A blackout is a period of alcohol induced amnesia, usually involving a period of hours, during which time the person is totally conscious and often functioning in what appears to be a normal manner, frequently carrying out somewhat complex behavior, all of which the person is later unable to remember.

3. False. (A person who never consumes anything than beer is probably not an alcoholic)

   This is a common myth and one often exploited by beer drinkers in their defense system. In fact, there is as much ethyl alcohol in one 12 ounce bottle of beer as in an ounce of 36 proof whiskey. A case of beer is equivalent to approximately one fifth of such whiskey.

4. True. (One may be a thoroughly reliable worker on the job and still be alcoholic)

   While many alcoholics have job problems, studies show that the majority stay reliably on the job for many years, often being the subject of disciplinary action or being fired only at a later date and stage of the illness. Job longevity is often used as a handy alibi in the denial system of the alcoholic and should not be considered a contraindication of the diagnosis of alcoholism.

5. False. (The ability to confine drinking to weekends suggests that a person is probably not alcoholic)

This is another myth commonly exploited by alcoholic people. A large number of alcoholics spend all week counting the hours until the closing whistle on Friday so that the weekend bender can officially commence. The rationalization "I never drink during the week" is used to try to hide the damaging effects of extensive weekend drinking, which often extends into Monday morning. The test of alcoholism is not whether one can stop drinking, but whether one can drink without continuing adverse consequences.

6. True. (Alcoholics are prone to abuse any other chemical substance given them which also produces a sedative effect)

Alcoholism is best considered a particular form of chemical or drug dependence. This dependence will usually manifest itself whether the sedative is in the form of an alcoholic beverage or a medication. Any chemicals affecting the mood, such as stimulants and analgesics, pose an equally dangerous risk of abuse in the drug dependent person.

7. False. (It is usually wise to conceal liquor when enteraining a recovering alcoholic in your home and to advise this to relatives of alcoholics)

Hiding liquor is both a naive and condescending act toward the abstinent alcoholic. It is naive in its assumption that physical proximity alone causes the alcoholic to drink and is condescending in that is fails to show respect for the fact that the person is constantly exercising their choices since liquor is always easily available.

8. True. (The suicide rate among alcoholics is markedly higher than that for the general population)

Alcoholism has been shown by studies to be one of the most potent factors in predicting the risk of suicidal behavior. Depressive affect and social isolation, other important factors in suicude acts, are obviously correlated with the progression of alcoholism. As a central nervous depressant to the system, ethyl alcohol may produce depressing affects also on a chemical basis. Furthermore the alcoholic person is usually remorseful and guild ridden after a bout of drinking and often feels worthless and deserving to die. Finally, the state of intoxication may impair judgement and produce a suicide even when the intention to die is not strong.

9. True. (Many people who say alcoholism is an illness often behave towards the alcoholic as though the person has a moral weakness)

While public education aimed at changing attidues it has led many to pay lip service to the disease concept of alcoholism. A majority of people show by rejection behavior and avoidance that they really believe the alcoholic person is not sick but simply weak willed, self indulgent and morally wrong.

10. False. (Tranquilizing drugs, such as Librium, Valium, and often valuable in maintaining sobriety for the recovering alcoholic through his first year or so of sobriety)

These drugs are often prescribed to alcoholic persons under the false premise that pathological drinking has been the result of an anxiety state. In fact, the commonly prescribed minor tranquilizers tend to alter the mood state in such a way as to pose a grave risk either that drug dependence will be transferred from alcohol to the prescribed drug or that the person will return to alcohol use resulting in a dual problem. These tranquilizers, however, do serve a purpose in the detoxification process.

11. False. (An alcoholic with over ten years sobriety may safely take an occasional social drink)

There has been a brief flurry of interest in controlled drinking. (studies with alcoholics who are taught to limit their drinking to a specific quantity in experimental situations.) Although a few studies have shown that this approach may be alright for some individuals, widespread experience shows that a very high risk of returning to alcoholic drinking is present regardless of how long a period of abstinence precedes the attempt to return to social drinking. Reports of individuals successfully doing this are very, very rare.

12. False. (The first step in psychotherapy with an alcoholic person is determining the underlying reasons for drinking)

The initial step in therapy is to attempt to help the person recognize and accept his condition, thereby motivating him toward sobriety. Only when abstinent from alcohol for a period of time can any associated emotional problems be either identified or successfully dealt with.

13. True. (Involuntary treatment of an unmotivated alcoholic has been to be effective in many cases)

Contrary to popular belief, motivation is not essential prior to treatment. There is much evidence that many if not most alcoholics become motivated during treatment rather than before. In fact, many voluntary patients submit to treatment initially only as a way of coping with strong social pressure or external coercion. Alcoholism almost by definition is an insightless illness whose victims are usually unaware of their disorder. To wait until the alcoholic person says "I need to be treated" usually results in such delay as to make death or significant physical and mental deterioration the likely alternative.

14. True. (Professionals are often wise to advise the spouse of an alcoholic to consider precipitating a crisis, often by seperation from the unmotivated alcoholic, after lesser measures have failed)

Related to the previous question some form of pressure or coercion is often necessary to initiate treatment after simple confrontation and persuasion have repeatedly failed. Depending on individual circumstances, a seperation may be the most reasonable avenue of producing the critical situation and the physician may well advise this alternative to the ambivalent spouse who is suffering deeply along with the rest of the family.

15. True. (When a person builds up a tolerance to a drug, he/she needs more and more of the drug to get high)

Tolerance is a state which develops in users of certain drugs which require them to take larger and larger amounts of the drug to produce the same effect.

16. True. (Nicotine is a physically addicting drug which has a stimulating effect)

Physical withdrawal from cigaretts is characterized by irritability, restlessness, anxiety, insomnia, and trembling - Difficult to kick the habit.

17. False. (Most drug abusers get their first drugs from "pushers")

Most drug users make their first contact with illecit drugs from friends.

18. False. (Cocaine poses the greatest health hazard to the most people in the United States)

Cigarettes cause approximately 300,000 deaths annually from coronary disease, lung cancer, respiratory disease, and other types of cancer have beel linked to cigarette smoking.

19. False. (Marijuana is the most commonly abused drug in the United States)

Alcohol is the most commonly abused drug in the United States, estimates show that about 10 million people are dependent on the drug.

20. True. (PCP is the most unpredictable drug of abuse on the street today)

PCP is an anesthetic and tranquilizer restricted legally to veterinary needs. It is an unpredictable and highly dangerous drug. It can cause bizarre and violent behavior.

INFORMATIONAL TEST (student) A First Name: _____

(same first name must be used on post-test

Directions: Circle the T for true, and the F for False. If you do not know the answer guess. Please answer all questions.

1. Nicotine in cigarettes is a physically addicting drug and one can become dependent on it. T F

2. Death can occur from mixing downs and alcohol. T F

3. If you smoke pot you could face a six month jail sentence. T F

4. Almost all T.H.C. sold on the street is P.C.P. T F

5. A person who only drinks beer is not an alcoholic. T F

6. When you pass out or become unconscious from drinking too much alcohol this is known as an alcoholic blackout period. T F

7. Alcoholics Anonymous is a Religious group. T F

8. When a person builds up a tolerance to a drug it means the person is o.k. and does not need any more of the drug. T F

9. Most drug abusers received their first sample of drugs from pushers. T F

10. Marijuana is the most commonly used drug in the United States. T F

11. When people drink only on the weekends they cannot be alcoholic. T F

12. A 12 oz. bottle of beer; a 5 oz. glass of wine; and a 2 1/2 oz. mixed drink, all contain 1/2 oz. of ethyl alcohol. T F

13. The rate alcohol is absorbed into the body depends on the strength of a drink, how fast one drinks the alcohol, and whether they have a full or empty stomach. Alcohol is broken down by the liver. T F

14. One cures an alcohol hangover with black coffee. T F

15. It is the stomach that is most sensitive to alcohol's effects. T F

16. After two alcoholic drinks one experiences loss of inhibition and judgement. T F

17. The law states that adults, but not children under 17 years of age can smoke marijuana. T F

18. A drug is any chemical substance that produces physical, mental, emotional, or behavioral change in the user. T F

19. Sniffing aerosols can result in death. T F

20. Marijuana can cause cancer. T F

PART I - FAMILY

All through the ages from primitive times to the present, all over the world, family units exist. These families form groups called societies. These societies vary in their way of life, eating habits, drinking habits, dress code, values, beliefs and traditions. Even though these societies all over the world differ on the above, they also share many characteristics. The most obvious likeness all over the world is the makeup of the family: father - mother - children.

Remember every person, at one time or another, has been part of a family. However, families can change through circumstances such as death, divorce or remarriage.

Some families are large. Some families are small. Your immediate family may be a father, mother, children and also include a grandmother who lives with you.

Let's explore some other family members:

Grandmother/Grandfather - parents of mother/father
Aunt/Uncle - Sister/brother of either father/mother
Cousins - Children of Aunts/Uncles
Neices/Nephews - children of your brother/sister
Stepfather/Stepmother - Married to your mother/father after death or divorce
Foster Family

(At this point let the class cite examples of their families) for clarification

Family Cont'd.

Families provide for your basic physical needs. e.g. food, shelter, and clothes.

From your family you learn to love, care, and share. You receive guidance with learning. You learn the basic skills - how to walk, eat, and dress yourself. From your family you learn rules. You learn from your family how to work together for the good of the entire family.

(Let students give some examples of family rules they must keep)

Each family member has a role within the family, and in order for the family to work each member of the family must fulfill his obligations and responsibilities that the role carries. Learning to be responsible is not an easy task.

e.g. a mother carries many roles: housewife - mother- chauffeur- cook - friend- etc.

Learning to be responsible is not an easy task.

(Stop and let the class give examples of their role and how many roles they are also responsible for)

In a family each person must be accountable for his/her behavior.

Your family helps to make you what you are. It is the family group which helps form your development for the kind of adult you will become; what you will do with your life; and how you will take your place in society. Will you be a responsible person?

(Define the word responsible and have them give examples)

Family cont'd.

Another common factor in family unity and living is Religion. Traditions such as Thanksgiving, Christmas, Easter, Passover and Baptism all come from Religions. Religious groups share different customs and these customs bind people together in a common bond. Religion assists the family in establishing, through study and practice a sense of values, attitudes, and purpose.

A family stays together with love, sharing and caring.

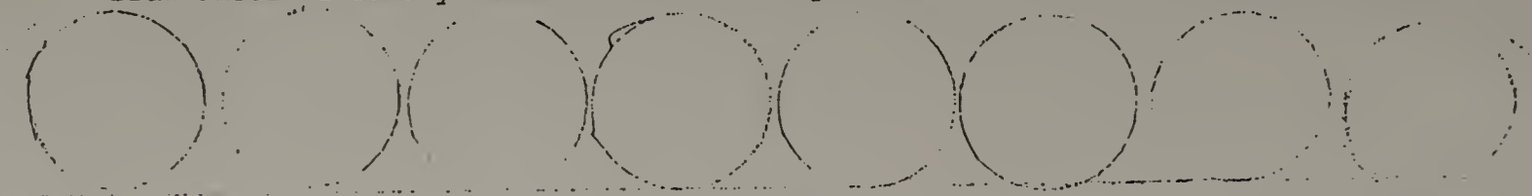
(See if the class can give examples of other holiday traditions)

Summary:

The family affects what you think and do. Your family will shape what you believe, your values, religious and political affiliations. It will prepare you for the time when you have children of your own.

Each family helps run the world, via the neighborhood, via the church, via the marketplace . EVERY FAMILY IS IMPORTANT AND HAS A PLACE IN THE WORLD.

Draw faces of family members who live in your home. Put the names below faces.



KITCHEN

Household Chore	Person responsible for doing the chore:

BEDROOM

Chore	Person

LIVING ROOM

Chore	Person

Family

UNSCRAMBLE THE WORDS BELOW TO DETERMINE WHAT FAMILY MEMBERS SHARE:

AGCRIN _____

NIGSARH _____

VLOE _____

NTUIY _____

SPPHANIES _____

NESSADS _____

KOWR _____

VUALSE _____

DOFO _____

LURES _____

PART II - VALUES

A value is something that is important to you. Values can change with time and experience. Values cannot be judged right or wrong by others. There is no way to measure a value. Values act as a guideline that influences a person's behavior. One's first values are formed by our families.

Everyday, no matter what we do, we base life on our set of values. It is a confusing world we live in and on the basis of the values we choose we will base our activities and the way we perform them on our set of values. Sometimes we are not clear, or are undecided about our values and we have to take time out to clarify our values.

(Following should be stressed)

<u>In clarifying our values we must</u>:

1. Know what we hold important

2. Choose our values freely

3. Make our values a part of our daily life

Let's take a look at values in dealing with the question:

Should I use alcohol/drugs?

To answer this question we would have to ask ourselves the following questions:

a. Would it be worth hurting ourselves mentally and physically?
b. would it be in conflict with our religion/family ideals?
c. would it be fun and worth the risk?

d. would it interfere with my school work?

e. would I be able to handle it?

f. would I be breaking the law?

(Have the class ask other questions)

In this way to clarify your values concerning your attitude toward drugs/alcohol would involve one taking a look at their total lives and attitudes, and in this way decide what they hold valuable as a code or way of life.

How does your family feel about alcohol and drugs?

It is important that every person is given the opportunity to become clearer about what he/she wants, is living for, and could in some case die for. Values clarification makes people seek a definite purpose to life and not waste time on things that are meaningless. To feel you have used each day well is very gratifying and gives one a sense of accomplishment.

When people know what they want, believe strongly in it, and follow up - other people know they can count and trust them. People who know what they want know how to deal with conflicts by weighing their values and then working things out.

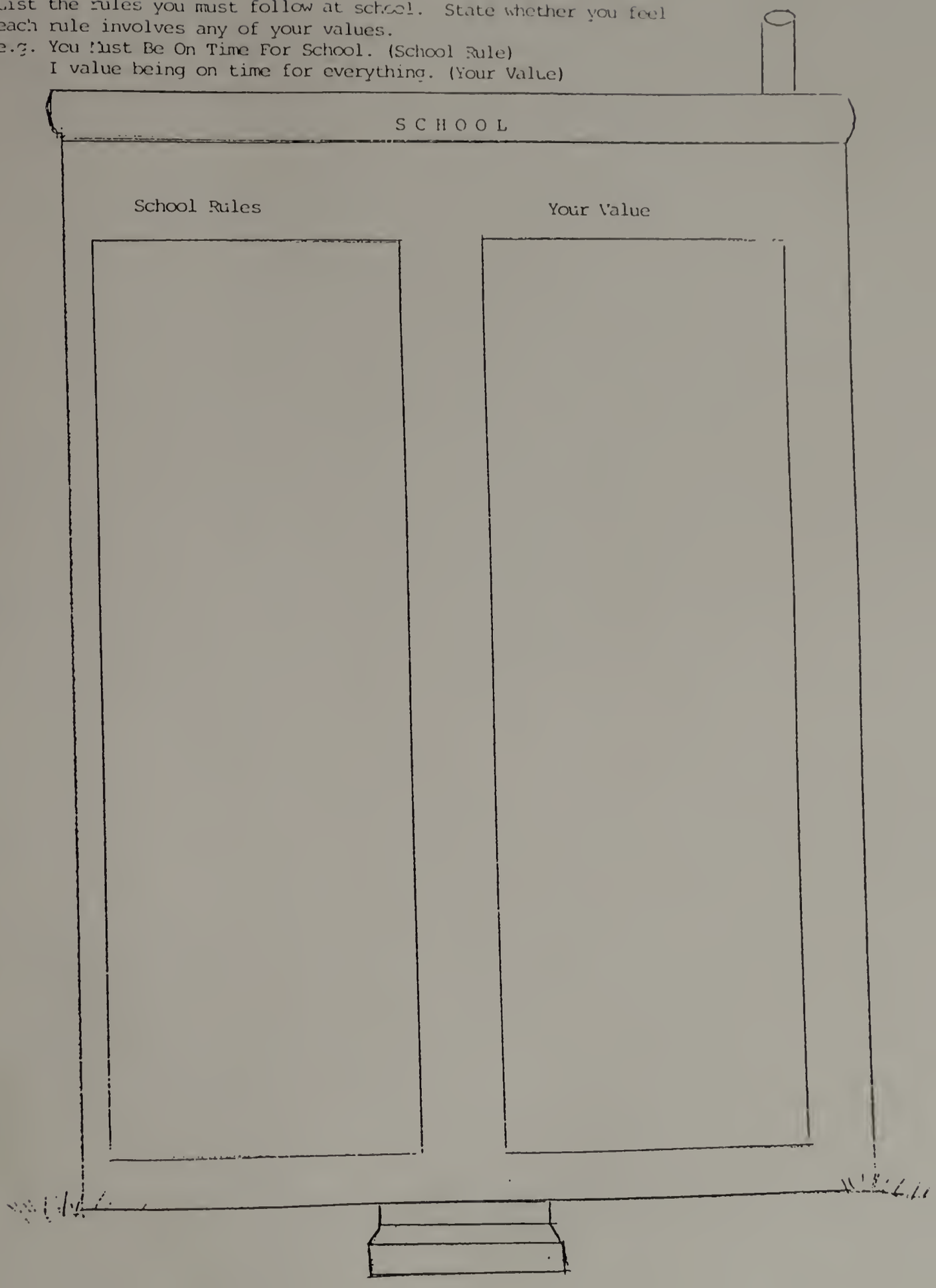
(Have the students name some values they feel they have and then have them state why these values are important to them)

Read the following situation to the class and ask the class what they would do in this situation, and why they chose to do it that particular way.

SITUATION: During the school day the principal announced over the sound system that he/she had heard someone is selling pot. After school you see one of your classmates selling the pot. What would you do?

VALUES

List the rules you must follow at school. State whether you feel each rule involves any of your values.
e.g. You Must Be On Time For School. (School Rule)
I value being on time for everything. (Your Value)



Write what you would do in each of these situations. Explain why you chose to handle the particular situation your way.

Situation I. After gym class in the locker you find $10.00. You would really like to keep the $10.00. What would you do?

Situation II You and your classmate have offered to make a poster for class tomorrow. Your classmate has a chance to go to the movies and asks you to do his share of the work but give the credit to him. What would you do?

Situation III You are late meeting your friends for the movies. You see an older person fall and drop all the packages they are carrying. What would you do?

PART III - ALCOHOL

The disease of alcoholism is one of the leading health problems of our times. Yet, it is the only disease where one has the freedom of choice for recovery. The American Medical Association defines alcoholism as an illness in which there is a preoccupation with alcohol and loss of control over its consumption, as a type of drug dependence that can harm a person's health and interfere with his ability to work or go to school and get along well with people. It is a progressive disease characterized by uncontrolled drinking. Enough alcohol produces some kind of a reaction in every person.

A person suffering from alcohol finds it difficult to stop drinking as he/she has become dependent on alcohol to cope with life. A person's health, happiness,safety and longevity are threatened and affected. It is a disease line none other - reaching out to destroy both the body and mind. It is a social stigma and does not discriminate. There is no single cause for alcoholism. Instead, a complicated interplay of physiological, psychological, and sociological factors lead to its development. None of these take priority.

The onset of alcoholism is usually sufficiently insidious and gradual to make it difficult to distinguish the alcoholic from the heavy drinker. One of the earliest warning signs of alcoholism is when the use of alcohol precedes, rather than accompanies, a person's having a good time. Gradually the alcohol becomes the goal of social activities and soon the alcoholic finds other reasons for using it, such as coping with stress-related incidences.

Motivation on the part of the alcoholic is the important factor to the alcoholic in making a decision to stay sober or not. During this decisive period an abundance of support and assurance is required by the alcoholic.

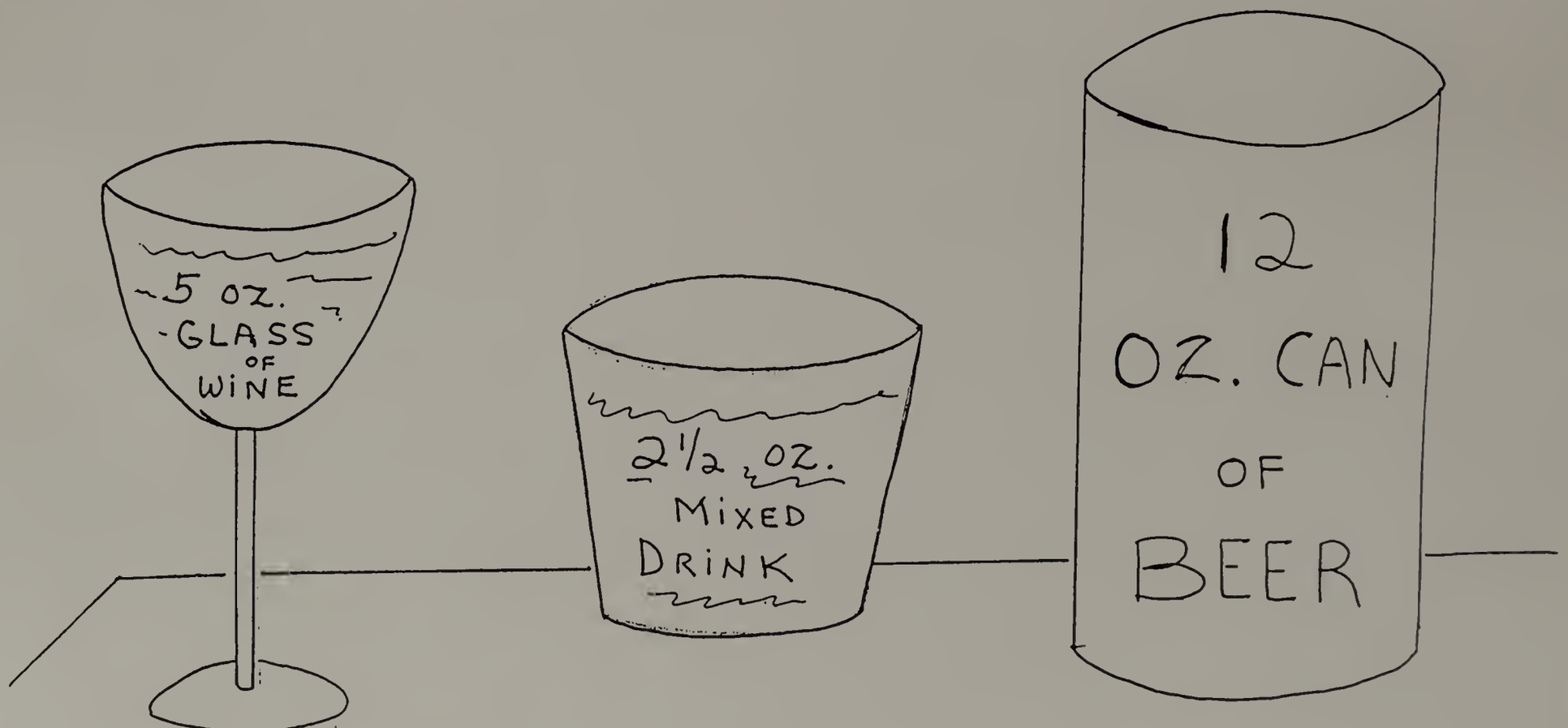
Alcoholics at this point in time have little self-worth and know they have taxed the patience and goodness of those around them to unbelievable proportions. In their present state there is little afforded to them. When viewed in terms of tragedy, unhappiness, suffering and the waste of life which the illness brings to the alcoholic and those surrounding him, even the most callous observer must take heed and realize the extent and seriousness of the illness.

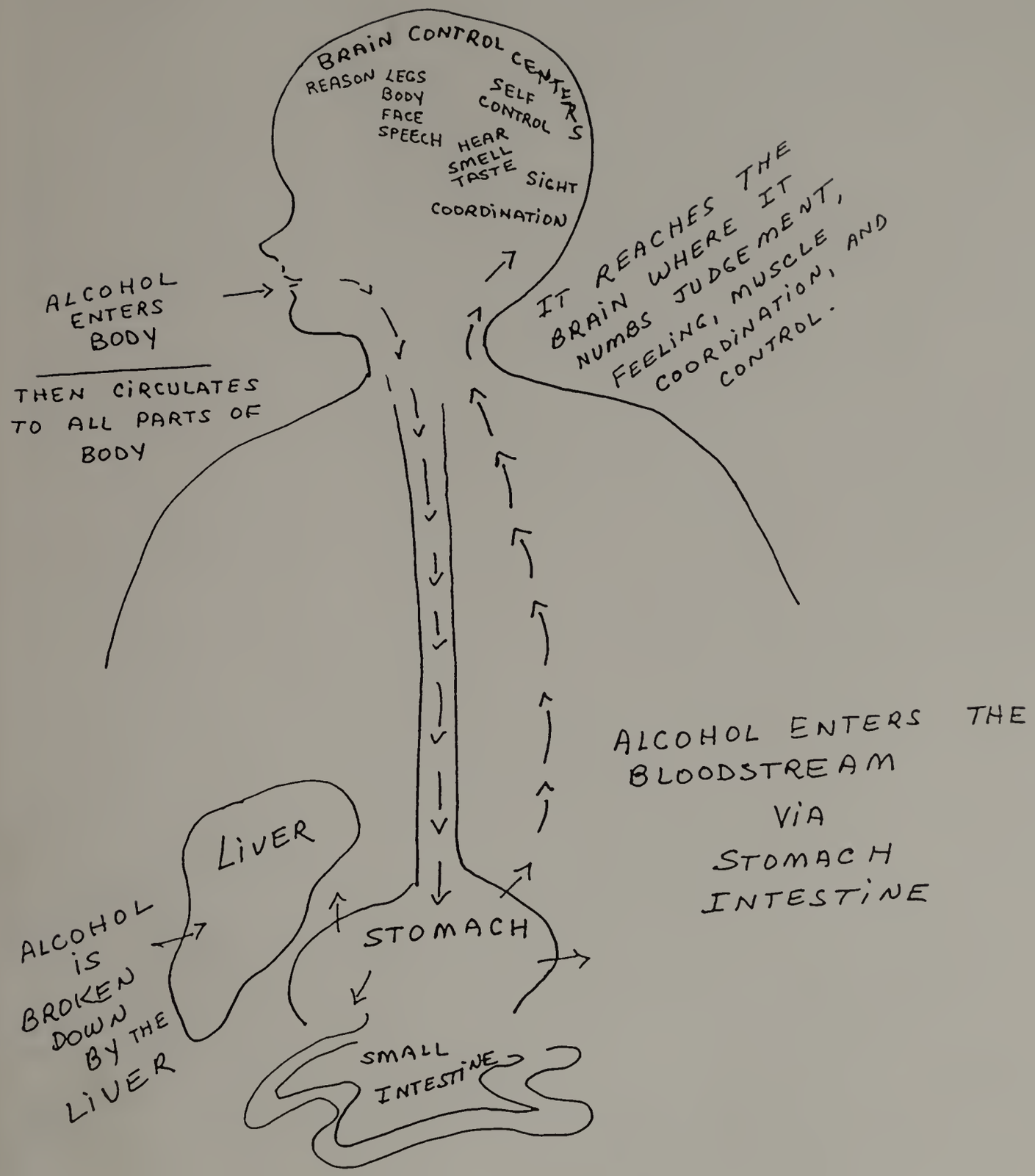
Alcohol has no known discoverer or inventor. Records, and cave drawings left by ancient civilizations indicate that the substance has been with us for some time. Distilled beverages were unknown in the Western World until the Middle Ages. Early American Colonizers brought their drins with them. Many historical factors alcohol-related played an important in American History. Prohibition in effect from 1917-1933 is probably the most unforgettable part of American History having to do with alcohol.

Alcohol is a chemical ingredient found in beer, wine, and hard liquor. The chemical formula CH_3 CH_2 O_2H which is ether with water added is better know as ethyl alcohol. This gives clear indication of why alcohol was used as an anesthetic until the mid 1800's. A 12 ounce bottle of bee, a 5 ounce glass of wine, and a 2 ½ ounce mixed drink <u>all</u> contain 1/2 ounce of ethyl alcohol. (see illustration)

The ethyl alcohol in beverages is made by the biochemical transformation of sugars found in grains, fruits, potatoes and other plant materials. The process of transformation is called fermentation. This process is when the existing sugars are changed to ethyl alcohol and carbon dioxide.

Which Drink Contains the Most Alcohol?




BRAIN CONTROL CENTERS
REASON
LEGS
BODY
FACE
SPEECH
SELF CONTROL
HEAR
SMELL
TASTE
SIGHT
COORDINATION
ALCOHOL ENTERS BODY
THEN CIRCULATES TO ALL PARTS OF BODY
IT REACHES THE BRAIN WHERE IT NUMBS JUDGEMENT, FEELING, MUSCLE COORDINATION, AND CONTROL.
ALCOHOL ENTERS THE BLOODSTREAM VIA STOMACH INTESTINE
LIVER
ALCOHOL IS BROKEN DOWN BY THE LIVER
STOMACH
SMALL INTESTINE

Alcohol - cont'd.

When a person takes a drink there is a definite metabolic effect and yet there is no digestive process involved. Alcohol passes right through the walls of the stomach into the small intestine. It is then absorbed into the bloodstream, which carries it immediately to the brain and the central nervous system. Alcohol affects the body much more quickly than do ordainary foods which must be broken down by enzymes and digested before they can pass into the blood. If a person has just eaten, the alcohol that goes to the stomach combines with the food and is absorbed into the bloodstream more slowly. The liver breaks down the alcohol into CO_2 and H_2O at a steady rate of 1/2 ounce per hour or one drink per hour. The rate at which alcohol is broken down is consistent and cannot be slowed down nor speeded up. Coffee does not cure an alcoholic of a hangover - only time helps. (see illustration)

Alcohol is considered to be a depressant by medical standards. It reacts on the central nervous system. Our society looks on alcohol as merely a social beverage and tends to ignore the fact that it is a strong, depressant drug, which reacts on the central nervous system. Some people state they feel stimulated from drinking. The reason is because alsohol dulls the higher brain center before interfering with motor area functions. While the drinker may be in control of his speech and movement his areas of thinking and reasoning are not functioning perfectly. Therefore, a person who is drinking may very well be more active due to the fact that he is behaving in ways that normally are under control and not because he is stimulated. In simple language - HE IS ALREADY BEGINNING TO LOSE CONTROL.

Effects of Alcohol

After 1 to 2 drinks :
- A. Relaxation
- B. Loss of Inhibition
- C. Judgement is affected

After 3 to 4 drinks:
- A. Thinking becomes impaired
- B. Slow reactions
- C. Poor sense of judgement

After 5 to 6 drinks:
- A. Impaired coordination
- B. Some disorientation
- C. Slurred speech
- D. Mood swings

After 6 to 10 drinks:
- A. Difficulty walking
- B. Sense of reality diminished
- C. May be vomiting

After 10 plus drinks:
- A. Completely drunk
- B. Loss of consciousness
- C. Depression of breathing, slow heart rate
- D. Possibility of Death

It must be noted here that the possible long-term effects of alcoholism include: liver damage; heart disease; ulcers, gastritis; malnutrition; oral cancer; brain damage; and damage which is extensive to a developing fetus if mother drinks while pregnant.

Noone ever takes a drink with the intention of becoming an alcoholic. The once clear factor in alcoholism in both adult people and adolescents is that it is a DISEASE.

In adolescent alcoholism young people start drinking for relatively uncomplicated and largely social reasons. At present there is a social atmosphere of permissiveness. The availability of alcoholic beverages lends itself to a large number of drinking problems among teenagers. It has been cited that among young people who had abstained completely, almost three quarters of those who had drinking friends felt they had been pressured by their friends into indulging at least once.

Alcohol is so common to our society that many adolescents don't realize it is a powerful drug. Therefore, they drink before they think about it. Adolescents are even more susceptible to alcoholism becasuse their bodies are still growing. Alcoholism could stunt their physical growth and definitely impairs their emotional growth.

While it is acceptable to drink, it is illegal for teenagers to drink. When adolescents use alcoholic beverages illegally, they are not only breaking the law but questioning authority. Many of the adolescents today see their parents drinking beer, wine, and whiskey and sometimes overindulging. Consciously or subconsciously the adolescent reason that if the use of alcoholic beverages were wrong or harmful my parents wouldn't be using it.

Alcohol poses some special kinds of problems for adolescents:

1. Emotional - Adolescents have new feelings that they do not quite understand causing stress and tension. Alcohol can interfere with solutions, block emotional growth, alienate friends, and lead to feelings of failure.

2. Sexual - A basic part of teenage development is learning how to make adult choices about sex. In too many cases alcohol sways judgement and produces hurt feelings, and unwanted pregnancies.

Alcohol cont'd.

3. Behavioral - Adolescents not having much experience with alcohol misjudge their limits. They may begin to over-react and lose control.

4. School - Adolescents after drinking may begin to miss assignments, classes, and this could ultimately lead to academic failure and dropout.

5. Physical - Adolescent alcohol abuse during their period of physical growth impairs reflexes, lowers resistance to infection, and stunts emotional growth.

Some reasons adolescents drink alcoholic beverages are:

a. Peer pressure
b. alienation
c. defiance of parents
d. emotional and personality problems
e. Example set by society and many times at home

Adolescents who abuse alcohol may alienate themselves from family to a point where there is no interaction and no communication. More adolescents through various reasons have little church affiliation and their moral code at this time is faltering. Because adolsecents are physically and emotionally growing during these formative years it is important for the adolescent to have some form of stability and security to aid in this process. If there is little family or religious support adolescents suffer with low self esteem, and any real direction in life, as they are left with few positive role models.

Alcohol cont'd.

There are three basic alternatives regarding alcohol use. The decision is yours:

1. CHOOSE NOT TO USE ALCOHOL

2. USE ALCOHOL LEGALLY, SAFELY, AND MODERATELY

3. ABUSE ALCOHOL

IMPORTANT: Alcohol can interfere with real solutions to a teenager's problems.

Alcohol stunts a teenager's physical and mental growth.

MYTHS:

1. Drinking coffee will sober an alcoholic.

2. If I only drink beer then I can't be an alcoholic.

3. Everyone who drinks has an emotional problem.

4. It is better to drink than take other drugs.

5. Alcoholics Anonymous is a Religious Organization.

FACTS:

1. Only time, not coffee, will sober an alcoholic. It take approximately one to one and a half hours to sober up after each consumed drink containing one half ounce of ethyl alcohol.

2. A 12 ounce bottle of beer, a 5 ounce glass of wine, and a 2 1/2 ounce mixed drink all contain 1/2 ounce of ethyl alcohol.

3. Noone ever picks up their first drink because of an emotional problem. The first drink is picked up as a social custom.

4. An addiction and withdrawal is an addiction and withdrawal - all painful!

5. Alcoholics Anonymous is simply a group of people helping people.

Alcohol cont'd.

DEFINITIONS TO BE EXPLAINED TO STUDENTS:

Alcoholics Anonymous: A National Organization with branches all over the United States. It is a group of people who experience the same problem - alcoholism. At these meetings which last 90 minutes they talk openly and freely about their problems. They begin to live and stay sober one day at a time. It is not a religious affiliated group it is simply people helping people. Once an alcoholic becomes part of this supportive group he need ever be alone again with his problems.

Alanon: This is a group of people who are friends or families of the alcoholic who meet regularly and share experiences for the purpose of coping with the disease of alcoholism. They also learn how to help the alcoholic which helping themselves. They learn they are not responsible for the alcoholic's disease.

Alateen: This is a group for children of alcoholics where they can share their thoughts and feelings with other young people experiencing the same problems. They learn that alcoholism is a disease that can be treated. They learn to help the person who is ill. They also learn they are in no way to blame for the person's illness.

Addict: One who is dependent on alcohol or other drugs and who would suffer suffer from withdrawal if the drug were taken away.

Breathalyzer: Machine that measures alcohol content of the body.

Alcohol cont'd.

Tolerance: A state which develops in users of certain drugs and requires them to take more and more of the drug to produce the same effect.

Withdrawal: When an abuser stops taking alcohol/drugs they experience withdrawal symptoms, like vomiting, tremors, sweating, insomnia, or convulsions.

Treatment: One can get assistance with their problem from Alcoholics Anonymous, Rehabilitative inpatient treatment programs - almost all hospitals have one; Outpaitent counseling programs, doctors or clergymen. A student should seek help for referral from teachers or guidance counselors.

Narcotics Anonymous: A group of people who share the problem of drug addiction. They use the same format as A.A.

Below is a list of statements. Some are facts and some are opinions. Check which is which.

	Fact	Opinion
1. It is better to drink alcohol than use drugs.	_____	_____
2. A person who only drinks beer can't be alcoholic.	_____	_____
3. A 12 ounce bottle of beer; a 5 ounce glass of wine; and a 2 1/2 ounce mixed drink all contain 1/2 ounce of ethyl alcohol.	_____	_____
4. Alcoholics Anonymous is a people helping people group.	_____	_____
5. Alateen is a group for young people of alcoholics.	_____	_____
6. Alcohol is the most commonly used drug in the U.S.	_____	_____
7. If people only drink alcoholic beverages on the weekend they are not alcoholic.	_____	_____
8. There are three basic alternatives regarding alcohol use. The decision is yours:		
A. Choose not to use alcohol		
B. Use alcohol legally, safely, and moderately		
C. Abuse Alcohol	_____	_____
9. Alcohol can interfere with real solutions to a teenager's problems.	_____	_____
10. Alcohol stunts a teenager's growth both mentally and physically.	_____	_____

WORD SEARCH (ALCOHOL)

1. ALCOHOL
2. TOLEPANCE
3. DECISION
4. VALUE
5. DRUG
6. ADDICTION
7. ALATEEN
8. CHOICE
9. ABUSE
10. DEPENDENT

A	B	M	N	P	D	O	B	C	A
L	L	A	M	O	R	T	T	S	P
A	D	E	P	E	U	B	C	D	F
T	F	Q	R	T	G	S	V	X	A
E	B	A	B	U	S	E	C	T	S
E	R	E	P	O	T	T	O	R	M
N	L	P	A	B	T	C	D	F	G
G	M	A	L	C	O	H	O	L	E
V	A	L	N	T	L	P	O	O	T
D	V	A	L	U	E	H	J	I	K
L	K	M	N	O	R	P	R	S	T
U	V	W	X	Y	A	Z	A	B	C
D	D	E	F	G	N	H	I	J	K
L	E	C	H	O	C	M	N	P	O
D	P	Q	R	S	E	T	U	V	Y
W	E	Z	C	H	O	I	C	E	K
A	N	C	B	U	S	E	B	U	S
T	D	D	I	C	I	O	S	P	A
M	E	E	R	S	B	I	L	N	O
A	N	R	R	O	I	W	L	I	N
D	T	A	S	U	L	O	L	I	V
A	N	J	O	S	E	P	N	H	P
A	D	D	I	C	T	I	O	N	T

Other Drug Usage

Young people today must make decisions about drugs that no previous generation has had to face. Unfortunately, the age for drug usage has declined, and the seriousness of the situation has made professionals in the field turn their eyes toward the younger adolescent ages 11 to 14. Whereas previously alcohol and other drug usage was explored at the high school level, the focus is now shifting to the middle school adolescent. Due to social change in the structure of family, religion, permissiveness of society itself toward law, regulation, and love/hate of government and country, it has left the adolescent who has no real supportive structure questioning:

1. Who am I?
2. What do I stand for?
3. Where am I going - <u>if anywhere</u>?

Because the emotional and physical effects of drug use have far greater consequences for a developing mind and body, it is important that we focus our efforts on the young, while continuing our efforts to provide help for all age groups. Prevention is the sole key to drug usage. Unfortunately, it must fall to the role of the educator to expend the knowledge of drug education. While there are varied and many programs, I do not feel that there has been any program presented to date adequate enough to extend

itself to the issues precluding drug abuse.

A child does not just step into drug abuse. It is through some kind of need that has not been fulfilled that one begins to abuse, not explore, but abuse drugs. Often times, before the child realizes it, he/she has become dependent on drugs. All the child may notice is that there has been some kind of change, e.g., he/she experiences trouble sleeping; a problem focusing or concentrating on lesson plans, etc. It is widely feared that the use of drugs by young people may lead to the loss of interest in virtually all activities with resultant lethargy, amorality, and social and personal deterioration.

What exactly is drug abuse?

Drug dependence is the need for a drug which results from the continuous or periodic use of that drug. This need can be characterized by mental and/or physical changes in users which make it difficult for them to control or stop their drug use. They believe that they must have the drug to feel good or just to get by and through the day. This mental aspect of drug dependence is often called psychological dependence. Some drugs, like narcotics and barbiturates, change the body's physical system so that it becomes used to the drug and needs it to function. When a user stops taking the drug, he/she will experience drug withdrawal symptoms, like vomiting, tremors, sweating,

insomnia, or perhaps convulsions. In order to avoid these withdrawal symptoms, the user takes the drug again. This is then called physical dependence. One cannot distinguish between psychological and physiological dependence to determine which is the worst. Heavy use of any psychoactive drug produces a type of dependence which interferes with social, behavioral, and physical functioning of an individual.

A drug is any chemical substance that, when taken into the body, changes how certain parts function and, therefore, changes how the person feels, thinks and acts.

There are four basic groups of drugs:

1. Stimulants - Speed action of central nervous system
2. Depressants - Relax central nervous system
3. Hallucinogens - Change perception
4. Deliriants - Cause mental confusion

Amphetamines

Known on the streets as speed, uppers, pep pills, etc. Amphetamines cause restlessness, nervousness, excessive sweating, and needle marks when injected. Results of long use of amphetamines causes loss of appetite, delusions, hallucinations, perhaps toxic psychosis. There is a definite mental dependency. Heavy users who inject amphetamines accumulate larger and larger amounts of the drug in

their bodies; the resulting toxicity can produce behavior in people causing extreme suspicion, paranoia, and sometimes violence.

At present, a widely known stimulant being used is cocaine. Cocaine is a powder which is most commonly inhaled, although some users ingest it, inject it, or smoke a form of the drug called freebase. Cocaine is one of the most powerful, seductive and consequently the most sought after drug today. Even though it is very expensive, it is the fastest growing abused drug today. The effects of cocaine last for a very short period of time--a matter of minutes. The intense high is usually followed by an intense down. Quite a few will take what is called a run--repeated doses of the drug--in an effort to avoid that down feeling. With heavier use comes suspicious feelings, hallucinations, and other signs of serious mental disturbance. Although few people realize it, overdose deaths from injected, oral, and even snorted cocaine have occurred. Deaths are a result of seizures followed by respiratory arrest and coma, or sometimes by cardiac arrest. It is clear that a psychological dependence results from heavy use, and when used repeatedly, vital activities such as eating or taking fluids is ignored.

The next basic group of drugs is called depressants. These would consist of barbiturates, opiates, (heroin, morphine, codeine) alcohol and tobacco. Barbiturates have

street names of barbs or downers, etc. Symptoms of abuse would be drunken behavior with no smell of alcohol, drowsiness, and slowed reflexes. The result of long use would be severe addiction with severe withdrawal symptoms and toxic psychosis. With constant use of depressants, memory becomes vague and judgment is often impaired. The most commonly abused barbiturates include phenobarbitol, seconal, and amytal--these are used as sedatives or sleeping aids. Valium (diazepam) is prescribed to relieve anxiety. The rate and abuse of these drugs is on the increase.

Opiates consist mainly of heroin, morphine and codeine. Their symptoms of abuse are pinpoint pupils, needle marks, drowsiness. Results of long use are running nose, vomiting, diarrhea. Depressants cause psychological and physical dependence and also cause organic damage.

The next group would include <u>hallucinogens</u>.

<u>Marijuana</u>. The use of marijuana has tripled during the last few years. Researchers have clearly shown that marijuana interferes with immediate memory and intellectual performance. It impairs concentration and reading comprehension. The extended use of marijuana has shown that it can produce severe anxiety, apprehension and fear of others. Marijuana not only has an adverse effect on the brain, it also affects the heart and lungs. Marijuana has a higher concentration of known cancer-causing agents than

tobacco. (PCP, also known as Angel Dust and used as an anesthetic for animals at present, causes bizarre effects on humans. It distorts reality in a way that can closely resemble serious mental illness. PCP users become highly destructive toward themselves and others, leading to violent and bizarre behavior. At present, the drug is usually smoked in marijuana cigarettes. This is why some marijuana cigarettes are referred to as "Superpot.") THC stands for tetrahydro cannabinol and is the active chemical ingredient in pot and hash. Contrary to common belief, THC cannot be found on the streets today. THC is very difficult to extract from pot, so that a genuine hit would cost from $15.00 to $20.00. Careful analysis has proven that 95 percent of all THC sold on the street is really PCP.

The most commonly reported immediate adverse reaction to marijuana use is the acute panic anxiety reaction. This causes intense fears of losing control and going crazy. There is a physical dependence on marijuana. Withdrawal symptoms are: irritability, loss of sleep, loss of appetite, sweating, loss of weight, and stomach upset. Tolerance to marijuana, the need to take more and more of the drug over time to get the original effect, has been proven.

As stated previously, in relation to adolescents, a very real danger in marijuana use is its possible interference with growing up. The effects of marijuana interfere with learning, impair thinking, reading comprehension, and

verbal and arithmetic skills. It is also believed that the drug interferes with the development of adequate social skills and may encourage a kind of psychological escapism. By providing an escape from growing pains, drugs can prevent young people from learning to become mature, independent and decision-making adults.

Marijuana burnout is a term used among marijuana smokers. Young people who smoke marijuana heavily over a long period of time can become dull, slow moving, and inattentive. Burnout is a sign of drug-related mental impairment that is felt not to be reversible or is reversible after only months of abstinence.

Most youngsters are introduced to marijuana by their peers--that is, by people of their own age. Pushers are rarely on the scene at this point in time. We have to remember also that at this stage in our culture we have few hero figures. Most adolescents are caught up in the fever of rock groups who blatantly flaunt drugs as an accepted way of life. We went through a period when even our athletes were being brought to the news for drug exploitation.

A dangerous part of smoking pot is getting arrested. You can be arrested for smoking pot in Massachusetts, and the penalty is usually six months' probation and a fine.

Unlike other drugs, pot, when mixed with alcohol, should not cause any unpleasant physical reactions. Youngsters know this; therefore, they tend toward marijuana and beer.

However, with alcohol in the body, a high on pot can tend to last longer than expected. It is important to remember that mixing alcohol with angel dust, downs , tranquilizers, and other drugs increase the chances of overdose.

Other hallucinogens would be LSD, Mescaline, etc. The symptoms of abuse would be dilated pupils, rambling speech. LSD intensifies psychosis. Sense of time and self are altered. Sensations seem to cross over, e.g. music may be seen or color heard. A flashback is a recurrence of some features of a previous LSD experience days or months after the last dose. Flashbacks can be spontaneous, or triggered by physical or psychological stress, or by marijuana. Flashbacks cause anxiety. New perceptions of the body and of the self have been reported, but they can be frightening as well as gratifying. After taking LSD, a person loses control over normal thought processes. Longer term harmful reactions include depression, or breaks with reality which may last from a few days to a few months. Mescaline effects are similar to those of LSD. REMEMBER hallucinogens make a person's brain report things that do not exist.

Final group classification is DELIRIANTS which cause mental confusion. This group would include, aerosol products, airplane glue, lighter fluid, paint thinner, and nail polish remover. Inhalent abuse is on the rise between the ages of 7 and 17.

Mainly because these inhalants are readily available and inexpensive.

There is a high risk of sudden death from spray inhalation. These spray inhalants can either interfere directly with breathing or they can produce irregular heartbeaths leading to heart failure and death. Risk of death by suffocation increases when users sniff concentrated spray fumes from a paper bag. Long term use is usually associated with drastic weight loss, vision impairment, memory and ability to think clearly. These dysfunctions generally stops when sniffing stops.

During and shortly after inhalant use, the sniffer usually exhibits motor incoordination, inability to think and act clearly, and sometimes abusive behavior.

Once again, like alcohol, drug use is as old as history. For example during the civil war morphine was used as a pain killer. Morphine was not known as addictive yet many soldiers became dependent upon it. Throughout the century, there were peiodic drug frights created by the use of cocaine at the turn of the century, heroin in the 1920's, marijuana in the 1930's, and heroin again in the 50's. The 1960's saw a liberal social attitude producing a social explosion of drug use of all kinds from LSD to marijuana. All of these drugs are cause for concern, especially now when the trend is reaching an all high among our adolescent youth.

This clearly indicates the need for preventive measures. Drug abuse prevention means assisting adolescents to develop strong personal values, and in turn reduce the chance they will hurt themselves or others by abusing drugs. The decision is theirs alone.

WARNING: "Cigarette smoking may be hazardous to your health". This is the message printed on every package of cigaretts sold today.

At present there is an anti-smoking trend which is beginning to filter down to some of the people who have not yet started to smoke. Cigarettes contain nicotine which is a stimulant, and an addictive drug.

Tobacco will make one's fingers and teeth yellow; their breath and clothes smell; and can also cause cancer. In 1604, King James I of England issued a warning to his people which stated - "Smoking is a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fumes thereof, nearest resembling a horrible pit that is bottomless". How about that we thought smoking was new!

WORD SEARCH (DRUGS)

1. SPPPED
2. POT
3. NICOTINE
4. VALUE
5. CHOICE
6. DECISION
7. ILLEGAL
8. ABUSE
9. ADDICTION
10. WITHDPAWAL

I	L	L	E	G	A	L	B	Y
A	B	C	D	E	F	G	A	H
D	I	S	J	K	L	L	M	N
E	O	P	P	T	U	R	S	T
C	U	V	O	E	W	X	Y	Z
I	A	B	T	C	E	D	E	F
S	G	H	I	J	K	D	L	E
I	M	N	O	P	Q	R	C	N
O	S	T	U	V	W	I	X	I
N	T	Y	Z	W	O	W	I	C
T	E	O	O	H	C	I	C	O
A	D	D	C	T	I	T	O	T
B	A	L	A	I	L	H	G	I
F	B	A	D	T	N	D	T	N
S	U	E	D	U	S	R	E	E
W	S	A	I	L	L	A	W	R
J	E	K	C	L	M	W	N	O
P	Q	Z	T	U	A	A	K	E
R	T	A	I	B	L	L	E	C
H	A	R	O	I	M	E	Y	O
U	U	S	N	W	E	S	E	E

Fill in the missing word.

A W_____is printed on each package of cigarettes

stating that "smoking may be hazardous to your H_____."

The N _____cigarettes contain is an A_____drug.

A drug is any chemical substance that produces P_____,

M_____, emotional, or behavioral change in the user.

There are four basic groups of D_____:

1. A_____speed action of Central Nervous System.

2. D_____relaxes action of Central Nervous System.

3. H_____Change perception.

4. D_____Cause mental confusion.

Smoking P_____is illegal and carries a jail sentence. M_____ can cause cancer.

Drug abuse puts your mind and body into an abnormal state. You give away your most valuable possession Self C_____. Most hopeless addicts start by trying "Just O_____". Why not never start using D_____. Experience life and L_____ it naturally.

BE IN C_____!!!!!

PART V - DECISION MAKING

Decision Making: Every day in our daily life we have to make decisions. Some are common but some decisions are very important and could affect the rest of our life. Every decision we make is based on our held beliefs, attitudes and values as we learned in earlier classes.

When an important decision is to be made one should:

1. Define the problem
2. Identify alternatives
3. Examine the risks with honesty
4. Weigh the personal and social outcome
5. Look at the problem with an open mind
6. Make your decision and act on it in your daily life

Once again let's look at the problem of whether to experiment with drugs.

Problem: Should we experiment with drugs?

Risks: One could become an abuser
There is a physical and emotional risk
Loss of Control (You are at the mercy of anyone bad or good)
It costs money to buy drugs

It is illegal - you may face detention
Ignorance of a drug could cause death
Unpredictable behavior
Impaired judgement
Could lead to an uncontrollable habit
Harm to yourself or another person

(Have the class name some risks)

After looking at the risks, personal and social implications, weighing the problem with an open mind, now you must make a decision and act on it. Understand that it is your life and future and that you must live with the consequences of your decision. In other words you alone are responsible for your actions.

Remember too that you as an individual has the right to turn down the chance to use a drug. Any friends who persist on you to change your mind about using drugs are trying to take away your rights as a free individual.

Here are some responses you can use if you are asked if you want to smoke pot or take drugs:

1. I'm not into polluting my body
2. I don't want the hassle
3. Nope - not today.

(Have students give some other responses)

SAFETY RULES WHEN MAKING DECISIONS

1. MAKE SURE YOU COME TO YOUR OWN DECISIONS AND THINK OUT YOUR OWN REASONS

2. MAKE SURE YOUR DECISION IS REASONABLE AND STICK TO IT

3. EXPECT OTHERS TO RESPECT YOUR DECISION - REMEMBER IT"S YOUR RIGHT.

4. NO DECISION NEED EVER BE PERMANENT. AS LONG AS YOU ARE COMFORTABLE, FEEL RIGHT AFTER WEIGHING ALL THE ALTERNATIVES, THEN YOUR DECISION CAN CHANGE WITH TIME AND CIRCUMSTANCES.

5. RESPECT THE DECISION OF OTHERS EVEN IF IT DOESN'T MEET WITH YOUR APPROVAL.

6. IT TAKES COURAGE TO DO THE RIGHT THING; BUT THE GOOD FEELING THAT COMES WITH MAKING A POSITIVE DECISION FAR OUTWEIGHS A NEGATIVE DECISION.

REMEMBER ALWAYS - YOU ALONE ARE RESPONSIBLE FOR YOUR DECISION AND ACTIONS.

DECISION MAKING

Below are three Decision Making Situations to answer.

Before you make decisions - remember:

1. Is it a free choice - know the problem
2. Search for alternatives
3. What risks are involved
4. Make sure you are comfortable with your answer and are able to act upon it.

PROBLEM I. Should I go on to finish high school or drop out of school when I turn sixteen?

Problem II. Should I run for Class Officer?

Problem III. Should I ask my parents for an allowance? (If you already get an allowance ask the following question) Should I ask my parents for more allowance?

DECISION MAKING

Unscramble the letters to fill in the words and complete the sentences.

1. iondeciss We all have to make _____ everyday of our lives.

2. lvaeus Every decision we make is based on our _____.

3. findeɘ When an important decision is to be made we have to _____ the problem.

4. entavaltesri Identify _____.

5. kriss We must examine the _____ with honesty.

6. sonalerp Weigh the _____ and social outcome.

7. siondec Be openminded when trying to make a _____.

8. lydai Make you decision and act on it in your _____ life.

9. croageu It takes _____ to do the right thing.

10. laoen You _____ are responsible for your decision and action.

APPENDIX D

GLOSSARY OF TERMS

ACID - Slang name for LSD. (d-lysergic acid diethylamide) hallucinogenic drug.

ADDICT - Person who is dependent upon alcohol or other drugs and who would suffer from withdrawal if the drug were taken away.

ADDICTION - A state in which a person is physically in need of a drug(s). If the person does not get this, or a drug with a similar pharmaceutical effect, the person will experience a withdrawal state from the drug.

ALCOHOL - Ethanol, Ethyl Chloride. A central nervous system depressant. In small doses, alcohol has a tranquilizing effect on most people, although it appears to stimulate others. Alcohol first acts on those parts of the brain which affect self-control and other learned experiences; lowered self-control often leads to the aggressive behavior associated with some people who drink. In large doses, alcohol can dull sensation and impair muscular coordination, memory and judgement. Repeated drinking produces tolerance to the drugs effects and dependence. The drinker's body then needs alcohol to function. Once dependent, drinkers experience withdrawal symptoms when they stop drinking.

ALCOHOLICS ANONYMOUS - A national organization with branches all over the United States. It is a group of people who experience the same problem - alcoholism. Self help group.

ALANON - This is a group of people who are friends or family of the alcoholic who meet regularly and share experiences for the purpose of coping with the disease of alcoholism.

ALATEEN - A group for children of alcoholics where they can share their thoughts and feelings with other young people experiencing the same problem.

AMPHETAMINES - Street slang - "Uppers". These drugs produce a stimulant effect on the user, who will exhibit increased energy and feelings of euphoria.

ANALGESIC - Drug that produces pain relief.

PCP (Phencyclidine) - Street slang - Angel Dust. PCP is used as a veterinary anesthetic and tranquilizer. One danger of PCP intoxication of humans is that it can produce violent and bizarre behavior even in people not otherwise prone to such behavior.

BARBITUATES - Drugs that depress the central nervous system. They also produce sedation. A person can be both psychologically dependent on and physically addicted to barbituates. Medically used as sleeping pills, anticonvulsants. Death can occur especially when taken with other drugs, such as alcohol.

BENZODIAZEPINE - Tranquilizer. Common ones are Valium, Librium, Dalmane. These drugs are prescribed to relieve anxiety, are commonly abused, and their rate of abuse and misuse is increasing.

BREATHALYZER - Machine that measures alcohol content of the body.

CACTUS - Mescaline or peyote. Mescaline is the hallucinogen in the peyote plant.

CANNABIS - Marijuana. Street slang - pot, weed, grass or joint. The chief psychoactive (mind-altering) ingredient in marijuana is THC (delta - 9 - tetrahydrocannabinol). Prolonged use of this drug by smoking can cause cancer of the lungs. Marijuana can cause physical dependence.

COCAINE - Street slang - Snow. A stimulant drug extracted from the leaves of the coca plant. Street cocaine is a powder which is most commonly inhaled, although some users ingest, inject, or smoke a form of the drug called freebase. A powerful psychological and physical stimulant.

DEPENDENCE - Drug dependence is the need for a drug which results from the continuous or periodic use of that drug. It can be characterized by mental and/or physical changes in users which make it difficult for them to control or stop their drug use.

DILAUDID - A synthetic opiate that contains hydromorphone hydrochloride, it is very addicting when injected. Hard withdrawal.

DOLOPHINE - A synthetic opiate. Stronger than morphine. Addicting. Used as methadone as a substitute for other opium derived drugs such as heroin.

GLUE SNIFFING - Inhaling model glue to produce a euphoric state.

HARD DRUGS - Drugs that have addictive qualities.

HASHISH - Related to but stronger than marijuana.

HEROIN - Higly addictive derivative of the opiate class.

INHALANTS - Volatile substances that are inhaled to get high. There is a high risk of sudden death from spray inhalation. These spray inhalants can either interfere directly with breathing, or they can produce irregular heartbeats (arrythmias) leading to heart failure and death.

JUNKIE - Usually a heroin addict. Occasionally means someone who uses any drug heavily.

MAINLINE - To inject a drug directly into the vein.

MAINTENANCE THERAPY - Giving enough of a drug to prevent withdrawal symptoms, such as in methadone maintenance programs for heroin addicts.

METHADONE - Synthetic opiate used in place of heroin in methadone maintenance programs.

NARCOTIC - Drug that relieves pain and is addicting.

NARCOTICS ANONYMOUS - A group of people who share the problem of drug addiction. They use the same format as Alcoholics Anonymous.

O.D. - Overdose. The state produced when excess of a drug is taken into the body. Result is often coma, respiratory and circulatory depression, and subsequent death.

OPIUM - The narcotic from which all other narcotics are derived.

PANIC - A psychological state produced by certain drugs, such as LSD. Also the situation addicts find themselves in when their supply is usually low.

PARANOIA - A state that can be part of a psychological illness, or a secondary drug effect.

PUSHER - One who sells drugs.

TOLERANCE - A state which develops in users of certain drugs and requires them to take more and more of the drug to produce the same effect.

TREATMENT (Substance abuse) - One can get assistance with their problem from alcoholics anonymous, rehabilitative inpatient treatment programs - almost all hospitals have one; outpatient counseling programs, doctors or clergymen. A student should seek help for referral from teachers or guidance counselors.

WITHDRAWAL - When an abuser stops taking alcohol/drugs they experience withdrawal symptoms, like vomiting, tremors, sweating, insomnia, or convulsions.