

Peer Pressure

Honesty

Healthy Choices

Managing Stress

Respect

Alcohol

Prescription Drugs

Consequences

Heroin



Tobacco

Steroids

Courage

Parent Engagement

Responsibility

Marijuana

Over-the-Counter Drugs

# Facilitator's Guide

**adapp**

**Archdiocese of New York** Drug Abuse Prevention Program

*in Partnership with*  **Connect with Kids**

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### Refuse, Remove, Reasons Online

Video and print resources stream online at the following password-protected site:  
[www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com)

*Note your username and password here:*

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**Refuse, Remove, Reasons** is a compelling, evidence-based digital and print substance abuse prevention curricula developed by the **New York Archdiocese Drug Abuse Prevention Program (ADAPP)**, in partnership with the **Connect with Kids Education Network**.

The **Refuse, Remove, Reasons** platform provides facilitators the tools and background to conduct the multimedia program with fidelity. This Facilitator Guide provides a step-by-step process to conduct four classroom sessions on the following topics:

- Alcohol and Tobacco
- Marijuana
- Steroids, Prescription and Over-the-Counter Drugs
- Heroin and other Illegal Drugs
- Consequences.

This guide enables facilitators to set the tone for each session's goals by defining expectations and asking for student feedback, participation and response. Each lesson features video segments along with step-by-step guidelines for discussion, activities and at-home assignments.

### EVIDENCE-BASED RESULTS

A three-year study at 18 New York City Archdiocesan high schools showed that, in schools using the Refuse, Remove, Reasons program, students were less likely to use drugs, alcohol and tobacco and more likely to rely on effective strategies for refusing these substances.

Study results demonstrated:

- *a positive impact on change in attitude regarding the use of harmful substances*
- *increased confidence in having clear strategies for refusing substances if offered*
- *increased awareness of the dangers and negative consequences of substance abuse — even if used only once.*

RRR is listed on NREPP: SAMHSA'S National Registry of Evidence-based Programs and Practices.



## COMMON CORE STANDARDS

The Refuse, Remove, Reasons platform meets the following general Common Core Standards:

- *Allowing students to gain, evaluate and present complex information and ideas through listening and speaking.*
- *Encouraging academic discussion, collaboration and problem-solving in one-on-one, small group and whole-class settings.*
- *Providing opportunities for vocabulary growth through a mix of conversation, direct instruction and reading.*
- *Integrating technology and media to enhance 21st century learning.*

## ABOUT THE APPROACH

The Refuse, Remove, Reasons substance abuse prevention education program features five classroom lessons, using video and print resources to provide accurate and age-appropriate information.

However, as research indicates, data alone does not prevent use. The Refuse, Remove, Reasons Curriculum focuses on teaching refusal skills. These important skills can assist teens when faced with the social pressure to use substances. The curriculum is interactive using a multimedia format to engage students. The lessons embrace a social work approach — the Mutual Aid Model — to enhance the discussions and activities where peers can learn from each other under the guidance of an adult facilitator.

### ► **The Mutual Aid Model: New Solutions to Old Problems**

For more than 40 years, the New York Archdiocese Drug Abuse Prevention Program (ADAPP) has provided comprehensive substance abuse prevention services targeted at universal, selected and indicated populations. ADAPP's approach has long incorporated proven strategies designed to reduce risk factors related to substance abuse, as well to increase protective factors needed to live healthy productive lives.

At the core of ADAPP's program is the use of the Mutual Aid Model of counseling. This theoretical approach emerged from the field of social work and was developed by William Schwartz and built upon by Lawrence Shulman and Alex Gitterman. It recognized the power of one's peer group as a vehicle for solving common problems. The peer group provides a forum for trying out new behaviors; giving and receiving feedback; providing positive support; and, most important, learning to help and support others through the aid of a trusted adult. It takes advantage of the positive roles that peers can play in working together to find new solutions to old problems.

This Mutual Aid approach, through its emphasis on involving peers, takes advantage of peer support, a dynamic in adolescence that can prevent an individual's involvement with alcohol, drugs and other high-risk behaviors. This approach is true not only for adolescents but for adults as well and can be used in both clinical counseling sessions and educational programs.



## ► Key Concepts Essential to Mutual Aid Model

### *Preparation*

At the core of the approach is the notion that the leader must understand the population he/she is teaching; referred to as “preparatory empathy.” In order to conduct this curriculum with fidelity and effectively incorporate Mutual Aid, it is essential that the leader mentally prepares for the adolescent audience by considering:

- *What teens may be thinking and feeling about drugs and alcohol.*
- *What it is like to be a teenager in today’s world.*
- *What reaction will the counselor have to what is expressed.*

The facilitator must objectively prepare for the curriculum by reviewing the material prior to the sessions.

### *Setting Agenda for Lessons and Climate for Learning*

In order to effectively involve students in the education program, the program facilitator should develop a working agreement with the students. The facilitator sets the tone by beginning each session by outlining the goals of each lesson, defining participant expectations and asking for feedback and responses from the students. The subsequent sessions should begin with a review/questions of the previous session and as well as a review of the homework assignment.

## ► Key Dynamics to Establish Mutual Aid

The classroom lessons are designed to establish Mutual Aid that engages students in a learning process where students are open to hearing the program facilitator and each other. The following dynamics are central to the process of offering and receiving Mutual Aid and should be incorporated throughout the class lessons.

### *The “All-in-the-Same-Boat” Phenomenon*

A potent force in Mutual Aid is the discovery that one is not alone in his or her thoughts, feelings, and emotions. There is something special in hearing others articulate similar feelings and experiences. Such mutuality produces support that energizes learning. As students respond to key questions in the lesson, the facilitator can establish connections by acknowledging the adolescent experience (academic stress, social anxiety and peer pressure, including the use of drugs and alcohol.) Demonstrated in the video segments, students learn ways to resist substance use. It is an important element to communicate throughout the four sessions.

### *Information Sharing*

Each student has his or her own unique life experiences. The discussion questions following each video segment are designed to assist students with sharing their experiences and beliefs about substances, as well as how they can develop ways to remove themselves from high-risk situations and refuse substances. By encouraging their participation in the learning process, the program facilitator can help students listen to each other while correcting any misinformation that the students may have about drugs and alcohol.



### ***The Dialectical Process***

Class discussion, lead by the program facilitator, can be a vehicle for students to develop insight into their own behaviors as they share their thoughts and listen to the experiences of others. Hearing their peers articulate similar feelings and experiences produces support and encourages learning. The facilitator needs to be prepared for this process and be able to assist students with navigating different ideas, opinions and reactions. Within this process the leader has the opportunity to encourage an exchange of ideas while acknowledging and reinforcing the new pro-social behaviors that are learned during class discussions.

### ***Mutual Support***

The **Remove, Refuse and Reasons** curriculum provides students with the opportunity to receive support and validation from the program facilitator and each other as they participate in activities and discussions which ask them to explore their struggles and need to make wise choices. When appropriate, the leader guides students toward supporting their peers by asking them to react and give feedback. Allowing adolescents to support each other in their struggle to develop personal ways to refuse and remove themselves from situations that involve substances is developmentally appropriate and makes use of the power of the peer group.

### ***Mutual Challenge***

While it is important for students to have support from their peer group and adults, it is not sufficient to create change in behavior or intention to change. Research shows behavior/attitude changes occur when students have information and learn new skills. Developing new attitudes and behaviors may first need old ideas and behaviors to be questioned and evaluated. The discussion questions and activities ask students to challenge their own views and those of their peers through guided role playing and requests for feedback. Adolescents are in a good position to confront and challenge each other's thoughts, assumptions and actions on how to avoid substances.

### ***Individual Problem Solving***

In each session, students are asked to identify their struggles and successes with refusing substances. The lessons offer the students the opportunity to raise specific problems and respond to another's problems by asking questions, making suggestions and reflecting on the experience. The leader's role is to encourage many exchanges and to indicate how each student's individual responses relate to the class experience as a whole.

### ***Rehearsal***

Opportunities to role play during discussion and activities provide students with the chance to rehearse ways to handle risky situations before they arise. Rehearsing ways to refuse drugs and alcohol allows students to think about how to avoid situations where drugs may be present, and how to refuse drugs and alcohol in the moment.

### ***The "Strength-in-Numbers" Phenomenon***

Adolescents often feel overwhelmed by everyday stress and the pressures they feel to use drugs and alcohol. Media, peers and communities often contribute to this. The pressure is less overwhelming and frightening when students are able to deal with these pressures as a large group. When students collectively address this in the classroom, they can learn from each other and garner the support needed to manage these pressures.



## NAVIGATING DIFFICULT CONVERSATIONS/CREATING A CLIMATE OF SHARING

Students will learn and adopt new behaviors toward drug and alcohol use from adults and their peers when a climate of honest and thought-provoking discussion and sharing is fostered. That climate of sharing often leads to questions about drugs and alcohol that can be difficult to address. The following guidelines and responses are offered:

### ***What should I say if students ask me if I have ever used drugs?***

Students may ask “Do you use drugs?” or “Have you ever used drugs in the past?” While they may simply be curious, or want to know if you think it is OK for teens to use, more often the questions are asked because they want to see if you, as the adult program facilitator, really understand what it is like to be a teenager faced with handling these situations.

This is a common question from teens and it should be answered after considering the following: your school or agency’s guidelines, your own comfort level and your past history of use. Generally speaking, self-disclosure about past use is best kept to a minimum, or not shared at all. Keep in mind that it is illegal for anyone to use certain substances and any disclosure about current use of legal substances (alcohol and tobacco) is best shared with a positive health message: “I have a glass of wine with dinner, but I never drive.”

All things considered, it is best to say: “We are here to talk about ways you can refuse substances at this time in your life and I do know how difficult that can be for teens.”

### ***What should I say when a student discloses substance use/abuse information about family members, or friends or him or herself?***

The curriculum is designed to have students watch videos about “real teens” and react to their stories. Therefore, it is likely that students will share personal information about the impact of substances use/abuse on their life. Prior to discussions, it is important to tell students that they should not use names or identifying information. It is equally important to monitor if the disclosers are relevant to the discussion.

### ***What should I do if the students do not seem to connect with the stories in the video?***

Although a diverse group of teens are represented in the video segments, not everyone can relate to all of the teens. Some students may get distracted if the teens in the video “don’t seem like them” and will need help to refocus. It is important to redirect the discussion to the issue at hand: how they handle situations where alcohol, tobacco or other drugs are present and to acknowledge that this is sometimes difficult. Ask students if there is anyone in the video who they were able to relate to or transition the discussion to relating to the overall situation depicted, rather than the specific individuals featured in the video.

*NOTE to FACILITATOR: The intent of the program is to improve the following risk factors for substance abuse: Favorable attitude, perceived risk of alcohol or tobacco use and normative mis-perception of peer alcohol and tobacco use. In order to ensure fidelity, please emphasize the first four questions in your classroom discussion. If time allows, other questions may be addressed.*



## SUGGESTED TIME GUIDELINES

RRR is designed to be implemented in five class sessions. However, each lesson has information, additional discussion questions and supplemental videos that can be used to expand the lessons.

For each lesson, it is important to use the questions highlighted and to follow the activity as intended.

The first three lessons contain two videos, one to begin the class session with and one to show at the end. The video that concludes the program is also given to the students to watch again for homework.

Lesson four and five contain one video to view at the start of the class session.

The following are guidelines to manage the time of each session. It is based on 43:00 minute period.

### Lesson One: Alcohol and Tobacco

Video One.....	5:47 minutes
Introduction and Summary.....	10:00 minutes
Discussion and Activity .....	20:00 minutes
Video Two.....	7:14 minutes

### Lesson Two: Marijuana

Video One .....	4:39 minutes
Introduction and Summary.....	10:00 minutes
Discussion and Activity.....	20:00 minutes
Video Two.....	6:58 minutes

### Lesson Three: OTC and Prescription Drugs

Video One .....	5:49 minutes
Introduction and Summary.....	10:00 minutes
Discussion and Activity.....	20:00 minutes
Video Two: .....	5:46 minutes

### Lesson Four: Heroin and Illegal Drugs

Video .....	12:50 minutes
Introduction and Summary.....	10:00 minutes
Discussion and Activity.....	20:00 minutes

### Lesson Five: Consequences

Video .....	10:10 minutes
Introduction and Summary.....	10:00 minutes
Discussion and Activity.....	20:00 minutes





### FACILITATOR INTRODUCTION:

This is the first session in an alcohol and drug prevention program entitled “Refuse, Remove, Reasons.” During these sessions we will watch five videos together in class and complete an activity together. In the first three classes, we will watch 2 videos; one at the beginning and one at the end. We would also like you to review the second video at home. The last two sessions will have one video. In each class we will also have a discussion related to the video and do an activity. The goal is to provide you with an opportunity to learn new information, dialogue with your peers and self-reflect on your own attitudes, beliefs and behaviors related to drugs and alcohol.

Upon completion of this program, the objective is that you will have more options for responding when faced with the pressure to use alcohol and drugs. We know teens face many pressures when it comes to drugs and alcohol. I think that you will understand the risks associated with drug and alcohol use, and have more options....everyone in this room can relate to that. Some of the pressures are external, like the media and peers, and others may be internal: the pressures you face in your personal life. Over the next five sessions, we hope you are able to listen and support each other and to offer ideas and suggestions in order to learn from each other.

*(NOTE to FACILITATOR: This is a good time to check-in with students to assure that they understand the process. Ask: Does this make sense to you? Are there any questions?)*

Today you are going to watch a documentary called “Refuse, Remove: Alcohol and Tobacco”, all about how kids like you have dealt with the presence and offers of alcohol and tobacco in their every day lives. While you watch the documentary, listen to the re-enactments and the true life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let’s watch the documentary. Does that sound okay? Are there any questions? *(If no questions or comments, show video.)*

### WATCH DOCUMENTARY

### AFTER VIEWING THE DOCUMENTARY, THE FACILITATOR CONTINUES:

1. In the documentary, Patricia says, “When it’s your close friends and everyone is doing it you feel like I should do this.” Have you been in a situation in which you thought you should be drinking like everyone else? What did you do? Why? Do you look back on this as the right thing to do? Why or why not?
2. In the documentary, Manny says he drank at a party and then suffered horrible post-drinking consequences which, combined with his athletic goals, convinced him that getting drunk just because everyone else is getting drunk just isn’t worth the pain the next day. What immediate consequences would convince you it is not worth drinking at a party? Make a list.



3. Some people give the excuse, "Everyone's doing it," but research has shown that this is not true. According to the 2010 National Survey on Drug Use and Health (NSDUH) conducted by the Substance Abuse and Mental Health Services Administration (SAMSA), 26.3 % of persons ages 12-20 reported drinking alcohol in the past month. The same study states 87.9% of youths ages 12-17 reported that they strongly or somewhat disapprove of peers having one or two drinks of an alcoholic beverage nearly every day. Why do you think this discrepancy between statistics and assumptions exists? Do you think the belief that everyone is indeed doing it makes other people your age smoke and drink?
4. (NOTE to FACILITATOR: Draw a scale on the board, either a horizontal line or a vertical scale in the shape of a thermometer, and mark it in evenly spaced increments of 1-5. Ask students to draw one on a sheet of paper.) Say: On a scale from 1 to 5, with 1 being the easiest and 5 being the most difficult, where do you place yourself in your ability to say no to cigarettes? What about with alcohol? What do you need to call on within yourself to say no? What would help you or make you move along the scale? Why?
5. Has anyone said something to refuse alcohol or cigarettes? What has worked? Take a few minutes to write out some realistic things you could say to refuse alcohol or cigarettes; remember that using your parent as a scapegoat is a perfectly acceptable way out (i.e., "My parents would ground me forever," or "My Dad would kill me if I drank.") Now, turn to the person next to you and try them out to see if they sound believable or if they would work. Give each other feedback.
6. Why is it important to think about your possible actions or words to refuse alcohol and cigarettes before you find yourself in a situation?
7. Several of the people in the documentary give reasons not to date someone who smokes, including Jay who says, "Anytime they were smoking, I'd be like, ok, date's over. Cause, I don't know, I don't want to kiss someone with smoke breath." List at least three other reasons the documentary kids give for avoiding someone who smokes. Are these realistic? Why or why not?
8. What do the kids in the video do instead of drinking/smoking, etc.? Do you do similar things or are there other things you do?



## Alcohol and Tobacco

### Messages Everywhere Activity

#### PROJECT AND PURPOSE

Students will first identify the messages they receive about drugs and alcohol from the media, movies and music, then they will discuss the messages they get from families and peers in order to understand what influence their attitudes.

#### OBJECTIVES

Students will complete the **Messages Everywhere** worksheet individually. In small groups they will share their response and identify commonalities and differences.

#### MATERIALS

**Messages Everywhere** Worksheets

*(NOTE to FACILITATOR: Before the class begins you will need to research Internet sites and advertising to find appropriate, current materials to use in the class. If Internet service is available in the classroom and can be projected on a large screen for the class to see, pre-select at least one site with videos that show teen alcohol consumption. If you need to print ads, be sure to have several different ones and enough to give to out to the class. For examples of recent video and print media messages, visit the Center on Alcohol and Marketing to Youth website at the following link: <http://www.cammy.org/gallery>. You can also give example of the messages youth receive form music and movies.)*

#### PROCEDURE:

1. Say, Let's explore this topic even further with an activity. In the documentary, we hear how a lot of kids feel about cigarettes and alcohol, and how they deal with pressure from their friends. But the messages teens get from the music, movies, from their family, as well as the messages we give ourselves influences our decisions to smoke or drink. First we are going to analyze the messages directed at you every day on billboards, in newspapers and magazines, on television, in movies and online. Anywhere there is media, you receive messages about drinking and smoking. We are going to take a closer look at the messages teens get from the media, family and friends and discuss what influences teens the most.
2. Give each student the **Messages Everywhere** sheet. Ask them to complete the worksheet on their own and to write down messages they see or get from the media, family and friends. They can also use their own example of how alcohol or tobacco is portrayed in the movies or in music, *(NOTE to FACILITATOR: If possible, show the class an example of how one of the Internet sites presents teens involved in binge drinking. If this is not available, ask students how they have seen teen drinking presented on Internet sites such as you tube or on television or in the movies.)* After completing the activity sheet, students can discuss the answers in a large group.
3. Have students share responses in the larger group.
  - *Are the messages you get from peers, family and self as strong as the messages from the media?*
  - *What is the strongest influence in a teen's life?*



## Messages Everywhere

There are messages all around us influencing our decision to drink alcohol or smoke cigarettes. With this activity, we are going to take a closer look at some of these messages.

### *Media/Advertising*

- Describe your alcohol or cigarette advertisement, song lyrics or movie.

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- What is the message of your ad? What are they trying to “sell”?

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### *Family*

- What messages have you heard from members of your family about alcohol & cigarettes? What do you think about these messages from family?

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### *Friends*

- What messages have you heard from friends regarding alcohol & cigarettes? Do you agree or disagree with the messages you receive from friends?

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### *Wrap-up*

- Which message influences you the most? Why?

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## Alcohol and Tobacco

### FACILITATOR WRAP-UP:

Ask the students: What are the “key takeaways” from today’s activities? What are the things you heard that connected with you? Next ask: What was it like to take part in this activity? What was the experience like for you to participate in this conversation and activity?

*The leader should summarize the lesson and refer the students to the handouts for alcohol and tobacco for more information.*

Say: As you leave today, think about the following:

- *How will you read and respond to media featuring alcohol from now on?*
- *How will you respond to your peers when you are offered alcohol or tobacco?*

Say: Before we end today, we are going to watch another video. This video addresses facts and myths about tobacco and alcohol. I am going to ask that you also watch it again tonight and complete the reflection questions provided for homework.

We have to bring this to a close now, but that does not mean we are ever done with this topic.

The video and questions are available online at [www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com).

In the next session we will focus on marijuana.

### HOMEWORK ASSIGNMENT:

This assignment should be completed by the student after the class on “Refuse, Remove: Alcohol and Tobacco.”

Ask students to log on to [www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com) and click on *Student Resources*. Be sure to provide your user name and password.

Students will watch, outside your classroom, the second video on Alcohol and Tobacco and download the written reflection assignment. Alternatively, copies can be made of the following page.



# Alcohol and Tobacco

## Student Reflection Assignment

### Self-Reflection

Complete this assignment after the in-class session on "Refuse, Remove: Alcohol and Tobacco."

Log online using the web address, user name and password provided by your teacher. Then click and watch the video on Alcohol and Tobacco. The video segment dispels some of the myths about teenage cigarette smoking and underage drinking. It reminds us that everyone is not doing it, smoking will hurt you, there are consequences to alcohol use, and that these risks are increased for teens. In a couple of sentences, answer the following questions:

- What are some consequences discussed in the video ?

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- Would these prevent you from using tobacco or drinking in the future?

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- Why is drinking more dangerous for teenagers?

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- What are some steps you can take to help you refuse?

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- Why is it important to think about this before you get into a situation where drugs and alcohol are available?

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### WHAT WE KNOW

Alcohol is the number one drug of choice among persons under the age of 21 in the United States. Despite the fact that drinking before age 21 is an illegal act, 11% of all alcohol consumed in the United States is attributed to people between ages 12 and 20. Unfortunately, most of that drinking is binge drinking, having more than five drinks on one occasion at least once in a month's time.

The amount a person has had to drink is measured by BAC, blood/breath alcohol content. BAC is the amount of alcohol in the body. It can be measured by testing blood, breath or urine. One average drink may raise the BAC of a 140 to 180 pound person by .02 grams, and for a lighter person, the BAC may be higher; for a heavier person, it may be lower. Note that even one drink can put a person over the legal BAC limit.

Consider these statistics:

- 42% of high school teenagers drink some amount of alcohol.
- 24% of high school teenagers binge drink.
- Teenage girls who binge drink are up to 63% more likely to become teen mothers than those who do not.
- 25% of high school teenagers had their first alcohol before age 13.
- 10% of high school teenagers have driven after drinking alcohol.
- 28% have ridden with a driver who had been drinking alcohol.
- In 2008, there were approximately 190,000 emergency room visits by persons under the age of 21 for injuries and other conditions linked to alcohol.
- Every day, approximately three teens die from drinking and driving accidents.
- Every day, at least six teens die of non-driving alcohol-related causes such as homicide, suicide, and drowning.
- Two out of three teenagers said it was easy to get alcohol from their homes without their parents' knowledge, while one out of three teenagers said they were able to get alcohol from their own consenting parents.
- From 2012 to 2013, decreases were observed in binge drinking, 5 or more drinks in a row in the last 2 weeks, among 10th, 11th and 12th graders. (Monitoring the Future) 2013

### WHAT WE CAN DO

A study by the National Research Council and Institute of Medicine outlines several strategies that can have a strong impact on reducing drinking among young people. These include the following:

- *Action must be taken on all levels: national, state and local. Minimum drinking age laws must be enforced in drinking establishments as well as in private homes.*
- *Media campaigns that target youth and adults should be held to stricter guidelines so as to reduce their exposure to alcohol advertising.*
- *Community-based programs should be developed to educate and support alcohol awareness.*
- *Ways must be developed to limit easy access and widespread appeal of alcohol products to young people.*

### RESOURCES

American Medical Association Survey, 2005, [www.jama.ama-assn.org](http://www.jama.ama-assn.org)

CDC Quick Stats: Underage Drinking, 2010, <http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>

National Survey on Drug Use and Health, 2010, <http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm#3.2>

The Center on Alcohol Marketing and Youth, [www.camy.org](http://www.camy.org)

U.S National Highway Traffic Safety Administration, 2004 , [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

Centers for Disease Control and Prevention Youth Risk Behavior Survey, 2009, [www.cdc.gov](http://www.cdc.gov)



## WHAT WE KNOW

According to the Surgeon General, nicotine is the principle ingredient in tobacco and is just as addictive as heroin or cocaine. A new study shows that nicotine destroys brain cells and prevents new ones from being produced.

Tobacco use, particularly through smoking, remains the No. 1 cause of preventable disease and death in the United States. The latest research shows that concurrent use of multiple tobacco products is common among young people, and suggest that smokeless tobacco use is increasing among white males. A report from the Surgeon General on smoking and health has one overriding conclusion: Although our knowledge about tobacco control remains incomplete, we know more than enough to act now. Here are the facts that we do know:

- *Average age at first use of cigarettes: 15.4 years*
- *Average age of a new daily smoker: 17.7 years*
- *Percentage of kids 12 to 17 who smoked in the past month: 8.3 percent*
- *More teen girls than boys smoke*
- *Among U.S. high school seniors, one out of four is a regular cigarette smoker.*

## Tobacco Use and Girls

It is estimated that 35 percent of high school girls smoke, and smoking among girls is on the rise.

According to the Centers for Disease Control, women have been "extensively targeted" in tobacco marketing. In advertisements, slim, attractive and athletic women portrayed women smokers as desirable and independent. Yet, tobacco products are the leading cause of premature, preventable death among women.

## Smokeless Tobacco

Fourteen percent of high school boys use smokeless tobacco. Among high school seniors who have used smokeless tobacco, almost three-fourths began by the ninth grade. Smokeless tobacco has gone from a product used primarily by older men to one for which young men comprise the largest portion of the market. Moist snuff is the most popular type of smokeless tobacco.

## Nicotine Replacement Products

According to the Archives of Pediatrics and Adolescent Medicine, some teens are abusing nicotine replacement products such as the patch, using them as a substitute for cigarettes during classes. Other teens report using nicotine replacement products while they smoke, leaving themselves vulnerable to nicotine poisoning.

## Smoking Tobacco Using a Hookah

Hookahs are water pipes that are used to smoke specially made tobacco that comes in different flavors, such as apple, mint, cherry, chocolate, coconut, licorice, cappuccino, and watermelon.<sup>1,2</sup>

Although many users think it is less harmful, hookah smoking has many of the same health risks as cigarette smoking.<sup>1,2</sup> (CDC)

The past year prevalence rate in 2013 was 21.4% for hookah smoking (up significantly from 17.1% in 2010 and 18.3% in 2012). Only 14% of the 12th grade students in 2013 indicated use on more than two occasions during the past 12 months, which suggests that a considerable amount of hookah use is light or experimental. Both genders use hookahs in about equal proportions: 22% of males and 21% of females in 2013. (Monitoring the Future)

## E-cigarettes

According to the FDA, electronic cigarettes, or e-cigarettes, are devices that allow users to inhale a vapor containing nicotine or other substances. Unlike traditional cigarettes, e-cigarettes are generally battery-operated and use an atomizer to heat a refillable cartridge that then releases a chemical-filled vapor. E-cigarettes are often available in flavors that may appeal to children and teens, including cotton candy, bubble gum, chocolate, strawberry and mint.

The health consequences of the use of e-cigarettes and the vapor that they give off are unknown. There is currently no scientific evidence establishing the safety of e-cigarettes. No brand of e-cigarettes has been submitted to the FDA for evaluation of their safety.

In initial lab tests conducted in 2009, FDA found detectable levels of toxic cancer-causing chemicals, including an ingredient used in anti-freeze, in two leading brands of e-cigarettes and 18 various cartridges. The lab tests also found that cartridges labeled as nicotine-free had traceable levels of nicotine.





There is no evidence that shows the vapors emitted by e-cigarettes are safe for non-users to inhale.

*From E cigarette Fact Sheet, American Lung Association*

### WHAT WE CAN DO

What has proven most effective for decreasing the number of teens using tobacco? According to the American Cancer Society, success has come in communities with a comprehensive program to fight teen tobacco use. Strong anti-smoking media campaigns targeting teens and peer-led anti-smoking campaigns seem to be most effective. Increased retail prices and taxes on tobacco products help, as well.

### RESOURCES

American Cancer Society ([www.cancer.org](http://www.cancer.org) )

Archives of Pediatrics and Adolescent Medicine  
(<http://archpedi.ama-assn.org>)

Centers for Disease Control  
([www.cdc.gov/tobacco/Office of the Surgeon General](http://www.cdc.gov/tobacco/Office_of_the_Surgeon_General))  
(<http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/exec-summary.pdf>)



### FACILITATOR INTRODUCTION:

Today is our second session. We will focus on marijuana. Before we begin this next session, let's review our last session: Refuse, Remove: Alcohol and Tobacco.

We all watched the first video and then participated in our activity that focused on what influences our choices about substance use. For homework, you viewed again a second video that focused on "Reasons" and completed a reflection response. Remember:

- Everyone isn't doing it.
- Smoking will hurt you.
- There are consequences to alcohol use.
- These risks are increased for teenagers.

Does anyone want to share any thoughts or reactions to the video, classroom activity or the homework assignment?

Today we are going to take another step and you are going to watch a documentary called "Refuse, Remove: Marijuana", all about how kids like you have dealt with the presence and offers of marijuana in their every day lives. While you watch the documentary, listen to the re-enactments and the true life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary to whom you can relate, think about why and what you would say or do in the same situation. I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the documentary.

*NOTE to FACILITATOR: Again, this is a good time to check-in with students to assure that they clearly understand the focus of the session. Ask: Does this make sense to you? Are there any questions?*

### WATCH DOCUMENTARY

### AFTER VIEWING THE DOCUMENTARY, THE FACILITATOR CONTINUES:

#### **FACILITATOR:**

We're going to discuss this documentary, so I want to remind you to respect each other's opinions and listen to other people's points of view. Is there anything else we need to do so that everyone feels comfortable to participate? (If no suggestions, move to discussion.)

#### **DISCUSSION/REFLECTION QUESTIONS:**

1. Several of the teens say once it became known in their communities that they would refuse marijuana when offered, people stopped offering it to them or stopped inviting them to parties where it would be present. Has this been your experience? If yes, describe at least one event where this happened to you. If not, what usually happens? Anyone have an experience when you refused, but they kept asking?
2. In the documentary, some of the kids say that after they said "No" once, it became easier each successive time. In your opinion and/or experience, is this true? Why or why not?



3. In the documentary, Josephine says, "It was easy for me to say no only because I have my own morals and my own standards and I think that allowing some kind of substance to control your actions or your thoughts or anything like that is completely wrong, so I just said no." Morals are defined as relating to principles of right and wrong in behavior; conforming to a standard. Where do you get your morals and standards from? How do your morals affect your decision making? What do morals have to do with saying no to marijuana?
4. The documentary talks about how having confidence in yourself makes it easier to refuse things like marijuana. What does that mean to you? If someone were to offer you marijuana, would you feel confident enough in yourself to refuse or to remove yourself from the situation? Why or why not?

*(NOTE to FACILITATOR: Draw a scale on the board, either a horizontal line or a vertical scale in the shape of a thermometer, and mark it in evenly spaced increments of 1-5. Ask students to do it on a sheet of paper.)* On our scale from 1-5, with 1 being the easiest and 5 being the most difficult, where do you place yourself in your ability to say no to offers of marijuana? What do you need to call on within yourself to say no? What would help you move along the scale?

5. Shantavia describes an experience when her friends leave a party and go to the movies when kids arrive who have been smoking weed. Can you put yourself in that situation? What would you do? She comments, "And it's so funny because it might be like a cliché thing to say, like oh stay clean, just go like you know, do something you know, clean and fun, but it's true. Like you could have so much fun without doing drugs." What would be the general reaction of your friends? Would it be similar? Why? Why not?
6. How do you remove yourself from a situation where marijuana is present or being offered to you? Do you depend on friends? Do you call home? Do you excuse yourself? Do you feel the need to say something before you remove yourself from such a situation, or do you just leave? How do you deal with your friends or the other people the next day or afterward? What do you say?
7. What are some things you do to have fun that do not include doing drugs? Are they the same things you do to avoid using cigarettes and alcohol? You may refer back to your answers from the questions for "Refuse, Remove: Alcohol and Tobacco."



## Marijuana

### Quiz Activity

#### PROJECT AND PURPOSE

Students will complete the quiz in pairs which will allow them to discuss their answers and share what they know.

#### OBJECTIVES

Students will increase their knowledge about marijuana.

#### MATERIALS

Copies of the quiz should be distributed.

#### PROCEDURE:

1. Say: Let's explore this topic even further with an activity. Partner with the person next to you to complete the quiz. Support your answers with information that you think is correct.
2. Give the pairs about 10 minutes to prepare their answers.
3. When they are done, gather them back as a group and either discuss their answers and provide accurate information. Also provide students with the answer sheet for reference when done.



# Marijuana

Please circle the answer you think is correct and indicate why you think your answer is correct. Your facilitator may ask you work with a partner.

1. Marijuana is not addictive. TRUE or FALSE  
\_\_\_\_\_
2. Because marijuana is a plant, it is safe, natural and does not contain any harmful ingredients. TRUE or FALSE  
\_\_\_\_\_  
\_\_\_\_\_
3. Marijuana is unsafe if you are behind the wheel. TRUE or FALSE  
\_\_\_\_\_
4. Marijuana is linked to school failure. TRUE or FALSE  
\_\_\_\_\_
5. Marijuana does not cause psychosis or panic when you're high. TRUE or FALSE  
\_\_\_\_\_
6. There are no short-term consequences to marijuana use. TRUE or FALSE  
\_\_\_\_\_  
\_\_\_\_\_
7. Marijuana produces withdrawal symptoms when someone quits using it. TRUE or FALSE  
\_\_\_\_\_
8. Marijuana is medicine. TRUE or FALSE  
\_\_\_\_\_
9. Smoking marijuana affects the lungs. TRUE or FALSE  
\_\_\_\_\_
10. K2/Spice is a safe alternative to marijuana. TRUE or FALSE  
\_\_\_\_\_  
\_\_\_\_\_

*Information from quiz taken from National Institute on Drug Abuse  
National Institutes of Health: Marijuana Facts for Teens Brochure*



## Marijuana

### Quiz Answer Sheet

**1. Marijuana is not addictive. FALSE**

Marijuana is addictive. About 1 in 6 people who start using as a teen, and 25–50 percent of people who use it every day, become addicted to marijuana.

**2. Because marijuana is a plant, it is safe, natural and does not contain any harmful ingredients. FALSE**

Marijuana contains more than 400 chemicals, including THC (delta-9-tetrahydrocannabinol). Since THC is the main active chemical in marijuana, the amount of THC in marijuana determines its strength or potency and therefore its effects. The THC content of marijuana has been increasing since the 1980s.

**3. Marijuana is unsafe if you are behind the wheel. TRUE**

Marijuana is the most common illegal drug involved in auto fatalities. It is found in the blood of around 14 percent of drivers who die in accidents, often in combination with alcohol or other drugs.

**4. Marijuana is linked to school failure. TRUE**

Marijuana's negative effects on attention, memory, and learning can last for days and sometimes weeks — especially if you use it often. Compared with their peers who don't use, students who smoke marijuana tend to get lower grades and are more likely to drop out of high school. Research even shows that it can lower your IQ if you smoke it regularly in your teen years.

**5. Marijuana does not cause psychosis or panic when you're high. FALSE**

High doses of marijuana can cause psychosis or panic attacks. Some people experience an acute psychotic reaction (disturbed perceptions and thoughts, paranoia) or panic attacks while under the influence of marijuana. This usually goes away as the drug's effects wear off. Scientists do not yet know if marijuana use causes lasting mental illness, although it can worsen psychotic symptoms in people who already have the mental illness schizophrenia, and it can increase the risk of long-lasting psychosis in some people.

**6. There are no short-term consequences to marijuana use. FALSE**

Marijuana causes problems with learning and memory. It distorted perception (sights, sounds, time, touch), produces poor motor coordination and increased heart rate. Marijuana's effects on attention and memory make it difficult to learn something new or do complex tasks that require focus and concentration. Marijuana affects timing, movement, and coordination, which can harm athletic performance. Marijuana, like most abused substances, can alter judgment. This can lead to risky behaviors that can expose the user to sexually transmitted diseases like HIV, the virus that causes AIDS.

**7. Marijuana produces withdrawal symptoms when someone quits using it. TRUE**

The symptoms are similar in type and severity to those of nicotine withdrawal — irritability, sleeping difficulties, anxiety, and craving — peaking a few days after regular marijuana use has stopped. Withdrawal symptoms can make it hard for someone to stay off marijuana.



### **8. Marijuana is medicine. FALSE**

The marijuana plant contains several chemicals that may prove useful for treating a range of illnesses or symptoms, leading many people to argue that it should be made legally available for medical purposes. (from NIDA, Is Marijuana Medicine, April 2014) Several states have passed laws allowing marijuana for medical use, but marijuana has not been approved by the Food and Drug Administration (FDA) to treat any diseases. Even so, we know that the marijuana plant contains ingredients that could have important medical uses. Currently, two pill versions of THC, marijuana's psychoactive ingredient, have been approved to treat nausea in cancer chemotherapy patients and to stimulate appetite in some patients with AIDS. Also, a new product that is a chemically controlled mixture of THC and cannabidiol (another chemical found in the marijuana plant) is available in several countries outside the United States as a mouth spray. However, it's important to remember that because marijuana is usually smoked into the lungs and has ingredients that can vary from plant to plant, its health risks may outweigh its value as a treatment. Scientists continue to investigate safe ways that THC and other marijuana ingredients can be used as medicine.

### **9. Smoking marijuana affects the lungs. TRUE**

Someone who smokes marijuana regularly may have many of the same breathing and lung problems that tobacco smokers do, such as a daily cough, and a greater risk of lung infections like pneumonia. As with tobacco smoke, marijuana smoke has a toxic mixture of gases and tiny particles that can harm the lungs.

### **10. K2/Spice is a safe alternative to marijuana. FALSE**

K2/Spice refers to a wide variety of chemical-coated herbal mixtures that have effects similar to marijuana and that are often sold as both a "safe" and a "legal" alternative to that drug — neither is true. Although the labels on K2/Spice products often claim that they contain "natural" psychoactive material taken from a variety of plants, chemical analyses show that their active ingredients are synthetic compounds, made artificially. Although we do not yet fully know Spice's effects on the human brain, these compounds act in the same brain areas as THC, the main ingredient in marijuana. However, some chemicals in Spice — often of unknown origin — may produce more powerful and unpredictable effects,

*Information from quiz taken from National Institute on Drug Abuse  
National Institutes of Health: Marijuana Facts for Teens Brochure*



## Marijuana

### FACILITATOR WRAP UP:

Ask the students: What are the “key takeaways” from today’s activities? What are the things you heard that connected with you?

Next ask: What was it like to take part in this activity? What was the experience like for you to participate in this conversation and activity?

The leader should summarize the lesson and refer to the handout on marijuana for more information.

Before we end today, we are going to watch another video. This video addresses facts and myths about marijuana use. I am going to ask that you also watch it again tonight and complete the reflection questions provided for homework.

- *What is your attitude toward marijuana usage?*
- *What are some ways you can refuse marijuana when offered?*
- *What would be the possible consequences of saying, “Yes,” to an offer?*
- *How do you remove yourself from a situation where marijuana is involved?*
- *What do you do for fun that does not include marijuana?*

Say: We have to bring this to a close now, but that does not mean we are ever done with this topic. Remember, the video and questions are available online at [www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com).

### HOMEWORK ASSIGNMENT

This assignment should be completed by the student after the class on “Refuse, Remove, Reasons: Marijuana.”

Ask students to log on to [www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com) and click on *Student Resources*. Be sure to provide your user name and password.

Students will watch, outside your classroom, the second video on marijuana and download the written reflection assignment. Alternatively, copies can be made of the following pages.





# Marijuana

## Student Reflection Assignment

### Self-Reflection

Complete this assignment after the in-class session on "Refuse, Remove: Marijuana."

Log onto to [www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com) and open the section titled *Student Resources*. Use the log-on user name and password provided by your teacher. Then click and watch the video on marijuana.

Write at least three things in each in the columns below that you heard in the documentary or know from other sources about marijuana's myths and marijuana's truths.

Myths about Marijuana	Truths about Marijuana

What is your attitude/perspective toward marijuana?

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**WHAT WE KNOW**

THC (tetrahydrocannabinol) is the ingredient in marijuana that makes the user high. The results of using marijuana are unpredictable due to the varied amounts of THC in any given dose. According to the Georgia Department of Driver Services, "The effects of marijuana last for hours after a high wears off, and traces of THC can be detected in the body several days to several weeks after using marijuana."

The effects of marijuana include (but are not limited to):

- *Smell of substance on breath, body or clothes*
- *Impaired driving skills, judgment and alertness*
- *A false sense of improved ability*
- *Impaired coordination*
- *Moodiness, irritability or nervousness*
- *Silliness or giddiness*
- *Paranoia*
- *Decreased attention span*
- *A slow-motion effect making the smoker unable to react quickly*
- *Impaired short-term memory*

According to the National Institute on Drug Abuse, by the time kids are in the 12th grade, nearly half of them have tried marijuana. The 2010 University of Michigan Monitoring the Future study found that from 2009 to 2010, daily marijuana use among eighth, tenth and twelfth grade students increased.

Long-term studies of drug use patterns show that very few high school students use other illegal drugs without first trying marijuana. However, many young people who use marijuana do not go on to use other drugs. To explain why some do, here are a few theories:

- *Exposure to marijuana may affect the brain, particularly during development, which continues into the early 20s. Effects may include changes to the brain that make other drugs more appealing. Animal research supports this possibility — for example, early exposure to marijuana makes opiate drugs (like Vicodin or heroin) more pleasurable.*
- *Someone who is using marijuana is likely to be in contact with other users and sellers of other drugs, increasing the risk of being encouraged or tempted to try them.*
- *People at high risk of using drugs may use marijuana first because it is easy to get (like cigarettes and alcohol) NIDA.*

- *Adolescent cigarette smokers are 100 times more likely to smoke marijuana and are more likely to use illicit drugs such as a cocaine and heroin in the future than young people who do not smoke cigarettes.*

Source: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

- *Of those teenagers who use marijuana three to 10 times, 20 percent go on to use cocaine. Of those who use marijuana 100 or more times, 75 percent go on to use cocaine.*

Source: Based on research reported in the Journal of Clinical Psychiatry.

- *Marijuana smokers who initiated use before age 17 have up to a six times greater chance of developing dependence on marijuana, alcohol or other drugs.*

Source: National Institute on Drug Abuse Notes, Volume 18, Number 4

- *Nearly 90 percent of cocaine users had first smoked tobacco, drank alcohol or used marijuana.*

Source: Research conducted by Columbia University's Center on Addiction and Substance Abuse as reported by Drug Watch International.

Synthetic marijuana use declined in 2013 by 3.4 percentage points to 7.9% among 12th graders, by 1.3 percentage points to 7.4% among 10th graders, and by 0.4 percentage points to 4.0% among 8th graders. This reflects nearly a one-third decline in use at 12th grade in a single year. For the three grades combined, the 1.6 percentage point decline from 8.0% to 6.4% is highly significant.

Marijuana's strength or potency is related to the amount of THC it contains. The THC content of marijuana has been increasing since the 1970s. On average, marijuana contains almost 10 percent THC.

Some people mistakenly believe that "everybody's doing it" and use that as an excuse to start using themselves. According to NIDA's 2012 monitoring the Future study; about 6.5% of 8th graders, 17% of 10th graders, and 22.9% of 12th graders had used marijuana in the month before the survey. Marijuana use declined from the late 1990s through 2007. However, since 2007, annual, monthly and daily marijuana use increased among 10th and 12th graders while daily use increased among 8th graders.



- *This increase appears connected to a shift in the perception of harm while overlooking the health effects on the developing adolescent brain.*
- *THC interferes with learning and memory by its effect on the hippocampus, resulting in compromised studying, learning new things, and recalling recent events.*
- *Research shows that marijuana use more than doubles a driver's risk of being in an accident. Studies show a 4 to 14 percent of drivers who sustained injury or death in traffic accidents tested positive for THC.*
- *Studies show about 9 percent of people who use marijuana become dependent on it. The number increases to about one in six among those who start using it at a young age. Marijuana increases dopamine, a neurotransmitter that increases pleasure. This can lead to repeated use, dependency and/or addiction.*

#### **Does Marijuana lead to other Drugs?**

- *While most people who smoke marijuana do not go on to use other drugs, long term studies of high school students show that few young people use other illegal drugs without first trying marijuana. For example, the risk of using cocaine is much greater for those who tried marijuana than for those who never tried it. Using marijuana more likely increases contact with people who use other drugs, thus enhancing likelihood of experimentation with other substances.*

#### **RESOURCES**

American Academy of Child and Adolescent Psychiatry  
[www.aacap.org](http://www.aacap.org)

American Council for Drug Education [www.acde.org](http://www.acde.org)

Georgia Department of Driver Services and Georgia Department of Education, "Alcohol and Drug Awareness Program," 2008 [www.dds.ga.gov/ADAP](http://www.dds.ga.gov/ADAP)

The National Center on Addiction and Substance Abuse  
[www.casacolumbia.org](http://www.casacolumbia.org)

The National Council on Alcoholism and Drug Dependence [www.ncadd.org](http://www.ncadd.org)

The National Institute on Drug Abuse [www.drugabuse.gov/publications/drugfacts/high-school-youth-trends](http://www.drugabuse.gov/publications/drugfacts/high-school-youth-trends)

Pride-Omaha, Inc. [www.pride.org](http://www.pride.org)



### FACILITATOR INTRODUCTION:

This is our third session. Today we will focus on over-the-counter drugs, prescription drugs and steroids.

Before we begin this next session, let's review our last session, "Refuse, Remove: Marijuana." We all watched the video and then participated in our marijuana quiz to talk about perspectives and attitudes. We also watched a second video that we ended the last class with and you were asked to watch for homework. We hope it has reinforced that marijuana is not safe and it is addictive. Does anyone want to share any thoughts or reactions to the video or the homework assignment? Did you find it challenging or was it a simple step? Why?

Today we are going to take another step and watch a documentary called "Refuse, Remove: Steroids, Prescription and Over-the-Counter Drugs," all about how kids like you have dealt with the presence and offers of steroids, over-the-counter and prescription drugs in their everyday lives.

While you watch the documentary, listen to the re-enactments and the true life stories to compare or contrast them to your own experiences. If there is one person — or maybe several people — in the documentary that you can relate to, think about why and what you would say or do in the same situation. Any questions before we begin? I have a set of questions for us to discuss and an activity that will follow, but for now, let's watch the documentary.

### WATCH DOCUMENTARY

#### AFTER VIEWING THE DOCUMENTARY, THE FACILITATOR CONTINUES

We're going to discuss this documentary, so I want to remind you to respect each other's opinions and listen to other people's points of view. Is there anything else we need to do so everyone feels comfortable to participate? (If no suggestions move to discussion.)

Questions (Asked by the Facilitator):

1. What did you think? What looked familiar? What looked realistic or unrealistic? Why? Did you recognize any of the stories (not the real people, but the situations and their responses)?
2. Some people use prescription drugs to feel better, and they use steroids to look better and to manage stress. What are the risks of taking these drugs to look and feel better?
3. A few of the athletes talk about the possible negative consequences of taking steroids. What are those? What else do you know about the dangerous consequences of shooting steroids as a teenager?
4. What are some possible things you can say to refuse OTC and prescription substances? Make a list. Remember, just like with alcohol, cigarettes and marijuana you can use your parents as a scapegoat (i.e., "My parents would take away the car keys and I can't lose the car," or "My mother would kill me.") What if the person is persistent? What would you say? Are these the same things you would say to avoid using alcohol or drugs?



5. In the documentary, what do the “other school jocks” promise shooting steroids will do for Dean? What things do they use to persuade him to come to their school and get “bulked up”? Are these real possibilities? How do you know?
6. Have you ever had to remove yourself from a situation where prescription or OTC drugs and/or steroids were present? What did you do? If you have not had this experience, what would it be like to remove yourself from this situation?
7. Some people use prescription drugs to feel better, and they use steroids to look better and to manage stress. What are the risks of taking these drugs to look and feel better?



## Steroids, Prescription and Over-the-Counter Drugs

### Distressed or De-Stressed Activity

#### PROJECT AND PURPOSE

Class will assemble multiple lists of things they do that cause teenagers stress and how they manage stress.

#### OBJECTIVES

Students brainstorm lists of things that cause stress in teenager's life and to identify ways to cope without using substances.

#### MATERIALS

Large pieces of paper mounted around the classroom, packs of sticky notes; pencils and papers.

Alternatively, use the Stressed or De-stressed Worksheets to have students complete the assignment individually.

#### PROCEDURE

1. Say, Let's explore this topic even further with an activity. Mount a large piece of paper on the wall and write the title "Stress in the Lives of Teenagers." Draw an outline of a human.
2. Mount the papers on the wall where the class can easily view them.
3. Give each member of the class at least four pieces of sticky note paper, and ask each person to get out a pencil or pen.
4. Begin by saying, Sometimes kids take steroids or Rx drugs to feel better when they are stressed. What causes teens stress? On their sticky note papers, they should write down some things that cause them stress. The facilitator should say: Think of all the things that cause you or other teens stress: such as a fight with a friend, the stress of going to a party, the stress of practicing for sports each day. Whenever you are ready, come up and stick your papers on our Stress Sheet. You can post yours on the figure's body to demonstrate where you feel this stress. *Alternatively, have students write their stressors on the Stress Worksheet.*
5. Take a few minutes and review their contributions.
6. Mount a second large piece of paper on the wall, title it "Ways to Relieve Stress" and draw the same outline of a human. Next, ask them to write on new sticky notes as many things as they can think of to do to relieve stress, and feel normal and to feel better. Have students place them on the appropriate place. *Alternatively, have students write their comments on the Ways to Relieve Stress worksheet.*
7. Read several of the sticky notes out loud and compare and contrast the contributions to the sheet. Discuss as a group the different ways they relieve stress without turning to drugs or steroids. Ask, are your stress relievers good or bad for your future? Explain.
8. Place one more, big sheet of paper titled "People" on the wall and give the students more sticky notes. Now ask them to think of the people in their lives who can support them, and help them relieve stress or resist the temptation of drugs or steroids in their lives. Ask each of them to write the name of at least two people on a sticky note and add it to the piece of paper.
9. Ask them to reflect on their responses, either in discussion or in a journal entry.



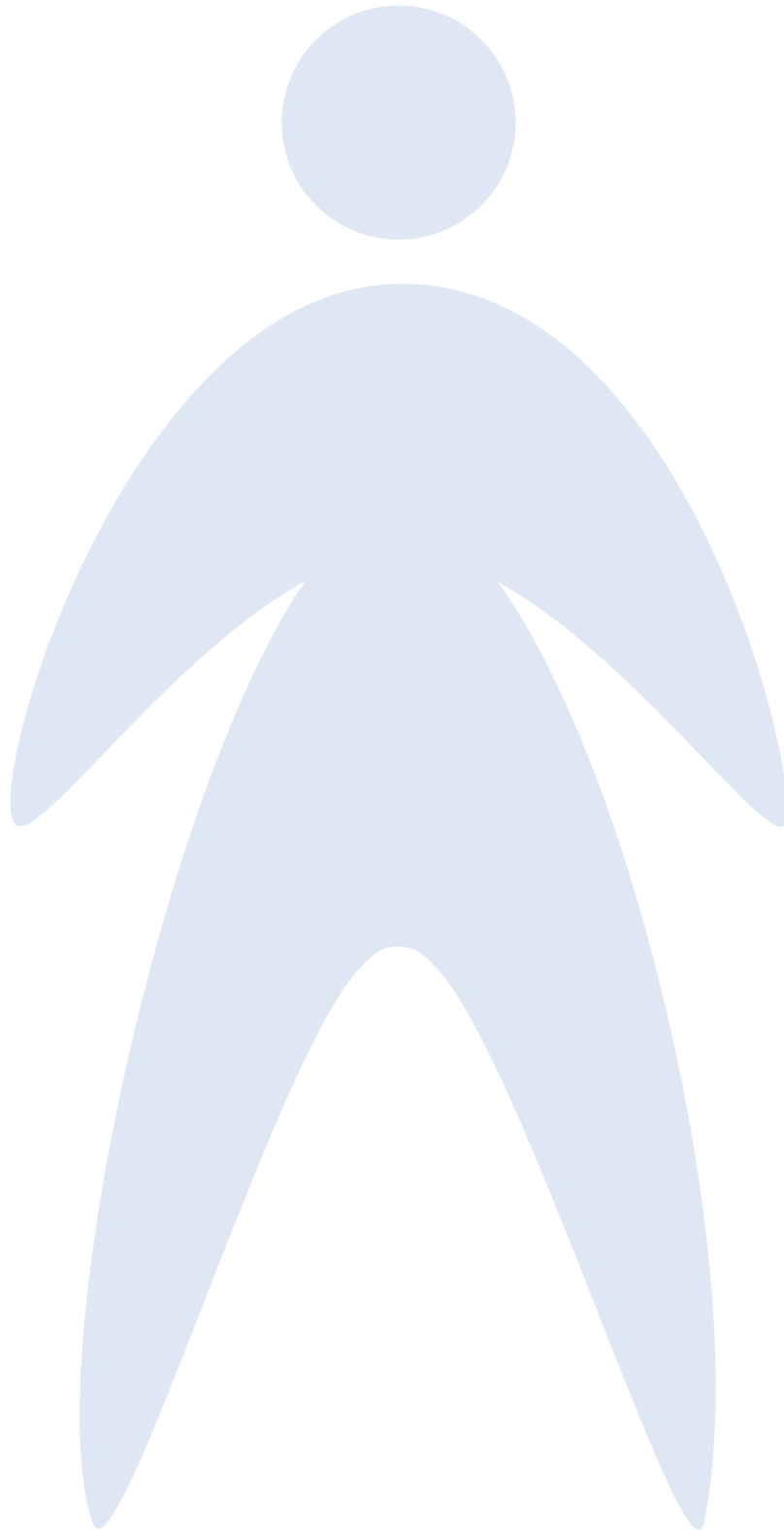


Ooo... The Pressures!  
What Causes Stress in the Lives of Teenagers





De-Stressed...  
Ways to Relieve Stress





## Steroids, Prescription and Over-the-Counter Drugs

People Who Support You

Worksheet

Think of the people in your life who offer support and can help you manage stress or resist the temptation of drugs or steroids. In the space below, write the names of at least two people you could count on.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Reflect for a moment and write what you would want them to know about the challenges you face.

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## Steroids, Prescription and Over-the-Counter Drugs

### FACILITATOR WRAP UP:

Ask the students, What are the “key take-aways” from today’s activity? What are the things you heard that connected with you?

Next ask, what was it like to take part in this activity? What was the experience like for you to participate in this conversation and activity?

Say: Before we end today, we are going to watch another video. This video addresses facts and myths about OTC and steroids. I am going to ask that you also watch it again tonight and complete the reflection questions provided for homework.

As you leave today, think about the following: What are some ways you can refuse steroids or prescription drugs or over-the-counter drugs when they are offered by someone other than a doctor?

The facilitator should summarize the session and refer to the handout on OTC/prescription drug and steroid abuse.

Say: We have to bring our session to a close now, but that does not mean we are ever done with this topic. Remember to watch the video again and complete the self-reflection available online at [www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com).

### HOMEWORK ASSIGNMENT

This assignment is to be completed by the student after the class on “Refuse, Remove, Reasons: Steroids, Prescription and Over-the-Counter Drugs.”

Ask students to log on to [www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com) and click on *Student Resources*. Be sure to provide your user name and password.

Students will watch, outside your classroom, a second video on Steroids, Prescription and Over-the-Counter Drugs and download the written reflection assignment. Alternatively, copies can be made of the following page.



### Self-Reflection

Log onto to [www.rrr.connectwithkids.com](http://www.rrr.connectwithkids.com) and open the section titled *Student Resources*. Use the log-on user name and password provided by your teacher. Then click and watch the video on steroids, prescription and over-the-counter drugs.

In the documentary, one of the teenagers says, "If you're being distracted in your ability to make choices then you're not gonna end up where you want to go." Think about this statement and about answers to the following questions:

Where do you want to go in life? Think about not just now or next year, but five years from now.

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What do you want to do with your future?

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How would abusing drugs or steroids distract you from your goals?

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Write about a goal you have for your future and the choices you are making right now to help you reach that goal. How would abusing drugs or steroids distract you from your goals? Include reasons, strategies, and thoughts about how you can avoid abusing drugs and/or steroids in your life so you can reach your goals.

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## FACT SHEET: Over-the-Counter/Prescription Drugs

### WHAT WE KNOW

According to the United States Drug Enforcement Administration, every day, 2,500 teens use a prescription drug to get high for the first time, and the death toll from prescription painkillers alone has tripled in the past decade. The problem of teen and young adult abuse of prescription medications grows daily in the United States. Consider the following 2007 statistics collected by the Partnership at Drug Free.org:

- 20% of teens have abused a prescription pain medication
- 20% of teens have abused prescription stimulants and/or tranquilizers
- 10% of teens have abused cough medication

Teens feel these drugs are legitimate, manufactured in a laboratory, prescribed by doctors and purchased within the law; therefore they are not as dangerous or addictive as illegal drugs purchased on the street. They are readily available, found in their home medicine cabinets or in the pockets of their friends. One does not need to find a connection as one would for heroine, cocaine or marijuana.

### WHAT WE CAN DO

Education and communication are the key ingredients to helping children avoid experimentation and possible addiction to any kind of drugs. Experts recommend telling children the following information about prescription drugs:

- *Prescription drugs taken without a prescription or against a doctor's orders or supervision are often just as dangerous as taking illegal drugs or drinking alcohol.*
- *Painkillers contain the same basic ingredients as heroin: opiates. They can adversely affect the respiratory system and cause serious, chronic depression.*
- *Depression medications can cause seizures, respiratory depression, and seriously decreased heart rate.*
- *Stimulants cause body temperature to rise, irregular heart beats, cardiovascular system failure, seizures (often fatal), and hostility or paranoia.*
- *Doctors prescribe specific medications for specific illnesses; these medications can have beneficial results for the intended diagnosis. However, prescription medications have very different impact on people who are well.*

- *Doses of medications are designed for a specific person based on age, weight, degree of illness and other variables. The effects of taking an inappropriate dosage can range from mild to deadly, and can cause dangerous interactions if other drugs or chemicals are present in the body.*
- *The dangers from abusing prescription medications increase when other drugs or chemicals are present in the body and can often be lethal.*

### RESOURCES

Consumer Healthcare Products Association, [www.chpa-info.org](http://www.chpa-info.org)

Drug Enforcement Administration, [www.dea.gov](http://www.dea.gov)

Kids Health, [www.kidshealth.org](http://www.kidshealth.org)

National Drug Threat Assessment 2007, [www.usdoj.gov/dea](http://www.usdoj.gov/dea)

The National Institute on Drug Abuse, [www.nida.nih.gov](http://www.nida.nih.gov)

OTC Safety, [www.otcsafety.org](http://www.otcsafety.org)

The Partnership at DrugFree.org, [www.drugfree.org](http://www.drugfree.org)



## WHAT WE KNOW

Young people may think that anabolic steroids and supplements have appealing benefits — such as more muscle mass and faster recovery time from injuries. But the negative side effects outweigh the positive ones. The National Institute on Drug Abuse created the following list of physical side effects of anabolic steroids:

### Men of all ages

Steroid and supplement use can lead to reduced sperm production, shrinking of the testicles, impotence, low sex drive, difficulty or painful urinating, baldness and irreversible breast enlargement.

### Women of all ages

Steroid and supplement use can increase masculine characteristics, such as decreased breast size, deepening of the voice, excessive body/facial hair growth, loss of scalp hair and reduced body fat (which can stop menstruation).

### Adolescents

In adolescents (both sexes), steroid and supplement use can lead to premature termination of the adolescent growth spurt, so that for the rest of their lives, abusers remain shorter than they would have been without the drugs. These drugs can also cause acne, mood swings and aggression.

### Both sexes of all ages

In males and females of all ages, steroid and supplement use can lead to potentially fatal liver cysts and liver cancer, blood clotting, cholesterol changes and hypertension. These symptoms in turn can cause heart attacks and strokes. Evidence also shows that anabolic steroid abuse — particularly high doses — promotes aggression that can manifest itself as fighting, physical and sexual abuse, and property crimes such as armed robbery and vandalism. When people stop using anabolic steroids and supplements, many experience depression, fatigue, restlessness, loss of appetite, insomnia, reduced sex drive, headache, muscle and joint pain. These drugs are powerful, and the desire to take more anabolic steroids can be very strong.

### Individuals using needles

People who inject supplements often get infections from sharing needles or non-sterile equipment. Infections include HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation

of the inner lining of the heart. Users are also at risk for bacterial infections, which develop at the injection site, causing pain and abscesses.

Because supplements are unregulated, using them may have dangerous — even lethal — consequences.

A major health consequence from abusing steroids can include:

- *Prematurely stunted growth through early skeletal maturation and accelerated puberty changes. Risk of remaining short if anabolic steroids are taken before a teen is fully grown.*
- *Kidney impairment or failure*
- *Damage to liver*
- *Cardiovascular problems including enlargement of heart, high blood pressure*
- *Changes in blood cholesterol leading to an increased risk of stroke and heart attack*

### Gender specific side effects:

Boys:

- *Shrinking of testicles*
- *Male pattern baldness*
- *Development of breasts*
- *Increased risk of prostate cancer*

Girls:

- *Growth of facial hair*
- *Male pattern baldness*
- *Changes in or cessation of the menstrual cycle*
- *Enlargement of the clitoris*
- *Permanently deepened voice*

Steroid abuse can also affect behavior. Many users report feeling good about themselves while on anabolic steroids, but researchers report that extreme mood swings can also occur, including manic like symptoms leading to violence, depression, or irritability, and impaired judgment.

## RESOURCES

National Institute on Drug Abuse [www.nida.nih.gov](http://www.nida.nih.gov)

Medline Plus [www.nlm.nih.gov/medlineplus](http://www.nlm.nih.gov/medlineplus)

U.S. Department of Health of Human Services  
[www.hhs.gov](http://www.hhs.gov)

Medscape [www.medscape.com](http://www.medscape.com)



### FACILITATOR INTRODUCTION:

This is our fourth class session. Before we begin this last session, let's review for a moment what we talked about during our last time together: steroids, prescription and over-the-counter drugs. We watched a video and participated in an activity focused on handling stress and pressures — without resorting to drugs or steroids. We also watched another video at the end of class and asked you to watch it again for homework and complete a reflection response. Does anyone want to share any thoughts or reactions to the video or the homework assignment? Did you find it challenging or was it a simple step? Why?

Over the past few sessions we've talked about alcohol, tobacco, marijuana and drug abuse — and the outcomes and decisions we make about those substances as teens, and ultimately later on in adulthood.

Today, in our fourth session, we will focus on Heroin, other illegal drugs and the process of addiction. This video is different from the others we watched. It is the powerful story of a young man's addition to heroin as told by his mother; how it began and his struggle to stop using that lead to his overdose and death. Let's start our discussion by watching a documentary and then we'll continue our discussion. I know we will continue the platform we've established in our other sessions — to listen, think and support each other, knowing that there are lots of points of view in this very personal struggle with these issues.

Are there any questions? *(If no questions, begin documentary.)*

### WATCH DOCUMENTARY

#### AFTER VIEWING DOCUMENTARY, THE FACILITATOR CONTINUES:

We're going to discuss this documentary, so I want to remind you to respect each other's opinions and listen to other people's points of view. Is there anything else we need to do so that everyone feels comfortable to participate? *(If there are no suggestions, move to discussion.)* This is a very powerful story. Does anyone have any immediate thoughts or comments about this video?

Questions (Asked by the Facilitator):

1. When discussing how he started using drugs, Dennis' mother says "It was so simple, so easy...he could make him feel better, that's how simple and innocent it starts." What do you think about that? Do you agree? Why or why not? Do you think teens are aware of the risks of using? Does that impact the decision to use?
2. Some people start to use to feel better; others use out of curiosity. There are many reasons youth begin to use. Does it matter why one begins to use? Can all use lead to consequences? What about addiction?
3. Do you think Dennis knew the risk of taking prescription drugs? Do you think he knew it would lead to heroin use? Why or Why not?





## Heroin

## Classroom Curricula

4. Over the past three sessions, we discussed reasons for refusing and removing oneself from situations where drugs and alcohol are available. What might have made it difficult for Dennis to refuse prescription drugs?
5. Why do you think he thought no one wanted to help him?
6. How did addiction impact his family?
7. Do you think he realized how difficult his addiction was on his family?
8. One of the experts, Richard Todd, MD describes the risk of beginning to use drugs saying, "It's bad news to start. It's Russian roulette. You don't know when the chamber is going to have the bullet in it and its going to hit." What do you think this means? Why might some people be more at risk of addiction than others?
9. In describing the progression of substance use and addiction, Stephen Thomas, PhD says, "First time, it's an incident, the second time, it's a coincident, third time it's a pattern and the fourth time, it's a lifestyle." What does this mean? Do you think teens think that using once, twice or three times can lead to consequences? What about addiction?



# Heroin

Heroin Tweet

Activity

## PROJECT AND PURPOSE

Students will review facts and information about heroin and create a tweet up to 140 characters that addresses the risks of heroin use.

## OBJECTIVES

Students will identify risks of heroin use and be able to share these concerns about use with peers.

## PROCEDURE

Review the Facts about Heroin and Other Illegal Drugs with the students.

You can read it aloud with the students or have the students read it to themselves.

Once the material has been reviewed, ask students to create a tweet up to 140 characters that addresses the risks of heroin use.

Give students 10 minutes to create the message.

Have students share tweets aloud in class.

## MATERIALS

- Tweet Worksheet
- Pen and Pencil



# Heroin

Heroin Tweet

Worksheet

MY HEROIN MESSAGE . . .

IN 140 CHARACTERS OR LESS

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____



## Heroin

A Note to Mrs.Hickey

Activity

### PROJECT AND PURPOSE

Students will write a note to Dennis' mom expressing one thing they learned from her story about the impact of heroin use on individuals and families.

### OBJECTIVES

Students will identify what they learned about the impact of heroin use on individuals and families.

### PROCEDURE

Mrs. Hickey keeps her son's memory alive by telling his story and trying to help others.

Write a note expressing one thing you learned about the impact of heroin use and addiction from her story.

(Students can complete this reflection for homework.)

### MATERIALS

- A Note to Mrs. Hickey Worksheet
- Pen and Pencil





### FACILITATOR WRAP UP:

Ask the students: What are the “key takeaways” from today’s activities? What are the things you heard that connected with you?

Next ask: What was it like to take part in this activity? What was the experience like for you to participate in this conversation and activity?

The leader should summarize the lesson and refer to the handouts on heroin and other illegal drugs. Although the focus of the lesson is on heroin, reviewing the fact sheets on other illegal substances is important.

Say: As you leave today, think about the following:

*What is your attitude toward using heroin?*

*What is your attitude about using other illegal drugs such as ecstasy or cocaine?*

*Do your peers think it’s ok to “try” these drugs?*

*How might you avoid trying these drugs?*

Say: We have to bring this to a close now. Next week we will conclude the RRR program by addressing the many consequences of using drugs and alcohol...even if it’s only one time!



## FACT SHEET: Heroin & Other Illegal Drugs

### WHAT WE KNOW

Heroin is a white or brown powder or black, sticky goo. It can be mixed with water and injected with a needle. Heroin can also be smoked or snorted up the nose. Heroin is also known as Smack, Junk, H, Black tar and Horse

Heroin slows, and sometimes stops, breathing, so overdosing can kill a person. Signs of a heroin overdose are slow breathing, blue lips and fingernails, cold clammy skin, and shaking. People who might be overdosing should be taken to the emergency room immediately.

Heroin is very addictive. It enters the brain quickly, causing a rapid, intense high, and it also causes tolerance. That means people who abuse heroin need to take more and more of it to get the same effect, and then they need to keep taking the drug just to feel normal. When they stop using heroin, people who are addicted feel strong cravings for it.

It is very easy to become addicted to heroin. Then, even if you get treatment, it's hard to stay away from the drug. People who stopped using heroin can still feel strong cravings for the drug, sometimes years later.

According to the 2012 Monitoring the Future study, a NIDA-funded survey of teens in grades 8, 10, and 12, only 0.05% of 8th graders, 0.6% of 10th graders and 12th graders reported using heroin at least once in the past year. Past-year use of heroin among teens is almost half what it was in the late 1990s. However, there is a worry that young people addicted to prescription opioids like OxyContin and Vicodin may be turning to heroin instead, because heroin produces similar effects but is cheaper to get.

Treatment can help an addicted person stop using and stay off heroin, and there are medicines that can help people manage their cravings after they have quit taking the drug, helping them to regain control of their health and their lives.

<http://teens.drugabuse.gov/drug-facts>

### Molly and Ecstasy

There are a lot of slang words for MDMA. "Ecstasy" and "Molly" are two of the most common. Others include: "E," "XTC," "X," "Adam," "hug," "beans," "clarity," "lover's speed," and "love drug." Ecstasy is short for 3,4-methylenedioxymethamphetamine,

MDMA is man-made — it doesn't come from a plant like marijuana or tobacco do. Other chemicals or substances — such as caffeine, dextromethorphan

(found in some cough syrups), amphetamines, PCP, or cocaine — are sometimes added to, or substituted for, MDMA in Ecstasy or Molly tablets.

Most people who abuse MDMA take a pill, tablet, or capsule. These pills can be different colors, and sometimes have cartoon-like images on them. Some people take more than one pill at a time, called "bumping."

Like other drugs, MDMA can be addictive for some people. That is, people continue to take the drug despite experiencing unpleasant physical side effects and other social, behavioral, and health consequences.

According to a 2012 NIDA-funded survey, over the past 11 years, smart young teens have turned their backs on MDMA. From 2001 to 2012, the percentage of teens who have ever tried MDMA dropped from 5.2 to 2.0% among 8th graders, from 8.0 to 5.0% among 10th graders, and from 11.7 to 7.2% among 12th graders. From 2011 to 2012, declines were also seen in past-year and past-month (current) use among 10th and 12th graders and in past-year-use among 8th graders.

People who use MDMA can become dehydrated through vigorous activity in a hot environment. It may not seem like a big deal, but when MDMA interferes with the body's ability to regulate its temperature, it can cause dangerous overheating, called hyperthermia. This, in turn, can lead to serious heart and kidney problems — or, rarely, death.

MDMA can be extremely dangerous in high doses or when multiple small doses are taken within a short time period to maintain the high.

Source: <http://teens.drugabuse.gov/drug-facts>

### Methamphetamine

Methamphetamine (meth) is commonly known as "speed," "meth," "chalk," and "tina." In its smokeable form, it's often called "ice," "crystal," "crank," "glass," "fire," and "go fast." It is a stimulant drug that is chemically similar to amphetamines. Stimulants are a class of drugs that can boost mood, increase feelings of well-being, and increase energy and alertness — but they also have dangerous effects like raising heart rate and blood pressure.

Meth is a white, bitter powder and easily dissolves in water or alcohol. Sometimes it's made into a white pill or a shiny, white or clear rock called a crystal.

Although most of the meth used in the United States comes from "superlabs" — big illegal laboratories that make meth in large quantities — it is also made in small



laboratories using inexpensive, over-the-counter and often toxic ingredients like drain cleaner, battery acid, and antifreeze.

According to the 2012 Monitoring the Future study, a NIDA funded survey of teens in grades 8, 10, and 12, 1.0% of 8th graders and 10th graders, and 1.1% of 12th graders had abused meth at least once in the past year.

Meth use can quickly lead to addiction. It causes tolerance: People who get addicted to meth start needing to take more of it to get the same high. People who usually eat or snort meth might start to smoke or inject it to get a stronger, quicker high.

Meth makes a person more awake and physically active, causes rapid heart rate and irregular heartbeat, and increases blood pressure and body temperature. It can overheat you so much that you pass out; sometimes this can even be fatal.

Repeated use of meth can cause violent behavior, mood swings, and psychosis. Psychosis can include paranoia, hearing sounds that aren't there, and delusions (e.g., the sensation of insects creeping on the skin). The paranoia can result in homicidal and suicidal thoughts.

Over time, meth use may also cause:

- *Skin sores*
- *Severe weight loss*
- *"Meth mouth"*
- *Aging*
- *Problems with thinking, emotion, and memory.*

Important drug related information can be found:

<http://teens.drugabuse.gov/drug-facts>

[http://www.drugabuse.gov/drugs-abuse/  
commonly-abused-drugs/health-effects](http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/health-effects)

<http://easyread.drugabuse.gov/drugs-of-abuse.php>





### FACILITATOR INTRODUCTION:

This is our final class session. Before we begin this last session, let's review for a moment what we talked about during our last time together. We watched a video and participated in an activity focused on heroin. Does anyone want to share any thoughts, questions or comments?

Over the past few sessions we've talked about alcohol, tobacco, marijuana, heroin and drug abuse — and the outcomes and decisions we make about those substances as teens, and ultimately later on in adulthood. We've reviewed a lot of information, statistics and shared our beliefs and behaviors when it comes to these not-so-easy to discuss issues like peer pressure, media messages when it comes to partying and the "everybody's doing it" assumption, and some down-to-earth refusal strategies. We know these are big challenges — with emotional, physical and even financial costs to our community, our families and each of us individually. *(Feel free to refer to any particular discussion or outcome that resonated in past group sessions that would, in particular, resonate with the group and remind them of their journey together.)*

Today, in our final session, it's time to take a hard and realistic look at consequences — what can and will happen as a result of the decisions and choices you make about drinking, smoking, and doing drugs. It's human nature to see, read or talk about tragic news stories of drinking and driving, or drug addiction or trouble with the law and distance ourselves — with an "it will never happen to me" approach.

Let's start our discussion by watching a documentary about some of the very real consequences — and then we'll continue our discussion. I know we will continue the platform we've established in our other sessions — to listen, think and support each other, knowing that there are lots of points of view in this very personal struggle with these issues. Are there any questions? *(If no questions, begin documentary.)*

### WATCH DOCUMENTARY

#### AFTER VIEWING DOCUMENTARY, THE FACILITATOR CONTINUES:

We're going to discuss this documentary, so I want to remind you to respect each other's opinions and listen to other people's points of view. Is there anything else we need to do so that everyone feels comfortable to participate? *(If there are no suggestions, move to discussion.)*

Questions (Asked by the Facilitator):

1. The documentary opens with the comment there are two lies that kids hear about alcohol and drugs: That they don't work and that they do work. Think about that for a moment and let's discuss just what that statement means to you.
2. What risks do you think parents fear the most that their children might take? Are these fears founded or unfounded? Explain your answer.



## Consequences

## Classroom Curricula

3. We often speak about the “highs” of drinking and doing drugs. What are the often unspoken consequences — the “lows”— mentioned by the teens in the documentary? After the discussion, ask: Did any of these outcomes — waking up with regrets, not remembering anything, the physical hurt — come as a surprise to you?
4. At the end of the documentary, the question is asked, “Are drugs and alcohol fun... or do they soon lead to misery, injury or even death? The answer depends upon whether you’re willing to tell the worst kind of lie ... the one you tell to yourself.” How and why does our society lie about drugs and alcohol?
5. There can be tragic, life-altering consequences from making bad decisions — like what happened to the people in the video — and their victims. But it’s also possible that after a night of drinking and drug use, life goes on the next day. How did it affect Jayme and her life? What risks and consequences do you perceive? What do you think needs to be your biggest motivation to stay away from drugs and alcohol?
6. The narrator in the documentary also says, “Drugs and alcohol are a journey. It is different for each person, and the destination is always the same.” In what ways might drugs and alcohol influence your journey... and your destination?
7. In the video, we heard from Jayme, who was convicted of murder because she was driving drunk. What do you think was her greatest punishment?



### PROJECT AND PURPOSE

Students will think about the role that risk plays in everyday life and the decisions they make about taking or avoiding risk.

### OBJECTIVES

Students will create a list of activities that pose risks in their lives. They will think about each activity and its potential risk factors, labeling activities as healthy, dangerous or extremely dangerous risks as well as weigh the costs and consequences of their own risk taking behaviors.

### MATERIALS

- *Risk Taking 101: It Won't Happen to Me Worksheet* (enough for one worksheet per two students)
- Pens/pencils

### PROCEDURE

Say: Let's explore the concept of consequences and risk taking even further with an activity. It's been said that teens often don't stop to think about the risks involved in activities they participate in on a regular basis, never mind the spontaneous risks that pop up in their lives. We also want to recognize that some risk taking is healthy — and helps us grow, mature and, hopefully, learn from our experiences.

This activity will help us look at different types of risk taking behaviors and give you an opportunity to consider your own behavior and what kind of risk taker you may be. First, we're going to categorize the risks we take.

1. Can it be healthy to take some risks? What are some risks that might be considered healthy?
2. Let's discuss the idea that all risks, healthy or dangerous, involve "costs." What might be some negative consequences of trying out for a play? What might be the negative consequences of smoking or drinking alcohol? Explain your answers.
3. Say we are now going to focus on dangerous and extremely dangerous risk taking. Next, draw two columns on the board. Label the first one "Dangerous Risks" and label the second one "Extremely Dangerous Risks." Ask students: Let's think about the risks talked about in the documentary. In which column would you list the risky behaviors you saw in the documentary? Why? Why do people get involved in these situations?
4. Ask students for other dangerous or extremely dangerous risks and complete the risk spectrum.

*(Note: For questions 1 to 4 the facilitator should have a list ready to help students complete the list. Examples: Healthy Risk: traveling, trying out for a team, running for student government; Dangerous: not wearing a seatbelt, not wearing a bike helmet, swimming in an area without a life guard; Extremely Dangerous: drinking and diving, using alcohol and prescription drugs, participating in a sports activity while high.)*



## Consequences

- Next, ask the students to get into pairs. Provide each pair one Risk Taking 101 Worksheet. Have the pairs select three dangerous or extremely dangerous risk-taking activities and complete the worksheet. Give students approximately 10 minutes to complete the task.
- Gather students back as a group to discuss their findings. Ask: If people know the level of risks involved with trying certain things, why do they do them? How could you help yourself to stop and think about the rewards and consequences before you take a risk of any level? What have you done to avoid dangerous risks (i.e., staying in a group when out late, checking to see if everyone is wearing a seatbelt)? What should you think about before getting involved in situations that could have serious risks? (The facilitator should elicit the spectrum of things that teens should think about before becoming involved in risk situations.)

### The Risk Spectrum

<b>Dangerous</b> <i>Examples: Not wearing a seatbelt, not wearing a bike helmet.</i>	<b>Extremely Dangerous</b> <i>Examples: Drinking and driving, combining alcohol and prescription drugs.</i>



# Consequences

## Risk Taking 101... It Will Never Happen To Me

## Worksheet

**Risky Activity #1:**

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What makes a person take this risk?

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What are the possible "prizes" or "rewards?"

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What might be the cost or consequences?

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*DECISION: Is this a risk you would take?* \_\_\_\_\_

**Risky Activity #2:**

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What makes a person take this risk?

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What are the possible "prizes" or "rewards?"

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What might be the cost or consequences?

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*DECISION: Is this a risk you would take?* \_\_\_\_\_

**Risky Activity #3:**

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What makes a person take this risk?

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What are the possible "prizes" or "rewards?"

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What might be the cost or consequences?

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*DECISION: Is this a risk you would take?* \_\_\_\_\_



### FACILITATOR WRAP UP:

Ask the students: What are the “key take-aways” from today’s activities? What are the comments you heard that connected with you?

Say: We have to bring our last session to a close, but that does not mean we are ever done with this topic — and its challenges. We’ve discussed alcohol, cigarettes, marijuana, over-the-counter and prescription drug abuse — and risk taking and consequences. I hope that each of you has begun to think about your own attitudes and perspectives about substance abuse — and the choices you make.

As you leave today, I’d like you to think about not only the information shared, but the ways we shared it. Think about the skills that we’ve developed on this journey: listening to each other; respecting different points of view; and offering perspective and support. These are important facets of tackling the challenges, decisions and risks to come. It takes some work, but please remember that you are in control. Your decisions and actions are up to you — at every stage of life.

As you leave today, we’d like you to think about:

- *What messages does society in general — the programs and movies you watch, the music you listen to — send about drugs, alcohol, tobacco and marijuana? Are those images and messages realistic and worth emulating?*
- *How does peer pressure influence your decisions? When it comes to drugs and alcohol, how can you positively influence the people you care about?*
- *How are you going to refuse and remove yourself from risky situations that include drugs and alcohol?*



## Consequences

## Student Reflection Assignment

### Self-Reflection

In the documentary, one of the teenagers says “It didn’t happen to me, I let it happen to me... and that’s what people got to realize... you decide yourself if you’re going to let it happen to you.” Clearly, the “ifs” in our lives depend upon the choices and decisions we make... and the risks we take.

Let’s think more about risk — and what scholars, poets and ordinary folks have said throughout the years:

***“Take calculated risks. That is quite different from being rash.”*** ~ George S. Patton

***“Those who trust to chance must abide by the results of chance.”*** ~ Calvin Coolidge

***“Life is a risk.”*** ~ Diane Von Furstenberg

***“Great deeds are usually wrought at great risks.”*** ~ Herodotus

***“Our lives improve only when we take chances - and the first and most difficult risk we can take is to be honest with ourselves.”*** ~ Walter Anderson

***“What you risk reveals what you value.”*** ~ Jeanette Winterson

***“You miss 100% of the shots you never take.”*** ~ Wayne Gretzky

Which of these quotes resonate with you? Why?

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Who inspires you?

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What risks are worth taking?

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# Consequences

## Student Reflection Assignment

Why would you not take the risks presented by drugs, alcohol, tobacco and marijuana?

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We want to quote you! Write a statement about the risks, choices and consequences in your life.

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### WHAT WE KNOW

The most serious threats to teen health and safety are preventable. Risk-taking behaviors have harmful, even deadly, consequences. These consequences are of such importance that every other year since 1991 the Centers for Disease Control and Prevention (CDC) has conducted The Youth Risk Behavior Survey (YRBS) to determine whether the percentage of high school students who are engaging in specific health risk behaviors is increasing, decreasing, or staying the same over time.

Findings from the most recent 2009 YRBS data include these statistics:

- One in five U.S. high school students says they have taken a prescription drug without a doctor's prescription.
- Prescription drug abuse was most common among 12th grade students (26 percent) and lowest among 9th grade students (15 percent). There was no difference in prescription drug abuse by gender (20 percent for both male and female students).
- About 72 percent of high school students ever used alcohol, about 37 percent ever used marijuana, 6.4 percent ever used cocaine, 4.1 percent ever used methamphetamine, and 6.7 percent ever used ecstasy. These percentages are similar to those found in the 2007 survey.
- During the seven days before the survey, 19 percent of students smoked cigarettes and 28 percent rode in a car or other vehicle driven by someone who had been drinking alcohol.

Why do kids take risks? There are many reasons, but first we must understand that not all risks you take are bad. You need to explore and experiment with new ideas and activities to grow and develop your self-identity. When teens don't take the time or simply can't distinguish between a healthy risk and a hazardous risk, that's when problems arise. Experts suggest some reasons teens take dangerous risks may include:

- Fear - "They made me do it;" "I had to or he would hurt me."
- Peer pressure - "Everybody's doing it."
- To protect one's image - "I didn't want them to think I was a chicken."
- Parental behaviors/modeling - "My parents do it all the time so it must be okay."
- Thrill seeking - "It's such a rush!"
- To fit in - "If I don't do this, I won't have any friends."

- Curiosity - "I just wanted to try it to see what it would feel like."
- To feel good, reduce stress, relax - "I need to so I can kick back."
- To feel older - "Everyone thought I was 18! It was so cool!" "I'm not a kid anymore!"

### WHAT WE CAN DO

Dr. Lynn Ponton, M.D., author of *The Romance of Risk* and expert on teen behavior, suggests the following steps to help make better risk assessments and better decisions:

- Recognize that some risks are healthy risks (school sports, organized activities). Go for it!
- Think about the consequences and potential outcomes of taking risks before they happen.
- Rehearse strategies to say no or to remove yourself when risky situations arise — and learn to "listen to your gut" when making decisions.

### RESOURCES

"Adolescent Risk-Taking: Healthy vs. Unhealthy," by Dr. Lynn Ponton, [www.middleweb.com/adolesrisk.html#anchor19229306](http://www.middleweb.com/adolesrisk.html#anchor19229306)

Centers for Disease Control and Prevention YRBS, [www.cdc.gov](http://www.cdc.gov)

### About ADAPP

The Archdiocese Drug Abuse Prevention Program (ADAPP) is dedicated to serving, with excellence, the children, adults and families within the schools, parishes and communities of the New York Archdiocese. We strive to provide innovative, comprehensive services including counseling and education to prevent and intervene in the use of alcohol and other drugs. Through an expansive partnership with Connect with Kids, ADAPP is committed to providing to our schools and communities the tools to help our children navigate through today’s challenges — be it drugs and alcohol, bullying, online safety, stress and anxiety or building life-long resilience. Open and honest discussions, armed with credible information, are a key to helping our children to make healthy choices and avert today’s dangers.

### About Connect with Kids Education Network

Founded in 1998, Connect with Kids Education Network (CWK) is a multimedia education company that produces non-fiction, evidence-based resources focused on student behavior, health and wellness, and building life skills. Additionally, CWK uses its research-based multimedia resources to provide staff development and parent education and outreach. CWK programming is relevant and research-proven, and is used in schools and communities nationwide.

Connect with Kids has been designated as an “Effective Producer” of programs by the U.S. Department of Education and appears on its What Works Clearinghouse List.

**adapp**

**Archdiocese of New York** Drug Abuse Prevention Program

*in Partnership with*  **Connect with Kids**

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Peer Pressure

Honesty

Healthy Choices

Managing Stress

Respect

Alcohol

Prescription Drugs

Consequences

## pre vent (prî-vênt')

v. to keep from occurring, to avert, to hinder or stop from doing something.

Tobacco

Courage

Steroids

Parent Engagement

Responsibility

Over-the-Counter Drugs

Marijuana