

DOCUMENT RESUME

ED 394 921

SP 036 596

AUTHOR Krusi, Carolynne; Schellens, Dick
TITLE How High Is Up? An Innovative Manual for Infusing Tobacco, Alcohol & Other Drugs Education into Middle School Curriculum.

INSTITUTION Dartmouth Coll., Hanover, N.H.
SPONS AGENCY Office of Elementary and Secondary Education, Washington, DC. School Improvement Programs.

PUB DATE 95
CONTRACT S184A20062
NOTE 222p.; A publication of the Upper Valley Prevention Project.
PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052)

EDRS PRICE MF01/PC09 Plus Postage.
DESCRIPTORS *Alcohol Abuse; Class Activities; *Curriculum Development; Decision Making Skills; *Drug Abuse; Fine Arts; Instructional Innovation; *Integrated Curriculum; *Interdisciplinary Approach; Intermediate Grades; Junior High Schools; Language Arts; Learning Activities; Lesson Plans; Mathematics Instruction; Middle Schools; Peer Relationship; Physical Education; Science Instruction; Self Concept; Social Sciences; Thinking Skills; *Tobacco; Vocational Education

IDENTIFIERS New Hampshire; Support Systems; Vermont

ABSTRACT

Curriculum infusion makes a new topic an integral part of an existing curriculum, integrating it into subject areas throughout the curriculum over time. In a tobacco, alcohol, and other drug infusion curriculum, examples might include: discussing alcohol-related themes as they arise in literature, evaluating tobacco statistics in math, studying the effects of cocaine on the brain in science, exploring practices in advertising tobacco in language arts, and even including these topics incidentally in grammar exercises, typing skills practice, or math word problems. This manual, designed to provide support for either a subject-area infusion approach or a thematically-based integrated curriculum approach, is divided into five discipline areas: language arts, social sciences, math and science, physical education, and the arts. Each section begins with a story illustrating how tobacco, alcohol, and other drug education are infused into that subject area. Icons representing important components of successful tobacco, alcohol, and other drug related education are used to indicate which component is being addressed by a particular idea. The components are: (1) factual support, (2) effective decision making skills, (3) support systems and protection, (4) critical thinking and evaluation skills, and (5) positive self-image and peer relationships. Finally, each chapter has an idea section with some ready to use lesson plans. A "Resources" section provides factual information for teachers on these topics: alcohol; how to help children from alcoholic families; teacher intervention in alcohol and other drug abuse problems; marijuana; cocaine and crack; steroids; and systems of drug classification. (Contains 19 references.) (ND)

THE UPPER VALLEY PREVENTION PROJECT

ED 394 921

CAROLYNNE KRUSI, M.A.

AND

DICK SCHELLENS, M.S.

WITH BEVERLIE CONANT SLOANE, P.H.D.

U S DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- This document has been reproduced as received from the person or organization originating it
- Minor changes have been made to improve reproduction quality
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

51036596

IDEAS FOR INFUSING TOBACCO, ALCOHOL AND OTHER DRUGS PREVENTION INTO THE CURRICULUM

How High Is Up?

An Innovative Manual For Infusing
Tobacco, Alcohol & Other Drugs Education
Into Middle School Curriculum

By

Carolynne Krusi, M.A.,

and

Dick Schellens, M.S.

with Beverlie Conant Sloane, M.P.H., Ph.D..

The Comprehensive Upper Valley Tobacco, Alcohol and Other Drugs
Prevention and Education Project
at Dartmouth College

The contents of the manual were developed under Grant #S184A20062 from the U.S. Department of Education, Division of Drug-Free Schools & Communities. However, these contents do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government.

In accordance with EDGAR, 34 CFR 75.620(b)

Copyright 1995 by the Upper Valley Prevention Project & The Trustees of Dartmouth College

Note: Please feel free to copy whatever portion of this manual that would be helpful for implementing tobacco, alcohol and other drugs prevention and education programming.

Giving Credit Where Credit Is Due...

This collection of tobacco, alcohol and other drug curriculum infusion ideas includes many of the wonderful and innovative ideas generated by the teachers and teacher liaisons at **Windsor Junior High School, Hartford Memorial Middle School**, and **Thetford Academy** in Vermont, and **Lebanon Junior High School** in New Hampshire. In many cases ideas are combined with other projects to give readers an understanding of the breadth of possibilities in the area of curriculum infusion. Though it was impossible to use all of the exciting projects and ideas that teachers generated, we have tried to include some in each subject area.

While much credit should be given to the whole faculties of each of the participating schools for being the deep well of information from which this manual springs, specific projects were taken virtually in entirety and should be acknowledged specially.

Judy Callens and the team at Hartford Memorial Middle School generated the integrated curriculum webs for myths on pages 11 and 12, among their long list of possibilities.

The Windsor Junior High School Staff, including **Barbara Barbour, Lori Bennett, Anne Greaney, Andrew Tufts, John**

Barth, Dan Kolin, Cece Hachstin and Anne Evensen have developed a far reaching integrated curriculum with lesson plans that served as the basis of several projects and ideas included in this book. Specifically, the Math project called Graphing and Comparing "At Risk" Behaviors on pages 125-132 was generated and used by their team very successfully.

Also in Windsor, art teacher, **Bonnie Bollman**, worked with teacher liaison, **Sara Haines**, to create the Art and Media unit on pages 183 -187. This lesson is also described in story form in the beginning of the book, which could only start to express the enthusiasm students showed in the real lesson. Industrial arts teacher, **David Holloway** was also extremely helpful with the "Inhalants" discussion.

At Hartford Middle School, science teacher, **Jane Connolly** and teacher liaison, **Jean Walsh**, helped to develop the multi-media computer project described on pages 138 - 150 of the Math and Science section. The Performing Arts section should be credited to **Eli Burke**, who can draw students to a level of performance they would never have dreamed possible.

Robert Bryant, Prevention Counselor, is known throughout all four schools for his remarkable and involving work with curriculum infusion, for everything from lively discussions in which he helped students to identify their sources of support, to his work developing individual curriculum plans for specific students. His ideas became the source for many of the projects and ideas included in the manual. Robert is also responsible for generating the facts from which the multi-media computer show was made.

Cynthia Collea, Brian Kunz and Lindsay Putnam and the team of Outdoor Education specialists at Dartmouth provided many students and teachers with the opportunity to experience the "Alternate Highs" described in the Physical Education section. Many of the schools have now established their own ropes courses so that these experiences can be an ongoing part of their curriculum.

The Risk and Protection projects were adapted from *Protecting Oneself and Others: Tobacco, Alcohol and Other Drugs* module of the *Teenage Health Teaching Modules* (THTM) with permission from The Education Development Center.

Special thanks go to **Linda Ladd** for her inspiration and help with everything from providing the helpful contacts to her invaluable editing assistance.

The following people served in essential roles in the Upper Valley Prevention Project in the past three years. Many were involved in curriculum projects themselves; others served to provide the foundation from which the projects were generated.

Upper Valley Prevention Project Staff:

Beverlie Conant Sloane, M.P.H., Ph.D., Project Director

Linda Yardley Ladd, B.A., Project Coordinator

Cynthia Collea, M.Ed. Project Coordinator

John H. Pryor, M.A., Program Evaluator

Jane Korey, Ph.D., Research Assistant

Robert Bryant, Prevention Counselor

Eli Burke, M.A., Drama Coordinator

Schools:

Windsor Junior High School, Vt.

Joe Silver, Principal

Sara Haines, Teacher Liaison

Cece Hochstin, Teacher Liaison

Lebanon Junior High School, N.H.

Jacqueline Guillette, Principal

Lynn Mac Donald, Teacher Liaison

Linda Preston, Teacher Liaison

Hartford Memorial Middle School, Vt.

John Bacon, Principal

Judy Callens, Teacher Liaison

Jean Walsh, Teacher Liaison

Thetford Academy, Vt.

Martha Rich, Head of School

Barbara Sorenson, Teacher Liaison

Tom O'Quinn, Teacher Liaison

Cover design and photographs by **Dick Schellens**.



CONTENTS

GETTING STARTED	1
INFUSION AS A TOOL	13
INFUSION	
Language Arts	17
Social Studies	69
Math and Science	99
Physical Education	151
Arts	163
RESOURCES	193

Getting Started

*"Results! Why, man, I have
gotten a lot of results.
I know several thousand
things that won't work."*

Thomas A. Edison

“Oh no,” you say. “Not another ‘prevent drug and alcohol abuse’ manual! I’m sick of ineffective programs, and my students ‘just said no’ to tobacco, alcohol and other drug prevention projects long ago. Let’s get real.”

Yes, let’s get real. There really IS a problem out there. More students than ever are drinking, and they’re starting earlier. More students are smoking and they are starting that earlier as well. Involvement with other drugs follows the same discouraging pattern.

The standard answer, more education, just isn’t working. So how do we have an impact on tobacco, alcohol and other drug use? How can we turn things around?

*Let’s get
real.*



Students need five things to help them successfully fight peer pressure to use tobacco, alcohol and other drugs.



1. Factual Information



2. Effective Decision Making Skills



3. Support Systems and Protection



4. Critical Thinking and Evaluation Skills



5. Positive Self-Image and Peer Relationships

Even teachers are getting tired of it.

The purpose of this manual is to give you some tools to add tobacco, alcohol and other drugs facts and skills into courses you are already teaching...but in a new way. We, together with teachers, students and school staff know that there is growing concern that students are overdosing on drug education classes, materials, projects and lectures. Even teachers are getting tired of it.

So we've developed "stealth tobacco, alcohol and other drugs education." It's actually called curriculum infusion, but the concept is to make the message an integral part of the existing curriculum.

Here's an example of how one school used this "stealth" technique to teach eighth graders some facts about tobacco and alcohol advertising:

We're in the art room, posters and paintings covering the walls. Twenty eighth-grade students sit on tall stools around four large tables covered with a great assortment of magazines. This is the first of two classes on advertising. Tomorrow, we will create our own ads, but today we study the results of expensive ad campaigns.

The students thumb through the magazines, looking for something that catches their eye. What gets their attention? Color? Size? The sexy girl? Those great eyes? The cool guys? Everyone

*...make
the mes-
sage an
integral
part of
the cur-
riculum.*



This is their home territory.

picks an ad and starts to fill out a one-page analysis. Who is the advertiser? What are they trying to sell? How are they trying to get you to buy their product or service? Is the ad straight forward or is it manipulative?

After ten minutes or so, each eighth grader shows his or her ad to the class and reads the analysis. Almost everyone has an opinion. Everyone has seen these ads before and has been affected by them. This is home territory.

"Sure the ad for the Blazer is simple, but with the mountains and the lake in the background, it's really aimed at guys wanting to go fishing and hunting. I'd get one if I had the money."

"This ad for wine has a really classy meal near it. It's sort of like, if you buy this wine, you'll end up with a really great dinner."

"'Cigarettes are really cool,' is what this one says. 'If you smoke, you'll be popular, have great clothes and a cute guy like these models.'"

Discussion is animated with everyone trying to

find the unspoken messages. A broad range of ads are reviewed. At least one cigarette and several alcohol ads are included. The students begin to get the idea. They start to see how visual art communicates on various levels. This is an exciting class; they leave ready to create great ads the next day!

Now it's time to create our own messages. The ideas begin to flow. They start with pretty predictable solutions at first: "Smoking Will Kill You," with a picture of a tombstone. But when challenged, the ideas get more clever...more subtle. One reads, "Of course I can see just fine after drinking." As the words fill the page toward the bottom they get increasingly fuzzy. Students start to see how advertising works. And they begin to understand that some companies, including alcohol and tobacco companies, can make you want their product for a lot of reasons unrelated to the product.

So the class gets the message. But it wasn't spelled out for them. After all, this is art class and we're discussing communicating on various levels with printed media. Stealth tobacco, alcohol and other drug education!



They
begin to
get the
idea.

The skills are woven into into the subject area.

This sounds like the beginnings of an integrated curriculum.

In many ways it is. Instead of interweaving many subject areas, curriculum infusion takes the more modest approach of integrating a specific subject area, in this case tobacco alcohol and other drug education, into an existing curriculum.

Curriculum infusion means that, instead of having an "all you need to know about tobacco, drugs and alcohol" day, the information and skills that the students need are woven into the appropriate subject areas throughout the curriculum and over time. For example, alcohol-related themes are identified as they arise in literature, tobacco statistics are evaluated in math, the effects of cocaine on the brain might be covered in science, and a discussion of advertisers' glorification of smoking might be part of a language arts unit.

This doesn't need to be an intimidat-

ing process. In fact, curriculum infusion can be approached at several different levels. In some cases, it is possible to infuse tobacco, alcohol and other drug issues into the curriculum by making easy alterations to individual assignments. Grammar exercises, for example, that often include sentences with little content might be more interesting and valuable to the students if relevant information is provided. Word problems in math and even typing skill practices can offer opportunities to expose students to pertinent and important facts.

On a larger scale, teachers in many areas are attempting to integrate curriculum on many levels. If this approach is taken, teachers can take an overview position and choose a comprehensive topic or issue with branches that interweave into several subject areas. Many times the topics chosen, such as relationships

This doesn't need to be an intimidating process.

9



*The
theory
behind it
all...*

or conflict, have obvious connections with tobacco, drug and alcohol prevention

Integrated Curriculum Model

There are many models for integrating curriculum. Robin Fogarty's book, *How to Integrate the Curricula*, looks at several different approaches, each appropriate in its own context. Below is a design for an integrated curriculum using the webbed model.

In this model, as Fogarty describes it, "The teachers present a simple topical theme and web it to the subject areas. A conceptual theme, such as conflict, can be webbed for more depth in the theme approach."

One of the themes chosen was myths. Approaching myths as a theme allows for tobacco, alcohol

and other drug prevention education to be woven through many areas of the curriculum.

In this case using the theme of myths, drives the choice of curriculum areas to be covered. The topics chosen answer questions about the theme and fall naturally into the various subject areas. Because tobacco, alcohol and drugs issues relate to so many topic areas, infusion becomes quite obvious and natural.

*...infusion
becomes
quite
obvious
and nat-
ural.*

Scientific Myths

Explore guesses that explain the unknown until conflicting facts are gathered, i.e., LaMark's view of evolution. The facts can provide bases for future hypotheses.

Mathematical Myths

Explore ways in which presentation of statistics can misconstrue information, i.e., Tobacco companies' interpretation of medical studies regarding passive smoke inhalation.

Roles of Myths in Literature

Read and explore myths throughout literature and determine what makes them different from other fiction and nonfiction writing.

MYTHS

Myths as Expression of Different Cultures

Explore myths as expressions of the cultures from which they come. For example, Greek, Native American, of Asian myths and cultures.

Myths and the Media

Explore the role of advertising and the media in perpetuating current myths about issues such as gender roles with regard to the use of tobacco, alcohol, other drugs.

This manual is designed to provide support for either a subject-area infusion approach or a thematically-based integrated curriculum approach. The symbols can help direct you to the thematic areas that may relate to an integrated curriculum approach.

Using Infusion

*"When choosing
between two evils, I
always like to try the
one I've never tried
before."*

Mae West

*...if it
isn't fun
for you,
it won't
be fun
for your
students
either!*



HOW TO USE THIS MANUAL

This is not one of those start-at-page-one manuals. This is probably more like a cookbook than anything else. You don't have to read the whole thing. In fact, most people probably won't need to. Skim around. Find some things that look interesting. The whole point is that this should be intriguing and fun...if it isn't, it won't be fun for your students either!

You've probably already thumbed through this manual. You've noticed that there are sections for each subject area.

Each section starts with a story, usually a classroom scene describing how tobacco, alcohol and other drug education was infused into that subject area. These stories are composites of various classroom experiences.

They are here to give you a "feel" for the process. It won't always work out the way the story tells it, but that's teaching, right?

*It won't
always
work out
the way
the story
tells it...*

After each story is a brief section that talks about infusing tobacco, alcohol and other drug education into that particular subject matter. The five components of successful tobacco, alcohol and other drug education are listed with five little icons representing each of these important components:



1. Factual Information



2. Effective Decision Making Skills



3. Support Systems and Protection



4. Critical Thinking and Evaluation Skills



5. Positive Self-Image and Peer Relationships

Each idea has one or more of these symbols next to it so you can quickly tell which component is being addressed by a particular idea.

Thirdly, each chapter has an Idea section with some ready to use lesson plans. We've put each discussion, project or exercise set into a "folder" with a tab at the beginning of each new idea. You can easily thumb through the suggestions and pick ones that fit into your own lesson plans.



NAME OF PROJECT

This is an idea manual.

As you read through the infusion ideas given here, you may find other concepts coming to mind. We've interviewed seventh and eighth grade teachers, helped in classrooms, assisted in theater projects and struggled through outdoor ropes classes. In the process, we've collected a number of curriculum infusion examples. But we've only scratched the surface. Once you get the idea, once you see how it can work, you will find your own stories, your own methods and your own information.

*But
we've
only
scratch-
ed the
surface.*

Language Arts

"Words are slippery."

Henry Brooks Adams



Infusing Language Arts

The fall has marched on. The leaves are off the trees and the first frost is a memory. The first big writing project is nearly finished and the class has created its own little groups of leaders and followers, and don't-want-to-lead-or-follow-ers. Last night's homework is being passed forward. It's time to start.

"Excuse me...?" A hand goes up near the back.

"Yes, Mario?" This is unusual; Mario doesn't talk a lot in class.

"He never really has a plan..."

"I read the assigned book...and it's okay. But, um, here's my question: It seems like the hero is kind of swept along by things happening to him and he never really has a plan, you know? Is that really the way life works?"

The class stirs. There is interest in this issue. Some nod. "If it feels good, do it," someone blurts out. There's a little laughter.

"Well, that's a pretty important issue, both for the hero of this book and for all of us. How should we make decisions? Simply go with the flow? Or

make a plan and stick with it no matter what?

Desidra, what do you think?"

"I think our hero had a plan but kept changing it when it didn't work."

"Jason?"

"But how did he come up with the plan? He didn't have time to write up something. I think he just went with the flow and lucked out."

There are a lot of other comments. The students are into this. It's an important issue. How do you decide about all kinds of things...especially under pressure? "Actually," you say, "there is what's called the Decision Making Model. It's five steps that break down the whole decision making process."

(Write on the board):

Step 1. Define the problem and put it in perspective.

Step 2. Think of different ways to solve the problem (brainstorm).

Step 3. Weight the pros and cons of the options.

Step 4. Choose the best option, check it out with

"...there is what's called the Decision Making Model."



"...let's use these skills on a real life situation."

a reliable resource and then take action.

Step 5. Reflect on the consequences and revise the strategy.

"Let's look at each of these steps in terms of our hero..."

This is a new way of thinking for them. It's a simple set of steps that clarifies a murky process.

They cite examples of how the hero tried to define a problem and then brainstorm solutions. The class is involved.

"Now, let's use these skills on some real life situation. Let's pretend that you're at a party and someone offers you a beer...I KNOW that this would NEVER happen," you say, with a look that says you KNOW very well it could happen. Quiet giggles.

"Let's define the problem. Sophie?"

"Well, I guess the problem is do you take the beer or not...right?"

"Right. And can you put this into perspective?"

"Well, I'm not sure. If I take the beer, I'll feel more like one of the crowd and it might make me feel good...but my parents would kill me..."

"Good. To be cool or not to be cool, that is the question." A little laughter. "T.J., let's try to brainstorm some options here."

"Gee, I guess you can take the beer or not take the beer."

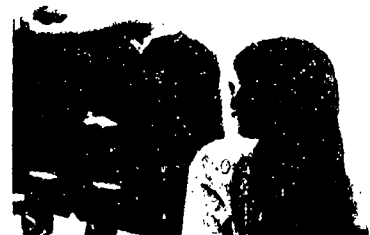
"Okay, but let's get creative....this is the brainstorming part of the process. The one important rule of brainstorming in a group is that no one puts down any ideas. What may seem like dumb ideas may trigger a great brainstorm that solves the problem. So, what are some other options, anyone?" You start writing their options on the board.

"You could leave."

"You could act drunk."

"You could pretend to drink the beer."

"To be cool or not to be cool, that is the question."



*"The
con is
that...I'd
feel like
a dork."*

"You could pour it out, maybe in the bathroom and put water in the can."

"You could say that your coach would kick you off the team."

("Yea? What if your not on a team?")

You encourage them some more. This is good. Do you see? Even when it looks like there are only two choices (take the beer or don't take it), there really are a lot more." The ideas keep coming.

"Now let's talk about the pros and cons of each of these ideas. What are the pros and cons of leaving? Rick?"

"Well, the pros are I don't get drunk and I don't have beer on my breath when I get home. The cons are that all my friends are at the party and I'd feel like a dork."

And so it goes for the rest of the hour.

Congratulations, you've just infused tobacco, alcohol and other drugs education into Language Arts.

Decision making came up through a regular class assignment. To make the decision making model come to life, you picked a real world example...one that students see a lot. In doing so, you just helped them create strategies for dealing with these situations at the same time you provided them with skills to enhance their understanding of the literature.

Literature and writing provide innumerable opportunities to enhance curriculum by infusing the five major ingredients of effective tobacco, alcohol and other drug prevention.

*You
picked a
real
world
example,
one that
the
students
see a lot.*



These five ingredients are:



1. Factual Information



2. Effective Decision Making Skills



3. Support Systems and Protection



4. Critical Thinking and Evaluation Skills



5. Positive Self-Image and Peer Relationships

Literature provides an important context for the discussion of ideas that are critical to students' lives. In many cases the issues that literature presents are key to addressing concerns related to the prevention of tobacco, alcohol and drug abuse, either directly or indirectly.

Essentially, we are trying to help students acknowledge that their lives, the lives of their family members, their friends, and even people they don't know are all very important.

We are challenging students to demonstrate how they value themselves and one another by the actions they take to protect themselves and others. We are reinforcing, and in some cases, seeking to establish a norm that says "My life and others' lives are significant and worthy of protection."


"My life is significant and worthy of protection."

Taking Literature to Daily Life

You can use examples from literature that illustrate these concepts. Discussions with the class can enhance the appreciation of the literature as well as the students' understanding of issues that significantly affect their lives.

In the following pages, *Huck Finn*, by Mark Twain, is used to illustrate how tobacco, alcohol and other drug issues can be illustrated through literature.





DISCUSSION: Huck Finn



Read the following passage from *Huckleberry Finn*, by Mark Twain.

Next day (Huck's father) was drunk, and he went to Judge Thatcher's and bullyragged him, and tried to make him give up the money; but he couldn't, and then he swore he'd make the law force him.

The judge and the widow went to law to get the court to take me away from him and let one of them be my guardian; but it was a new judge that had just come, and he didn't know the old man; so he said courts mustn't interfere and separate families if they could help it; said he'd druther not take a child away from its father. So Judge Thatcher and the widow had to quit on the business. That pleased the old man till he couldn't rest. He said he'd cowhide me till I was black and blue if I didn't raise some money for him. I

borrowed three dollars from Judge Thatcher, and Pap took it and got drunk, and went a blowing around and cussing and whooping and carrying on; and he kept it up all over town, with a tin pan, till almost midnight; then they jailed him, and next day they had him before court, and jailed him again for a week. But he said he was satisfied; said he was boss of his son, and he'd make it warm for him.

When he got out the new judge said he was a-going to make a man of him. So he took him to his own house, and dressed him up clean and nice, and had him to breakfast and dinner and supper with the family, and was just old pie to him, so to speak. And after supper he talked to him about temperance and such things till the old man cried, and said he'd been a fool, and fooled away his life; but now he was a-going to turn over a new leaf and be a man nobody wouldn't be ashamed of, and

"he talked to him about temperance and such things..."

"...he'll
die
before
he'll go
back."

he hoped the judge would help him and not look down on him. The judge said he could hug him for them words; so he cried, and his wife she cried again; Pap said he'd been a man that had always been misunderstood before, and the judge said he believed it. The old man said that what a man wanted that was down was sympathy, and the judge said it was so; so they cried again. And when it was bedtime the old man rose up and held out his hand, and says:

"Look at it, gentlemen and ladies all; take a-hold of it; shake it. There's a hand that was the hand of a hog; but it ain't so no more; it's the hand of a man that's started in on a new life, and he'll die before he'll go back. You mark them words— don't forget I said them. It's a clean hand now; shake it— don't be afeard."

So they shook it, one after the other, all around, and cried. The judge's wife she kissed it. Then the old man he signed a pledge—made his mark. The judge said it was the holiest time on record, or some thing like that. Then they tucked the old man into a beautiful room, which was the spare room, and in the night some time he got powerful thirsty and clumb out on to the porch-roof and slid down a stanchion and trad-ed his new coat for a jug of forty rod, and clumb back again and had a good old time; and toward daylight he crawled out again, drunk as a fiddler, and rolled off the porch and broke his left arm in two places, and was most froze to death when somebody found him after sun-up. And when they come to look at that spare room they had to take soundings before they could navigate it.

"he
crawled
out
again,
drunk
as a
fiddler."

"I
borrowed
three dol-
lars from
Judge
Thatcher,
and Pap
took it
and got
drunk"

*The judge he felt kind of sore.
He said he reckoned a body could
reform the old man with a shotgun,
maybe, but he didn't know no other
way.*

How would you describe Pap?

Huck describes the situation: "*He
said he'd cowhide me till I was black
and blue if I didn't raise some money
for him. I borrowed three dollars from
Judge Thatcher, and Pap took it and
got drunk*"

Do you think Huck could predict what
would happen to the money? Do you
get the feeling such things had hap-
pened before? Is there anything he
could have done about it?

How do you think he felt being
forced to participate in getting his
father the money?

What alternatives did he have?



What alternatives would he have if he were alive today and living in your area?

Did Huck have any support systems? To whom could he turn if he felt that his safety was in jeopardy?

Would you describe Pap as an alcoholic?

Would you describe Pap as an alcoholic? What elements about his behavior make you respond the way that you did?

Now, read the following passage:

By and by he rolled out and jumped up on his feet looking wild, and he seen me and went for me. He chased me round and round the place with a clasp-knife, calling me the Angel of Death, and saying he

"...and said he would rest a minute and then kill me."

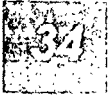
would kill me, and then I couldn't come for him no more. I begged, and told him I was only Huck; but he laughed such a screechy laugh, and roared and cussed, and kept on chasing me up. Once when I turned short and dodged under his arm he made a grab and got me by the jacket between my shoulders and I thought I was gone; but I slid out of the jacket quick as lightning, and saved myself. Pretty soon he was all tired out, and dropped down with his back against the door, and said he would rest a minute and then kill me. He put his knife under him, and said he would sleep and get strong, and then he would see who was who.

So he dozed off pretty soon. By and by I got the old split-bottom chair and clumb up as easy as I could, not to make any noise, and got down the gun. I slipped the ram-rod down it to make sure it was loaded, and then I laid it across the

turnip-barrel, pointing towards Pap, and set down behind it to wait for him to stir. And how slow and still the time did drag along.

Discussion Questions:

1. What advice would you give Huck if he were a friend of yours?
2. How might you support him without increasing the risk of him getting hurt?
3. Often children of alcoholics feel protective of their parents even if the parents are abusive. Sometimes the children think they are responsible in some way for their parents' behavior. Do you think that was true in this case?
4. Why do you think Huck didn't tell any other adults about the abuse?



*Why do
you
think
Huck
smoked?*

5. What alternatives do youth have when they are in abusive situations such as this?

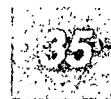
6. Did Huck make the right decision to leave? What were the risks? What were the benefits?

7. Huck was often described smoking his corn cob pipe. What kind of picture does this create in your mind? How does Mark Twain create this picture?

8. Why do you think Huck smoked?

9. Do you feel differently about Huck smoking than you would if it were a friend of yours? Your parents?

PROJECT: Protection in Literature



Use the current reading assignment to find examples of protection. Hand out the Protection Chart and ask students to fill it out at home. Major characters can be listed down the left side.



When completed, the Protection Chart becomes a springboard for discussion of the assigned reading.

Example: Huck Finn

If Huck Finn were a friend of yours, what do you think he would do if people were talking about you behind your back? Let's look at the Protection Chart. Would Huck have spoken up for you?...Well, he probably would have told them off in pretty strong language, don't you think?...But he'd feel great about it.

P R O T E C T I O N W O R K S H E E T

WHO offers protection?	WHEN do they offer protection?	HOW do they do it?	WHY do they do it?	HOW does PROTECTED person feel?	HOW does PROTECTOR feel about it?
Friend	When someone talks about you behind your back. When you might get in trouble.	Speaks up for you when you aren't there. Advises you to stay out of trouble.	Cares about you. Worried about your safety.	Supported. Angry. Intruded upon. Cared about.	Good about taking action. Worried.
Brother or Sister	When you do something to upset your parents. When one of your parents is drunk.	Defends you in front of your parents. Gives you warning in advance.	You are family. Cares about you. May need your help someday.	Safer. Relieved. Annoyed. Glad not to be alone.	Good for taking action. Pleased not to be in it alone. Responsible.
Grandparent	When they suspect that something is wrong. When you need advice.	Sits down and talks to you. Worries about you. Spends time thinking about you.	Cares about you. Loves you. You are Family. Sense of Responsibility.	Cared about. Appreciative. Intruded upon.	Responsible. Loving. Pleased with self. Intruding. Annoyed.
Teacher	When you are put down in class. When you are not doing well in a class.	Speaks up for you. Cares about you. Is worried about your safety.	Sense of Responsibility. Cares about you. Worried about your safety.	Relieved. Bothered. Angry. Suspicious. Cared about.	Responsible. Competent. Caring.
You	When a friend has been drinking. When a friend seems depressed.	Takes their keys. Finds some time to listen to the person. Suggests counseling.	Sense of Responsibility. Care about person. Makes you feel good.	Safer. Relieved. Annoyed. Glad not to be alone.	Good for taking action. Scared of getting involved. Pleased to help.

PROTECTION WORKSHEET

WHO offers protection?	WHEN do they offer protection?	HOW do they do it?	WHY do they do it?	HOW does other person feel?	HOW do they feel about it?



Taking risks is a part of every-day life.

DISCUSSION: Taking Risks

A core component of tobacco, alcohol and other drug education is getting students to come to terms with both positive and negative risk taking. Taking risks is a part of everyday life. It builds skills and confidence and can help a person reach his/her goals. On the other hand, certain risks such as using, stealing or selling drugs are destructive.

Not all risks are physical. Placing a bet, standing up for something you believe in or making a commitment are all risks.

The attached Risks and Consequences Chart that students can fill out asks them for the reasons for taking the risk. As they fill up the

chart, they may find that a general reason for risk taking can lead to multiple risks being taken. For example, a student may go rock climbing because it gives him or her a great sense of accomplishment. The same student may also play hockey and risk running for student government for the same reason.

Here are some common reasons for taking risks:

- Didn't consider the possible consequences
- For the thrill (this covers a lot of ground!)
- Personal belief (loyalty, justice or friendship)
- To gain approval or meet someone's expectations
- To save time or because it was easier
- Lack of information
- To make or save money
- To try something new
- To show off
- To prove yourself or show that you are not afraid
- For a sense of accomplishment or to demonstrate competence
- Because you are addicted to alcohol or other drugs

RISKS AND CONSEQUENCES CHART

RISK	REASON FOR TAKING RISK	POSSIBLE NEGATIVE CONSEQUENCES	PRECAUTIONS to decrease negative consequences	OTHER PEOPLE who might be affected by the risk
1. Trying out for a team or a play.	You enjoy the sport. Parents want you to gain status.	Might get hurt. Might not get selected. Feel embarrassed.	Practice before trying out. Get help from others.	Family. Friends.
2. Smoking cigarettes.	Didn't think about the danger. To look older, cool. Friends who smoke.	Might get cancer, emphysema, heart disease. Get addicted.	Give up smoking cigarettes and chew gum instead.	Family. Friends. Anyone nearby when you smoke.
3. Telling a friend you're worried about his or her alcohol use.	Think you should speak up when concerned. Affects your safety.	He/she might never speak to you again. Other students think you're stupid.	Pick the right time. Don't lecture. Offer help and support.	Other friends. Family of the friend who drinks.

RISKS AND CONSEQUENCES CHART

RISK	REASON FOR TAKING RISK	POSSIBLE NEGATIVE CONSEQUENCES	PRECAUTIONS to decrease negative consequences	OTHER PEOPLE who might be affected by the risk

Remember that a risk is a risk, it is not a guarantee

Remember that a risk is a risk. It is not a guarantee. If you take a positive risk it doesn't mean you will get positive results. If you take negative risks, you may not have negative outcomes. Students may cite a family member who "smoked two packs a day and lived to be 98." Some people may beat the odds, but most will not.

PROJECT: Risks and Consequences in Literature.

Find examples of risk taking in the book you are now reading. Hand out the Risk and Consequences Chart and ask students to complete it using the major characters in the novel. These characters should be listed down the left hand side.



When completed, the Risks and Consequences Chart becomes a discussion tool for the assigned reading.

Discussion questions:

1. Who in the novel took the most significant risks? Why?
2. Did the character understand the possible consequences of his/her risk-taking behavior?
3. What motivated the risk taker?
4. What was the outcome of the risk?
Do you think the outcome justified the risk?
5. Would you have done it if you were in his/her position?



Using the completed Risks and Consequences Chart to guide the discussion, you can interweave risk taking in literature in with risk taking in real life.

Example:

In *Hatchet*, by Gary Paulsen:

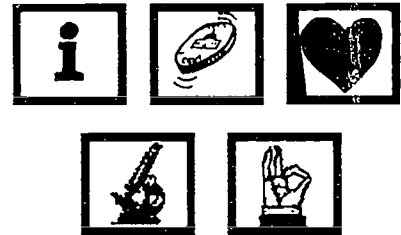
1. What risks did Jos take when he decided to visit his Dad in the wilderness?
2. Do you think he thought about these or even realized that they were risks?
3. Are there risks you take without really thinking about the consequences?
4. Let's analyze some risks you might take...what about telling a friend that you're worried about his or her alcohol use?

PROJECT: Writing Skills: Decisions and Letter Writing

45

Discuss the correct format for letter writing, and the importance of the letter as a communication tool. Sometimes, because there is distance when people correspond in letters unlike when they speak face to face, people feel safer about sharing intimate things than they might to someone in person.

Over the years, "Dear Abby" has been helping people to deal with personal issues in the form of letters. In this exercise students will put themselves in Abby's shoes and respond to the letters that follow. Students may need to use the resource guide for alcohol to give correct information in their letters. Stress the importance of giving well thought out and helpful advice in correct format.



*Students
will put
them-
selves in
"Dear
Abby's"
shoes...*

Worksheet: Letter Writing

Directions: Respond to the following letter using correct letter format and correct information.

Jason acted like everything was okay...

Dear Abby,

After hockey practice on Wednesday nights I usually ride home with Jason. One week my mom or dad will drive; the next week Jason's mom will drive. The problem is that the last couple of times Jason's mom has driven she smelled like alcohol and could hardly keep the car on the road. Jason acted like everything was okay. I hate to tell my parents because I know that they'll want to drive me all the time and I know that Jason would know I didn't want to ride with him anymore. He's my best friend and I don't want to hurt his feelings. What should I do?

Signed,

Confused

Response: Use the back of the page or an additional sheet of white paper.

Worksheet: Letter Writing

47

Directions: Respond to the following letter using correct letter format and correct information.

Dear Abby,

I have an older brother whose name is Paul. He quit school a couple of years ago and now has a part-time job. Most of the time he hangs around with some guys and I think they might be involved with serious drugs. I've even seen Paul getting wasted at home by himself. I've seen traces of white powder on mirrors and heard him talk with people about "crack." Last weekend I found Paul passed out on his bed. If my parents ever found him like that they'd probably throw him out of the house.

My questions are these: Is cocaine harmful? What can it do to him? Is "crack" the same as cocaine? How will I recognize it if my brother is using it? How can I help protect my brother without getting him in trouble with my parents?

Sincerely,

Worried

*If my
parents
ever saw
him like
that
they
would
probably
kick
him out
of the
house.*

Project: Oral Skills: Role Playing



*Ted is 14
and
growing
up in an
alcoholic
family.*

Role playing can provide a strong reinforcement for the decision making model. It also offers an opportunity for creativity and fun. Students can "try on" different styles and approaches to problems in a safe environment.

Read the following situation with the students then ask students to role play possible outcomes of the scene by choosing characters listed at the end of the story.

Following the role play, discuss the implications of the situation for each of the characters.

The situation:

Ted is 14 and growing up in an alcoholic family. His dad is usually a quiet, good dad but occasionally

goes on drinking binges that last a couple of days. He can get pretty nasty when he's drunk and has even hit Ted's mom a couple of times. Ted's mom is really nice and pretends that nothing is happening. She keeps the house running and is supportive and helpful to Ted's dad. No one talks about what is happening outside the family.

It has all started to get to Ted. He worries about what might happen next and what he should do about his dad's drinking. He feels like he should tell someone, but that would be like turning his dad in. He's even let school work slide because it just doesn't seem as important as his problems.

The roles:

Dad Mom Ted

Paul (Ted's younger brother)

Bill (Ted's best friend)

Was this protection helpful?

Discussion Questions:

1. How does each character feel?
Who needed protection?
2. Who was being protected and by whom?
3. Was this protection helpful?
4. What were the alternatives?
5. How were decisions made? What were the forces that lead to the decisions that were made?
6. What will be the consequences of the decisions?

PROJECT: Writing Skills: Changing Author's Point of View

51

Read the following section to the class. Explain that it is written from the point of view of the omniscient author, one who sees and knows all. Writing is often done from the first person point of view of one of the characters. The different points of view give very different perspectives on the same event.

After students have read the third person account of the event, divide the class into two groups and have the members of one group retell the events of the evening from the first person perspective of Jennifer, and the other half write from the perspective of Josh.

The Party:

This was going to be quite a party. Everyone was there, laughing and



*It was
going to
be quite
a party.
Everyone
was
going to
be
there...*

*Richard
started
tossing
down
the
beers...*

shouting over the music. A bunch of kids were dancing. Some people were drinking but some weren't. Jennifer and Roxanne arrived with Richard, her friend Roxanne's boyfriend, who was old enough to have his driver's licence.

Richard started tossing down the beers. It was like the last party all over again.

Jennifer remembered the last time Richard had been drinking at a party. When he drove Roxanne and Jennifer home, he couldn't keep the car on the right side of the road.

Roxanne watched Richard as he drank, but didn't say anything to him because she was afraid they might end up in a fight. Eventually, she joined in and began drinking with him. Jennifer decided not to drink.

As Jennifer circulated around the party, she ran into Josh and they began talking to each other. He was new to school, but was so good looking that everyone already knew who he was. He had already established a reputation as a heartbreaker and a serious partie:.

Josh began flirting with Jennifer. She saw that he wasn't drinking anything, which she thought was nice. When she mentioned it to him, he quickly said, "Oh yeah, I was on my way to get some refills when I bumped into you."

Before she could say anything, he walked over to the table and picked up four beers. As he walked back, he opened two of them and handed one to Jennifer, saying, "Okay, now drink up and let's really party."

*She saw
that he
wasn't
drinking
any-
thing,
which
she
thought
was
nice.*

*What
could
Jennifer
have
said to
demon-
strate
her
decision
not to
drink?*

Discussion Questions:

1. Comment on the differences in perspective between Jennifer and Josh. How does Jennifer see the beer? How does Josh?
2. What things could Jennifer have said to demonstrate her decision not to drink?
3. How did each character's decision about the use of alcohol either increase or decrease the risks he or she faced? (Richard's? Roxanne's? Jennifer's? Josh's?)
4. Based on the choices they made, which characters in the story would be most likely to use an excuse like "I couldn't help myself" or "Everyone else was doing it"?
5. Explain whether or not each character demonstrated self-protection.
6. Would Roxanne or Jennifer have been interfering if either of them had spoken to Richard about his drinking?

"Oh no, what will they think of me if I don't go along with them?"

"I feel like such a jerk. What's wrong with me?"

Negative self-talk can make people feel as if they have no choice but to participate in things that they really would rather not, even when you have already decided not to. If students can learn to turn the self-talk around and tell themselves, "I'm okay the way I am. I don't have to do something I don't want to in order to impress people," they will be better able to follow through with their original plans.

Ask students to complete the following worksheet, rewriting the statements given to more positive self-talk.



*"Oh no,
what will
they
think of
me..."*



Worksheet: Self-Talk

56

DIRECTIONS: Below are four examples of self-talk that could interfere with your ability to refuse tobacco, drugs or alcohol. Your job is to change these negative thoughts, which pressure you to use drugs, into more supportive and positive statements.

1. If I say no to my friend's offer of beer, he/she won't like me.

TURN-AROUND STATEMENT:

2. I stick out like a sore thumb at this party. Everyone else is smoking marijuana.

TURN-AROUND STATEMENT:

3. I know I won't look cool if I'm holding a can of soda.

TURN-AROUND STATEMENT:

4. He/she will never go out with me again if I don't use LSD like he/she does.

TURN-AROUND STATEMENT:

Have students write a paragraph describing a personal goal and how drug use would interfere with their ability to attain the goal. Are there aspects of the goal that involve financial resources? Physical strength? Relationships? Mental acuteness?



Describe a personal goal.

Instead of collecting students' papers, you may simply want to have students read and discuss their ideas in small groups. Are there any goals or strategies that are similar?



The physically dependent person then suffers withdrawal symptoms.

PROJECT: Punctuation and Proofreading

As part of a writing skills and punctuation practice, ask students to rewrite and punctuate the following paragraphs correctly. Remind them to use correct paragraph format and capitalize when appropriate. A copy is included that can be reproduced.

Drug Addiction (corrected)

Physical dependence on drugs, also known as addiction, occurs when the drug becomes incorporated into the normal functioning of the cells of the user's body. The cells adapt to the drug and begin to require the drug. When the drug is not taken, the cells cannot function. The physically dependent person then suffers withdrawal symptoms.

Depending on the drug involved, withdrawal symptoms can

range from restlessness and irritability to flu-like sickness and even death, if medical care is not provided. This is why many addicts who want to stop using drugs go through withdrawal in a medically supervised facility.

Nicotine, alcohol, barbiturates, and narcotics are the most addictive drugs.

Intravenous injection, or shooting up as it is called on the street, is the most dangerous method of taking drugs because it carries the risk of HIV infection. HIV is the virus that causes AIDS. People who shoot up drugs and who share the needle or syringe with someone who is infected with HIV can contact the HIV virus through the equipment. Intravenous drug users are now the fastest growing group of HIV-positive people. The idea is frightening, isn't it?

*...the
idea is
frighten-
ing, isn't
it?*

Worksheet: Proof-reading and Punctuation

Directions: Re-write and punctuate the following passage
Use correct paragraph format and capitalize when appropriate.

Drug Addiction

physical dependence on drugs also known as addiction occurs when the drug becomes incorporated into the normal functioning of the cells of the users body the cells adapt to the drug and begin to require the drug when the drug is not taken the cells cannot function the physically dependent person then suffers withdrawal symptoms depending on the drug involved withdrawal symptoms can range from restlessness and irritability to flu like sickness and even death if medical care is not provided this is why many addicts who want to stop using drugs go through withdrawal in a medically supervised facility nicotine alcohol barbiturates and narcotics are the most addictive drugs

intravenous injection or shooting up as it is called on the street is the most dangerous method of taking drugs because it carries the risk of hiv infection hiv is the virus that causes aids people who shoot up drugs and who share the needle or syringe with someone who is infected with hiv can contract the hiv virus through the equipment intravenous drug users are now the fastest growing group of hiv positive people the idea is frightening Isnt It

PROJECT: Grammar Skills-Parts of Speech

61



Ask students to identify the parts of speech on the worksheet that follows using the codes below.

n -noun	adj -adjective
v -verb	adv -adverb
pro -pronoun	c -conjunction
a -article	p -preposition

*Marijuana
resembles
dried
parsley...*

Underline the subject(s) once.

Underline the verb(s) twice.

Put parentheses around the prepositional phrases.

1. ^{n.} Pot, ^{n.} grass, ⁿ weed, ⁿ reefer, ⁿ dope, ⁿ Mary Jane,
ⁿ sinsemilla, ⁿ Acapulco Gold and ^c Thai stick ⁿ are
^v
all names that refer ^p (to marijuana.)

2. ⁿ Marijuana ^v resembles ^{adj} dried ⁿ parsley ^p (with
ⁿ stems and ^c seeds.)

3. ⁿ Marijuana ^v can ^v be ^v smoked and ^c can ^{adv.} also ^v be
^v eaten.

4. Lasting ^{adj.} damage ⁿ (to the lungs) ^{p. a. n} can ^{p. n} occur ^{p. n} (after use) ^{p. n} (of marijuana.)

5. The ^{art} use ^{p. n} (of marijuana) ^{art.} can affect ⁿ the ^{p. art. n} judgment ⁿ (of the user.)

6. Often ^{adv.} users ^{p. n} (of marijuana) ^{p. art. adj. a. c. art. n} are unaware ^{p. art. n} (of the exact contents and the strength) ^{p. art. n} (of the drug) that they are using.

7. ⁿ Marijuana ^v has become ^{adv. adj.} much stronger ^{c. adv. adj. p. a. adv. adj. n} and less predictable ⁿ (over the past twenty years.)

8. ⁿ Cocaine ^{v a. adj. adj. n} is a white, crystalline powder.

9. ⁿ Cocaine ^v is ^{adv.} often ^{adj. n} diluted ^{p.} (with other dangerous ingredients.)

10. ⁿ Addiction ^v requires ^{adj. c. adj.} more and more ^{n. c. v. adj. n.} money and may lead ^{p.} (to criminal activity.)

Worksheet: Parts of Speech

63

Directions: Identify the following parts of speech in the sentences below using the following codes.

n-noun adj-adjective

v-verb adv-adverb

pro-pronoun c-conjunction

a-article p-preposition

Underline the subject(s) once.

Underline the verb(s) twice.

Put parentheses around the prepositional phrases.

1. Pot, grass, weed, reefer, dope, Mary Jane, sinsemilla, Acapulco Gold and Thai stick are all names that refer to marijuana.
2. Marijuana resembles dried parsley with stems and seeds.
3. Marijuana can be smoked and can also be eaten.
4. Lasting damage to the lungs can occur after use of marijuana.
5. The use of marijuana can affect the judgment of the user.

Parts of Speech Worksheet (cont.)

6. Often users of marijuana are unaware of the exact contents and the strength of the drug that they are using.
7. Marijuana has become much stronger and less predictable over the past twenty years.
8. Cocaine is a white, crystalline powder.
9. Cocaine is often diluted with other, dangerous ingredients.
10. Addiction requires more and more money and may lead to criminal activity.

PROJECT: Writing Skills: Punctuation and Quotations

65



The following passage can be used to reinforce punctuation skills while at the same time providing students with valuable information on drugs. The worksheets provided can be copied and distributed to your class. Ask students to rewrite the following passage with correct punctuation and quotation marks. A corrected version is offered for your convenience.

Aya's Brother (Corrected version)

"I can't figure out what is going on with my brother," Aya whispered to Rachel. "One day he is so quiet and slow moving I don't know how he gets out of his own way. The next day, it's like someone has put him on fast forward! I feel like I don't even know him anymore."

"Yeah, I know what you mean,"

Rachel responded sympathetically. "I saw him the other day and he didn't even say hi to me. He's always stopped to say hi to me before. It made me feel sad that he ignored me."

"Well, think of how I feel. I'm his sister, and he has no time for me anymore either, since he's spending all his time with that group he's in with. Rachel, do you think he might be using cocaine?" Aya asked, hoping that Rachel would say no.

Rachel reminded Aya that one of the guys that her brother was hanging out with had just been busted for possession of cocaine.

"What should I do?" Aya asked. "I can't just watch him drift away from me. He's always been one of the most important people in my life!"

When students have completed the exercise, form groups of four to five students to review corrections. When each group is convinced that they

have solved the punctuation errors in the passage, they can discuss the concerns of the girls and suggest some choices they have in dealing with this situation.

Discussion Questions:

1. What other clues might the girls look for that would point to cocaine use?
2. What might be the hazards to Aya's brother if he was using cocaine?
3. What choices do the girls have for intervention?
4. What are the risks that Aya faces if she decides to intervene? If she decides not to intervene?

Worksheet: Punctuation

Directions: Rewrite the following passage using correct punctuation and paragraphing. Remember to use the correct form for quotations, and to start a new paragraph when the speaker changes.

Aya's Brother

i can't figure out what is going on with my brother Aya whispered to Rachel one day he is so quiet and slow moving i don't know how he gets out of his own way then the next day its like someone has put him on fast forward i feel like i dont even know him anymore yeah i know what you mean Rachel responded sympathetically i saw him the other day and he didnt even say hi to me hes always stopped to say hi to me before it made me feel sad that he ignored me well think of how i feel im his sister and he has no time for me anymore either since hes spending all his time with that grcup hes in with Rachel do you think he might be involved with cocaine Aya asked hoping that Rachel would say no Rachel reminded Aya that one of the guys that her brother was hanging out with had just been arrested for possession of cocaine what should i do Aya asked i cant just watch him drift away from me hes always been one of the most important people in my life

Social Studies

*"History, n. an account,
mostly false of events,
mostly unimportant,
which are brought
about by rulers, mostly
knaves, and soldiers,
mostly fools."*

Ambrose Bierce



"Come on, let's settle down..."



Infusing Social Studies

The room probably hasn't changed much in the last 40 years. An American flag is wrapped around a pole in the corner. A map of the world still shows Yugoslavia and the Union of Soviet Socialist Republics. A ten foot long timeline over the chalk board covers all of recorded history with little pictures of cavemen, Greeks, Romans, the Middle Ages and Modern Times. Today we are looking at the last 1/2" of the time line:

"Okay, okay....hello? Let's get started shall we?" you say.

"...or not." comes the reply from the back of the room.

You try again, "Come on, let's settle down..." The commotion slowly ends. It's time to start. "We've been talking about some of the principles our country stands for. Bill, can you give one?"

"Personal freedom."

"Good...and how did..."

"But if we have freedom, how come we can't drink or smoke, if we want to?" interrupts Jason.

"Yea!"

"Well, that is a good question. At one point it was illegal for anyone in this country to drink alcohol. From last week's section, can anyone tell me what it was called?"

"Prohibition!" shouts Andrew. Good old Andrew; he never forgets.

"Right! The Eighteenth Amendment to the Constitution outlawed alcohol and took away that freedom. "The people who worked to pass that amendment thought that the government should keep people from the temptation to drink. What do you think of that idea?"

"It stinks!" There's general laughter.

"Thank you, John. (Let's try to find another term, okay?) Why would people think that everyone should be protected from alcohol? Is it really that bad?"

"The people thought that the government should keep people from the temptation to drink."

*Facts
are
numer-
ous and
easily
infused
into the
study of
current
events*



"Well, it can damage unborn babies," Juanita notes.

"...and it's pretty addictive for some people, not to mention the car accidents," Ralph adds.

"But is that reason enough to make it illegal? What about the freedom to choose?" you suggest.

The conversation goes on. You talk about the rights of the individual vs. the rights of the government. It's a lively hour made more interesting by including an issue students deal with often: the illegality of tobacco, alcohol and other drugs for their age group...And did you notice?... Factual information and critical thinking skills just happened to be infused into the discussion.

As we discussed in the Introduction, the five ingredients of effective tobacco, alcohol and other drug remediation education are:



1. Factual Information



2. Effective Decision Making Skills



3. Support Systems and Protection



4. Critical Thinking and Evaluation Skills



5. Positive Self-Image and Peer Relationships

Social Studies is an ideal area for infusing tobacco, alcohol and other drug education.

Factual information is important to tobacco, alcohol and other drug education since it provides the foundation upon which other skills are laid. Facts are numerous and easily infused into the study of current events, history, government policy and other areas.



*Define
the problem and
put it in
perspective.*

The Decision Making Process is a formalized series of events that leads to formation of a rational decision.

Once students are exposed to this process, they have a tool to eliminate the "flip a coin" choices that otherwise seems so difficult.

Step 1. Define the problem and put it in perspective.

Step 2. Think of different ways to solve the problem (brainstorm).

Step 3. Weight the pros and cons of the options.

Step 4. Choose the best option, check it out with a reliable resource and then take action.

Step 5. Reflect on the consequences and revise the strategy.

Social Studies contains numerous of potential decision making examples that are ripe for analysis.

Support and protection are key ingredients to tobacco, alcohol and

other drug education. The old assumption was that if kids knew the facts about tobacco, alcohol and other drugs they would act appropriately. Research has shown that this is not the case. In addition to other skills, students need to know how to protect themselves and others. Protecting oneself and others is one form of taking responsibility. Protection is a common form of behavior and appears throughout history and literature. It should be easy to find many examples of protection in the materials you are now using.

Evaluating information critically is vitally important to the tobacco, alcohol and other drug education process. Social Studies gives students wonderful opportunities to discuss current public policy critically and join in current national debates. Understanding that many organizations want you to see things and

Evaluating information critically is vitally important to the tobacco, alcohol and other drug education process.

*...under-
standing
how
each
student
fits into
the
world
around
him or
herself.*

think a certain way is important.

Finally, a positive self-image and strong peer relationships hold the whole package together. Social Studies can help improve self-image through an understanding how each student fits into the world around him or herself.

The Social Studies chapter is divided into various sections: current events, laws, etc. Within these areas are curriculum ideas that address one or more of the five key tobacco, alcohol and other drug education components.

Current Events: Newspapers, periodicals, television coverage, and radio news provide a rich source of material for social studies issues. Because of this, virtually all middle school social studies teachers make use of newspapers, periodicals, and other forms of media news coverage. In many cases the issues are directly related to tobacco, alcohol and other drug use. Helping students understand the processes by which changes are made, laws are written and enforced, statistics are compiled and presented and facts and opinions are interwoven is important to critical thinking.

Laws: Most social studies texts spend a majority of their time discussing the formation of the laws that regulate our society ranging from the Constitution to local ordinances. Almost daily, newspapers are filled with proposed and enacted legislation and lengthy opinions on the pros and cons of each.

Current events provide a rich source of material for social studies issues.



Are there concerns about fairness?

Part One

Have your students bring in newspaper clippings of current legislation news for debate. In groups of four or five, ask students to present their articles and comment on the following questions.

Discussion Questions:

1. What is the process by which the laws were generated?
2. What concerns generated the laws?
3. Are there concerns about fairness? Allocation of monies? Safety?
4. At what level is the legislation proposed? National? State? Local?
5. What methods of enforcement would be appropriate for the proposed legislation?



Part Two

Have students bring in clippings on laws or proposed legislation involving tobacco, alcohol and other drugs. Examples of such legislation might involve smoking in public places, legalizing marijuana, and support for rehabilitation facilities.

Again, ask students to present their articles to their small groups and discuss the following questions:

What is the purpose of the legislation?

Discussion Questions:

1. What is the purpose of the legislation?
2. Who does it intend to protect?
3. Is there an economic effect?
If so, to whom?
4. How will the law(s) be enforced?
5. Who will be likely to favor this law? Who will oppose it? Why?

ISSUE FOR DISCUSSION: Drinking Age



Remind students that it is currently illegal to use alcohol in any state for people under the age of 21.

Previously, many states had a legal drinking age of 18. Ask students to review the information about drinking and driving and discuss the following questions.

Discussion Questions:

...it is currently illegal to use alcohol in any state for people under the age of 21.

1. Why do you think these laws were changed?
2. Are the changes fair to the 18 to 21 year olds? To the rest of the population?
3. People sometimes comment on the fact that young people can join the armed services and die for their country before they are allowed to drink. Is this reasonable? Why do you think this is the case?
4. Other countries have different drinking ages. Why might this be?

**ISSUE FOR DISCUSSION:
Alcohol and Driving**



Alcohol, usually beer, is the most widely used illegal drug. Drinking and driving is especially deadly for teenagers, making alcohol-related traffic accidents the leading cause of death for 15 to 25 year-olds.

Propose a law that might address this issue.



*"Under the Influence"
What does it really mean?*

**ISSUE FOR DISCUSSION:
Alcohol and Driving**

"Under the influence" is a common term for having had too much to drink. What does it really mean? When people drink alcohol, they are no longer able to reasonably judge what they can and cannot do. Even small amounts of alcohol in the blood



Does society expect you to speak up or to avoid "making waves"?

can weaken one's judgment. Often people who have had several drinks believe they can do perfectly normal activities. The alcohol impairs their ability to realize that they can't.

Sometimes, a person under the influence will try to convince his or her friends that he or she is "just fine... really." And, the person doesn't have to be legally drunk or be under the influence of alcohol. At this point, it may be really hard to convince a friend that he or she should not be driving.

Discussion Questions:

1. What is your responsibility in such a situation?
2. Does society expect you to speak up or avoid "making waves?"

3. How would you feel if you let someone drive knowing they were under the influence of alcohol and they died or killed someone else? Would you feel responsible?

Now, answer the questions as if YOU had provided the alcohol to your friend.

POLICE AND ACCIDENT REPORTS

Car accidents, murders and suicide are the top causes of death among adolescents. Alcohol and drugs are involved in many of these deaths. It is possible to gain a better understanding of the causes of these deaths through the police and accident reports in the newspaper and on the television.

Car accidents, murders and suicide are the top causes of death among adolescents.

PROJECT: Understanding Police and Accident Reports



*How
many
deaths
were as a
result of
tobacco
related
illness?*

Have your students clip out the police and accident reports in the local paper. In groups of four to five, ask students to present their articles and comment on the following questions.

Discussion Questions:

1. How many accidents and arrests are a result of alcohol abuse? For those that were related, were they directly or indirectly related?
2. Were there any accidents or offenses that were a result of drug abuse? Describe the manner in which the drug use affected the person or people involved.

3. Are there any deaths that were results of tobacco-related illness? What clues did you get that this might be the case?

4. Were people, other than the people directly involved, affected by the accidents or arrests? If so, how?

PROJECT: Accomplishments in Life

Discuss with your students the contents of an obituary as a review of the important accomplishments of a person's life. Have your students imagine what their own obituary might say at the end of a rich and wonderful life. Ask students to write their obituaries as they imagine it would appear in the newspaper.





*What
did you
value
most in
your
life?*

Discussion Questions:

1. What were your major accomplishments?
2. How did you accomplish the things that you did?
3. What did you value most in your life?
4. Describe significant other people in your life.

Follow up Question:

1. What behaviors might keep you from fulfilling the life you described above?

PROJECT: Decision Makers

Have your students clip out articles on significant international affairs. In groups of four to five, ask students to present their articles and comment on the following questions.

**Discussion Questions:**

1. Who are the decision makers?
2. What was the process by which their decisions were made?
3. Who is most directly affected by their decisions?
4. How would the decisions be affected if one or more of the decision-makers was under the influence of drugs or alcohol?

*Who are
the
decision
makers?*

5. Can you think of world leaders, past or present, who have had an alcohol or drug problem? How do you think it affected their ability to govern? How did it affect their reputations?

PROJECT: Issues in Crime



Does the media presentation presume guilt or innocence?

Have your students clip out significant crime reports from the newspaper. In groups of four to five, ask students to present their articles and comment on the following questions.

Discussion Questions:

1. What was the nature of the crime?
2. Was the alleged criminal acting alone or with others?
3. What law was broken?

4. Has the alleged criminal been tried?

5. Does the media presentation presume guilt or innocence? How do you know?

6. Who was (were) the victim(s) of the crime?

6. How many reports include drugs or alcohol as a primary or secondary issue?

7. Do you think that alcohol or drugs should be allowed as an excuse for committing a crime?

Should alcohol or drug use be allowed as an excuse for committing a crime?

ISSUE FOR DISCUSSION: Political Denial



Why was it easier to deny a fact than to tell the truth?

Often governments and key political figures deny their behaviors over a period of time. There have been many examples of denials that have changed the course of history.

Probably the most famous was the cover-up of the Watergate scandal which led to the resignation of the late President Nixon.

Discussion Questions:

1. Can you think of recent news stories where a person, organization or country was in denial?
2. Was their strategy effective?
3. What decision making process would have been more straight forward? How would the consequences have been changed by other approaches?

4. What were the reasons for the denials? Why was it easier to deny a fact than to tell the truth?

5. How many people were involved? In what way?

6. Whose safety or reputation was protected? Whose was put at risk?

When someone is in denial... they no longer see that alcohol is causing any problems.

ISSUE FOR DISCUSSION: Personal Denial

Explain to students that, contrary to some people's opinion, "denial" is not a river in Egypt. Denial is a common coping tool for active alcoholics. When someone is in denial, they don't cover up their drinking; they no longer see that alcohol is causing any problems. People often admit that there are problems like car accidents, poor performance in school or work, or poor health; but they deny that any of these are alcohol related.



Have you ever asked someone else to cover up a mistake or a problem?

Denial is a strong coping mechanism that we all use from time to time. One problem with recognizing denial is that we tend to deny there was a problem. Although denial may work in the short term, it doesn't really solve any problems.

Discussion Questions:

1. Can you think of times when you have used denial to cope with situations?
2. What was the effect? How long did it go on? How did you feel?
3. Have you ever asked someone else to cover up a mistake or problem? What was the effect on you? On them? On the relationship?

Our country has a long history of respecting conflicting views on many issues. The media will constantly barrage us with dispirit opinions with supporting facts and figures to "prove" a particular point. It is important for students to understand that there are several factors that affect the way people approach an argument. In order to think critically and make an informed decision on a matter, it is important evaluate an editorial position.

PROJECT: Understanding Editorials

Have students choose editorials from a newspaper for presentation to the class. Students should address all of the following issues and decide if the editorial is convincing.





What is the bias of the presenter?

Discussion Questions:

1. What is the bias of the presenter?
 - a. Is he/she being paid by, or have something to gain from, a special interest group?
 - b. Does he/she have strong religious or political beliefs that affect his/her opinion?
 - c. Is he/she or are family members affected by the decision?

2. Evaluate the facts presented.
 - a. Are the sources reliable?
 - b. Are they current?
 - c. Are they pertinent to the topic?

3. Determine what parts of the argument are opinion and what parts are fact.
 - a. If it's opinion, whose is it? The speaker's? A reliable source?

4. What are the conflicting opinions on this issue? What are the facts that back them up?



PROJECT: Understanding Editorials



Have students write their own editorials on a topic that is important to them. Their editorial should include facts with sources cited, as well as persuasive arguments.

What are the conflicting opinions on this issue?

EDITORIAL CARTOONS

Editorial cartoons often prove the saying, "A picture is worth a thousand words." An opinion on a complex issue can be given through use of highly connotative caricatures and representative cartoons. In order for students to understand a political cartoon they need to understand what each part represents and its importance to the issue being portrayed.



What do you know about the artist's opinion by the way he drew the characters?

PROJECT: Understanding Editorial Cartoons

Select some political cartoons to analyze as a class, and discuss the following questions:

Discussion Questions:

1. Is more than one side of an issue portrayed?
2. How are the people or ideas depicted? What do you know about the artist's opinion by the way he drew the characters?
3. What is the opinion of the cartoonist? Are there facts to back up this opinion?
4. Do you agree with the cartoonist?
5. Is the cartoon funny? Why or why not?

PROJECT: Interpreting Political Cartoons



Give each student a copy of the following handout and ask him/her to respond to the questions as related to a political cartoon that he or she chooses that relates to a tobacco, alcohol or drug issue. Students should tape or glue the cartoon to the top of the page.

Worksheet: Understanding Political Cartoons

98

GLUE OR PASTE A POLITICAL CARTOON
RELATED TO TOBACCO, ALCOHOL
OR OTHER DRUGS HERE

1. Is more than one side of an issue portrayed in this cartoon?

2. How are the people or ideas depicted? What do you know about the artist's opinion by the way s/he drew the characters?

3. What is the opinion of the cartoonist about this issue? Are there facts to back up this opinion?

4. Do you agree with the cartoonist?

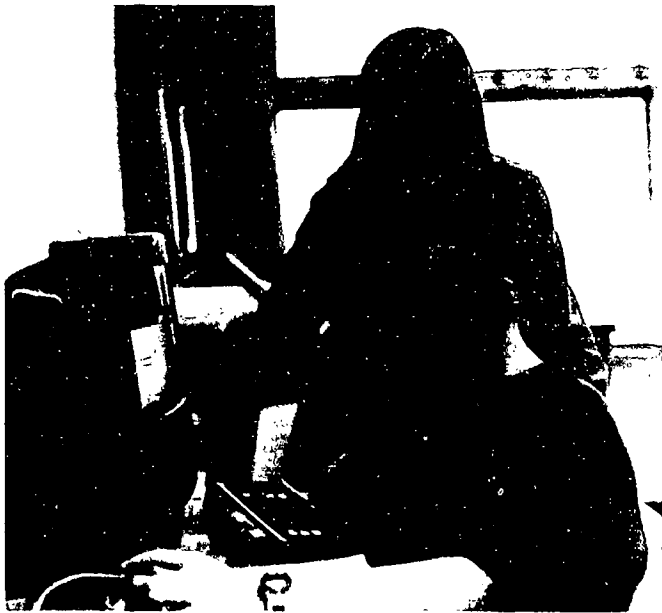
5. Is the cartoon funny? Why or why not?



Math & Science

*"Any sufficiently
advanced technology is
indistinguishable from
magic."*

Arthur C. Clarke





Infusing Science and Computer Science

...a computer show with a tobacco, alcohol and other drug prevention theme.



There are only a couple of weeks left before summer and the whole school is alive with excitement. It's hard to keep their attention at this time of year and you begin to wonder if this is an exercise in futility.

Certainly, the project was a success in the classroom. Over the past three months your eighth grade science class created a multi-media computer show with a tobacco, alcohol and other drug prevention theme.

Everyone loved doing it. Students in small groups tackled a section of the topic with enthusiasm. They designed the content, the look, the effects and then produced their piece. The question now is, how will it play in the outside world?

The table has a single black Macintosh computer on it, a keyboard and a mouse....the table kind of makes the computer look smaller. There wasn't even time to make a sign. It's not an overly impressive sight.

The bell rings. The halls begin to fill and the level

of mayhem increases. A few students stop and ask what this is all about.

"It's a multi-media computer show that some eighth graders here made."

"Really?"

"Yep. Here, give it a try..."

Someone sits down and starts to work the mouse. At this age, most students don't need to be told how to run a computer. The various screens come up. Pictures of their friends and voices they recognize materialize like magic. There are questions on tobacco, alcohol and other drug use. The answers are multiple choice.

A few more stop to watch.

"Hey..what is this?"

"You gotta see this, man. It's pretty cool."

The show starts over; it's programmed to loop back to the beginning. The crowd is now three deep. Everyone wants to try it. The fun thing is to try to hit all the wrong answers before finally selecting the correct one. Of course that means

"It's a multi-media computer show that some eighth graders here made."



Each section has a computer picture of the students who created it.



you need to know the correct one so you won't select it first.

One screen asks, "What percentage of teen pregnancies happen while under the influence of alcohol or other drugs." There is great discussion.

"Try 10%." Someone moves the mouse to 10% and clicks.

"You are soooooo wrong!!!!" the computer replies. Everyone laughs.

"Try 25!" comes a voice from the back.

"NOT" replies the black box.

Each section has a computer picture of the students who created it. There is a lot of pointing and excitement. "Look! Carlos did this one."

The bell rings and the group begins to break up. One student, his arms full of books, comes over and asks, "Are they going to do this again next year so my class can do it?"

Infusion at it finest. No one even noticed what the message was...they were all having too much fun with the medium. The creation of the show months earlier had been much the same way. They were learning the important facts of tobacco, alcohol and other drug education but were largely unaware of it because they were so involved in creating a multi-media computer show!

*No one
even
noticed
what the
message
was...*

As we discussed in the Introduction, the five ingredients of effective tobacco, alcohol and other drug remediation education are:



1. Factual Information



2. Effective Decision Making Skills



3. Support Systems and Protection



4. Critical Thinking and Evaluation Skills



5. Positive Self-Image and Peer Relationships

*Exercises
in Math
and
Computer
Science
can
demon-
strate
Decision
Making.*

Science, Math and Computer Science are key areas for infusing tobacco, alcohol and other drug education.

Factual information is important to tobacco, alcohol and other drug education since it provides the foundation upon which other skills are built. Facts are numerous and easily infused into such scientific areas as: biology and chemistry. Math problems can be designed to infuse factual information as well. And, as shown above, facts can be infused into a computer science experience too.

The Decision-Making Process is a formalized series of events that lead to formation of a rational decision. Once students are exposed to this process they have a tool to eliminate the "flip a coin" choices that otherwise seem so difficult. Exercises in Math and Computer Science can demonstrate Decision-Making.

The Decision Making Process:

Step 1. Define the problem and put it in perspective.

Step 2. Think of different ways to solve the problem (brainstorm).

Step 3. Weight the pros and cons of the options.

Step 4. Choose the best option, check it out with a reliable resource and then take action.

Step 5. Reflect on the consequences and revise the strategy.

Support and Protection are key ingredients to tobacco, alcohol and other drug education. The old assumption was that if students knew the facts about tobacco, alcohol and other drugs they would act appropriately. Research has shown that this is not the case. In addition to other skills, students need to know how to protect themselves and others.

Protecting oneself and others is one form of taking responsibility. Using on-line computer forums as a method of experimenting with behaviors is

*Science
gives
students
wonder-
ful
opportu-
nities to
discuss
the
chemi-
cal
actions
taking
place...*

*...teaching
state-of-
the-art
tech-
nologies
and
building
self con-
fidence.*



one way to integrate tobacco, alcohol and other drug education into the Computer Science curriculum.

Evaluating information critically is important to the tobacco, alcohol and other drug education process. Science, Math and Computer Science give students wonderful opportunities to discuss the chemical actions taking place with drug use, practice math skills using alcohol and drug facts and use the computer for exciting new purposes.

Finally, a positive self-image and strong peer relationships hold the whole package together. Computer Science can improve self image by teaching state-of-the-art technologies and building self confidence.

This chapter is divided into three sections: Science, Math and Computer Science. Within these areas are curriculum ideas that address one or more of the five key tobacco, alcohol and other drug education components.

Science:

PROJECT: Determine Mass of Tar and Other By-Products Produced by a Cigarette.

Materials Needed:



- 5 cigarettes
- A smoking machine as provided by U.S. Dept. of Education through Comprehensive Upper Valley Tobacco, Alcohol and Other Drugs Prevention Project

OR:

- 5 cigarettes
- 1 6" x 6" piece of shirt cardboard or similar
- 1 3" x 3" piece of filter paper
- 500 ml beaker
- Exacto knife
- Tape
- Vacuum cleaner or shop vac

*Tape a
cigarette
to the
small
hole...*

Procedure:

1. Use the exacto knife to make two holes in the cardboard. One should be the size of a cigarette, the other the size of the vacuum nozzle. Both holes should be "inside" the beaker when the cardboard is placed on top.

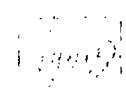
2. Weigh a single sheet of filter paper on the most accurate scale available, such as a Metler balance. Record the mass.

3. Carefully tape the filter to the bottom side of the cardboard. Tape a cigarette to the small hole. Care should be taken to tape the filter lightly so as little of the filter will remain on the tape as possible.

4. Light the cigarette. Turn on the vacuum and pull air through the system. You can adjust the airflow by moving the nozzle closer or farther away from the top side of the filter.



Repeat for all five cigarettes.



5. When the cigarettes are done, turn off the vacuum, carefully remove the filter and re-weigh it.

Analysis:

What was the mass of the residue?
If a person smoked two packs of cigarettes each day for a year, what would be the total mass of tar and other chemicals entering this person's lungs.

What would be the total mass of tar and other chemicals entering this person's lungs?

Issue for DISCUSSION: Cause and Effect:

There are hundreds of chemical substances in cigarette smoke. Two of the most damaging are:



a. TARS—damage delicate lung tissue and are considered the main cancer-causing agent in cigarette smoke.

*Nicotine
is a
deadly
poison
found
only in
tobacco
leaves.*

b. NICOTINE—is a deadly poison found only in tobacco leaves.

- Nicotine is smoked, inhaled, or chewed.
- It is absorbed through the lungs as well as the membranes of the mouth, larynx and sinuses.
- It is in cigarettes, cigars, pipe tobacco, and chewing tobacco.
- It can be extracted as a colorless, oily transparent liquid and is used in a solution as an insecticide.
- One drop of pure nicotine can be fatal to humans.

Nicotine is a powerful stimulant to the brain and central nervous system that "hits" the brain within 4 seconds. Like the drug alcohol, after it initially stimulates, it has a depressant effect. Although nicotine from smokeless tobacco enters the blood stream more slowly than from cigarettes, studies show that average blood concentrations in regular users of smokeless tobacco are comparable to those found in smokers.

Nicotine constricts (narrows) blood vessels, cutting down the flow of blood and oxygen throughout one's body. Therefore, one's heart has to pump harder, increasing the chance of heart disease. It raises the blood pressure and narrows bronchioles (air passageways) in the lungs, also depriving the body of oxygen, and increasing the risk of stroke.

*Nicotine
is addictive:
a tolerance
develops.*

Nicotine is addictive: a tolerance develops. (One needs to use more and more for the desired effect. A tobacco user NEEDS it to feel comfortable), and one suffers withdrawal symptoms, physical and psychological discomfort when one tries to stop. Carbon Monoxide—replaces needed oxygen in one's red blood cells. Even after one stops smoking, carbon monoxide stays in the bloodstream for hours, depriving the body of oxygen.

When a person quits smoking the body begins to repair itself.

Carbon monoxide is a waste product of cigarette smoking, automobile exhaust, and unvented kerosene heaters, wood burning stoves and fireplaces that are not vented properly.

The effects of some medication taken by a person may be increased, decreased, or cancelled out by smoking.

Cigarette smoking by a pregnant woman may cause harm to the unborn child.

When a person quits smoking the body begins to repair itself unless the damage has been permanent.

NOTE:

- Cigarette smoking is the largest, preventable cause of illness and premature death in this country.
- Cigarette smoking is the major single cause of cancer deaths in the U.S. and is responsible for more deaths than all other drugs combined.

Cigarette smoking is the major single cause of cancer deaths in the U.S.

PROJECT: Demonstrate Impairment of Motor Skills Similar To That Experienced With Alcohol Consumption



Materials Needed:

- 1 pair of safety glasses
- 1 jar of Vaseline
- 1 125 ml beaker
- 5 25 ml beakers
- Water
- Paper towels
- Stop watch or timer

PROCEDURE:

Fill 125 ml beaker with water. Place the five 25 ml beakers on a table in front of a subject. Ask the subject to begin pouring the water evenly into all five 25ml beakers when told to start. Time the procedure.

Ask the subject to begin pouring the water evenly into all five 25ml beakers when told to start.

Pour the water back into the 125 ml beaker, pour additional water to make exactly 125 ml. Reset the stopwatch. Lightly coat the safety goggles with Vaseline. Repeat the procedure with the subject wearing the coated safety goggles. Record the time.

Pour the water back into the 125 ml beaker, again, pouring additional water to make exactly 125 ml. Reset the stopwatch. Next, heavily coat the safety goggles with Vaseline. Repeat the procedure with the subject wearing the coated safety goggles. Record the time.



*Next,
heavily
coat the
safety
goggles
with
Vaseline.*

What kind of tasks might be affected by reduced coordination and blurred vision?

Finally, pour the water back into the 125 ml beaker, pouring additional water to make exactly 125 ml. Reset the stopwatch. Leave the safety goggles heavily coated with Vaseline. Repeat the procedure with the subject wearing the coated safety goggles but using his or her non-dominant normal hand, i.e., left-handed people will use their right hands, etc. Record the time.

Discussion Questions:

1. What differences did you notice in your performance as the level of impairment increased?
2. What kind of tasks might be affected by reduced coordination and blurred vision?
3. Would you drive in a car with someone who had an impairment similar to the one you have just experienced?
4. In what ways is this similar to the effects of alcohol consumption?
5. What can you determine about the use of vehicles, machinery, tools, etc under the influence of alcohol or drugs from this exercise?

Math:

Math word problems offer students a chance to use some of the information and statistics related to tobacco, alcohol and drug use in ways that make the information more meaningful to them at the same time as they reinforce their math skills. The following are word problem sets that can replace or augment other word problems that address the same skills.

*Approximately
40,000
people
die
annually
from
second-
hand
smoke.*

MATH: PROBLEM SETS:Decimals and Percents

(Answers provided for teacher reference. Student worksheets for copying are provided following teacher section.)



1. Approximately 40,000 people die annually from second-hand smoke. The population of the United States is 250 million. How many people will die from second-hand smoke in 5 months? In 7 months?

Ans. 16,667 and 23,333

*In 1992,
2,452
youths
between
the ages
of 15-20
died in
alcohol
related
automobile
crashes.*

2. More than one million teenagers become pregnant in the U.S. each year. 840,000 of all pregnancies to teenagers are unintended. If the number of teenagers who become pregnant fell to 700,000, how many of these pregnancies would be unintended if the percent was consistent?

ans. $840,000 / 1,000,000 = .84 \cdot 700,000 = 588,000$

3. In 1992, 2,452 youths between the ages of 15-20 died in alcohol related automobile accidents. To find the total number of alcohol related automobile accidents from the above data, what one additional piece of information would you need?

ans. What percent 2,452 is of the total number.

4. Alcohol is involved in 45% of the total fatal car accidents for this age group. Would you expect this percentage to go up or down for older age groups. What are some factors that will affect an older group's percentage.

ans. experience, responsibility, maturity.

5. According to one report, nearly 50% of 10th graders and a 33% of 8th graders reported riding, during the past month, with a driver who had used alcohol or drugs before driving. What percent of 9th graders would you expect to have ridden with a driver who had

used alcohol or drugs before driving?

ans. $50 - 33 = 17 / 2 = 8.5 + 33 = 41.5$

6. In 1992, 17,700 Americans died in highway crashes; 33% of them were under age 25.

How many Americans under the age of 25 died in highway crashes? If the total population of the United States is 260 million people and the population under 25 years old is 63 million, what percentage of the population is under 25? Why is the percentage of Americans under 25 who die in car crashes higher than the percentage of Americans under 25 to the whole population?

ans. 5,841, 24%, less experience, others?

7. Of the Americans under 25 who die in highway crashes, what percentage do you think are over 15? The population of Americans ages 15 to 25 is 25 million. What percentage is this of the total population. Summarize finding relating to drivers between 15 and 17.

ans. most, 9.6%, 9.6% of the population is

involved in 33% of all traffic fatalities.

8. In 1992, 2,452 youths between the ages of 15-20 died in alcohol related automobile accidents. Alcohol is involved in 45% of the total fatal car accidents for this age group. What is the total number of automobile related fatalities for this age group? **ans. 5,449**

What percent of 9th graders would you expect to have ridden with a driver who had used alcohol or drugs?

Worksheet

MATH: PROBLEM SETS: Decimals and Percents

1. Approximately 40,000 people die annually from second-hand smoke. The population of the United States is 250 million. How many people will die from second-hand smoke in 5 months? In 7 months?
2. More than one million teenagers become pregnant in the U.S. each year. 840,000 of all pregnancies to teenagers are unintended. If the number of teenagers who become pregnant fell to 700,000, how many of these pregnancies would be unintended if the percent was consistent?
3. In 1992, 2,452 youths between the ages of 15-20 died in alcohol related automobile accidents. To find the total number of alcohol related automobile accidents from the above data, what one additional piece of information would you need?
4. Alcohol is involved in 45% of the total fatal car accidents for this age group. Would you expect this percentage to go up or down for older age groups. What are some factors that will affect an older group's percentage.
5. According to one report, nearly 50% of 10th graders and a 33% of 8th graders reported riding, during the past month, with a driver who had used alcohol or drugs before driving. What percent of 9th

graders would you expect to have ridden with a driver who had used alcohol or drugs before driving?

6. In 1992, 17,700 Americans died in highway crashes; 33% of them were under age 25. How many Americans under the age of 25 died in highway crashes? If the total population of the United States is 260 million people and the population under 25 years old is 63 million, what percentage of the population is under 25? Why is the percentage of Americans under 25 who die in car crashes higher than the percentage of Americans under 25 to the whole population?

7. Of the Americans under 25 who die in highway crashes, what percentage do you think are over 15? The population of Americans ages 15 to 25 is 25 million. What percentage would this be of the total population of that age group?

8. In 1992, 2,452 youths between the ages of 15-20 died in alcohol related automobile accidents. Alcohol is involved in 45% of the total fatal car accidents for this age group. What is the total number of automobile related fatalities for this age group? What do you think the effect of these statistics are on insurance prices? Why?

Worksheet

MATH: PROBLEM SETS - Percentage



1. If 80% of the general public favored drug testing for people whose work involved public safety, how many people out of 350 would you expect to **oppose** drug test for these workers?
2. About 40,000 people die annually from second-hand smoke. If the population of the United States is 250 million, what percentage of the country's population will die each year from second-hand smoke? If the same number of people die from second-hand smoke but the population grows to 265 million, what percentage of the country's population will die each year from second-hand smoke.
3. More than one million teenage girls become pregnant in the U.S. each year. 50% of unintended teen pregnancies occurred after drinking and drug use. 84% of all pregnancies to teenagers are unintended. About how many unintended teen pregnancies occurred after drinking and drug use? What percentage is this of the one million who become pregnant?
4. In 1992, 2,452 youths between the ages of 15-20 died in alcohol related automobile accidents. To find the total number of alcohol related automobile accidents from the above data, what one additional piece of information would you need?



5. Alcohol is involved in 45% of the total fatal car accidents for this age group. Would you expect this percentage to go up or down for older age groups. What are some factors that will affect an older group's percentage.

6. Alcohol-related automobile accidents are the leading cause of death for adolescents in the U.S. Can you find the other causes of death for this age group? Make a pie chart showing your results.

7. According to one report, nearly half of 10th graders and a third of 8th graders reported riding during the past month with a driver who had used alcohol or drugs before driving. What fraction of 9th graders would you expect to have ridden with a driver who had used alcohol or drugs before driving?

8. In 1992, 17,700 Americans died in highway crashes; one third of them were under age 25. How many Americans under the age of 25 died in highway crashes? If the total population of the United States is 260 million people and the population under 25 years old is 63 million, what percentage of the population is under 25? Why is the percentage of Americans under 25 who die in car crashes higher than the percentage of Americans under 25 to the whole population?



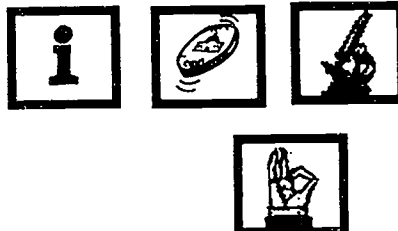
9. Of the Americans under 25 who die in highway crashes, what percentage do you think are over 15? The population of Americans ages 15 to 25 is 25 million. What percentage is this of the total population. Assume that most of the Americans under age 25 who died in highway crashes were between ages 15 and 25. What is percentage of those who died to the total population of 15 to 25 year olds? Why do you think this number is so high?

10. In 1992, 2,452 youths between the ages of 15-20 died in alcohol related automobile accidents. Alcohol is involved in 45% of the total fatal car accidents for this age group. What is the total number of automobile related fatalities for this age group?

Project: Graphing and Comparing "At Risk" Behaviors

125

The following is a math project involving curriculum infusion of alcohol and drug prevention issues that was developed and used by the Windsor Middle School team.



Background Information for Students

Look around the classroom. Did you know that half of the students in your class run the risk of never becoming productive adults? That's right, a recent study (1990) conducted by Joy Dryfoos called *Adolescents at Risk* concluded that

- 25% of all kids between the ages of ten and seventeen run a serious risk, and
- another 25% run a moderate risk of never becoming a productive adult.

a math project involving curriculum infusion of alcohol and drug prevention issues...

...teen-
agers
have
too
much
discre-
tionary
time.

Dryfoos says that four teenage behaviors cause the high risk. They are as follows:

- Substance abuse
- Sexual activity leading to pregnancy
- Delinquency (breaking the law)
- Falling in school

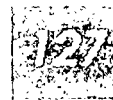
Dryfoos goes on to say that teenagers fall into these behaviors because they have too much unsupervised time on their hands. She points to another study called "*How Children Use Time*" (see attached circle graph) to conclude that teenagers have too much discretionary time. In other words, they have too much time to just hang around and they don't use this time very wisely.

As a matter of fact, American teenagers seem to have more of this kind of time than kids from other countries.

For example, American junior high students spend about 28.7 hours a week in school and 3.2 hours studying; while their Japanese counterparts spend 46.6 hours in school and 16.2 hours a week studying.

Another startling statistic is that the average middle school student in the United States spends at least two hours of time after school unsupervised. Many of our American families have two working parents and nobody watching the kids.

What does all this mean for us? How do the students at your school compare? Is this data relevant for us? The following activities may help to answer these questions.



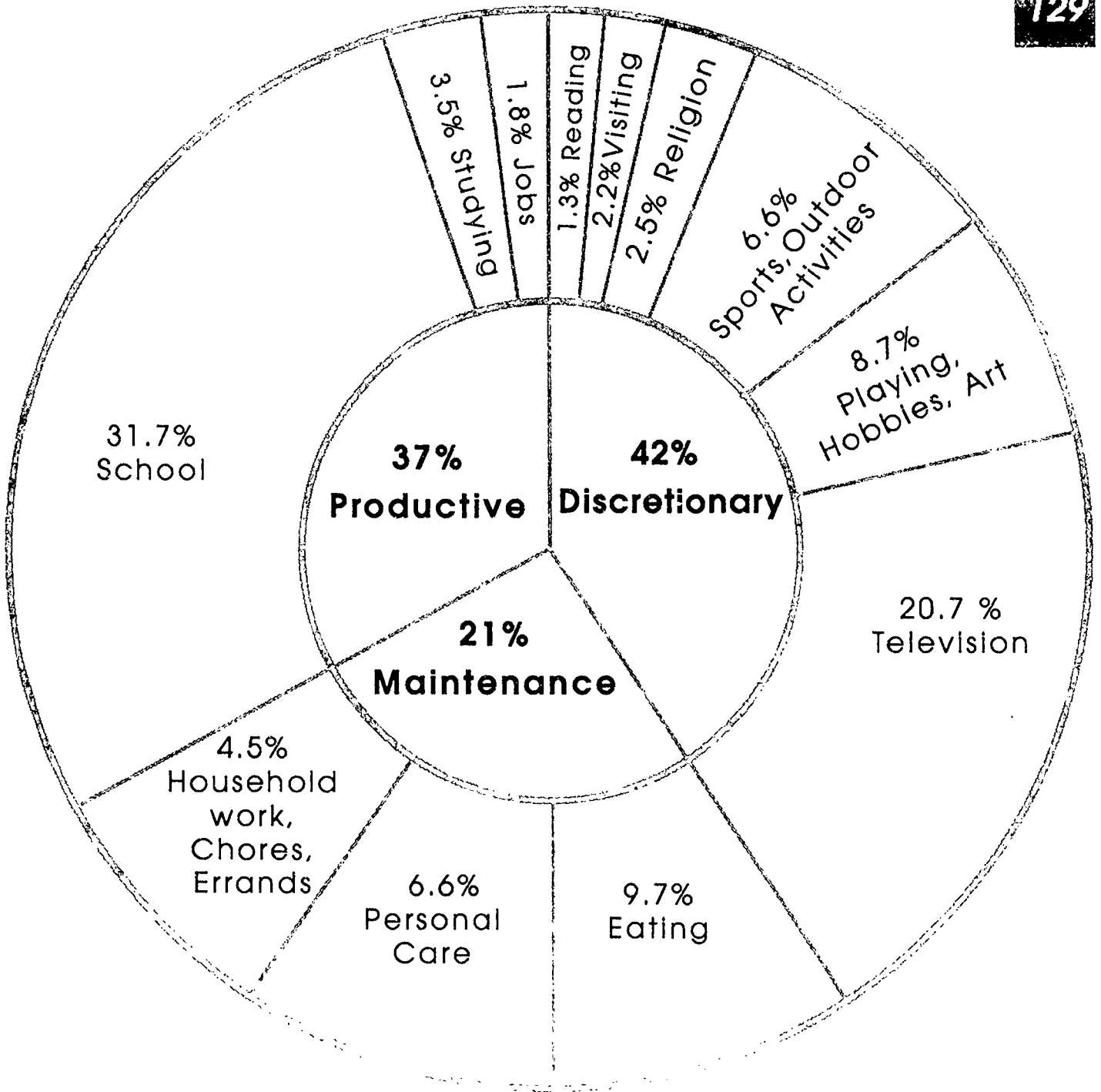
American teenagers seem to have more of this kind of time than kids from other countries.

*...decide
as a
class how
you
might
gather
similar
data.*

Part I:

After reviewing the attached Circle (Pie) Graph as a class, decide as an entire class how you might gather similar data from your classmates. Consider options like Interviews and surveys. Develop the method and decide how best to administer it.

How Young Adolescents (Aged 9-14) Spend Their Waking Hours



Source: "How Children Use Time: by S.G. Timmer, J. Eccles, and I O'Brien (1985)

Note: This chart represents 52% of hours during a week. Young adolescents spend 37% sleeping and 11% in miscellaneous activities.

*Keep
track of
the use
of your
time
over a
week's
period.*

The following is a sample of a questionnaire developed by students in Windsor, Vermont.

Time Use Questionnaire

Keep track of the use of your time over a week's period. Check the box that best represents the number of hours that you spend at each activity.

Watching TV

....1hr....2hrs....3hrs....4hrs....5hrs....6hrs....7hrs....8hrs....9hrs....10hrs....more

Going to School

....5hrs....10hrs....15hrs....20hrs....25hrs
....30hrs

Studying

....1hr....2hrs....3hrs....4hrs....5hrs....6hrs....7hrs....8hrs....9hrs....10hrs....more

Playing or Doing Hobbies or Sports

....5hrs....10hrs....15hrs....20hrs....25hrs
....30hrs....more

Part II:



As a class, determine a method of gathering similar data and a way in which the information will be summarized.

Have students take the data that has been gathered and summarized, and create a graph to illustrate the class's responses visually.

Ask students to find at least two areas where the class information agrees and two areas where it disagrees with the study "How Children Use Time," and be prepared to discuss why the information might disagree.

Discuss as a group how you might find out if this information is a good way of judging whether or not your classmates are at risk of entering into the "Four At-Risk Behaviors" outlined on the preceding pages.

Is this a good way of judging whether or not your classmates are at risk?

*Represent
the data
in graph
form.*

Possible Extended Activity

Identify another group of students from whom you can gather similar information. Represent the data in graph form and point out any differences you find.

Computer Science

Because computers are such a wonderful vehicle for both the acquisition and the presentation of information, the possibilities for their use in enhancing almost any curriculum are endless. Because students are so interested in computers generally, it is a great way to draw even the most reluctant student into discussion about the curriculum area to be addressed, in this case, tobacco, alcohol and drugs.

The ability to be facile with computers is critical to future success of students, and hence, it has become well entrenched into middle schools throughout the country.

...it is a great way to draw even the most reluctant students into the discussion

PROJECT: Introduction to On-line Computer Services.

There has been a lot of talk about the Internet lately.

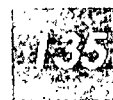
Note to teachers:

The following project involves logging on to on-line services. Many students already have experience doing this and can assist others. There has been a lot of talk about the Internet lately. Our experience is that it requires a lot of training to use successfully. Because the goal here is to build confidence and learn about other students, there seem to be better alternatives to the Internet. We like America On-Line as a relatively under control service where students can chat with other students about a wide variety of things. (America On-Line also has a 'Parental Controls' feature to keep everything on a roughly PG-13 level....the Internet can be a little like wandering around 42nd Street).

Have , ur students, Individually or in groups, sign on to America On-Line. From the Main Menu, select Kids and then Klds' Connection, and then Chat Rooms.

This is an on-line chat area for kids up to age 15. Teens from all over the country sign on and discuss a wide variety of topics. Watch the dialog for a couple of minutes. Everyone has on-line names which are not the same of their real ones so it's very anonymous. **Instruct your students NEVER to give out their real names, phone numbers or any information about their family.**

There is a list of people signed on to this area in the upper right hand corner. Pick any user and click on that name. Then click on 'Get Info'. In a few seconds, you will see some background information on that person if they he or she has entered any into the computer. Type in a question.



*Teens
from all
over the
country
sign on
and
discuss
a wide
variety
of
topics.*

*Make a
friend
on-line
your
own
age.*

Your question will be repeated on screens all over the country.

Someone may answer you. You can also talk directly with the person by Instant Malling (or "I.M. Ing") them.

Goals for students:

1. Make a friend on-line your own age.
2. Send this person an Instant Message (only the two of you will see it).
3. Find out a little about this person.

4. Find out if there is much drug use in his or her school. If there is drug use, what kinds of drugs do kids use? How do they feel about it?

5. Is there a lot of under age alcohol use in his or her school? Has anyone ever been hurt while under the influence of alcohol?

7. What are the rules and consequences in their school with regard to tobacco, alcohol and drug use? Are they more or less strict than your school?

8. Report to the class about your on-line experience.

137
Has anyone ever been hurt while under the influence of alcohol?

PROJECT: Multi Media Computer Presentation



...each student will learn to create an interactive multi-media computer presentation...

The availability of easy to use software for creating multi-media computer presentations allows teachers and students the flexibility to enhance the curriculum in many ways. In this activity each student will learn to create an interactive multi-media computer presentation using of tobacco, alcohol and other drug information as the content area to be presented..

Procedure:

Describe the use of Hyperstudio to the students. Allow them to practice making card, using text boxes, changing colors, fonts, etc. Students should understand how to record their own voices as sounds and create a transition from one card to the

next. The full explanation for the use of Hyperstudio is included with the software.

After students are comfortable with the use of the program, ask students to form teams of two or three, and have each team choose one or more facts from the list below to illustrate in their interactive presentation. Each team should turn the fact into a question for which there are several possible answers. The team should use the Hyperstudio format to give the audience feedback on the correct answer.

Use the Quick Cam to take the students' photographs and use the photographs as a 'graphic' in their card.

When each team has completed their "fact card" the teams should work together to transition from one card to another to create a full presentation.



*...choose
one or
more
facts
from the
list to
illustrate
in the
interac-
tive pre-
senta-
tion.*

*One in
4-5 teen
drinkers
becomes
an alco-
holic.*

The following are facts that can be included in the presentation, followed by a sample format for questions set up for multiple choice answers.

Tobacco Alcohol and Other Drug Facts

Alcohol

- One in ten adult drinkers becomes an alcoholic.
- One in 4-5 teen drinkers becomes an alcoholic.
- Alcohol can contribute significantly to the risk of several diseases including

Anemia	Kidney disease
Cancer	Osteoporosis
Cirrhosis	Pancreatitis
Diabetes	Stroke
Hypoglycemia	Ulcers
Heart Disease,	Hypertension

Marijuana

- Smoking one joint can have the effect of an entire pack of cigarettes on your lungs.

Marijuana is a bronchial dilator which opens the airways more fully, marijuana smoke contains many of the tars and other harmful ingredients found in tobacco. Marijuana smoke is deeply inhaled and held in the lungs and marijuana cigarettes or pipes do not have filters.

- "Second hand smoke" from a marijuana cigarette can cause lung troubles for the people around the pot smoker.

- Marijuana can be experienced as a stimulant, a depressant, or an hallucinogen.

- Chronic use of marijuana can cause a possibly permanent impairment of short term memory.



*Marijuana
smoke
contains
many of
the tars
and other
harmful
ingredi-
ents
found in
tobacco.*

...impairment remains for up to six hours.

- The effects of marijuana peak a half an hour after using marijuana and two to four hours later the effects are diminished, but Impairment remains for up to six hours.

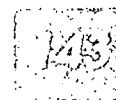
- Marijuana use over a period of time causes a decrease in the production of male and female sex hormones which can have significant, negative and lasting effects of the developing body of a adolescent.

- The quality of marijuana is quite variable and directly effects the users reaction.

- The effects of marijuana are less predictable than they were in the sixties.

- Birth defects or developmental delays can be caused in babies born to pregnant women who use marijuana.

- THC can be passed to babies through breast milk.



- It is illegal to possess, to sell, to be under the influence of a controlled substance, to be in the presence of illegal use of a controlled substance, or to drive a motor vehicle, operate a boat, ride a bicycle in traffic, or engage in other activities that require coordination and concentration to avoid harm to oneself or others.

*Using
drugs
decreases
a person's
ability to
make
safe,
thoughtful
choices...*

- Using drugs decreases a person's ability to make safe, thoughtful choices while increasing chances of participation in a wide range of risk taking activities including driving under the influence and engaging in unplanned, unprotected sexual encounters.

50% of the unplanned and unintended pregnancies occurred after drinking and drug use.

Tobacco

- 20,000-40,000 people die annually from the effects of second hand smoke.

- A study of adolescent pregnancies found that at least 50% of the unplanned and unintended pregnancies occurred after drinking and drug use.

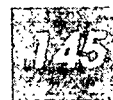
- Teens who use marijuana are three times more likely to be sexually active at a young age. (1 out of every 6 sexually active teens becomes infected with a STD)

- The incidence of STD's occurs at twice the rate for teen males who use drugs.

•In acquaintance rapes 75% of the males and 55% of the females report drinking or using drugs just prior to the attack.

•Every cigarette reduces the average smoker's life by 7 minutes.

•There were 140,000 deaths from AIDS from 1983-1993. There were 140,000 deaths from tobacco in the last three months.



*Every
cigarette
reduces
the aver-
age
smoker's
life by 7
minutes.*

Sample Quiz for Multi-Media Presentation

The "How Street Wise Are You?"**Tobacco, Alcohol and Other Drug Quiz**

One in how many adult drinkers becomes an alcoholic?

3 4-5 10 25-30

One in how many teen drinkers becomes an alcoholic?

3 4-5 10 25-30

Check the diseases for which alcohol can contribute significantly to the risk:

Athlete's foot

Herpes

Anemia

Kidney disease

Cancer

Osteoporosis

Cirrhosis of the liver

Pancreatitis

Diabetes

Stroke

Hypoglycemia

Ulcers

Heart Disease, Hypertension

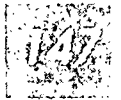
Smoking one joint can have the effect of ___ pack(s) of cigarettes on your lungs.

1/3 1/2 1 2 5

Marijuana smoke ___ many of the tars and other harmful ingredients found in tobacco.

does not contain contains may or may not contain

Has "second hand smoke" from a marijuana cigarette been shown cause lung troubles for the people around the pot smoker.
___no, unlike tobacco, research has shown no effects positive or negative ___yes, research has shown effects similar to tobacco



Marijuana can be experienced as which of the below?

___a stimulant ___a depressant ___ an hallucinogen

Chronic use of marijuana can cause a possibly permanent impairment of short term memory.

___True ___False

The effects of marijuana peak how many minutes after using marijuana?

___15 minutes ___30 minutes ___45 minutes ___1 hour

The effects are diminished__?__,but impairment remains for up to six hours.

___within an hour ___in 2-4 hours

Marijuana use over a period of time causes (check answers below) in the production of male and female sex hormones which can have significant, negative and lasting effects of the developing body of a adolescent.

___an increase ___a decrease ___no change

The quality of marijuana is quite consistent and hence, the effects to the user are relatively predictable from use to use.

True

False

The effects of marijuana now are less predictable than they were in the sixties.

True

False

Birth defects or developmental delays__?__be caused in babies born to pregnant women who use marijuana.

unlike alcohol, are unlikely to

can

Can THC be passed to babies through breast milk?

no

yes

Check any of the following that are illegal to do with regard to marijuana:

to possess

to sell

to be under the influence

to be in the presence of illegal use of a controlled substance

to drive a motor vehicle

to operate a boat

to ride a bicycle in traffic

___to engage in activities that require coordination and concentration to avoid harm to oneself or others.

___to know someone who possesses

___to know of the time and place of a sale of marijuana and not tell police

The use of drugs decreases a person's ability to make safe, thoughtful choices while increasing chances of participation in a wide range of risk taking activities including driving under the influence and engaging in unplanned, unprotected sexual encounters.

____True

____False

How many people die annually from the effects of second hand smoke?

_____500-1000

____10,000-20,000

____20,000-40,000

A study of adolescent pregnancies found that what percent of the unplanned and unintended pregnancies occurred after drinking and drug use?

____15%

____25%

____50%

____85%

____93%

Teens who use marijuana are how many times more likely to be sexually active at a young age? (1 out of every 6 sexually active teens becomes infected with a STD.)

____2

____3

____4

____5

____6

The incidence of STD's occurs at how many times the usual rate for teen males who use drugs?

___twice ___three times___four times ___five times

In acquaintance rapes what percent of the males and the females report drinking or using drugs just prior to the attack?

___75%of the males and 55% of the females

___35% of the males and 15% of the females

___85%of the males and 65% of the females

___50%of the males and 50% of the females

Every cigarette reduces the average smoker's life by how many minutes?

___3 ___5 ___6 ___7 ___10

There were 140,000 deaths from AIDS from 1983-1993. There were 140,000 deaths from tobacco in the last _?_.

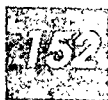
___two weeks ___three months ___one year ___three years

Physical Education

*"Whenever the urge to
exercise comes
upon me,
I lie down for
awhile and it passes."*

Robert Maynard Hutchins





*Just
how,
exactly,
did you
end up
up
here?*

Just how, exactly, did you end up up here, thirty five feet above some very hard looking ground?....Oh, yea, right! This is infusing tobacco, alcohol and other drug education into the curriculum...in your dreams!

"Hey, Ms. Alvarez! You look really small up there!"

"Thanks so much, Tina. You look really safe down there," you mumble.

It's been a long day. The day started on a bus ride from school to this ropes course. Your class, who never really looked out for each other, started a bunch of amazing physical challenges. At first, it looked like Ralph and some of the other team jocks had this day wired. They were cocky and self-confident. The less athletic weren't so sure. Poor Aiko looked like he was about to live his worst nightmare.

Then, around 10 o'clock an interesting thing happened. It was on the ropes course called the "Web." Imagine a large wall of tangled ropes with big holes and little holes here and there at various heights. The assignment was to get the whole class to the other side of the web... And

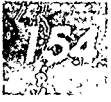
once one hole had been used, it couldn't be used again...and no touching the rope web or you're out!

Ralph and crew couldn't wait. They helped the girls through to many nervous giggles or shouts. Aiko and friends scrambled through a couple of small ones...that left only small holes up high. Ralph and company were stuck. (A great moment in civilization!) They thought of cheating, but the group wouldn't allow that.

Everyone clambered back through the web and tried to figure out a plan. Ralph had one, of course. Then Aiko quietly said, "well, that won't really work..." The rest, as they say is history. Aiko came up with a plan to have a big guy stand on each side. They passed kids through the higher holes, leaving a couple of lower ones for themselves. It all worked. Aiko was a (modest) hero.

The leader took this moment to remind them that the puzzle worked when they all worked together. It's a good lesson to remember when we have to figure out how to keep alcohol out of the eighth grade dance.

Imagine
a large
wall of
tangled
ropes
with big
holes
and
little
holes



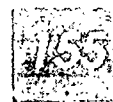
*The
puzzle
worked
when
they all
worked
together.*

The exercise worked and they all learned something about helping each other, about support systems and protection.

Good...great...but you're still 35 feet in the air and the bus leaves in 10 minutes!

Many physical education teachers have commented that they approach tobacco, alcohol and other drug education in their classes "as the issues arise." Certainly there are many connections between physical health and fitness and the avoidance of tobacco, alcohol and drugs. But physical education can also offer an opportunity for students to experience the "alternate highs" of activities that present physical challenge, as well as the opportunity to practice decision making and peer support in structured outdoor education settings.

Designing some of these opportunities into a physical education program can encourage situations that offer prime opportunities to utilize the skills that are so important in tobacco, alcohol and other drug prevention. Sometimes helping "the situations arise" in order to encourage students to have the conversations and experiences related to these issues can enhance the effectiveness of both the physical education program and the tobacco, alcohol and other drug prevention.



*There are
connections
between
health
and
fitness
and the
avoid-
ance of
drugs...*

ISSUE FOR DISCUSSION: Athletic Excellence and Substance Abuse

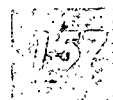


Athletes who excel in sports become national models for students.

As students are taught skills in sports, athletes who excel in each of the various sports become national models for students. Because of the continuous media coverage, it is easy to find opportunities to tie their expertise with abstinence from substance use. (Use the resource guide to help provide any background information that you might need.)

Discussion Questions:

1. How do you feel when you have run a couple of times around the track?
2. What do you know about the effects of smoking on your lungs?
3. If your lungs were impaired, how might it affect your ability to run? Your endurance?



4. What do you think the effects of marijuana or alcohol would be on your coordination? What sports might be adversely affected by the use of these drugs?

5. What are steroids? Why are they used? What are the long term effects?

6. What happens to competing athletes who use steroids if people become aware of their use through blood tests or other means?

7. Can you think of any examples of major sports figures who have been involved in drug or alcohol use? What has happened to them?

If your lungs were impaired, how might it affect your ability to run?

PROJECT: Spider's Web



*There
are
only
two
rules.*

The Spider's web involves a rope 'wall' of tangled ropes that form holes of various sizes. A professionally designed and built ropes course will likely contain a Spider's Web. If one is unavailable, you can assemble one from old, large diameter pieces of rope.

The object of the exercise is to get a group of students from one side of the wall to the other. There are only two rules:

1. You cannot touch the ropes.
2. Once someone has been through a particular hole, it cannot be used again.

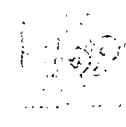
The first attempt at the Spider's Web will usually have the class scrambling through the lower holes. This approach will leave about half the group with no way for them to get through.

A second attempt will get students to think about the problem and work together. The trick is to have the taller, stronger students help smaller ones through the higher holes. The larger students can then climb through lower holes by themselves.

This exercise shows that students need each other to solve problems. It is a great exercise to build self esteem and aid critical thinking.

Discussion Questions:

1. Could the class have accomplished this task working individually?
2. Can the group think of ways that the group can prevent drug and alcohol abuse when an individual might have a more difficult time?
3. How would this task have been different if half of the group was under the influence of alcohol or other drugs?



This exercise shows that students need each other to solve problems.



PROJECT: Faith Fall



*This
exercise
builds
reliance
on
support
systems*

The Faith Fall involves a single student standing on an object about 5 feet high. This person folds his or her arms and falls backwards. About 10 fellow students stand behind the person and catch him or her.

This exercise builds reliance on support systems and creates self confidence.

Discussion Questions:

1. What would have happened if only one student was available to catch the falling person?
2. Do students now feel that they have a support group that will 'catch them' when they are falling?
3. Did any of the group doubt that they would be caught? Do they still feel that way?

PROJECT: High Ropes, An Alternate High



This project involves a professional ropes course and safe exercises performed 30 to 40 feet off the ground.

This should only be undertaken with a properly designed course and a certified instructor.

Discussion Questions:

1. Did individual students feel good about themselves after completing this course? Is that feeling what some people call a "natural high" or "alternate high"?
2. Do students feel that drug and alcohol use is an attempt to achieve the same feeling? If so, what are the advantages to a "natural high"; what are the disadvantages to a drug or alcohol 'high'?

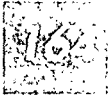
Is that the feeling that some people call a "natural high"?

The Arts

*Ars longa, vita brevis.
(Art is long,
life is short)*

Hippocrates





Infusing Art

*It was
clearly
the best
perform-
ance-
so far...*

The twenty or so students in the peer theatre group who call themselves S.H.O.U.T. (Students Helping Others Understand Themselves) have just completed their third performance of the Spring peer theater program. It was clearly the best so far and you would think the mood would be upbeat and excited. But instead, it is anxious and strained. There is animated discussion on one side of the stage; more cast members join in.

You walk over, expecting anything.

"I can't believe they did that," John says, his voice shaking.

"Well, what happened?" you ask.

"Some guys in the third row started throwing stuff at us in the second act."

"I saw who it was!"

"One of the things hit me!"



"I almost goofed my lines."

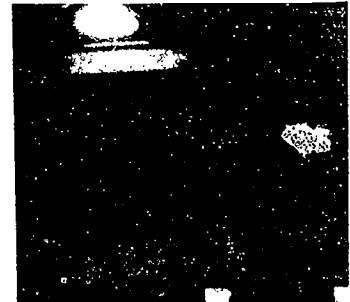


They are all talking at once. "Okay, let's calm down. Does anyone know who was doing it?" you say.

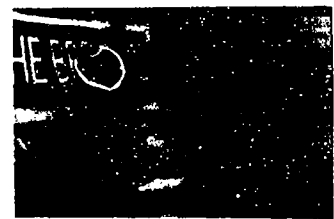
"Well, I could see pretty well from where I was 'cuz I was about to go on," John volunteers. "It was Mr. Anderson's class, and it was Bill, Jerry and Mark."

"I almost
goofed
my
lines."

You send a note off to Mr. Anderson and start to settle things down a little. In less than two minutes, Mr. Anderson is in front of the stage with the three forenamed students. All three quickly admit having disrupted the performance and were told to apologize. They do and start to shuffle off.



Suddenly Carol steps to center stage. She can barely see the three hecklers through the bright stage lights. "You guys have no idea what it's like to stand up here in front of a whole bunch of people, you know? This is hard. I'd like to see you try it! It really takes guts! What you did, didn't take anything!"





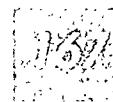
*It was
magically
infused
into the
experi-
ence of
producing
a student
theater
program.*

*There are nods of agreement and support from
the rest of the cast. The three slink off.*

*And in that moment, something wonderful hap-
pened: this group of kids, many from tough
home situations, felt supported and protected
and proud of what they were doing.*

It couldn't have been better
planned. It was a strong component
of tobacco, alcohol and other drug
education magically infused into the
experience of producing a student
theater program.

As we discussed in the Introduction, the five Ingredients of effective tobacco, alcohol and other drug remediation education are:



1. Factual Information



2. Effective Decision Making Skills



3. Support Systems and Protection



4. Critical Thinking and Evaluation Skills



5. Positive Self-Image and Peer Relationships

Contemporary music is full of references to alcohol and drugs.

The arts and music can prove to be exciting areas for infusing tobacco, alcohol and other drug education. Contemporary music is full of references to alcohol and drugs. Art often has messages related to substance abuse not far below the surface. Industrial arts by their very nature use products that, if abused, can have devastating consequences to students.

Creative people seek to "expand" their minds and push creative buttons...

Factual information is important to tobacco, alcohol and other drug education since it provides the foundation upon which other skills are laid. Facts in the arts can take the form of histories about famous artists, musicians, dancers and actors. The arts have historically been a focus for alcohol, tobacco and other drug use, as creative people seek to "expand" their minds and push creative buttons. But all too often these behaviors lead to excess, addiction, compulsive behaviors and sometimes death.

The Decision Making Process is a formalized series of events that lead to formation of a rational decision. Once students are exposed to this process they have a tool to eliminate the 'flip a coin' choices that otherwise seem so difficult. Although the arts are not traditionally thought of

as a decision making arena, there are countless examples of artistic decision: what color should the background be? How long should the dance portion of the show run? At what tempo should this song be played?

There are countless examples of artistic decision.

The Decision Making Process:

Step 1. Define the problem and put it in perspective.

Step 2. Think of different ways to solve the problem (brainstorm).

Step 3. Weight the pros and cons of the options.

Step 4. Choose the best option, check it out with a reliable resource and then take action.

Step 5. Reflect on the consequences and revise the strategy.

Support and Protection are key ingredients to tobacco, alcohol and other drug education. The old assumption

The old assumption was that if students knew the facts they would act appropriately.

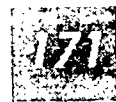
was that if students knew the facts about tobacco, alcohol and other drugs they would act appropriately. Research has shown that this is not the case. In addition to other skills, students need to know how to protect themselves and others.

Protecting oneself and others is one form of taking responsibility. A key concept in art is taking responsibility for one's creative decisions.

Evaluating information critically is important to the tobacco, alcohol and other drug education process and some of these exercises have a component of critical evaluation of information.

Finally, a positive self-image and strong peer relationships hold the whole package together. The arts improve self image by allowing students to more fully express them-

selves. "I created this painting and
It is mine."



Infusing Art is divided into Visual Arts
and Performing Arts. Each area
offers different opportunities for
infusing tobacco, alcohol and other
drug education into the curriculum.

*"I creat-
ed this
painting
and it is
mine."*

*Within
this
imagi-
nary
world,
reality
can be
created.*

Performing Arts:

A companion manual to this describes in detail how to start a peer education theater group based on experiences in a number of schools over several years. Peer Theater is an exciting opportunity for students who may never have had a performance opportunity to express themselves in front of an audience.

Why Theater as a Vehicle?

Theater invites an audience to use its imagination along with the actors, and within this imaginary world, reality can be created. A story which is created by youth can contain the vital components to peer education: role modeling behavior change, dispensing accurate information and creating an age appropriate identification with the subject matter. Theater is an activity which

an audience member can absorb without judgment. In the privacy of one's subjective thought. Creating dramatic skits has the power to bring an audience closer to their own life experience by identification, or create distance using satire, farce, set design, music, and props. This combination of effect allows an audience to take a "breather" from an emotionally charged scene, and stay focused on the action. This is particularly helpful with middle school students as their attention span is developmentally short to begin with, and they are often accustomed to brief, fast moving media images in film, television, and video.

The dramatization of real life can often make difficult or embarrassing issues more palatable, thus opening options which may encourage students to talk to an adult or ask for help. Skill based peer education role models life skills and information

The dramatization of real life can often make difficult or embarrassing issues more palatable...



Why Peer Educa- tion?

which becomes more easily absorbed and identified with.

And lastly, middle school students operate with music, fashion, drama, art, and dance as a second language. It is often through this artistic lens that they understand and identify with the world around them.

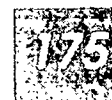
Why Peer Education?

Knowing the consequences of unhealthy behavior does not necessarily prevent one from undertaking those behaviors. For example, most people in the United States understand the risks of using tobacco products, yet 40 million Americans smoke. Knowing the facts IS an important step toward tobacco,

alcohol and other drug prevention, but it is not enough. Within the last decade peer education has emerged as one method of providing an effective way of encouraging changes in knowledge, attitudes, and ultimately, behavior.

Defining Peer Education and Why It Works

Peer education is students teaching other students. Students are more likely to listen to a peer they trust and respect than to an "anonymous" source such as a pamphlet or film. If members of a population see their peers talking about a subject, the topic becomes "acceptable". In the case of adolescents, peer education works for several reasons:



*Peer education
has
emerged
as one
method
of pro-
viding an
effective
way of
encour-
aging
changes.*

*Peer
educa-
tors tend
to
become
role
models.*

-When students hear "one of their own" talking about something, it's easier to recognize and accept that these issues really do concern them

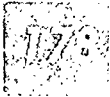
-Young people are more trusting of their peers than they are of outsiders, especially adults.

-If peers are providing straight talk on a tough subject, the audience may feel comfortable asking questions that otherwise might seem too embarrassing. The group may also fear that an adult educator would misunderstand any questions they ask because of the use of slang terms. A peer does not pose a threat of that sort.

-Peer educators tend to become role models, offering advice, referrals or information on the subject to friends and acquaintances.

Peer education programs train people to help others, not just by providing accurate information but also by assisting them with decision making, communication skills, and the development of problem solving techniques. By reporting the facts while role modeling appropriate behaviors, peer educators help their fellow students to examine and change their own behaviors. The education becomes, in essence, a form of "self-help". The students feel the educator's are "one of them" and so may incorporate the demonstrated behavior into their own lives. They see how people their own age-both in character and out-deal with difficult issues and may feel they can adopt the same methods. The basis of the peer education approach is that both the trainers and trainees benefit from the educational experience.

*Peer
educators help
their
fellow
students
to
examine
and
change
their own
behavior.*



Peer Education and Adolescence

Peer education provides a believable source of information at a time when denial is the norm.

For adolescents, peer education provides a believable source of information at a time when denial or feelings of "it can't happen to me" are the norm. The combination of feeling invulnerable while struggling to define one's identity can lead to taking risks. Many of the risky behaviors that students engage in are, from their view point, acts of rebellion or of establishing autonomy. Helping young people learn a more healthy lifestyle is inseparably linked to helping them grow into responsible adults and is best done in an atmosphere of trust and support. If this role is given to an adult, it may appear too much like a lecture on how to become a positive member of the adult world. On the other hand, a peer probably identifies with many of the underlying developmental issues and so knows how to present information that touches all facets of an issue. A peer

educator role modeling healthy behavior may counteract feelings of alienation and pressure to rebel.



The power of peer pressure cannot be ignored. For a message to take effect among young people, there must be a bond created between the person giving the message and those receiving it. Establishing that bond is the greatest benefit and challenge for the peer educator.

*The
power
of peer
pressure
cannot
be
ignored.*

Motivations to Change Behavior

Inspiring young people to avoid risky behavior empowers them, pointing out the potential control they have in their own lives. Peer educators are role modeling more than healthy behavior. They're demonstrating communication, problem solving and decision making skills. They may portray realistic situations using language or certain attitudes to which



The confidence generated by this sort of influence raises is enormous.

students can relate. This connection could be lost if the demonstration was done by an adult.

Peer educators can provide the basis for a new social norm within a group. Young people are likely to listen to a message that seems of such importance to their peers. The confidence generated by this sort of influence raises is enormous for both the educators and the participants in the presentation. The students may feel that they can, in turn, influence their friends in similar ways. Perhaps a student may feel more comfortable discussing issues such as marijuana at parties as a result of the work of a peer educator. When young people discover they may have more power than they originally thought, it is important to give them a positive goal toward which to work. A peer educator symbolizes what a student can do to change or affect those around her or him.

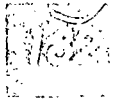
Creating a Climate Conducive to Behavior Change



For a peer education program to be truly effective, the peer educators need to feel that their opinions and suggestions are an integral part of the program. A director can stand by to teach, guide, advise and support as needed. However, peers should be largely responsible for content and presentation because they know best what will be effective.

Peer education provides a good system of support within a defined community. It is a way of empowering students by supplying them with skills for self-care. It also helps them identify issues and solutions within their peer group. If students understand their responsibilities in taking care of themselves, awareness of choices and precautions becomes more obvious. A peer education program can provide constant reinforcement of

*Peers
should be
largely
responsi-
ble for
content
and pre-
sentation
because
they
know
best what
will be
effective.*



*Peer
educa-
tors are
already
a part of
the
commu-
nity they
intend
to
assist...*

such messages, allowing for an environment conducive to reducing risky behavior. And because peer educators are already a part of the community they intend to assist, this makes for a solid, permanent network of support for ongoing problems.

The complete production of a peer-based theater program is a large undertaking. Many of the details and a lot of helpful suggestions are contained in the S.H.O.U.T. (Students Helping Others Understand Themselves) manual.

Visual Arts:

PROJECT: How Advertising Influences Us

Discuss with students the role of advertising in the promotion of products. Tobacco and alcohol produces spend millions of dollars each year trying to get their messages to consumers and potential consumers... sometimes without regard for age.

Often the messages exist on several levels: literal, which is the obvious message we can see or hear and subliminal, where we don't even know we are being affected by the message.

The following project, modeled by Windsor Jr. High School, typically takes two periods in the art room. The first day is spent analyzing a wide variety of print advertisements.



*Often
the mes-
sages
exist on
several
levels*





Does one ad 'grab' them?



The second day is devoted to designing individual ads for hypothetical non-smoking or anti-under age drinking sponsors.

First Day:

Students should spend 5 to 10 minutes looking at advertisements in an assortment of current magazines. They should try to be aware of their own reactions to various ads: Does one ad 'grab' them? Is one boring? Does another disturb them in some way? Can they find a compelling ad?

After selecting an ad, they should spend a little time analyzing it and then fill out the Advertising Evaluation form on the next page. Finally, students should present individually their evaluations to the class.

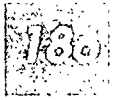
Second Day:



This is the time for students to create their own advertisements stressing anti-smoking or anti-drug themes. Students very often get an idea and quickly start developing it. They will end up spending the entire period drawing their first idea. You may wish to encourage them to come up with many ideas. Ad agencies often use 'thumb nail' sketches to develop ideas. These are 2" square drawings that quickly show a concept. One idea leads to another and then to another. Since the students don't have much time invested in the 'thumb nail' sketch, they are more willing to let that idea lead to another one.

*Students
create
their
own
adver-
tise-
ments
stressing
anti-
smoking
or anti-
drug
themes.*

185

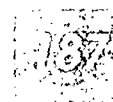


With a little effort, the ideas begin to get more creative.

The first ideas are usually very straight forward and students will need to be challenged to get past a design that says "Don't Smoke". However, with a little effort, the ideas begin to get more creative. Often they are quite clever or humorous. When they have explored several concepts with "thumb nails", they can finalize on one and spend the rest of the class working on that.

At the end of class, you may wish to discuss several ads in front of the entire class or simply post all of them on a wall outside the classroom.

Worksheet: Advertising Evaluation



1. Describe the advertisement you selected:

What is the product?

Who is the manufacturer?

2. Describe the intended audience:

Who is the intended audience?

Why would this ad appeal to that audience?

3. Discuss the message:

What is the primary message?

What is the more subtle message?

What caught your eye?

How were you affected by this ad?

How do you think the advertiser created that
affect?

4. Discuss:

How do the photographs or graphs relate to the
actual product?

Is there a reason that advertisers don't show what
life would really be like with their product?

Do you think this is dishonest? Is it okay?

Are people being manipulated?

Do you think you were manipulated?

Music

PROJECT: Implications of Current Songs



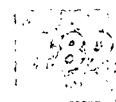
Unfortunately this is an area where "pro-use" messages are abundant.

Contemporary musicians serve as role models for students. Unfortunately this is an area where "pro-use" messages are abundant, both in words as well as actions. In this project we will look at the messages that are behind the words in popular songs, and the reality of the lifestyles that are often portrayed so glamorously.

Ask students to choose two songs to review and present to the class. The first should be one with a "pro-use" message, and the second should be one that places a high value on an individual or relationship.

The presentation to the class should include responses to the questions on the worksheet.

Questions to Consider for Your Music Presentation



Song One:

How does the song make you feel?

What are the specific words in the song that give messages about alcohol or drug use?

What are the connotations of these words?

Are the actual words, and the messages behind the words accurate? Be specific in your answer.

What effect would long term use of the substance that is encouraged have? Is this mentioned in the song?

What about this song makes it "cool" or "uncool?"

Song Two:

How does the song make you feel?

What are the specific words in the song that give messages supporting individuals or positive relationships?

What are the connotations of these words?

Do the words, and the messages behind the words give an honest portrayal of what is possible? Be specific in your answer.

What about this song makes it 'cool' or 'uncool?'

Industrial Arts

Discussion of Issues: Inhalants



What do the cautions on the labels really mean?



The discussion of inhalants is an obvious area for curriculum infusion for the Industrial Arts area. Many of these issues are inherent in any successful industrial arts program.

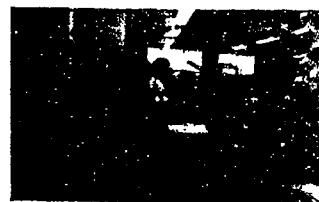
Discussion Questions

1. When the labels for adhesives and paint, include cautionary statements or warnings, what do they really mean?
2. Sometimes the risks that are described on labels seem recognizable and sometimes they seem over-cautious. Discuss the difference in levels of risk.
3. How do you determine what the potential consequences of not fol-

lowing directions for hazardous substances?

4. Take several labels to adhesives, paint, etc and determine the worst possible outcome if the directions are not followed appropriately.

5. Discuss the procedure for helping yourself or someone else who had inadvertently been injured by inhaling caustic fumes.



RESOURCES

"What I want is facts."

Charles Dickens

Resource Information for the Teacher: Alcohol

Ethyl alcohol is the active drug present in alcoholic beverages. It is a depressant. It is created through a natural chemical process called fermentation, in which yeast cells convert the natural sugar in certain fruits and grains into carbon dioxide and alcohol.

It is illegal for people under age 21 to use alcohol. Ethyl alcohol anesthetizes the brain. First it slows down and interferes with the higher brain centers controlling judgment and inhibition. As the concentration of alcohol in the central nervous system increases, paralysis of the lower brain centers occurs, causing poor coordination, confusion, disorientation, stupor, loss of control over critical body functions, coma, or death. If an individual's blood alcohol concentration is greater than 0.60 percent, the brain becomes so depressed that breathing and heartbeat stop, and death results.

Alcohol increases blood pressure and heart rate, decreases blood supply to the heart, and dilates blood vessels in the limbs, causing body heat to escape and creating a feeling of warmth. Small doses of alcohol can lower inhibitions and cause mild feelings of well-being. Large doses progressively depress mood and energy.

Once alcohol is in the stomach, it begins to be absorbed. Unlike other foods, alcohol requires no digestion; it passes through the walls of the gastrointestinal tract and is picked up by small blood vessels. Alcohol absorption is influenced by concentration of alcohol, amount of alcohol, rate of drinking, amount of food in the stomach, body weight, body chemistry and emotions, and history of alcohol consumption. Alcohol is toxic to the body. It can cause nausea, headaches, vomiting, and anxiety.

Long-term alcohol abuse is life-shortening and life-threatening. People who chronically abuse alcohol get sick more often than people who don't and are at much greater risk for developing digestive system disorders, liver diseases, hypoglycemia, malnutrition, nervous system diseases, hormonal disorders (including impotence and infertility), mental disorders (especially depression), heart disease, muscle wasting, and cancer.

Women who drink even small amounts during pregnancy risk harming the fetus. Alcohol abuse during pregnancy can result in a pattern of birth defects called Fetal Alcohol Syndrome. Symptoms include mental and physical growth retardation, emotional disorders, and physical deformities.

Alcohol abuse plays a major role in many societal problems, including birth defects, high medical costs, traffic fatalities, and violence.

Alcoholism is a form of drug dependence. Symptoms of alcoholism include hiding or lying about drinking, guilty feelings about drinking; drinking because of worry, tiredness, or depression; memory blank-out; and increasing tolerance for alcohol. Alcoholism can involve loss of control over drinking, withdrawal symptoms, physical problems, morning shakes, and drinking to avoid hangover. Alcohol withdrawal symptoms include restlessness, body shakes, insomnia, depression, anxiety, loss of appetite, confusion, hallucinations, and convulsions (the "d.t.s," or delirium tremers).

How to Help Children from Alcoholic Families

Why Should We Be Concerned About Children from Alcoholic Families?

It has been estimated that more than 6.5 million American children under the age of 18 live with an alcoholic family member. These children often experience serious personal, social, and behavioral problems. In addition, approximately 50 percent of them will become alcoholics themselves. In order to pre-

vent serious damage and future alcoholism, we need to reach these children now, before destructive patterns are established.

Recognizing Children from Alcoholic Families

Parental alcoholism has a wide range of effects on children. Many teenagers who are in trouble in school or with the police come from homes with an alcoholic parent; yet the behavior of many other youngsters who live with an alcoholic parent is less obviously linked to the parent's alcoholism. Many of these children shrink from adult contact as a result of their parents' unreliability. Others appear as "loners," unable to develop friendships or confide in or trust anyone. Many children with alcoholic parents are physically abused. An estimated 50 to 80 percent of families where physical abuse is present have one or more alcoholic members. Some of the school's best achievers are children of alcoholics, motivated by a desire to please the family enough to restore peace and stop the drinking. Researchers and practitioners have identified the following roles that children of alcoholic parents frequently adopt: the hero (or overly responsible child), the lost child (or adjuster), the scapegoat (or acting-out child), the mascot (or clown), and the placater (or household social worker).

Many instructors teaching about alcohol find that at least one of their students will reveal the existence of a problem in their family quite early and quite openly. The student may make a telling comment during class, talk about his or her problem during a small-group discussion, or become emotional after class. But most students are more subtle because they are uncertain of their right to talk about the problem, or of the teacher's response. As a teacher concerned with helping these youngsters, you should watch for the following kinds of student behavior:

- An extremely negative attitude about alcohol consumption (e.g., "Why would anyone drink? I'll never drink."). This attitude is especially

common among younger children, and is often the result of close contact with alcohol abuse.

- Equating drinking alcohol with drunkenness. Children who live with alcoholism often cannot grasp the fact that some adults drink alcohol in moderation and do not become intoxicated. While it is important to help them understand and learn to recognize responsible adult drinking, it is also important to help them put the alcoholic drinking they have seen in a different perspective.
- Changes in class attendance and/or participation. Students whose attendance is spotty or who normally do not participate in class discussions may suddenly take an interest in the alcohol unit. Good students may start being absent, late, distracted, or quiet. Such changes are rarely coincidental.
- Students lingering in the classroom after the period has ended. In many cases, young people will stop short of identifying their parent as alcoholic, but are desperate to talk about the problem. They may take a long time gathering their books, or may come up after class to ask an apparently innocent question. You should not assume that all interest in the unit arises from family alcoholism, but you should also expect requests for help to come in these subtle ways.

What to Do About Children in Your Class Who You Suspect or Learn Have an Alcoholic Parent

Your role is that of educator, not counselor. Teaching children who have an alcoholic family member, however, requires the full range of instructional skills to provide these children with opportunities and motivation to learn about alcohol use. Simply teaching this session, which directly addresses the problems that children from alcoholic families face, will help students feel they are not alone.

This session may be the first time some students recognize the name of their parent's problem and they may talk about it to the class. For many other students who live with an alcoholic parent, such a disclosure would be too painful. This session does not require student disclosure. Instead it encourages all students to develop outreach and helping skills/ gain a greater sense of empathy, and acquire some useful information about alcoholism. In addition, students with family alcoholism will learn that their parents' drinking is not their fault, that many other teenagers share this problem, and that people and organizations are ready to help them.

Because you spend a considerable amount of time with these children and because they perceive you as knowledgeable about alcohol, you are in an excellent position to recognize or be told about family drinking problems. This enables you to refer students to appropriate school or community resources for help. In general, you should not advise these students about their personal problems but direct them to help.

Potentially helpful school authorities include the nurse, social worker or psychologist, guidance counselors, and principal. In addition, if your school has a student assistance program, be sure to contact it. Community groups that may be of assistance are the local Council on Alcoholism, open Alcoholics Anonymous meetings, the Salvation Army, and, in particular, local Alateen or Al-Anon groups. Alateen groups consist of teenagers who have an alcoholic parent, while Al-Anon groups are for all relatives of alcoholics. Membership in these groups does not require that the alcoholic parent be involved in Alcoholics Anonymous or any other form of treatment. At the local level, these groups can be located in the white pages of the telephone directory under Alcoholics Anonymous or Al-Anon.

A crucial role you can play is to help students from alcoholic homes develop social skills, since they often become social isolates due to the erratic nature of family life. They have learned not to invite friends home, which may result in their no longer being invited to their friends' homes. You can provide much needed social opportunities for these students by selecting them as class monitors, encouraging their participation in group educational activities, and, in particular, encouraging them to join after-school clubs or other social groups.

Teacher Intervention in Alcohol and Other Drug Abuse Problems

For some students, teachers are among the few adults with whom they interact on a regular basis. When the teacher notices a student changing behaviors and suspects that abuse of alcohol or other drugs may be involved, intervention is necessary.

Many people think of an intervention as an elaborate strategy planned by drug or alcohol professionals. This is known as a formal intervention and requires expertise, planning, and guidance. Informal interventions are simpler and occur with much greater frequency. Teachers can play a key role in informal interventions.

The most certain indicators of a student's alcohol or other drug problem are persistent, unexplained, negative changes in behavior. Such changes are not necessarily the result of alcohol or other drug abuse; they could be indicative of other problems. In either case, it is important that someone recognize the behavior change and offer help.

While physical symptoms may signal alcohol or other drug abuse, they may often be the result of unrelated medical conditions or be evident only in long term abusers.

Some behavioral indicators of student alcohol or other drug abuse include

- changes in school attendance patterns (unexplained or repeated absences or tardiness)
- changes in academic performance (decreased effort, impaired memory, evidence of cheating, compulsive overachievement, preoccupation with school)
- changes in classroom conduct (disruption, lack of concentration, sleepiness)
- changes in work habits, self-discipline, mood, or attitude (negative attitude, defiance, outbursts of bad temper, hyperactivity, defensiveness, perfectionism)
- seeking of adult attention and/or advice without identifying a specific problem
- loss of interest in things that were once considered important (withdrawing, excessive daydreaming or fantasizing, inattentiveness)
- changes in friends or usual activities (sudden popularity, hanging around with known or suspected users, concern expressed by other students)
- decline in concern about appearance (lack of attention to dress or hygiene)
- increased focus on money and/or evidence of heavy borrowing or stealing
- heightened secrecy about activities and possessions
- increased interest in and talk about drugs and drug use

When a teacher notices a potential alcohol or other drug abuse problem and takes steps to find out more, an informal intervention is taking place. This is a form of protection, or concern in action. Steps the teacher could take include

- offering help to the student by creating an opportunity for a conversation
- seeking assistance from other staff members in assessing the student's behavior

- getting help from another professional who feels more comfortable intervening directly with the student

This type of intervention is necessary to identify and assist students who are already in trouble or may be getting into trouble with alcohol or other drugs. Your school district policy may provide guidelines for responding to student alcohol or other drug abuse problems.

Some teachers may not feel equipped to handle interventions. Clearly, it is not the teacher's job to be a drug or alcohol counselor. But when students show signs that they may be at risk for an alcohol-related or other drug-related problem, it is essential that the teacher respond. It is also important for teachers to intervene in a style that is their own.

Failure to respond to a student's distress signals enables the student to continue dangerous behavior. Enabling occurs when individuals or systems allow alcohol or other drug abuse to worsen by preventing the abuser from experiencing the consequences of his or her actions. Caring teachers may think they are being kind to alcohol- or other drug-abusing students by giving them a break or by looking the other way. But this does not help the student. It allows the problem to continue, and the consequences for the abuser are likely to become more severe as time passes. Furthermore, the ability of teachers to observe and intervene in a responsible manner can help prevent potential drug and alcohol problems.

Students who return to school from an alcohol or other drug treatment program often need extra support. They may face many of the following issues in school:

- people who ask, "Where have you been for the past month?"
- teachers, administrators, and other students who continue to label them as "druggies"
- the need to choose between socializing with old friends who are alcohol or other drug users and being abstinent and feeling alone for a while

For these reasons, some schools provide support groups for students in recovery from alcohol and other drug abuse.

Resource Information for the Teacher: Marijuana

Marijuana is an illegal drug. Laws regarding the sale, possession, transportation, and smuggling of marijuana vary from state to state.

Marijuana is commonly called pot, grass, reefer, weed, dope, Sinsemilla, Acapulco Gold, Thai sticks, Mary Jane, dope, THC, hashish, or Panama Red. Marijuana and hashish are made from the hemp plant, *Cannabis saliva*. When dried, the plant resembles oregano and comes in green, brown, gold, and red. The mind altering chemical ingredient in marijuana is THC. Today, the chemical potency of marijuana is 20 to 25 times greater than it was in the 1960s. Marijuana is usually ingested through smoke from a pipe or cigarette (joint). It can also be eaten.

Benzopyrene, the cancer-causing chemical found in cigarette smoke, is 70 times more abundant in marijuana smoke than in cigarette smoke. Chemicals ingested from marijuana use leave the body very slowly. They can remain in cells for as long as 45 days. Harmful by-products are stored in the brain, lungs, testes, ovaries, and body fat.

Low doses of marijuana can induce euphoria—a dream-like state—as well as confusion, anxiety, panic, hallucinations, and paranoia.

Marijuana increases heart rate and blood pressure, which can be dangerous for people with heart problems or susceptibility to strokes. It also diminishes coordination, reaction time, short-term memory, sense of time, ability to learn, and ability to talk.

Physical dependence on marijuana can develop rapidly. Withdrawal symptoms include nausea, vomiting, irritability, sweating, sleeping problems, and weight loss.

Marijuana users risk flashbacks, lung damage, diseases like bronchitis and lung cancer, higher heart rate and blood pressure, cancer, lower immunity from disease, and lower reproductive functioning.

Smoking three to five marijuana cigarettes a week has the same effect on the lungs as smoking 16 to 18 cigarettes a day, seven days a week.

Marijuana users can lose interest in long-term goals and activities. Users may become increasingly unmotivated, dull, and have difficulty concentrating, remembering things, planning, and performing in school, work, or other interests. These problems can disappear soon after stopping marijuana use completely.

People who use marijuana often have bloodshot eyes, decreased coordination and reaction time, difficulty communicating clearly, a confused appearance, and/or a skewed sense of time.

Resource Information for the Teacher: Cocaine and Crack

Cocaine is illegal. Selling, transporting, possessing, or smuggling cocaine are all serious crimes. Cocaine is commonly called coke, snow, flake, crack, rock, powder, white, blow, nose candy, lady, or foot. Cocaine is a white powder or rock made of leaves from the coca plant. Cocaine is inhaled through the nose, injected, or smoked.

Inhaling cocaine stimulates the body's central nervous system and increases heart rate, blood pressure, and body temperature. The initial effects are brief and include euphoria and a sense of increased strength, energy, and alertness. Anxiety, irritability, and hostile or aggressive behavior are also effects of cocaine. A cocaine high is often followed by feelings of depression, tiredness, headache, and the strong desire for more cocaine.

Cocaine is extremely addictive. Every time the drug is taken, it creates a strong desire to take more. Each time a person uses cocaine, he or she needs more of the drug to create the same effect. Chronic use can lead to listlessness and severe reactions like seizures or psychotic behavior. More than 10,000 cocaine users overdose each year.

Ingestion of cocaine can cause drug dependency, lung damage, psychosis, blood clots, burns, and toxic syndrome (tremors, panic, chest pain, vomiting, and, without medical help, convulsions, high fever, and death from heart attack or stroke). The very first dose of cocaine can cause stroke, heart attack, or sudden death.

Crack is a far stronger, more dangerous form of cocaine. It is one of the most addictive substances known, even more so than heroin. Crack is made by converting cocaine powder into light-brown shavings or pellets. Smoking crack pro-

duces a short, intense feeling of euphoria, which, several minutes later, leads to a severe, crisis-like withdrawal, with extreme depression, paranoia, and an overwhelming desire for more crack. One dose of crack has been known to cause sudden death.

Crack is cheaper than cocaine, making it accessible to young or disadvantaged buyers. Once addicted, crack users often turn to stealing, prostitution, and drug dealing to support their addiction. Prolonged use can lead to violent behavior and psychotic states.

- Freebasing or injecting cocaine causes an intense rush that is similar to crack's effects.

This high is rapidly followed by a depressive crash. Injecting cocaine also brings risk of HIV infection.

Many babies born to mothers who abused cocaine or crack during pregnancy suffer immediate and long-term physical and emotional effects of the drug. These babies begin life in an agonizing state of withdrawal and are often developmentally delayed or otherwise impaired.

People under the influence of cocaine may appear overly active, flushed, and/or have dilated pupils. Users may show signs of behavior change, decrease in job or school performance, and/or physical deterioration (including weight loss). Cocaine users may possess large amounts of money.

Resource Information for the Teacher: Steroids

Anabolic-androgenic steroids (commonly known as steroids or roids) are synthetic substances made from the male hormone testosterone.

Anabolic-androgenic steroid use has been officially condemned by most national and international sports organizations due to the overwhelming evidence that steroids cause dangerous side effects and do not increase long-term athletic performance.

Sixty to eighty percent of steroids used are obtained through the black market. Users are often unaware of the drug's harmful side effects.

Steroids are controversially used in the treatment of some medical disorders, including deficient hormonal functioning of the testes, anemia, growth retardation in children, breast cancer, osteoporosis, and hereditary fluid retention. The harmful side effects of steroids also affect these patients.

In females, steroid use causes masculinization, which can include acne, growth of facial hair, deepening of the voice, menstrual problems, baldness, excessive body hair growth, and prominent musculature.

In males, steroid use can cause balding, acne, decreased sperm production, shrinking testes, and enlargement of the breast tissues. Violent, combative moodiness, depression, delusions, paranoia, and suicidal feelings are also associated with steroid use.

Steroid users are at increased risk for developing liver dysfunction, water retention, liver cancer, abnormal skeletal muscle changes, and possible premature heart disease.

Steroid use is particularly harmful to young people who are still maturing physically. The drug can stunt growth and disrupt normal sexual development. Use of steroids during pregnancy can cause severe damage to the developing fetus, particularly to female fetuses.

Research conflicts on the ability of steroid use (when combined with weight-training programs) to increase muscle size and strength. Recent evidence, however, shows that long-term use can cause irreversible organ damage and death.

Resource Information for the Teacher: Systems of Drug Classification

There are a variety of ways to group or categorize drugs. One was established by the Controlled Substance Act of 1970. This method organizes psychoactive drugs into five categories or schedules. The criteria for placing a drug in a particular schedule are its actual or relative potential for abuse, the likelihood that it will cause dependence, and its acceptability for use in medical treatment. Schedule I includes drugs that have a high potential for abuse and dependence and for which there was (as of 1970) no accepted medical use. Heroin, psychedelics, methaqualone, and marijuana are examples of drugs in this category. Schedule II drugs include opium, morphine, codeine, cocaine, amphetamines, barbiturates, and PCP. These are substances that have a high potential for abuse and dependence but also have some medical use. Schedule III contains drugs with a lower potential for abuse. These drugs have some medical use and present a low to moderate risk for physical dependence, but have a high risk for psychological dependence. Drugs listed in Schedules IV and V are progressively less likely to be abused and have an even more limited potential for dependence. Alcohol, nicotine, and caffeine are not included in this system of classification.

Other drug classification schemes have been created to reflect the social and/or personal hazards associated with drug abuse. One method rates drugs according to their hazard to the individual, classifying drugs that are deemed very highly hazardous first, followed by those that are highly hazardous. In this system, alcohol, barbiturates, nonbarbiturate sedative-hypnotics, and stimulants are in the first category, while coffee and tea are in the last category.

A variation of this scheme is to classify drugs according to two criteria: the effects on the human body and the extent of social approval and availability of

the drug. In this system, alcohol and tobacco are rated more dangerous than PCP because they are dangerous to the body, readily available, and socially acceptable, while PCP is dangerous to the body, but not especially available or socially acceptable.

Understanding the ways in which drugs are classified is less critical than understanding the impact that drug abuse can have on the individual. HIV infection, the possibility of rapid addiction to certain substances, serious injury from car crashes, unplanned pregnancy and sexually transmitted diseases, violent behavior, and death are very serious risks associated with alcohol and other drug use.

Over-the-counter, or OTC, drugs are medications that can be purchased without a prescription. Some examples include antacids, analgesics, sleep aids, stimulants, cold remedies, and appetite suppressants. OTC drugs are often misused, resulting in physical, social, and/or emotional impairment.

Designer drugs are synthetic substances produced by chemically altering existing drugs to make "act-like" substances. For example, synthetic heroin can be almost 3,000 times as powerful as traditional heroin and, thus, is more dangerous to use.

Resource Information is reproduced from *Protecting Oneself and Others: Tobacco, Alcohol, and Other Drugs* module of *Teenage Health Teaching Modules (THTM)* with permission from Educational Development Center., Inc.

Bibliography

Black, C., *Double Duty: Dual Dynamics within the Chemically Dependency Home*. Balantine Books, New York, 1990

Dupont, R. Jr., *Getting Tough on Gateway Drugs: a guide for the family*. American Psychiatric Press, Washington D.C., 1984

Education Development Center,
Protecting Oneself and Others: Tobacco Alcohol and Drugs module of Teenage Health Teaching Modules (THTM)
Education Development Center, Inc.
1991

Fogarty, R., *How to Integrate the Curricula*. (The Mindful School Series)
Skylight Publishers, 1991

Greene, Sheppard M., *The Boy Who Drank Too Much*, Dell Publishing Company, 1980.

Hinton, Susan W., *That Was Then, This Is Now*, Viking Penguin, 1971.

Holland, Isabelle, *Heads You Win, Tails I Lose*, Fawcett, 1988.

Kauchak, D., and Eggen, P.D. *Learning and Teaching: Research -Based Methods*. Allyn and Bacon, Boston, Ma., 1989

McCutcheon, Gail, *Developing the Curriculum, Solo and Group Deliberation*, Longman Publishers USA, White Plains, N.Y., 1995.

Milgram, G., *Coping with Alcohol*. Rosen publishing Group, N.Y. 1987

Milgram, G., and Griffin, T., *What, When and How to Talk to Students about Alcohol and Other Drugs*. Hazelden Foundation, Minn. 1986

O'Dell, Scott, Kathleen, *Please Come Home*, Houghton Mifflin Co., 1978.

Smoking, Distinguishing Between Fact and Opinion, Greenhaven Press, Inc. 1989.

Steinglass, P., *The Alcoholic Family*.
Basic Books, Inc., 1987

Strasser, Todd, *Angle Dust Blues*,
Coward-McCann, 1979.

Twain, Mark, *The Adventures of
Huckleberry Finn*. Wm Morrow and Co.
Publishers, N.Y., 1994

U.S. Department of Education, *What
Works: Schools Without Drugs*. U.S.
Department of education, Washington
D.C. 1987

U.S. Department of Education, *Drug
Prevention Curricula: A Guide to
Selection and Implementation*. U.S.
Department of education, Washington
D.C. 1988

Walker, D., *Fundamentals of Curriculum*.
Harcourt Brace Jovanovich, N.Y., 1990