

# Ice Ice Baby: Teaching Addiction Using Experiential Learning and Reflection

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## Abstract

Students are often reluctant to realize that their parents, grandparents, or older clients may be using or abusing drugs. Recent research indicates that alcohol is the most frequently abused substance among adults over 50. Prescriptions rank second, but research shows dramatic increases in the use of illicit drugs by older females. Additionally, the over 50 age group had the highest hospital admission for illicit drugs such as heroin, cocaine, or opiates. The addiction simulation exercise ICE ICE BABY provides students with a deeper understanding of addiction, including an insight into the social experiences of drug/alcohol use and abuse. Explicit directions for using the exercise are included as well as reflections from students within two programs.

**Keywords:** drug addiction, simulations, active learning, experiential learning

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## 1. Introduction

Some of the first positions sociology/psychology/addiction counseling graduates in Georgia may be considered for are within DFACS (Division of Family and Children Services), or mental health services such as Aspire or the Georgia Department of Behavioral Health (DBHDD). With current trends in the opioid crisis in the state, awareness and education of the severity of the problem for families, children, and older adults are instrumental in programs, particularly when the community is one that is hard hit with addiction. The Georgia Opioid State Targeted Response was funded via SAMHSA (Substance Abuse & Mental Health Services Administration), and awarded close to 12 million dollars to develop targeted responses to the crisis.

### 1.1 Issues of addiction in older populations

Alcohol is the most common reason for older adults' admission to addiction treatment. Nearly 3% of adults aged 50 or older are either dependent on or regularly abuse alcohol, and nearly 10% of adults aged 55 to 64 report episodic binge drinking in the past month. A leading cause of disability worldwide, alcohol dependence or alcoholism – defined by the National Institute on Alcohol Abuse (NIAAA) as “a complex disease characterized by a persistent and progressive pattern of abnormally intense alcohol-seeking behavior” – is undoubtedly an aging issue.

The NIAAA defines moderate drinking for older adults as a maximum of one alcoholic drink per day, and excess of one drink daily constitutes “heavy drinking.” Since it often mimics symptoms of medical conditions common among older adults, such as diabetes, dementia, and depression, alcohol abuse may be dangerously overlooked. Because of the potential for increased lifelong high consumers of alcohol, it is important to understand the psychosocial and wellbeing effects of alcohol use. The relationship between lifelong alcohol use and psychological wellbeing is well established; increased rates of depression, risk of suicide, and loneliness are common among lifelong (early-onset) alcoholics. Mood, anxiety, and personality disorders also influence wellbeing among all age groups, and social anxiety specifically is significantly associated with increased rates of alcohol dependence, which highlights the complex nature of the interplay between alcohol abuse and wellbeing.

Not only does lifelong alcohol abuse affect wellbeing in later life, individual psychosocial factors can influence alcohol use and dependence throughout the life course as well. Because of this, there is also reason to expect that the aging of this population will lead to future increases in alcohol-related problems among older adults,

particularly due to the interplay of multiple psychosocial factors. Lifelong alcohol abuse also affects social determinants of wellbeing. Alcoholism can lead to social withdrawal, as well as strained family and social networks; social withdrawal and perceived or actual lack of social support negatively influences wellbeing. A familial history of alcoholism greatly influences likelihood of becoming addicted, as well as negatively influencing wellbeing throughout life. Thus, the role of the family and family history of alcoholism on wellbeing cannot be ignored in older adults.

## 2. Simulations and Experiential Learning in the classroom

Simulation activities are used frequently within sociology, gerontology and geriatric education. In fact, simulation and other non-traditional educational experiences are now normative in nursing, social work, gerontology, psychology, sociology, and other fields, with some of the earliest articles on simulation in gerontology and geriatric education being from the mid to late 1970s (Kauffman & Luby, 1974; Sleet & Corbin, 1979). As Small, Grabinski, and Bowman (2008) note, games/simulations not only bring reality into the classroom by creating real-world challenges and setting, but can also increase empathy and influence attitudes. King (1984) notes that games have more impact than conventional classroom teaching, while others note that games or role-playing are non-threatening (Chaisson, 1980), stating that games “counteract the normal resistance of fear and self-defense which often makes role playing difficult to initiate” (p. 590).

Benjamin (1987) used simulation activities with gerontology students to provide insights into two types of aphasia communication disorders, Wernicke’s and Broca’s aphasia. Lavallière and colleagues (2016) used an age suit to allow undergraduate engineering students the experience of aging, while grocery shopping, and promote awareness of insight into the structure of buildings, signage, and product placement, through an aging adult lens. As far as more difficult topics to broach, West (1983) used simulation exercises with community adults concerning “life situations” on plans of care, sexuality and aging, and residential sexual behaviors.

Karasik (2012), in discussing the current cohort of students, states that there are documented differences in learning styles and expectations of the students, and that they are more likely to be engaged in hands-on-experiences, teamwork, and technology (Johnson & Romanello, 2005), with a low tolerance for long lectures and readings (Twenge, 2009). Baker and Brown (2015) also mention the concept of “hands-on minds-on task” in active and engaged learning, as well as working with real-world examples in a classroom.

### 2.1. What lead to an experiential learning on addiction

While previously teaching a course with a drug addiction component to upper level psychology, criminal justice, and sociology majors, a few students noted that it was just people who were “druggies” and who could not keep their act together, who were addicts. The responses were stunning, and while not a professional perspective, were perspectives of those who were uneducated on addictions, leading to victim blaming. After further conversations, it was revealed that the students were unaware that opioid addiction could stem from a dependence created by a job injury, a surgery, or a chronic pain management for nerve damage, arthritis, cancer, multiple sclerosis, or shingles. The students simply did not understand the links between pain relief and addiction. This conversation also led to more discussion on alcoholism as a pain management treatment for those who may be uninsured or post-traumatic stress disorder (PTSD). The students indicated a willingness to learn more on addictions.

Understanding that simulations and active learning strategies were more welcome in classrooms than traditional teaching modalities, led to a search for a more experiential experience, which might assist them in a deeper understanding of how addiction occurs, as well as how some psychological/sociological aspects of alcohol acceptance might fuel other addictions.

## 3. Addiction Activity

### 3.1 Search for activities on addiction

A search for an addiction simulation or experiential learning activity yielded an addiction exercise used by Flint (2009), which was a modification of an earlier exercise created by Campbell (2008). The simulation Campbell (2008) created drug “hits” used ice cubes, which students created using red/blue tint. Flint’s (2009) activity EYSKUBE is a modification of Campbell’s addiction simulation, and he did not appear to use the colored ice cubes, but he did modify the activity by having students work with a “dealer” online. Both exercises noted that the students had to wear a “bracelet” as well to remind them of their addiction, that they had to follow specific rules, and had to keep a log of their addiction “hits.”

### 3.2 Modifications to original projects

Several modifications were made to the original projects (Campbell, 2008; Flint, 2009) in order to assist the student in hiding the addiction, but also to add some fun to the project. The first modification was the ice cube requirement. As students have jobs, roommates, and various other living arrangements, it would be difficult for them to add coloring to ice trays without being noticed, and others may use their ice cubes. Thus, there was a need for a more

permanent concept of ice cubes. The instructors purchased reusable ice cubes in colors from clear to dark blue, and for fun, used king cake babies which would be more difficult to hide from others. Additionally this allowed the student to pocket the ice cubes or the babies if they were going out for dinner/lunch. However, they still had to find a way to sneak the ice cubes or the king cake baby into their drink without anyone seeing them. This made adding their “addiction” to a drink in public more challenging.

The exercises also had the students wear a “bracelet” to remind them that they were an addict and suggested using string or yarn. Again, to make it a little more fun, the students wore thin blue gel bracelets with “Ice Ice Baby” stamped on them, to add both an element of “hiding in plain sight,” making it less conspicuous to those on the outside but also turning the bracelet into a reminder of the “addiction.” Each student received two clear ice cubes or two colored ice cubes, ranging from a dark blue to a light teal color, or 2 King Cake Babies. A copy of the simulation rules (See Appendix A), copy of the reflection guidelines (Appendix B) and a log was also provided (See Appendix C).

### 3.3 Student participants and reflections.

Both classes who have so far participated in this exercise were at HBCUs in the southeastern United States and were students within gerontology/aging courses. One was a face-to-face (F2F) and one was online (O).

#### 3.3.1 Face to Face Class Student Reflections

In the F2F class, there was a mixture of traditional and nontraditional students, with the majority being African-American, and entering into the field of gerontology, social work, or nursing. Specific demographics on age and race were not recorded as this was a classroom exercise.

Upon completion of the project, a F2F male nontraditional student noted the difficulties of continuing to use the reusable ice cubes outside of his work environment or his home. He elaborated with the following,

*At work I always carry a drink such as a Diet Coke with me throughout the day. I have a very specific cup that I use, a Tervis tumbler, which is clear. This posed a problem in simply hiding the dark blue ice cubes. So a week prior to doing the exercise I switch to using a McDonald's large Styrofoam cup, and a straw. That week several people noticed that I was not using my tumbler and I simply said I lost it. This was a lot of prep in just leading up to the exercise. So during the two days of exercise at work it was not an issue. I just used the McDonald's cup, although there was one issue on the second evening. My mom wanted to go out to dinner at Applebee's and I knew that I had to somehow put the reusable blue ice cubes in my drink as I would not be allowed to bring the McDonald's cup into Applebee's. So, I put the cubes in my pocket and took them inside. It was very difficult to get the ice cubes into the glass without my mom noticing, and with them being dark blue and the glass being clear that was also very difficult. When I finally ended up doing was asking the waiter if they had a larger go cup and then I poured my Diet Coke from the glass into the go cup. I used the go cup throughout the dinner. My mom kept questioning why I had done that and I finally came up with an answer of, “it keeps my ice from melting.” She bought it.*

Another student, an older nontraditional female who lived alone, completed her project over a weekend. She noted that she did not have any issue in completing the exercise, other than remembering to continue to drink with her ice cubes. At one point, she poured the drink in the sink and realized her ice cubes had gone down into the garbage disposal. She fish them out with a large spoon and then had to wash them with hot water. She reflected on how one could hide an addiction easily if they were older, lived alone, did not have friends or family come visit, and did not attend any social activities. She also stated that it made her realize how and why addictions may manifest in older adults, moving from a social drink with friends to drinking alone to mitigate the feelings of being alone, and as a female to mitigate the fear of living alone and being alone.

A traditional male student stated that living in the dorm caused more upheaval in his project completion. Similar to the nontraditional male student, he struggled with taking his light blue ice cubes into the university's cafeteria, and placing them in a clear tumbler during meals. He moderated the problem by opting to go to Subway or Popeye's for lunch and dinner. He opted to eating at Einstein Brothers Bagels for breakfast. However, he still had to put his ice cubes in a cup, so he would use his drink cup from the previous day for breakfast. One additional issue was that a professor told him he could not bring his drink in to class. He left his cup outside the door and just hoped that no one would take it. No one did. However, his friends were shocked when he walked out of the classroom and picked up his cup, and proceeded to drink out of it!

A traditional female student indicated that her roommate and her hall mates would not leave her alone. It was the changing of her “drinking patterns” that concerned them.

*Never before have I walked around with a cup at any point while at college. This disturbed my roommate greatly and upset my hall mates. They kept wanting to sniff my cup and kept asking was I okay. One is a nursing student who said perhaps I needed to have my blood sugar checked to see if I was diabetic because I was so thirsty. She was insistent. She even offered to go with*

*me to student health to be checked out. I honestly could not offer any explanation for why I was drinking so much. I just couldn't figure out a reason that they would buy into.*

### 3.3.2 Online Class Student Reflections

A female student who has family and work responsibilities noted that she just tried to go about her day but that people did comment on her constantly getting up to go to the kitchen to get water, or trips to the bathroom. She set an alarm on her phone to make it go off every two hours and that apparently aggravated her coworkers. However, she did note that the getting up to drink and to “get her fix” would probably make her quite behind on her work. She also noted that she was glad her friends were concerned enough to be aggravated and to make comments on her different activities.

A male student who lived at home but was an online student indicated that he simply stayed in his room gaming over the weekend and that his little brother bothered him but he was able to brush it off. He also noted in his reflection how, “it would be so much easier to drink or to do drugs if I was older and living alone. I suspect that I could go several days without someone dropping in.”

This sentiment was also expressed by a traditional female student who lived alone, noting that she too completed her exercise over a weekend when her friends were out of town for a holiday. She wrote in her reflection *I am used to having my friends drop by unannounced and so I quickly realized that the social aspects of life may be quite different for those who are older and alone. If your friends are gone, whether dead or vacationing, you probably would not have people constantly around you asking you to go do something. It was a very sobering experience for me.*

An older nontraditional male student indicated that he was reluctant to participate in the activity, but that after he completed it, it was clear to him that there was a need for friends and social support to combat loneliness, which if not addressed could lead to addiction behaviors or worse.

## 4. Conclusions

All of the students who participated in the Ice Ice Baby exercises were in gerontology/aging courses, yet were woefully unprepared for working with older adults and addictions. Several expressed during the debriefing class that they were unaware of how a lack of social connectivity could lead to isolation/loneliness, and possibly exacerbate the need to drink or to use drugs, particularly focusing on the living alone.

Many of the females indicated that they feel lonely even though they have children at home, and that being alone in a house by themselves, particularly if they have previously been married or had roommates could push someone to drink in excess or to abuse Rx drugs in order to get some sleep. One noted how terrified she was living alone and knew that this could lead to her over drinking at night to relax enough to get some sleep. This was not an outcome or expression that was anticipated.

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## Appendices

### Appendix A: Instructions for Exercise

Ice Ice Baby (Dr. Brown will provide each of you with the materials to complete this assignment). If you are out of town, please send your current mailing address. Otherwise, materials are available in Dr. Brown's Office.

#### Materials Needed:

Reusable ice cubes in clear and in colors,  
Dark Blue Reusable Ice Cubes  
Teal Reusable Ice Cubes  
Light Teal Reusable Ice Cubes  
Clear Reusable Ice Cubes  
Ice Ice Baby bracelets & Mardi Gras King Cake Babies,  
Simulation rules, simulation log

Each student will receive: either two clear ice cubes/two colored ice cubes or 2 King Cake Babies. Additionally, each student will receive one bracelet, and a copy of the simulation rules/log. (See pictures to know what you have. Use the descriptions in your write up.

Rules: Adhere to the simulation for 48 hours straight. Your addiction is whichever one you are given in your brown bag (clear reusable ice cubes, colored reusable ice cubes, King Cake baby). Your craving is your addiction. Each time you drink anything (water, tea, coffee, pop), you must have 2 “hits” of your addiction and you must have 2 “hits” every 4 hours. These are reusable ice cubes and are new. You can wash them and put them in the freezer for your drinks. Also, be sure to wash the babies.

Your addiction is considered socially acceptable to most people but it is an addiction for you. You cannot let anyone see you use it or catch you using it (even friends/family). You can be open with other “addicts” within your class. You must wear a “bracelet” (use the blue bracelet in your brown bag) to identify your addiction at all times during the simulation. You have to hide your “tracks” (your bracelet: you cannot take it off your wrist, but you must try to hide it from others). The bracelet will also remind you that you are participating in an exercise.

You must keep a journal/log of your activity, such as when you last had your “fix” and you must note if someone caught you, and how you negotiated your way out of it (your excuse/cover up).

Be specific in your “log” and include time/date. Also, has anyone seen or asked about your “tracks,” you must also write your excuse/cover up story. You cannot however break any laws by lying or covering up.

You can opt to “go to rehab” if you are continuing to be caught (this is a last resort). If this occurs you must determine then how you will go to “rehab”...you must locate a “rehab facility” nearby and contact them to ask questions such as age of patients/clients, do they accept insurance, how much is the rehab cost, what is the typical length of rehab stay, and how soon would someone be able to be an in-patient.

Let the individual at the rehab know that you are in a class at ASU and that you are completing an exercise/paper.

At the end of the simulation you will write a reflection and address the following:

Did you think the exercise was an effective way of mirroring addiction? Explain.

What did you find to be the most effective/most ineffective aspect of the exercise and why?

What was the easiest part of the exercise? The most difficult?

How did you feel having to lie to your friends/family, and sneak around to cover your addiction?

Discuss if you think other “addicts” had it easier than you did because of their “addiction.” Explain.

How would it be for an older adult? Do you think they would have more difficulty hiding their “addiction” or do you think it would be easier? Explain.

MAKE SURE that your reflection is carefully prepared and well thought out!

This activity write up should be between 3 and 4 pages. Give details of your 48 hours. Include the color of the ice



cubes or whether you drew the King Cake Babies. Include and submit your log and your journal! You get to keep your addictions and your bracelet!

Exercise Simulation modified from:

Campbell, T. C. (2008). Addiction simulation exercise: Ice cube addiction. In L.T. Benjamin, (Ed.), Favorite Activities for the Teaching of Psychology. Washington, DC: American Psychological Association.

Flint, R. (2009) Addiction Simulation Exercise: EYESKUBE Addiction. Teaching in Online Environments. <https://provisionsblog.wordpress.com/2009/02/17/teaching-in-online-environments/>

### Appendix B: Reflection simulation

At the end of the simulation, you will write a reflection and address the following:

Did you think the exercise was an effective way of mirroring addiction? Explain.

What did you find to be the most effective/most ineffective aspect of the exercise and why?

What was the easiest part of the exercise? The most difficult?

How did you feel having to lie to your friends/family, and sneak around to cover your addiction?

Discuss if you think other “addicts” had it easier than you did because of their “addiction.” Explain.

How would it be for an older adult? Do you think they would have more difficulty hiding their “addiction” or do you think it would be easier? Explain.

MAKE SURE that your reflection is carefully prepared and well thought out!

### Appendix C: Log for Simulation

DATE	TIME	2 HITS Yes/No	Summary

Additional rows can be added as needed.