Anne Wenstrom
Prevent/Reduce Alcohol and Drug Use
High School

NATIONAL STANDARDS BEING ADDRESSED:
Standard 1- Students will comprehend concepts related to health promotion and disease prevention.
Standard 2- Students will demonstrate the ability to access valid health information and health-promoting products and services.
Standard 3- Students will demonstrate the ability to practice health-enhancing behaviors and reduce health risks.
Standard 4- Students will analyze the influence of culture, media, technology, and other factors on health.
Standard 5- Students will demonstrate the ability to use interpersonal communication skills to enhance health.
Standard 6- Students will demonstrate the ability to use goal setting and decision-mailing skills to enhance health.
Standard 7- Students will demonstrate the ability to advocate for personal, family, and community health.

MINNESOTA STATE CONTENT STANDARD FOR HEALTH EDUCATION (High School)- A student shall demonstrate an understanding of decision-making processes and community health practices that promote healthful nutrition and dietary practices, and physical fitness, and that reduce and prevent tobacco use, drug and alcohol use, intentional and unintentional injuries, HIV, sexually transmitted disease, and unintentional pregnancies by:

A. analyzing how health-maintenance and disease-prevention decisions are influenced by the media, technological advances, interpersonal communication, and immediate and long-term risk factors; and

B. creating a plan for an in-depth study of one of the community health practices described in this subpart including in-depth information needed, procedures required, how this area is impacted by other community health practices, and options for completing an in-depth study.

SCOPE AND SEQUENCE (for 10 day unit):

Day 1
1. How Widely are Drugs and Alcohol Used?
   A. Alcohol Trends (Minnesota Department of Children, Families & Learning and Minnesota Department of Human Services, 2001, online).
      1. Any alcohol use in past 12 months: 12th graders: 67%, 9th graders: 46.8%. A decrease in both numbers since 1998.
2. Frequent alcohol use in past 12 months (20 or more times): 12th graders: 22.1%, 9th graders: 7.3%. A decrease in both numbers since 1998.
3. Any binge drinking in the past 2 weeks: 12th graders: 31.7%, 9th graders: 16%. A decrease in both numbers since 1998.
4. In the U.S., daily alcohol use increased among 12th graders from 2.9% to 3.6%. (NIDA, 2001, online)

B. Drug Trends (Minnesota Department of Children, Families and Learning and Minnesota Department of Human Services, 2001, online).
   1. In Minnesota, any marijuana use in the past 12 months: 12th graders: 30.3%, 9th graders: 19.8%. The trend stayed the same for 12th graders, but decreased for 9th graders since 1998.
   2. In the U.S., marijuana use was 37% for 12th graders in 2001. (NIDA, 2001, online).
   3. In the U.S., steroid use increased from 1.7% to 2.4% for 12th graders in 2001.
   4. In the U.S., Cocaine use was 3.7% among 12th graders in 2001.
   5. In the U.S., Hallucinogens were 8.4% among 12th graders in 2001.
   6. In the U.S., Inhalants were 4.5% among 12th graders in 2001.
   7. In the U.S., any illicit drug use for 12th graders in 2001 was 41.4%.
   8. In the U.S., any illicit drug use for 12th graders in their lifetime is 53.9%.

II. Alcohol and Drug Use is a Risk Behavior!
A. Definition of “Healthful Behaviors” (Meeks, Heit, & Page, 1995, 5).
   1. “Actions that enhance self-esteem; promote health; prevent illness, injury, and premature death; and improve the quality of the environment.”
B. Definition of a “Risk Behavior”
   1. “Voluntary actions that threaten self-esteem; harm health; increase the likelihood of illness, injury, and premature death; and destroy the quality of the environment.”
C. Center for Disease Control Risk behavior (Meeks, Heit, & Page, 1996, 4).
   1. Behaviors that result in unintentional and intentional injuries.
   2. Tobacco use.
   3. Alcohol and other drug use.
   4. Sexual behaviors that result in HIV infection, other STD’s and intended pregnancy.
   5. Dietary patterns that contribute to disease.
   6. Insufficient physical activity.
Day 2

III. What predisposes a person to risk factors (Meeks, Heit, & Page, 1995, 12-20)?
A. Being reared in a dysfunctional family.
B. Having negative self-esteem.
C. Being unable to resist peer pressure.
D. Having difficulty mastering developmental tasks.
E. Being economically disadvantaged.
F. Lacking faith experiences and fellowship.
G. Having a genetic background with a predisposition to chemical dependency.
H. Experiencing family disruption.
I. Experiencing depression.
J. Experiencing pressure to succeed in athletics.
K. Having difficulty achieving success in school.
L. Having attention deficit hyperactive disorder.
M. Having immature character disorder.
N. Having borderline personality tendencies.

IV. Reasons People Use Drugs and Alcohol (Giarratano, 1997, 127-128).
A. Medical or health reasons (for using legal drugs).
B. Spiritual, religious or ceremonial reasons.
C. Recreation.
D. Desire to feel different or better.
E. Stress reduction.
F. Desire to escape.
G. Media influences/advertising (more day 3).
H. To take a risk.
I. Improving athletic performance.
J. Social interaction.
K. Friends’, role models’, or family members’ use.
L. Peer pressure (more later today).
M. Curiosity.
N. Desire to feel or appear sophisticated, attractive, or mature.
O. Availability and accessibility of both legal and illegal drugs.

V. Reasons People Choose Not to Use Drugs and Alcohol
A. Medical or health reasons.
B. Religious spiritual reasons.
C. Enjoyment of recreational or physical activities.
D. Feeling good without drugs.
E. Wanting to cope with problems directly.
F. Thinking clearly without drugs.
G. Fear of consequences of drug use.
H. Friends’, role models’, or family members’ nonuse of drugs/alcohol.
I. Being a role model for others.
J. School rules and policies.
K. Community norms and values.
L. Economic considerations.
M. Concern about unknown effects.
N. Long-term goals.
O. Avoidance of risk.
P. Athletic performance.
Q. Personal Moral Principles.
R. Don’t want to lose control of life and or body.
S. Lack of availability.
Day 3

I. Peer Pressure Affects Decisions about Alcohol and other Drugs.
A. Definition of “Peer Pressure” (Meeks, Heit, & Page, 1996, 147).
   1. “It is the pressure that people of similar age or status exert on others to encourage them to make certain decisions or behave certain ways.”
B. Why do teens use peer pressure on others (Meeks, Heit, & Page, 1999, 421-436)?
   1. Support for wrong behavior.
   2. If caught, they won’t be the only one in trouble.
   3. Wanting to embarrass a peer.
   4. Drugs impair judgment.
   5. Power and control.
C. How to resist peer pressure with drugs and alcohol (Meeks, Heit, & Page, 1999, 421-436).
   1. Use assertive behavior.
   2. Give reasons for saying “NO”.
   3. Use nonverbal behavior to match verbal behavior.
   4. Avoid being with people who use drugs or drink alcohol.
   5. Resist pressure to engage in illegal behavior.
   6. Influence others to choose responsible behavior.
   7. Avoid being influenced by advertisements.

II. Media Influences that Influence our Decisions about Drugs and Alcohol
A. Media
   1. Advertisements
      a. Alcohol advertisements exploit young crowds (Boldeskul, online).
      c. “Use of alcohol products is risk-free” (Carroll, 2000, 35).
      d. “Alcoholic beverages are normal and essential parts of social events” (Carroll, 2000, 35).
      e. Targeting certain groups of people.
      a. “In 1996 and 1997, out of 200 of the most popular movie rentals, illicit drugs appeared in 22% of these films and 98% of them has some sort of substance use, including alcohol and tobacco.”
      b. “Of the 1,000 most popular songs, 27% referred to alcohol or illicit drugs. Also, 63% of all rap songs mentioned substance use versus, 11% for alternative rock, and 9% for heavy metal.”
      c. “Young people learn the value of ‘relief drinking’- that alcohol can lessen pain or discomfort” (Carroll, 2000, 37).
3. Challenging Media Messages - Positive Messages
Day 4

I. How Family Influences Decisions about Alcohol and Drugs.
   A. Good Models vs. Bad Models (Family Education, 2001, online).
      1. Discussions about alcohol and drugs.
      2. Don’t attack when talking about alcohol and drugs.
      3. Talk about it in everyday conversations.
      4. Can’t shield child from curiosity.
      5. Don’t just preach it.
   B. Family Values (Meeks, Heit, Page, 1995, 172)
      1. “Almost two-thirds of all students say their parents do not approve of underage drinking or would punish them if they drank”.
      2. “Thirty-five percent of junior and senior high school students who drink say their parents tolerate their drinking under certain conditions”.

II. My Ability to Make Decisions.
   B. Decision-making model (5 steps) (Minnesota Department of Children, Families, and Learning, 2001, 8.5).
      1. Identify decision to be made and state as a question.
      2. Identify and describe options and choices.
      3. Identify criteria for making decisions.
      4. Weigh each option and choice against criteria.
      5. Make decision and explain reasoning.
   C. How drinking affects thinking and decision-making (Meeks, Heit, & Page, 1999, 432).
      1. Drinking alcohol can cause you to make wrong decisions.
      2. Drinking alcohol can give you false sense of self-confidence in social situations.
      3. Drinking alcohol can interfere with your judgment.
      4. Drinking alcohol can make you feel invincible.
      5. Drinking alcohol can increase the likelihood that you will give in to negative peer pressure.
      6. Drinking alcohol can intensify your sexual feelings and dull your reasoning.
Day 5

I. Alcohol and Consequences of Drinking.

A. What is alcohol?
   2. “Americans spend more than $92 billion each year on alcoholic beverages” (Carroll, 2000, 67).
   3. A drink of alcohol is defined as one-half ounce of ethyl alcohol. One can of beer, equals four ounces of wine, equals one mixed drink (Meeks, Heit, & Page, 1995, 158).
   4. “Generally, the liver can process about one drink per hour. But the following factors need to be considered: body size, body composition, gender, race, and age.” (Meeks, Heit, & Page, 1995, 158).

B. Alcohol Absorption (Carroll, 2000, 77-86).
   1. Absorbed in the stomach and small intestine.
   2. Blood Alcohol Content (BAC).
      a. Definition: “The ratio of alcohol present in the blood to the total volume of blood, expressed as a percentage.”
      b. Amount of alcohol.
      c. Rate of drinking.
      d. Amount of food in the stomach.
      e. Body weight.
      f. Body chemistry and emotions.
   3. Intoxication
      a. Definition: “A temporary state of mental chaos and behavioral dysfunction resulting from the presence of ethyl alcohol in the central nervous system.”
      b. Alcohol intoxication chart on BAC levels. (Carroll, 2000, 80)
         i. .01% = mild effects
         ii. .03% = feeling of relaxation, minimal impairment of mental function.
         iii. .06% = Mild sedation, exaggeration of emotions; slight impairment of fin motor skills; increase in reaction time.
         iv. .10% = Legal evidence of driving under the influence of alcohol in most states.
         v. .15% = Major impairment of physical and mental functions; irresponsible behavior; general feeling of euphoria; difficulty in standing, walking, taking; distorted perception and judgment.
         vi. .20% = Mental confusion; decreased inhibitions; gross body movements can be made only with assistance; inability to maintain upright position; difficulty in staying awake.
vii. .40% = Almost complete anesthesia; depressed reflexes; state of unconsciousness or coma likely.
viii. .60% = Death is most likely now, if it has not already occurred at somewhat lower BACs following depression of nerve centers that control heartbeat and breathing. Such a person is “dead drunk.”

C. Physical Effects of Alcohol (Carroll, 2000, 81-86).

1. Short-term
   a. Sensation and perception.
   b. Emotions.
   c. Sleep.
   d. Kidneys.
   e. Heart and blood vessels.
   f. Liver.
   g. Motor skills.
   h. Hangover.
   i. Sexuality.

2. Long-term
   a. Gastrointestinal system.
   b. Liver disorders and disease.
   c. Hypoglycemia.
   d. Nutritional deficiency.
   e. Nervous system diseases.
   f. Wernicke’s syndrome.
   g. Endocrine system disorders.
   h. Mental disorders.
   i. Cardiovascular disease.
   j. Cancer.
Day 6

I. Other Alcohol Related Problems
   A. Violence
      1. “Recent studies have associated acute and chronic alcohol consumption with high rates of homicides, suicides, sexual assaults, spouse abuse, and child abuse.” (Meeks, Heit, & Page, 1995, 166).
      2. “Nearly three-fourths of arrested violent offenders have been drinking.” (Carroll, 2000, 94-97).
      3. “Prisoners with drinking problems have higher assault rates than prisoners without drinking problems” (Carroll, 2000, 94).
      4. “Approximately half of rape offenders have been found to be drinking at the time of the offense.” (Carroll, 2000, 94).

   B. Alcohol related accidents (Carroll, 2000, 95)
      1. Falls.
      2. Drowning.
      3. Fires.
      4. Alcohol-Impaired driving and auto crashes.
         a. Most states, BAC level 0.10 for drivers age twenty-one or older.
         b. Minnesota Data = “Each year more than 40,000 Minnesota divers lean the hard way that if you drink and drive, you can get caught” (Minnesota Department of Public Safety, 2001, online).
         c. MN State Consequences for Drinking and Driving = “First offense: 90 days if you fail the test, 1 year if you refuse the test and then fail the test. Second offense: Revocation or denial of a driver’s license until rehabilitation is demonstrated” (Minnesota Department of Public Safety, 2001, online).
         d. Zero tolerance for those under 21.

   C. Suicide (Meeks, Heit, & Page, 1995, 163-165).
      1. “Research indicates that 20-36% of suicide victims have a history of alcohol abuse or were drinking shortly before their suicides.”

   D. Fetal Alcohol Syndrome (FAS)
         a. Prenatal and postnatal growth retardation.
         b. Central nervous system disorder.
         c. At least two of the following abnormal craniofacial features: small head, small eyes or short eye openings, or a poorly developed philtrum, thin upper lip, short nose, flattened midfacial area.

   E. Alcoholism (Carroll, 2000, 104-111).
      1. Definition of “Alcoholism”- “The disease or condition of alcohol dependency in which an individual cannot consistently exert control over intake of alcohol; pathological pattern of alcohol use marked by
impairment in one’s social or occupational functioning due to alcohol” (Carroll, 2000, 103).

2. Symptoms or Characteristics of Alcoholism (Carroll, 2000, 104-111).
   a. Tolerance.
   b. Withdrawal.
   c. Loss of control over drinking
   d. Craving for alcohol.

3. Causes of Alcoholism
   b. “Nurture”- (psychosocial, cultural, environment) factors.

   a. Consequences for the alcoholic.
      i. Preoccupation with procuring and maintaining a supply of alcohol.
      ii. Difficulty in managing money.
      iii. Changes in eating behavior.
      iv. Impulsive behavior.
      v. Lying to teachers and parents.
      vi. Inability to cope with frustration.
      vii. Changing from one peer group to another.
      viii. Irritability with others.
      ix. Suspiciousness of others.
      x. Rebelliousness.
      xi. Refers to alcohol-related problems or impairments.
      xii. Physical health problems.
      xiii. Psychological functioning problems.
      xiv. Interpersonal functioning problems.
   b. Consequences for children of parents with alcoholism.
      i. Primary needs of children are not met.
      ii. Children feel a great amount of responsibility and guilt for their parent’s drinking behavior and the consequences that may result.
      iii. The family environment is characterized by unpredictability because children are confused by the difference between the intoxicated and sober behaviors of a parent.
      v. Insecurity about parents’ love.
      vi. Family isolation.
      vii. Denial of the alcoholic parent’s drinking behavior.
I. Other Drugs of Abuse
      1. What is marijuana?
         a. Definition: Marijuana is the dried leaves and tops of the cannabis plant, which contains THC. THC produces psychoactive effects.
         a. 14% of males and 7% of females in 12 grade have used marijuana 40+ times in the last 12 months.
         a. “Problems with memory and learning, distorted perception (sight, sound, time, touch), problem with thinking and problem solving, loss of coordination, and increased heart rate, anxiety”.
         a. Cancer, same breathing problems that cigarette smokers have: coughing and wheezing, THC damages the immune system.
      5. Marijuana is a “gateway” drug (Meeks, Heit, & Page, 1999, 456).
         a. Marijuana is called a gateway drug because it increases the likelihood that a person will use other harmful drugs.
   B. Inhalants
      1. What are inhalants (Missouri Department of Mental Health, 2002, online)?
         a. “Inhalants are breathable chemicals that produce psychoactive (mind-altering) vapors. People do not usually think of inhalants as drugs because most of them were never meant to be used that way.”
         a. 95% of 9th graders have not sniffed glue or inhaled any other gases or sprays in order to get high during the last 12 months.
      3. Short-term effects of inhalants (Missouri Department of Mental Health, 2002, online).
         a. “Initial effects include: nausea, sneezing, coughing, nosebleeds, feeling and looking tired, bad breath, lack of coordination, a loss of appetite, or death. Solvents and aerosols also decrease the heart and breathing rate and affect judgment.”
      4. Long-term effects of inhalants (Missouri Department of Mental Health, 2002, online).
         a. “Long-term use can cause weight loss, fatigue, electrolyte (salt) imbalance, and muscle fatigue. Repeated sniffing of concentrated vapors over a number of years can cause permanent damage to the nervous system, which means greatly reduced physical and mental capabilities. In addition, long-term sniffing of certain inhalants can damage the liver, kidneys, blood, and bone marrow.”
      5. Additional Fact
A. Most inhalants are household products. These include the glues, paints, solvents, and gasoline fumes that some people breath to get “high” (Ray & Ksir, 2002, 200).

   1. What are steroids?
      a. It is a drug that is made from the male hormone testosterone. They are injected or taken by mouth.
      a. 96.5% of 10th grades have never used steroids.
   3. Effects of steroids on males (NIDA, 2002, online).
      a. Shrinking of the testicles, reduced sperm count, infertility, baldness, development of breasts, increased risk for prostate cancer.
   4. Effects of steroids on females (NIDA, 2002, online).
      a. Growth of facial hair, male-pattern baldness, changes in or cessation of the menstrual cycle, enlargement of the clitoris, deepened voice.
   5. Additional Fact (NIDA, 2002, online).
      a. People who inject anabolic steroids run the added risk of contracting or transmitting HIV/AIDS or hepatitis.

   1. What are stimulants?
      a. Cocaine: an addictive stimulant that is obtained from leaves of the coca bush. It can be snorted, injected, or smoked. Cocaine stimulates the stress response and may cause death by heart attack, stroke, or seizure. Trying cocaine even once can be fatal.
      b. Crack: is purified cocaine that is smoked to produce a rapid and intense reaction. It is even more addictive than regular cocaine. Trying crack even once can be fatal.
      c. Amphetamines: are chemically manufactured stimulants that are highly addictive. They used to be taken as diet pills.
      d. Look-alike drug: a drug manufactured to resemble another drug and mimic its effects. May include large amounts of caffeine.
      e. Methamphetamines: are stimulant drugs that have effects similar to those of cocaine. Methamphetamines are swallowed, snorted, injected, or smoked.
      f. Ephedrine: a stimulant that is found naturally in the ephedra plant. It is a common ingredient in decongestants, bronchodilators, and diet pills (Meeks, Heit, & Page, 1999, 452).
      g. Methylphenidate: a stimulant that is used to treat ADHD. It stimulates a portion of the brain that helps a person pay attention and reduces hyperactivity.
      h. Caffeine: a stimulant found in chocolate, coffee, tea, some soda pops, and some prescription and over-the-counter drugs. It is the most widely used stimulant and produces a quick “pick-me-up” effect.
   a. “By 12th grade only 3% of students have tried amphetamines”.
   a. It can cause immediate death, seizures, body tremors, vomiting, racing heart, increased alertness, and quickened movements. Raised heart rate and blood pressure can lead to the breaking of a blood vessel in the brain. Snorting causes sores and burns around the nose.
   a. Ulceration of the mucous membrane of the nose and can damage the nasal septum, damage to the brain and memory, irreversible damage to blood vessels in the brain, respiratory problems, irregular heartbeat.
   a. Stimulants impair reasoning and judgment, often resulting in accidents.
I. Other Drugs and Effects

   1. What are sedative-hypnotics?
      a. Sedative: is a drug that has a calming effect on a person’s behavior.
      b. Hypnotic: is a drug that produces drowsiness and sleep.
      c. Barbiturate: is a type of sedative-hypnotic that used to be prescribed to help people sleep and to relieve tension. It is rarely used now because they are very addictive and dangerous.
      d. Benzodiazepines: are sedative-hypnotics prescribed by physicians to treat anxiety. Commonly known as tranquilizers.
      e. Anticonvulsant: is a drug that is taken to prevent or relieve epileptic seizures.
      a. It can cause slow body functions and have effects of slurred speech, lack of coordination, clammy skin, dilated pupils, and inability to stay awake, and/or immediate death.
      a. Anemia, impairment of liver function, chronic intoxication. A person may develop depression.
      a. Rohypnol- is a benzodiazepines. The pills are in small white tablets that dissolve easily without a trace in liquids. It is a powerful sleeping pill that also produces disinhibition and short-term amnesia. It is a “club drug”. Rohypnol is also known as “Roofie Rape” because it is odorless, colorless, and tasteless. Rapists use this as a tool of rape against victims.

   1. What are Narcotics?
      a. “A group of drugs that slow down the central nervous system and relieves pain”.
      b. Analgesic: a drug that relieves pain. Also used to suppress coughs and control diarrhea.
      c. Opium: a white, milky fluid from the seedpod of the poppy plant
      d. Morphine: a narcotic found naturally in opium that is used to control pain. It is one of the strongest pain relievers used in medicine.
      e. Codeine: a painkiller produced from morphine.
      f. Heroin: an illegal narcotic derived from morphine. It often is injected, snorted, smoked, and taken as a pill.
      a. “96% of males 12th graders and 98% of 12th grade females did not use heroin or any other narcotics in the last 12 months.”
      a. Reduces anxiety, cause sedation, dry secretions in mouth and nose, decrease respiration, suppress cough reflex, cause constipation, induce
pinpoint pupils, cause drowsiness and apathy, cause decreased physical activity, induce sleep, cause physical and psychological dependence.

   a. Depression, infection of the heart lining and valves, abscesses, cellulitis, and liver disease.

   a. People who use narcotics may fall in and out of sleep. This is called “nodding out.”

C. Hallucinogens (Meeks, Heit, & Page, 1999, 454)
1. What are the hallucinogens?
   a. “Hallucinogens are the group of drugs that interfere with the senses and cause hallucinations”.
   b. LSD: is an illegal hallucinogen sold in the form of powder, tablets, liquid, or capsules. It causes the pupils to dilate, skin to become flushed, and heart and body temperature to increase.
   c. PCP (angel dust): a hallucinogen that can act as a stimulant, sedative-hypnotic, or painkiller. People who use PCP feel restless, disoriented, anxious, isolated, angry, aggressive, and invincible.
   d. Mescaline: is an illegal hallucinogen made from peyote cactus. It causes many of the same effects as LSD.
   e. Psilocybin: is an illegal hallucinogen made from a specific type of mushroom. It has similar effects to LSD and mescaline.
   f. MDMA: is a hallucinogen that also acts as a stimulant. Many of the same effects as LSD. It also may damage chemicals in the brain.

   a. “During the last 12 months, 90% of 12th grade males and 95% of 12th grade females did not use LSD, PCP, or other psychedelics.”

   a. They cause vomiting, nausea, loss of muscle control, chills, sweating, stomach cramps, increase or decrease in heart rate, body temperature, blood sugar level, and blood pressure, impairment of short-term memory and affects perception of time.

   a. Persistent speech problems, depression, anxiety or more severe psychological consequences.

5. Additional Information: Ecstasy
   a. Definition: a drug that has psychedelic qualities and provides a euphoric “rush” of mind-expanding effects (Carroll, 2000, 374).
   b. Short-term effects: Psychological difficulties, confusion, depression, sleep problems, drug craving, severe anxiety, and paranoia, muscle tension, involuntary teeth clenching, nausea, blurred vision, rapid eye movement, faintness, and sweating.
c. Long-term effects: Damage to parts of brain critical to thought and memory. Damage to neurons.

D. Over-the-Counter Drugs and Prescription Drugs (Meeks, Heit, & Page, 1994, 129).

1. What are over-the-counter drugs?
   a. Medication that is nonprescription and is required to have specific information on the product labels.
   b. The FDA established a 26 classification of over-the-counter drugs.

   a. A drug that is prescribed by a health professional and contains the patient’s name, name of the drug, form of the drug, dosage level, directions for use, physician’s name, address, phone number and signature, Drug Enforcement Agency registration, and refill instructions.

3. Potential Dangers of Over-the-Counter and Prescription Drugs
   a. “All drugs, legal as well as illegal, have the potential for misuse or abuse.”

   a. Ask the following questions:
   b. What is the name of the medicine?
   c. When and how often should the drug be taken?
   d. What is the medicine supposed to do?
   e. Can the new medicine be taken along with others?
   f. What unwanted side effects might occur?
   g. What precautions should you take?
   h. Are there any particular foods you should avoid while taking the medicine?
   i. Should you take the medicine until it is gone or only until you feel better?
Day 9

I. The Decision to be Drug-Free
   A. Why is the decision to be drug-free important (Meeks, Heit, & Page, 1999, 464)?
      1. Teens who use drugs are less likely to be in control of their sexual feelings.
      2. Teens who use drugs may not stick to their decisions to practice abstinence from sex.
      3. Teens who use drugs are more at risk for being in a situation in which rape occurs.
      4. Teens who use drugs are more likely to justify their wrong sexual behavior with the fact they were under the influence of drugs at the time.
      5. Teens who use drugs are four times more likely to have an unwanted pregnancy than teens who do not use.
      6. Teens who are drug-dependent may have sex as a way of getting drugs, which increase the risk of HIV infection.
      7. Teens who are involved in injection drug use may share a needle with infected blood on it, which increases the risk of HIV infection.
   B. How to resist pressure to use illegal drugs (Meeks, Heit, & Page, 1999, 422-424).
      1. Use assertive behavior- say “no” to drug use with self-confidence.
      2. Give reasons for saying “no” to drug use.
      3. Use the broken-record technique.
      4. Use nonverbal behavior to match verbal behavior. What you do and what you say should be consistent.
      5. Avoid being in situations in which there will be pressure to use harmful drugs.
      6. Avoid being with people who use harmful drugs.
      7. Resist pressure to engage in illegal behavior.
      8. Influence others to choose responsible behavior.
   C. Skills to Reduce/Manage Conflict (Herman, 2002, HES 355)
      1. Defusion
      2. Avoidance
      3. Negotiation and Compromise
      4. Open and honest communication- I Messages
      5. Active Listening
      6. Avoid use of communication blockers
      7. Assertiveness without aggression
      8. Peer Mediation
   D. How to be a drug-free Role Model (Meeks, Heit, & Page, 1999, 424).
      1. What is a drug-free role model?
         a. “A person who chooses a drug-free lifestyle, knows and follows laws and policies regarding drugs, and educates others about the risks of using drugs” (Meeks, Heit, & Page, 1999, 424).
      2. What is a drug-free lifestyle (Meeks, Heit, & Page, 1999, 424)?
         a. A lifestyle in which a person does not misuse or abuse drugs.
         b. You have more control over your life.
c. You take responsibility for your behavior and decisions.
d. You do not risk your health and safety or the health and safety of others.
e. You follow laws and respect the guidelines of your parents or guardian and other responsible adults.
f. You know and follow policies regarding drug use and encourage others to follow these policies.
g. You educate others about the risks of drug abuse.

   1. “Just Say No!”
   2. Peer Counseling
   3. Training refusal skills
   4. DARE
   5. Peer Programs
Day 10


A. The problem
   1. “There is an undeniable link between terror groups and illicit drugs. Terror and drug trafficking organizations are linked in a mutually beneficial relationship by money, tactics, geography, and politics” (The Anti-Drug, 2002, online).
      a. Money: drugs form an important part of the financial infrastructure of the terror networks. Drug income is the primary source of revenue of some of the more powerful groups.
      b. Tactics and politics: drugs traffickers and terror groups engage in widespread violence and corruption and use similar methods, such as money laundering, arm deals, and document falsification to do their work.
      c. Geography: the drug industry and terror groups are drawn to regions where central government authority is weak. In developing nations, terror groups gain support from the lucrative drug trade.

   1. North and Central America
      a. Marijuana is the most commonly used illicit drug in America today and is readily available throughout all metropolitan, suburban, and rural areas of the continental United States.
      b. U.S. domestic methamphetamine production, trafficking, and abuse are concentrated in the Western, Southwestern, and Midwestern United States.
      c. Mexico is a major supplier of heroin and marijuana to the U.S. market and continues as the primary transshipment country for the U.S.-bound cocaine from South America.
   2. South America
      a. Columbia supplies about 90% of the cocaine consumed in the United States and is the great majority of cocaine consumed in other international drug markets.
      b. Columbia is also an important supplier of heroin to the U.S. market.
   3. Europe
      a. The Netherlands is a major source of MDMA (Ecstasy) bound for the United States.
      b. 80% of MDMA seized in the U.S. comes from the Netherlands.
   4. Asia
      a. Afghanistan was the world’s largest illicit opium producers. At the height of production, in 2000, Afghanistan was the source of more than 70% of the world’s heroin.

1. Americans spent $66 billion on drugs in 1998.
   a. Cocaine ($39 billion)
   b. Heroin ($12 billion)
   c. Methamphetamine ($2.2 billion)
   d. Marijuana ($11 billion)
   e. Other illegal drugs ($2.3 billion)

2. Drug abuse cost the U.S. economy $143.4 billion in 1998.
   a. $98.5 billion in lost earnings
   b. $12.9 billion in health care costs
   c. $32.1 billion in other costs, such as social welfare costs and the cost of goods and services lost to crime.

   a. Health Care Costs: $14,899
   b. Productivity Losses: $110,491
   c. Other Costs: $35,274

   a. Crime victim health care costs: $128
   b. Productivity loss of victims of crime: $2,217
   c. Incarceration: $35,602
   d. Crime careers: $27,066
   e. Police protection: $10,189
   f. Legal adjudication: $5,028
   g. State and federal corrections: $11,990
   h. Local corrections: $1,599
   i. Federal spending to reduce supply: $5,479
   j. Private legal defense: $591
   k. Property damage for victims of crime: $181
   l. Total: $100,069

   a. Premature death: $18,256
   b. Drug abuse related illness: $25,435
   c. Institutionalization/Hospitalization: $1,915
   d. Productivity loss of victims of crime: $2,217
   e. Incarceration: $35,601
   f. Crime careers: $110,491

   a. One of the most notorious terrorist groups, the Revolutionary Armed Forces of Columbia (FARC), receives about $300 million annually from drugs.
   b. The Columbian United Self-Defense Groups (AUC) has openly admitted that it depends on drug trafficking for about half of its funding.

1. Terrorists need money to do the things they do.
2. Reducing the demand of illicit drugs helps reduce terrorists’ access to funding and limits their ability to operate.
3. Learn the facts and help others become aware and understand the broader consequences of their actions.

E. The U.S. Efforts to Fight Drug Use (Grassley, 2002, online).
1. “The U.S. government spends $30,000 million dollars each year on efforts to fight drug use. The Federal counter-drug resources are spent in four main areas: treatment, prevention, law enforcement, and international programs.
2. In many cases, it is supply that drives or creates demands.

F. The Importance of Prevention and Community Coalitions (Community Anti-Drug Coalition, 2002, online).
1. “Research confirms that multi-sector, multi-strategy approaches-as community coalitions often implement- are most likely to lead to success in substance abuse prevention.”

G. The United Nations Drug Control Program (United Nations, 2002, online).
1. The U.S. contributed $25.305 million in 1999 and $20 million in 2000 to UNDCP counternarcotics programs. The monies were used worldwide in specific countries and in world wide global projects in a variety of counternarcotics projects.
2. On a global level, the U.S. supports projects in legal training the counternarcotics area and efforts against money laundering. Additionally, the U.S. has funded an international data bank for precursor chemical control and a drug-profiling project at UNDCP’s laboratory.
Resources


