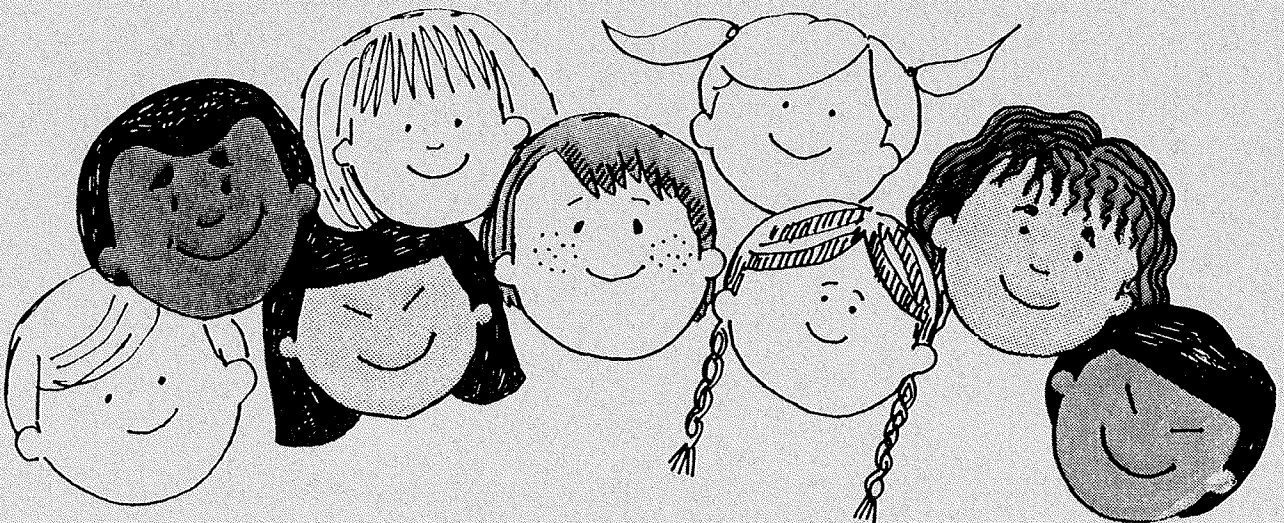


PREVENTION CURRICULUM GUIDE

**FOR
SPECIAL EDUCATION
4 - 6**

**“FEATURING”
*Rusty and Kelly***



**Julie B. Erwin
Alexander Boros**

*illustrated by
Julie B. Erwin
Mark Wrabel*

PREVENTION CURRICULUM GUIDE

Special Education Grades 4-6

**- FEATURING -
RUSTY AND KELLY**

**Julie B. Erwin
Alexander Boros**

illustrated by Julie B. Erwin and Mark Wrabel

**Kent State University
Kent, Ohio 44242
1990**

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ATTENTION

Some of the illustrations found within this guide
were taken from the following materials:

Looking at Alcohol and Other Drugs
by Alexander Boros and Patricia Callahan,
illustrated by Mark Wrabel.

Looking at Treatment for Alcohol and Other Drugs
by Alexander Boros and Patricia Callahan,
illustrated by Julie B. Erwin.

*Prevention Curriculum Guide for
Looking at Alcohol and Other Drugs
Special Education 7-12*
by Julie Erwin, Alexander Boros, and Janet Hawkes,
illustrated by Julie Erwin.

These materials were written and illustrated by Project A.I.D.
(Addiction Intervention with the Disabled) staff members.

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ABOUT THE AUTHORS

JULIE B. ERWIN, M.Ed., OCPS, is a certified school counselor, a certified elementary school teacher (1-8), and a certified art teacher (K-12) in the State of Ohio. Miss Erwin is also an Ohio Certified Prevention Specialist. She is the co-author of *Prevention Curriculum Guide for Looking at Alcohol and Other Drugs Special Education 7-12*, a specialized prevention guide for special education students in grades 7-12. She is the illustrator of a book entitled *Looking at Treatment for Alcoholism*, which is specifically designed for the reading-limited individual who is undergoing treatment.

Ms. Erwin has worked as a teacher and as an activity therapist in the field of mental health. She currently works as an educator/counselor for Project A.I.D. (Addiction Intervention with the Disabled), providing direct service to disabled children and adults.

ALEXANDER BOROS, Ph.D., is an applied sociologist who has been working in the field of substance abuse and disabilities for twenty-seven years. He is a Full Professor of Sociology at Kent State University, where he has taught thirty-one different courses in the fields of sociology, corrections, and rehabilitation. His research has focused on problems of training applied sociologists, rehabilitation of disabled people, grassroots leadership development, meeting needs of the deaf community, and substance abuse recovery programs.

Dr. Boros is the director and founder of Project A.I.D., a research project at Kent State University dedicated to the education and treatment of disabled substance abusers.

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We would like to thank the many principals and administrators who allowed us to use their students' and teachers' precious time to field-test the materials presented in this guide.

Special thanks to the following teachers and their students who helped us field-test the materials.

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Kathie Wentz, OCPC, TSAC (Trumbull County Substance Abuse Consortium), Warren, Ohio

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INTRODUCTION

This curriculum guide was created for students who need extra help understanding information about alcohol and other drug abuse. Teachers and students served as consultants while we designed this guide.

As a special education teacher, you are skilled in the art of adapting materials for your specific students. The lessons in this guide were designed with you in mind. Each lesson includes discussion, visual stimuli, vocabulary, and a variety of activities from which you can choose.

The goals of this guide are:

1. To present information about alcohol and other drugs in a simple, yet interesting, fashion.
2. To provide students with a working knowledge of drugs that can be abused and the effects of drug abuse.
3. To introduce the idea that prescription drug use and abuse is an important issue for the disabled as well as the able-bodied population.
4. To help students understand how alcohol and other drug abuse can disrupt the family.
5. To encourage students to develop decision-making skills.
6. To encourage students to ask questions and voice their opinions freely.
7. To establish a friendly, supportive climate in the classroom so that important issues may be discussed openly.

While field-testing the guide, we discovered that we had to adapt and modify the materials for certain audiences. Classes and classifications vary from building to building and district to district. With this in mind, we designed the guide so that there would be very little need for extensive modification.

Although specialized vocabulary plays an important role in the curriculum for grades 7-12, this guide focuses primarily on understanding major concepts. A glossary is included at the end and optional vocabulary exercises are also included.

We have not suggested time limits on lessons for two reasons. First, each lesson is designed to encourage active participation. Second, because the nature of special education classes is so specialized and varied, we believe that you are best equipped to decide how much time to devote to each lesson.

At times we have chosen to use the pronouns "he" and "him" for the sake of sentence continuity. Please stress to your students that the use and abuse of alcohol and drugs transcends gender lines.

This guide is also geared to your personal needs. We have included sections of general information throughout the guide for your information. In addition, "Teacher Reflection" sections are provided for you to comment on the progress of the lessons. Transparencies may be made of any of the illustrations in the guide.

Other materials available through Project A.I.D. include the following:

Twelve Ideas For My Improvement (male and female version)

Looking at Alcohol and Other Drugs

Looking at Treatment for Alcoholism

Prevention Curriculum Guide for Looking at Alcohol and Other Drugs Special Education 7-12

For more information about these materials and other services provided by Project A.I.D. staff, please contact:

Alexander Boros, Ph.D.
Project A.I.D.
Sociology and Anthropology
Lowry Hall
Kent State University
Kent, Ohio 44242
(216) 672-2440
TDD-(216) 672-2451

QUESTIONS MOST FREQUENTLY ASKED BY TEACHERS

Q. Why should I choose this particular curriculum guide?

A. This guide was designed specifically for special education students. There are pictorial representations of important terms throughout, as well as various activities that promote the use of decision-making skills.

Q. I notice that there are references to various disabilities within the guide, but I do not see references to disabilities in every lesson. Why is this?

A. Before we field-tested the guide, we included references to disabilities in every lesson. Through testing and research, we found that referring to disabilities in every lesson was not needed.

Q. Who can teach this subject to my students?

A. These materials can be used by any teacher who is interested in educating an individual or a group about alcohol or other drugs. Special education teachers are sensitive to the individual needs of their students and this relationship will enable you to be effective.

Q. Do I have to be an expert on alcohol and other drug abuse to teach this subject effectively?

A. No, you do not need to be an expert to teach this subject! You are already an expert teacher. We provide you with the specific information that you need. Drug education is a decision-making process. You are there to facilitate the students' decision-making process.

Q. Many of my students use prescription drugs. Is this issue covered in the guide?

A. Yes, prescription drug use and abuse is addressed on several occasions.

Q. Do I have to use PICTURE-TALK?

A. While field-testing the guide, we found that students benefited from the PICTURE-TALK section. The students we worked with looked forward to the stories and remembered the adventures of their friends "Rusty" and "Kelly." Although you may feel awkward drawing at first, we suggest that you utilize the PICTURE-TALK section in order to stimulate learners visually. Of course, you may have alternative methods of illustration.

Q. Why should I spend so much time on this issue?

A. Every one of your students will be affected by alcohol and other drug abuse at some point in their lives. They may experience problems at home or at work, with a friend or anyone else they may encounter. Unfortunately, the issue of alcohol and other drug abuse is riddled with misinformation, strong emotion, and confusing experiences. Addressing the biological, cultural, social, economic, legal, and spiritual effects of alcohol and other drug abuse will take time.

Q. Our school has SBH (Severe Behavior Handicapped), MH (Multiple Handicapped), DH (Developmentally Handicapped), and LD (Learning Disabled) units. With which of these students can I use this guide?

A. This was tested and found successful in SBH, MH, DH, LD, and HH (Hearing Handicapped) classrooms as well as in regular education classrooms at all levels. This guide can be used with many different populations and may be easily adapted to either lower or higher level audiences.

ADAPTING THE GUIDE FOR REGULAR EDUCATION STUDENTS

Although this guide was designed for special education students, adapting it for use with other students is easy. The guide focuses on the typical world of students. References and learning experiences are geared toward students in general.

Other curriculum guides in common use ignore situations that involve disabled people. In contrast, we chose illustrations and PICTURE-TALK situations that realistically include disabled people. We believe that our curriculum guide offers a balanced view of society that is composed of both disabled and able-bodied persons. Our guide enables both special education and regular education students to see and learn how disabled people are a part of everyday life.

The use of resource illustration increases the retention of vital information through the principle of visualization. This process benefits all students.

Although the guide was field-tested primarily with special education students, many regular education students were exposed to the materials as well. Teachers should rely on their experience and previous knowledge of students to determine which activities would be most appropriate and effective for each ability grouping.

Because special education students are being mainstreamed in increasing numbers, materials must be created that will be appropriate for and benefit all students. This will not be an easy task.

ALTERNATIVE WAYS OF CREATING MATERIALS FOR STUDENTS

While field-testing the guide, we utilized various techniques with each classroom. Here are some suggestions that you may choose from for variety or convenience:

ALTERNATIVE WAYS TO USE PICTURE-TALK:

1. The PICTURE-TALK may be drawn on the blackboard.
2. The PICTURE-TALK may be drawn on a separate piece of paper.
3. The PICTURE-TALK may be drawn on a big sheet of newsprint while the teacher holds the pad in his hand.
4. The teacher may have a designated student draw the PICTURE-TALK on the board before class begins.
5. The teacher may have the students illustrate the PICTURE-TALK story themselves instead of using the illustration given.

ALTERNATIVE WAYS TO USE THE ILLUSTRATIONS WITHIN THE GUIDE:

1. The teacher may have transparencies made of the illustrations and use them with an overhead projector.
2. The teacher may make copies of the illustrations and pass them out to the students in the class.
3. The teacher may hold the book in his lap while discussing the illustration.
4. The teacher may ask the students how they would have changed the illustrations if they had been the illustrator.
5. The teacher may take the book apart in order to make copies of certain pages or transparencies. The book can be easily taken apart and put back together for copying purposes.

USING PICTURE-TALK

WHAT IS A "PICTURE-TALK"?

At the end of each lesson you will find:

1. A "picture" consisting of simple stick-figure drawing.
2. A caption located below the illustration that explains the meaning of the picture.
3. A "talk" that accompanies the picture and illustrates points made in the lesson.

RATIONALE

We believe that the PICTURE-TALK section is a vital component of each lesson. The PICTURE-TALK stories are about "Rusty" and "Kelly." During field-testing of this guide, students paid attention to each story and looked forward to hearing another story about their friends Rusty and Kelly. PICTURE-TALK is a tremendously valuable communication tool, as well as a source of interest for the students.

DUPLICATING PICTURE-TALK

Many of us have witnessed a teacher drawing on the board to illustrate a point that he or she wanted to make after telling the class, "I'm not an artist, but here it goes!" It did not matter what the drawing looked like; the important part was that it was there, on the board for you to see. Seeing the picture helped you understand what was being explained. It also helped you understand what was being explained. It also helped you remember your teacher's point long after you had left the classroom.

We believe that you can get your point across better and have it remembered by using the pictures.

You do not have to be an artist to use PICTURE-TALK effectively. After seeing one of our stick-figure drawings, relatives of ours commented, "Hey, I could do that!" That is the point: Anybody who wants to communicate important information about alcohol and other drugs should be able to pick up this guide and duplicate the PICTURE-TALK section easily.

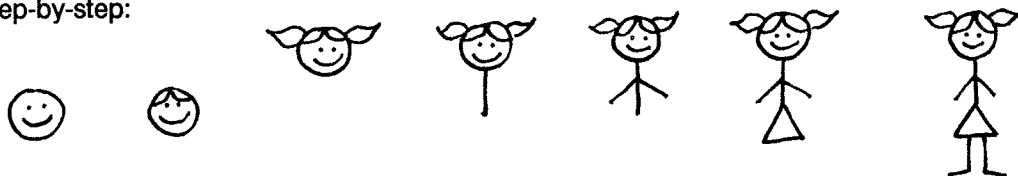
PICTURE-TALK includes two main characters who appear throughout this guide. "Rusty" and "Kelly" are elementary school students who find themselves in various situations at school and at home. Their faces and clothing will always be more detailed than the other characters depicted. "Rusty" uses a wheelchair. The wheelchair might be difficult to draw, so we suggest that the teacher practice before illustrating it for the class.

This is the way "Rusty" and "Kelly" will look most of the time:

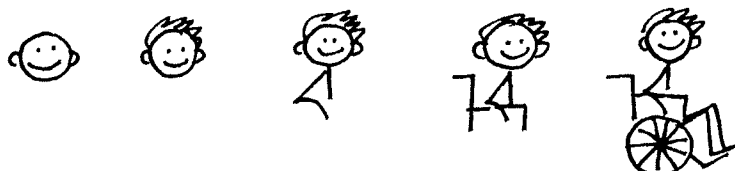


Please feel free to change the characters in any way. If you think you are going to have trouble drawing the figures, go step by step and practice before demonstrating in front of the class.

Kelly step-by-step:



Rusty step-by-step:



USING PICTURE-TALK (cont'd)

Sample Illustrations of common objects:



kicking



falling



anxious



shy



skinny



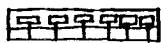
fat



talking



group



bar



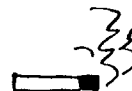
bottle



beer can



wine glass



cigarette



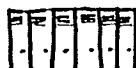
joint



hypodermic needle



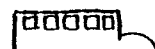
chair



lockers



car



bus



desk



bed



phone



T.V.



outside



inside



capsules



aggressive



sad



happy



hurt



disapproving



lonely



angry



man with glasses



woman with glasses



man with curly hair



woman with curly hair



older man



older woman



young man



young woman



man with straight hair



woman with straight hair



black man



black woman



oriental man



oriental woman

Please feel free to create you own. These are just quick examples!

CREATING YOUR OWN PICTURE-TALK



standing



sitting



walking



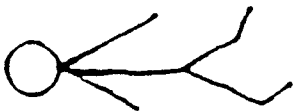
jumping



angry



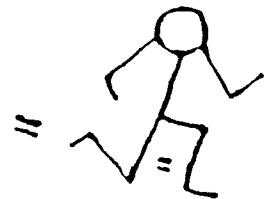
depressed



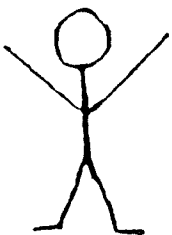
lying down



drinking



running



happy



accusing



reading



writing

Dear Educator:

Many of you are familiar with the laws that affect your students. The "Americans with Disabilities Act of 1989" (ADA) is an important new statute that will affect your students throughout their lives. This law guarantees disabled individuals access to the same public services provided for the general public.

The ADA ensures that alcohol/drug education and addiction intervention are the rights of every disabled person. The necessary laws are in place. We must now create and maintain alcohol/drug prevention and treatment programs that are designed to meet the needs of special education students and disabled adolescents and adults.

An overview of the ADA is provided on the facing page for your reference.

We wish you success in your endeavors.

The Authors

THE AMERICANS WITH DISABILITIES ACT OF 1989

(As passed by the Senate, September 7, 1989)

OVERVIEW

The Americans with Disabilities Act of 1989 (ADA) is an omnibus civil rights statute that prohibits discrimination against individuals with disabilities in private sector employment, all public services, public accommodations, transportation, and telecommunications.

Section 1 is the short title. Section 2 sets out congressional findings and the purposes of the bill. Section 3 defines several key terms such as "disability" and "auxiliary aids and services." These definitions are comparable with the definitions used for purposes of section 503 of the Rehabilitation Act of 1973 (which prohibits discrimination against persons with disabilities by government contractors) and section 504 of the Rehabilitation Act 1973 (which prohibits discrimination against persons with disabilities by recipients of federal financial assistance).

Title 1 specifies that an employer, employment agency, labor organization, or joint labor-management committee may not discriminate against any qualified individual with a disability in regard to *employment*, including any term, condition, or privilege of employment. The ADA incorporates by reference the enforcement provisions under Title VII of the Civil Rights Act of 1964.

Title II specifies that no qualified individual with a disability may be discriminated against by a *State agency; political subdivision of a State*; or board, commission, or other instrumentality of a State or political subdivision. Title II also describes specific actions considered discriminatory with regard to *public transportation* provided by public transit authorities. Finally, by reference, Title II incorporates the enforcement provisions of section 505 of the Rehabilitation Act of 1973.

Title III specifies that no individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, and accommodations of any place of public *accommodation* operated by private entity. Title III also includes specific prohibitions on discrimination in *transportation* services provided by private entities. Finally, Title III incorporates the applicable enforcement provisions of Title II of the Civil Rights Act of 1964.

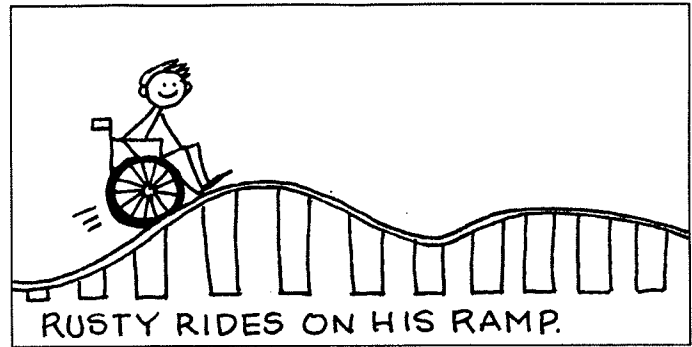
Title IV specifies that *telephone services* offered to the general public must include *interstate and intrastate telecommunication relay services* so that such services provide individuals who use non-voice terminal devices because of disabilities with opportunities for communications that are equal to those provided to individuals able to use voice telephone services. Title IV incorporates by reference applicable enforcement provisions of the Communications Act of 1934.

Title V includes miscellaneous provisions including a construction clause explaining the relationship between the provisions in the ADA and the provisions in other federal and State laws, a provision stating that the ADA does not affect insurance underwriting policies, a prohibition against retaliation, a clear statement that States are not immune from actions in Federal court for violation of the ADA, a directive to the Architectural and Transportation Barriers Compliance Board to issue guidelines, and authority to award attorney's fees.

LESSONS

LESSON 1

What Makes Me Happy?



OBJECTIVES

Students will talk about and discover feelings through learning experiences.

Students will express various feelings through activities.

LEARNING EXPERIENCES

1. Ask the children to name some people and things that make them happy. Ask them to name some people and things that make them sad.

2. Show the students the picture on page 2. Ask them what feelings the little girl is displaying. Ask them to give her a name and complete a sentence that tells the rest of the class how the little girl feels. For instance, if they name her "Mary," they would start the first sentence with, "Mary is happy because...", the second sentence with, "Mary is sad because..." and the third sentence with, "Mary is angry because...."

Discuss similarities and differences between answers in the group.

3. Create a circle so that the students are facing each other.

Start off by saying, "I feel _____ today," and then go around the room. Encourage the students to use "feeling" words. Have the students finish sentences like, "I feel happy when I...", "I feel sad when I...", and "I feel good when I am with...."

4. Show the students page 3 and have them view all of the different faces on the page. Ask them to show you their happy face, sad face, angry face, and others that you choose. Encourage them to share the times and places that they feel these feelings.

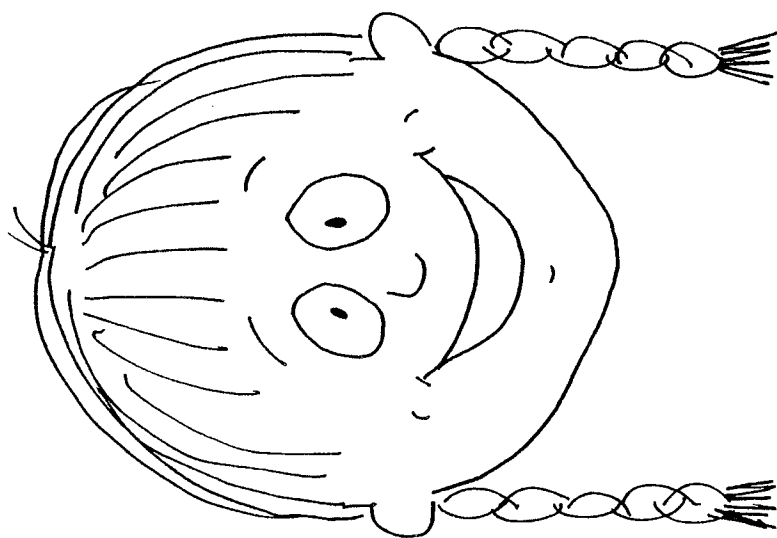
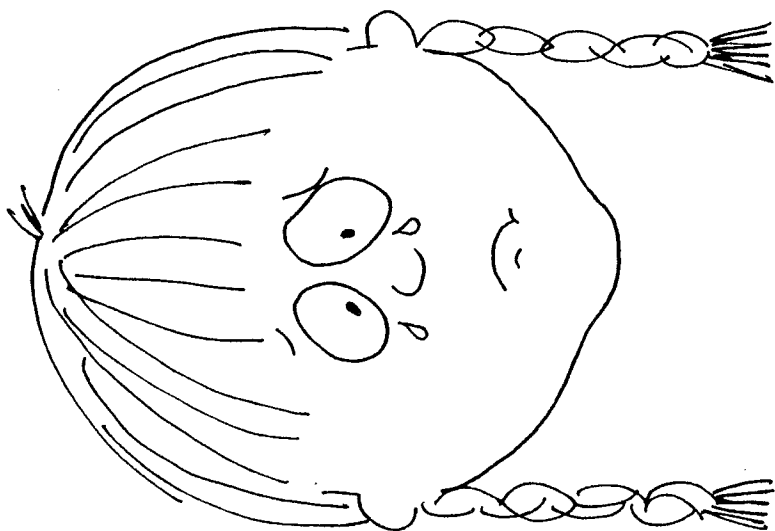
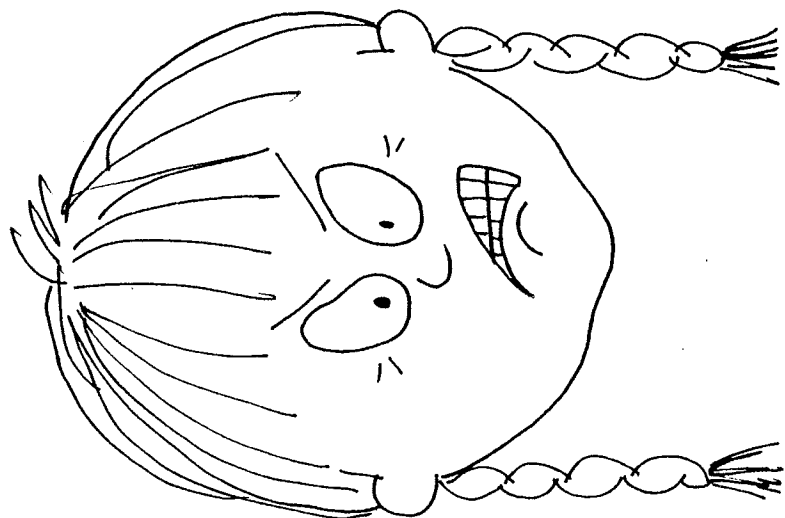
5. Encourage the students to draw self-portraits of themselves with their different faces. Have an art show afterwards to show them off. Ask them which face or feeling they have most often.












































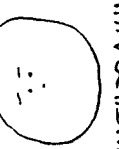
6. **PICTURE-TALK:**

When Rusty goes to his Grandma's and Grandpa's house it makes him feel good because they love him and do nice things for him. His grandpa built him a ramp for his wheelchair.

When the other kids in the neighborhood are riding their bikes, Rusty can ride, too!

NOTES



										
AGGRESSIVE	ANGUISH	DEPRESSED	ANXIOUS	ANGRY	RESENTFUL	SAD				
										
CONFIDENT	DEMURE	DETERMINED	DISAPPOINTED	DISGUSTED	DISTASTE	BORED				
										
EXASPERATED	EXHAUSTED	FRIGHTENED	GRIEF	GUILTY	HAPPY	HORRIED				
										
HURT	HYSTERICAL	INDIFFERENT	IDIOTIC	INNOCENT	INTERESTED	JOYFUL				
										
PERPLEXED	REGRETFUL	SULKY	SURPRISED	SUSPICIOUS	SYMPATHETIC	THOUGHTFUL				
										
COLD	ENRAGED	CONCERNED								
										
HOT	HUNGOVER									
										
LOADED	LONELY									
										
UNSURE	WITHDRAWN									

LESSON 2

Friends Make Me Happy



OBJECTIVES

Students will be encouraged to express positive experiences with people in their lives.

LEARNING EXPERIENCES

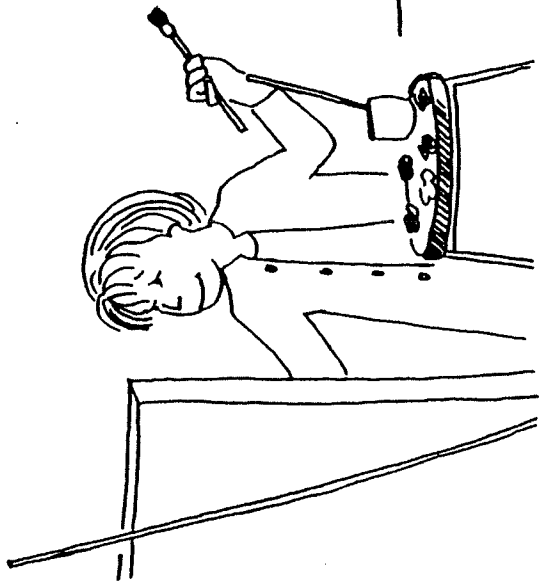
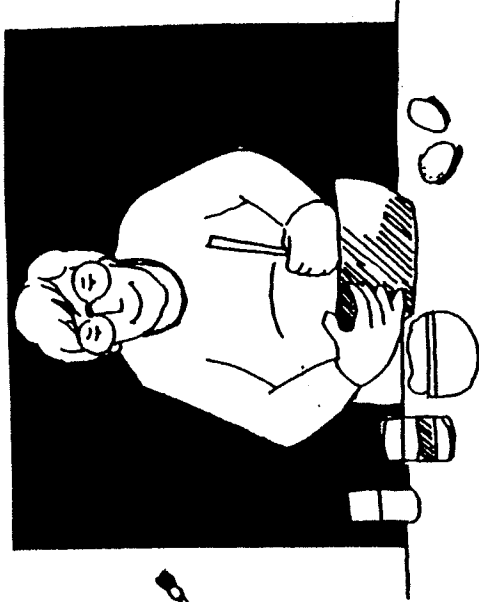
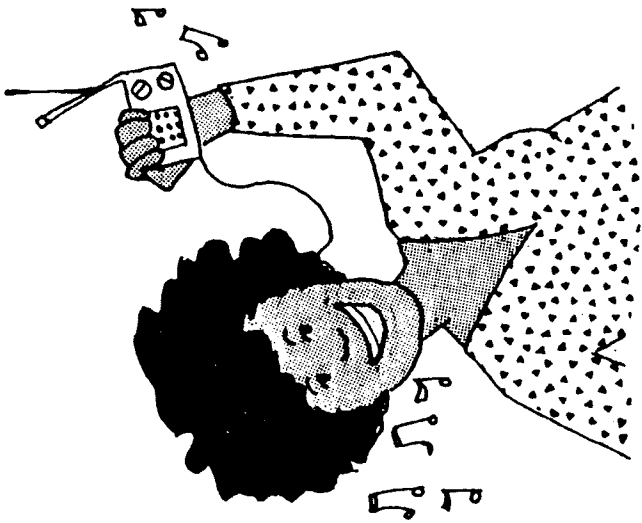
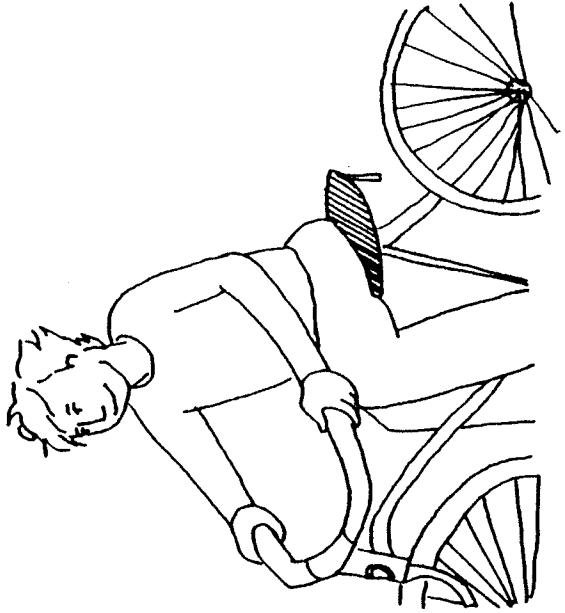
1. Show the students pages 5-8 and discuss various activities that they can enjoy doing with their friends. Discuss the activities shown and add to the list.
2. Discuss and list activities that children do with their friends. Ask the students to name the activities they have in common. Create a cooperative list of activities that they enjoy on the board and mark the activities they have in common.
3. Show the students page 9 and ask the class to explain what is happening in the picture. Ask them to explain why they feel the boy (in the middle of the page) is acting the way he is toward the other boys. Ask them if this is the way friends should behave toward each other. Ask them how they feel when they get into a fight with a friend or relative.
4. Encourage the students to finish sentences like, "When I play with my friends I feel...", "My favorite thing to do with my friend is...", "A friend is someone who...", and "I like my friend because he..."
5. Have the students draw pictures of people in their lives that make them happy. Have an art show so that students can explain why these particular people make them happy.
6. Have the students complete the "People and Things That Make Me Happy" activity on page 10 and discuss it afterwards.
7. **PICTURE-TALK:**

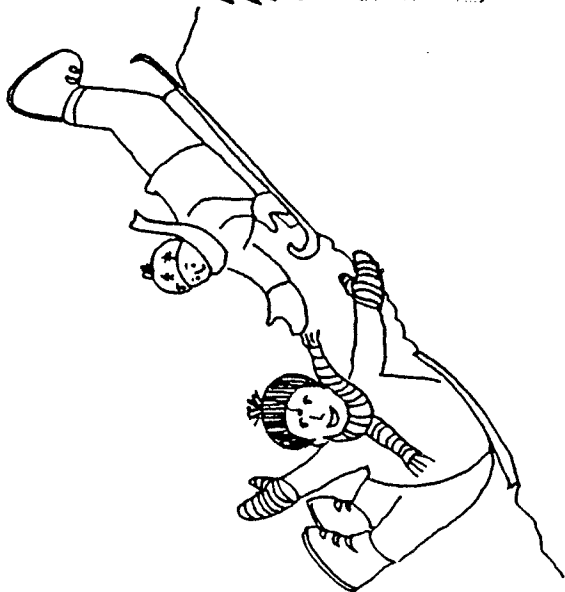
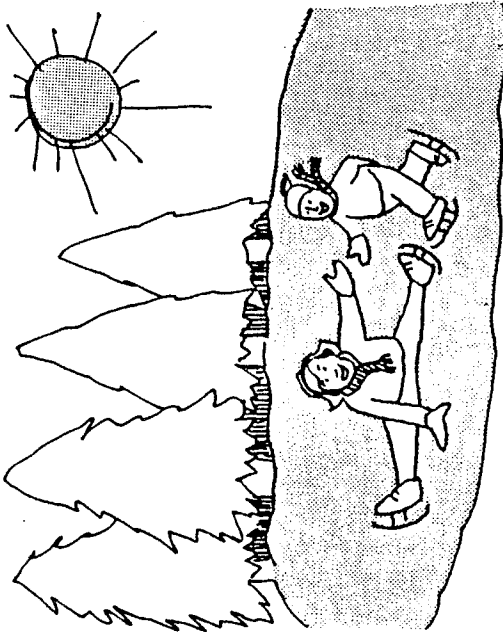
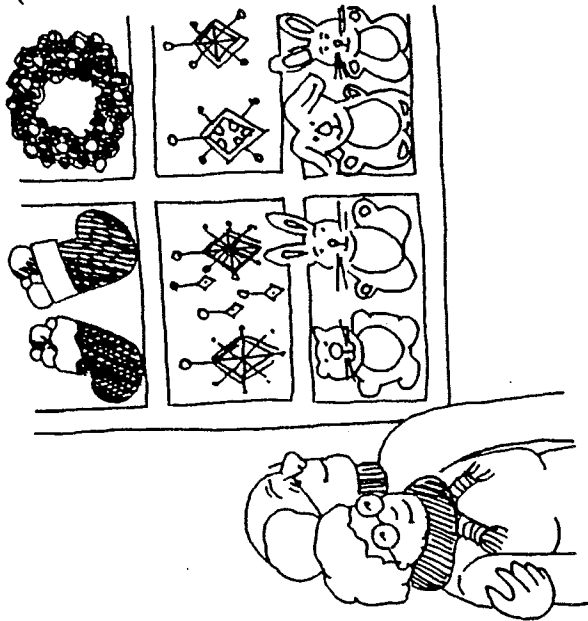
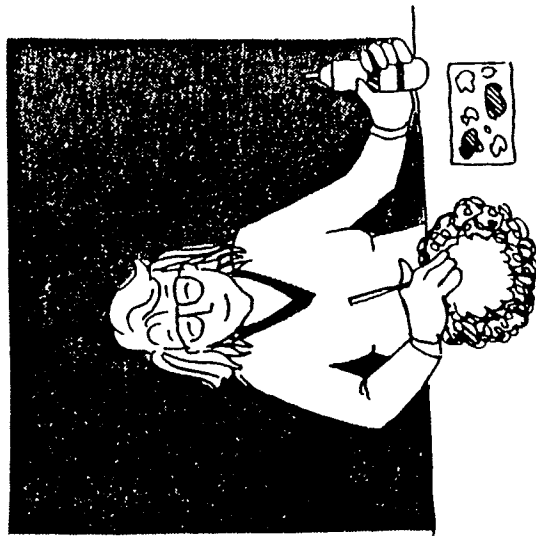
Kelly is glad that she has a friend like Rusty to play with. Kelly also has a friend named Sally. Sally and Kelly play dress-up after school and walk through the house looking beautiful! Kelly can tell Sally anything and she listens.

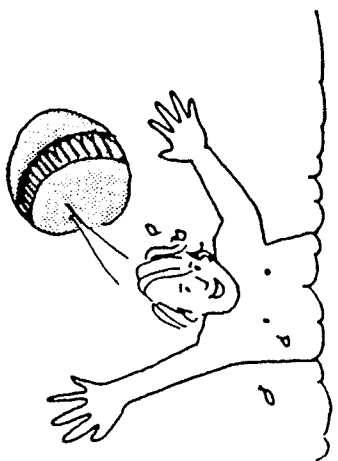
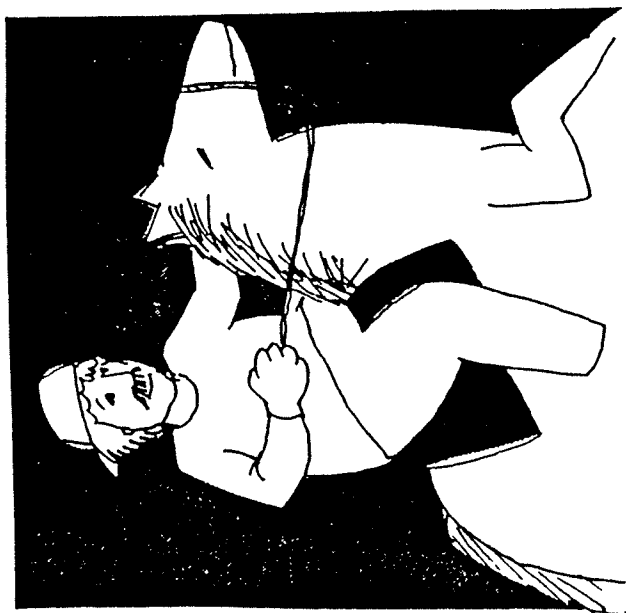
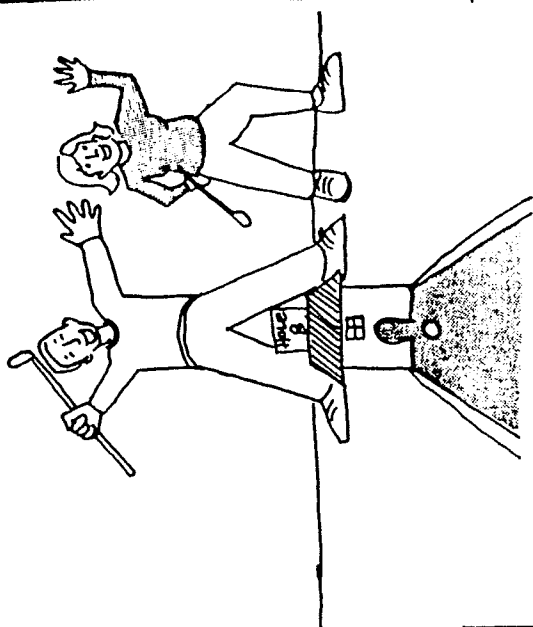
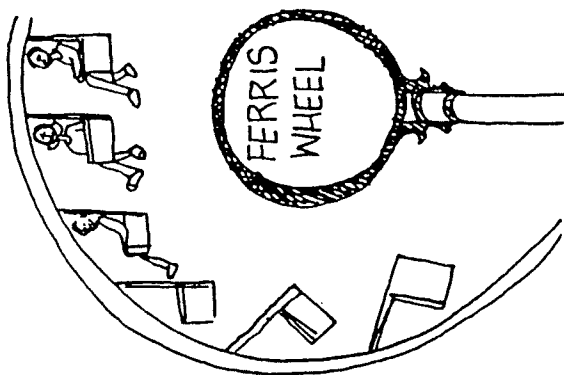
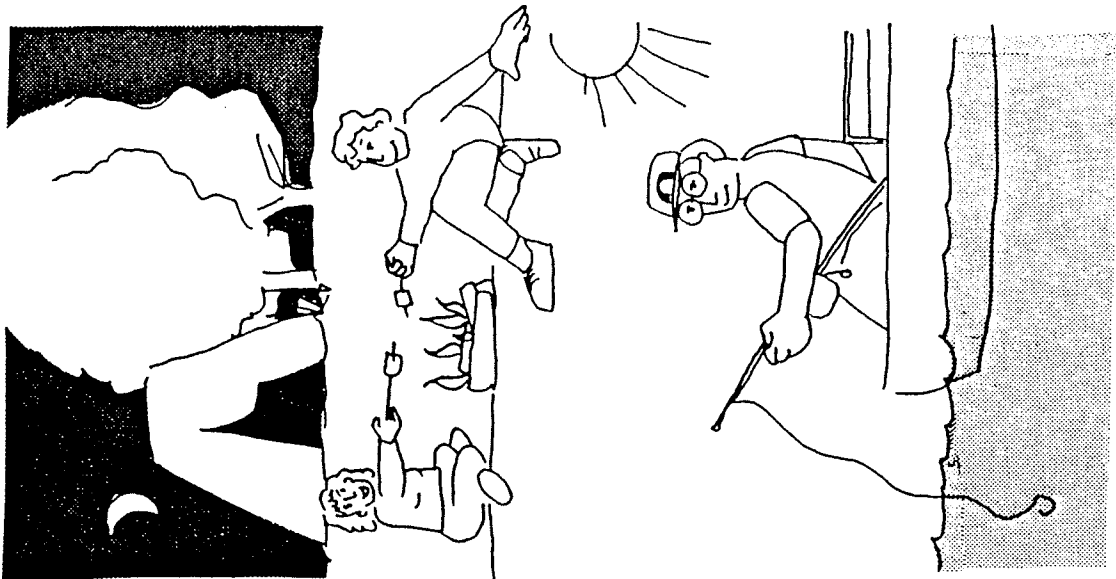
NOTES



JIGSAW PUZZLE

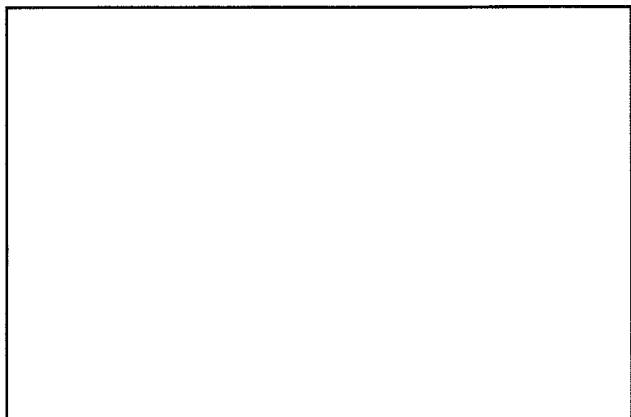




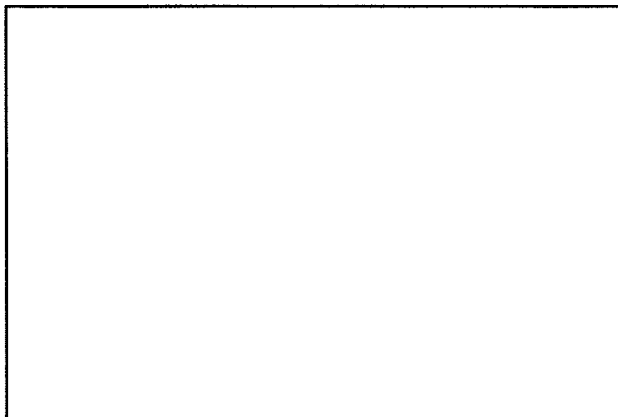


PEOPLE AND THINGS THAT MAKE ME HAPPY

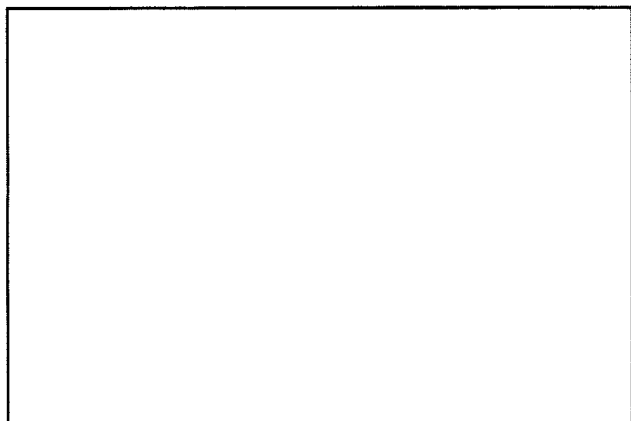
A PERSON WHO MAKES ME HAPPY



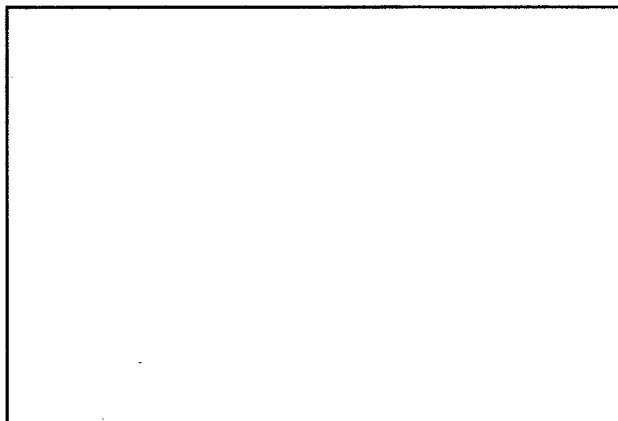
A PLACE THAT MAKES ME HAPPY



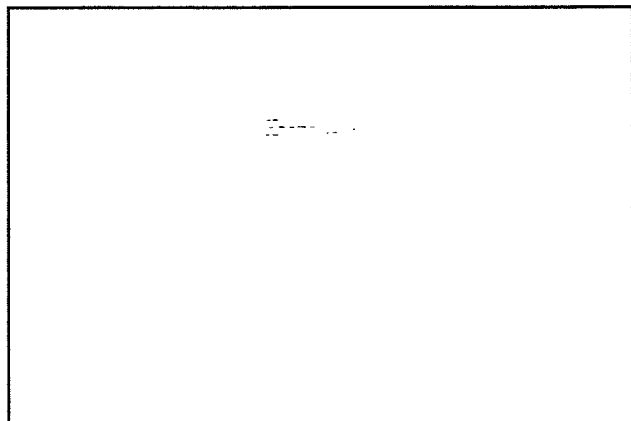
A THING THAT MAKES ME HAPPY



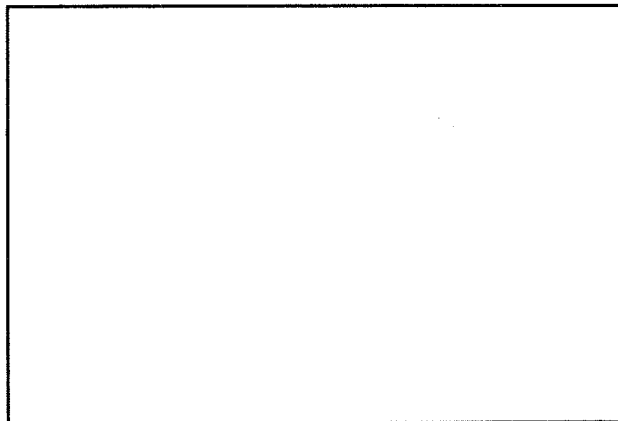
MY HAPPY FACE



A FOOD THAT MAKES ME HAPPY

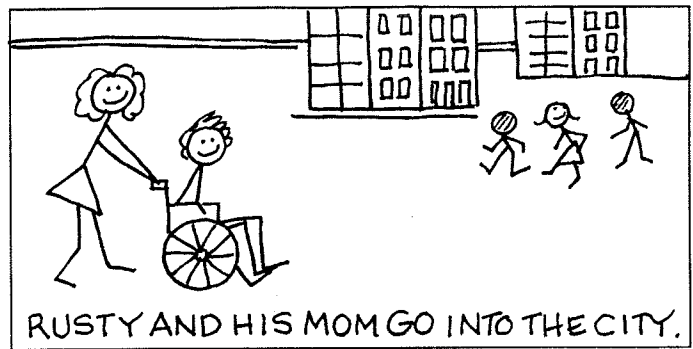


A GAME THAT MAKES ME HAPPY



LESSON 3

People Are Different



OBJECTIVES

Students will learn that people are different for many reasons.

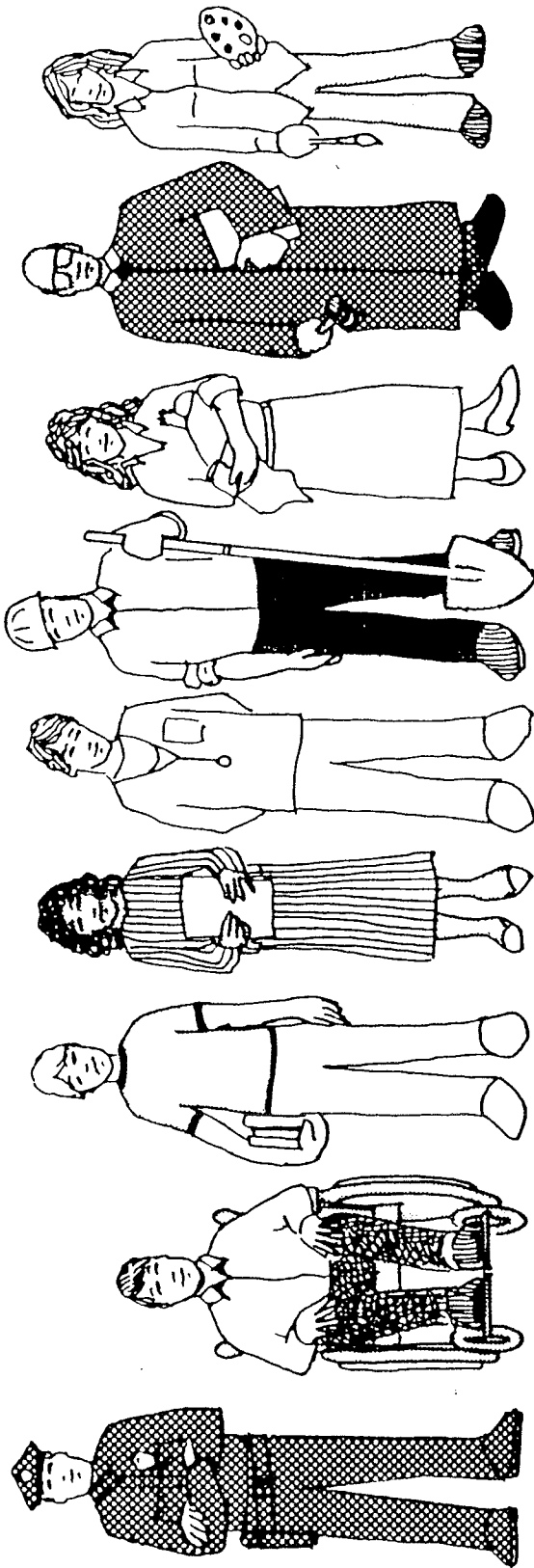
Students will identify people who are different and will be encouraged to discuss these differences.

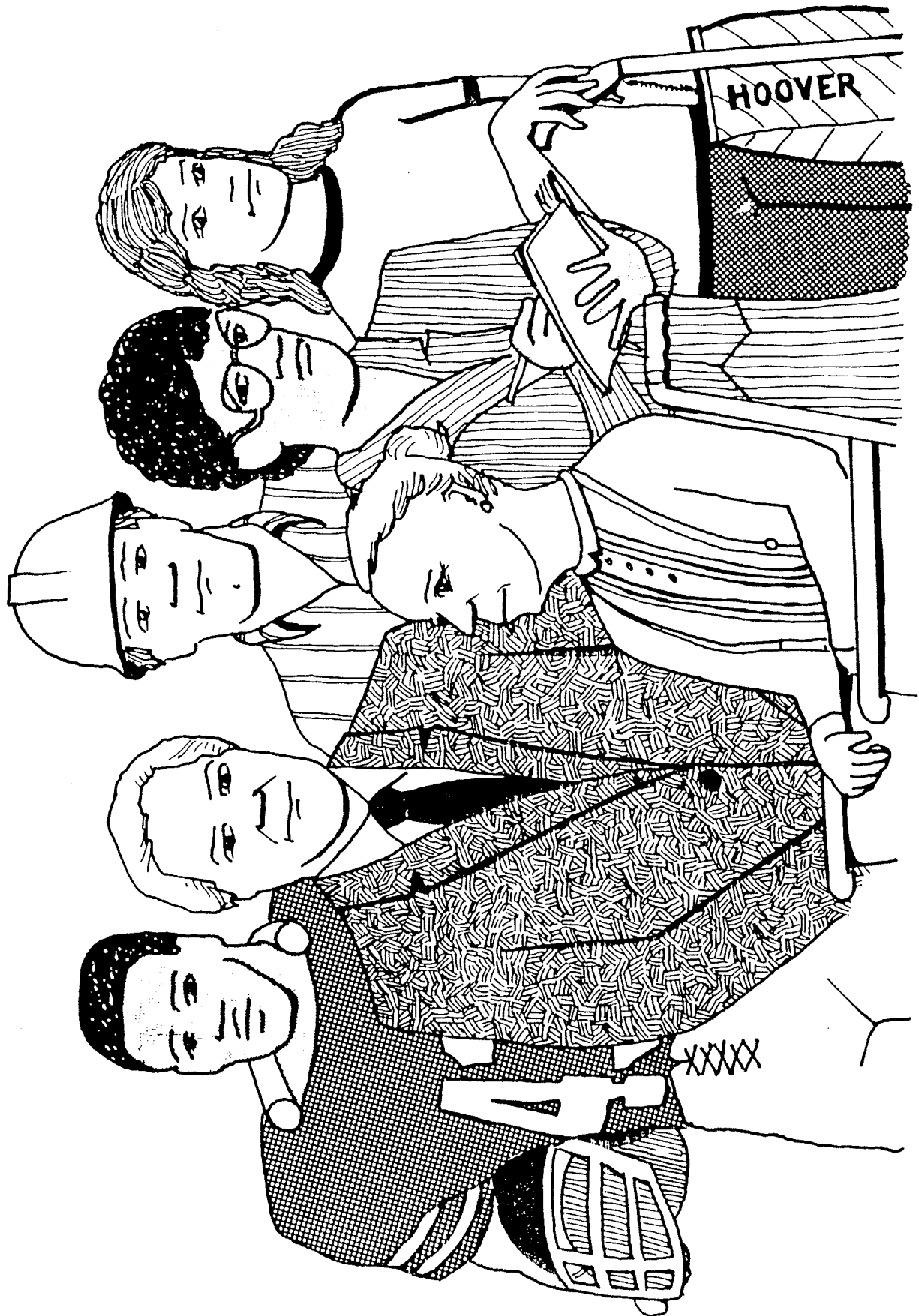
LEARNING EXPERIENCES

1. Show the students page 12. Discuss how the people in the picture are different and encourage the students to add more people to the list. Show them the picture on page 13. Ask them to explain what makes the people shown different from each other (e.g., age, race, hair, clothing).
2. Have the students draw pictures of as many different people as they can fit on one page. Encourage them to be creative. You might start a cooperative list on the board to get them started (e.g., old, young, black, white, oriental, fat, skinny, freckle-faced, long-haired, short-haired). Discuss their drawings as a group afterwards.
3. Have the students sit in a circle and ask them to finish the sentences, "I am different because...", "I can do _____ better than anybody else," and "I could teach anybody to _____." Encourage the students to speak positively about themselves as much as possible. Explain that these are some of the things that make them different from each other.
4. Ask the students to name different people who should learn about alcohol and drugs. Have them explain why they think the people they named should learn about this important topic.
5. Have the students complete the "People are Different" activity on page 14, and discuss it afterwards.
6. **PICTURE-TALK:**

When Rusty's Mom takes him into the city, he sees many different kinds of people. He sees tall people, skinny people, black people, white people, rich people, poor people, and he wants to meet them all! Sometimes Rusty feels different because he uses a wheelchair, but he does not let it bother him too much.

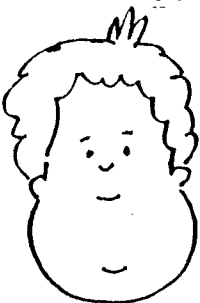
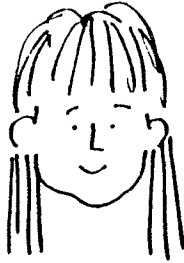
NOTES





PEOPLE ARE DIFFERENT

Cut out each person and add a body. Place each person in a different environment .
(Encourage students to include persons with disabilities.)



LESSON 4

Real-Life Situations

OBJECTIVES



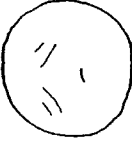







































Students will be encouraged to express their feelings about certain situations.

START EACH SENTENCE WITH "HOW WOULD YOU FEEL IF...."

Make copies of the "feeling" faces picture on page 16 so that each child has one on his desk to work with during this activity. After each question, encourage the students to look for the face or feeling they would make.

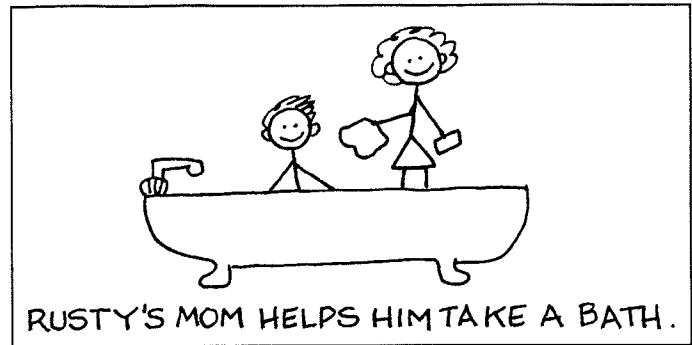
- a. How would you feel if you fell off your bike and skinned your knee?
- b. How would you feel if your brother or sister got a special present and you did not get one?
- c. How would you feel if your best friend found a new friend?
- d. How would you feel if someone gave you a gift that you have always wanted?
- e. How would you feel if your work was put on the board with a big star on it?
- f. How would you feel if your teacher complimented you in front of the whole class?
- g. How would you feel if someone in your family got drunk and acted foolish in front of you?
- h. How would you feel if you got a perfect score on a spelling test?
- i. How would you feel if a friend of yours asked you to try a drug?
- j. How would you feel if someone tried to force you to do something that you knew was wrong?
- k. How would you feel if someone told you that you are special?
- l. How would you feel if someone told you that you were a sissy if you did not try smoking a cigarette?
- m. How would you feel if you had to go somewhere that you did not want to go?
- n. How would you feel if you had to go to someone's house that you love?

NOTES

						
AGGRESSIVE	ANGUISH	DEPRESSED	ANXIOUS	ANGRY	RESENTFUL	SAD
						
CONFIDENT	DEMEANOR	DETERMINED	DISAPPOINTED	DISGUSTED	DISTASTEFUL	BORED
						
EXASPERATED	EXHAUSTED	FRIGHTENED	GRIEF	GUILTY	HAPPY	HORRIFIED
						
HURT	HYSTERICAL	INDIFFERENT	IDIOTIC	INNOCENT	INTERESTED	JOYFUL
						
PERPLEXED	REGRETFUL	SULKY	SURPRISED	SUSPICIOUS	SYMPATHETIC	THOUGHTFUL
						
						UNSURE
						
						LONELY
						
						HUNGOVER
						
						ENVOUS
						
						ENRAGED
						
						COLD
						
						CONCERNED

LESSON 5

Healthy Habits



OBJECTIVES

- Students will learn the importance of living a healthy life and practicing healthy habits.
- Students will learn that alcohol/drug abuse can be very harmful to a person's health.

LEARNING EXPERIENCES

1. Have the students complete the sheet on page 18 depicting healthy activities. Discuss the various responses and illustrations shown for reinforcement. Create a cooperative list of healthy habits a person should follow. Add to the ideas shown on the hand-out (e.g., get enough sleep, eat good food, exercise, take baths).
2. Have the students either tell a 5-minute story about a "healthy" person they know personally or an imaginary person. Discuss the healthy behaviors that this person exhibits in his daily life. Discuss similarities and differences between stories.
3. Ask the students to explain what might happen if a person takes drugs or drinks alcohol instead of taking care of himself. Ask them to explain what alcohol and other drugs do to healthy bodies.
4. Show the students page 19. Tell them the following story. After you finish the story, discuss the harm Kim's mom is causing her body and the problems she is causing for Kim.

This is Kim and her Mother. Kim's mother used to be very healthy. She played tennis, walked, and ate good foods. For the past two years, Kim's mother has been drinking more alcohol and now she gets drunk almost every night. She has been missing work. Today, her mom's boss called to see why she was not at work. Kim's mom will not eat anything and she is losing weight. Kim does not want to leave her mom, but she has to go to school.

Kim is so upset about her mother's drinking, but she does not know what to do. She thinks about her mother all day at school, and she is having trouble keeping up with her school work.

Ask the children to explain some of the ways Kim's mother is hurting her body. Ask them to describe how Kim's mother's drinking is hurting Kim.

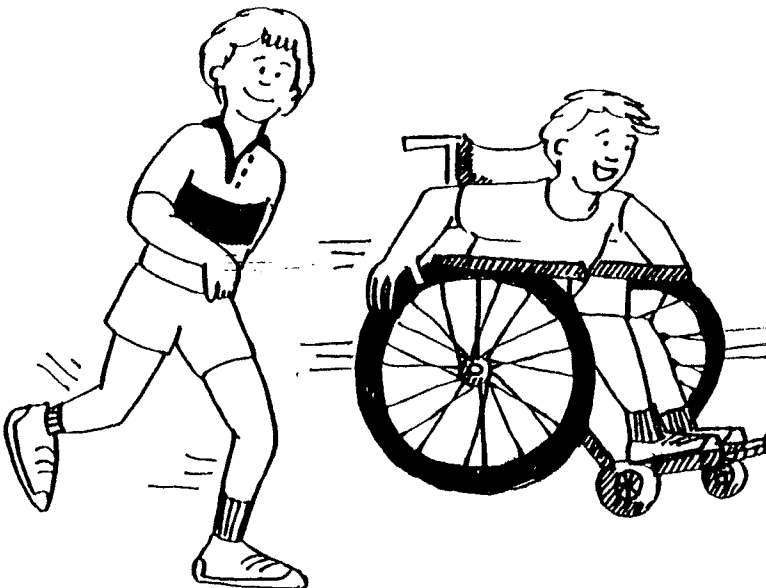
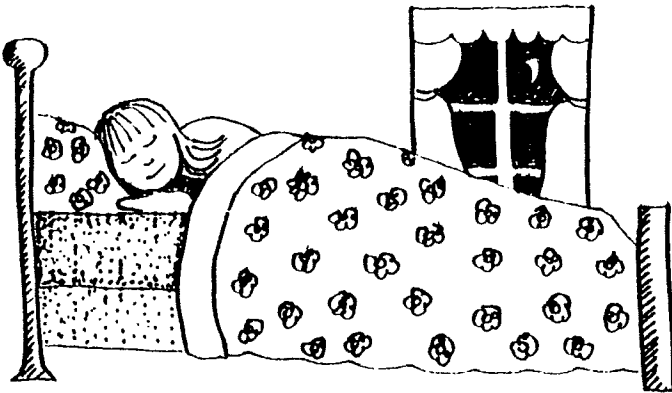
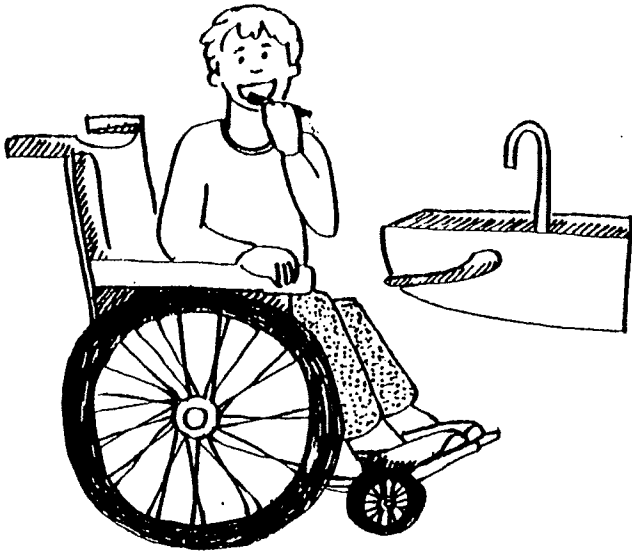
5. Explain that when someone drinks too much alcohol or takes illegal drugs, he hurts his health. Have the students draw, tell, or write a story about someone who leads an "unhealthy" life. Discuss the differences and similarities between their stories.

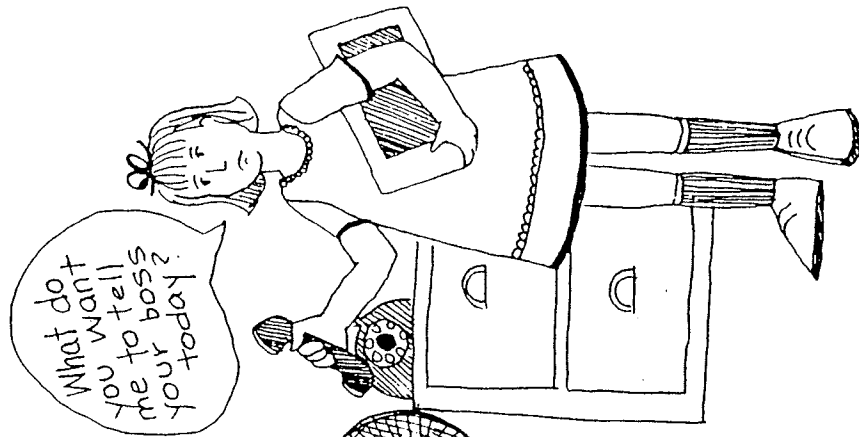
6. PICTURE-TALK:

Because Rusty uses a wheelchair, he must have someone help him to dress and take a bath, as well as other things. Even though Rusty likes cookies and potato chips, he tries to eat good food. He exercises as much as he can and loves to play outside. Rusty goes to a physical therapist two times a week for special exercises. His mom gives him a bath every night before he goes to bed.

HEALTHY HABITS

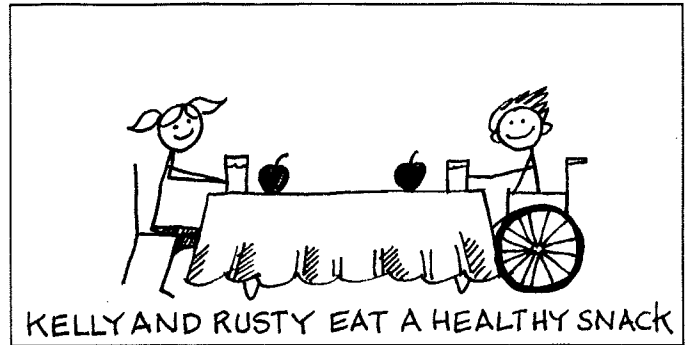
COLOR THE HEALTHY HABITS





LESSON 6

Living A Healthy Life



OBJECTIVES

Students will learn that one component of living a healthy life is to eat healthy foods.

Students will be encouraged to explore ways a person can live a healthy life.

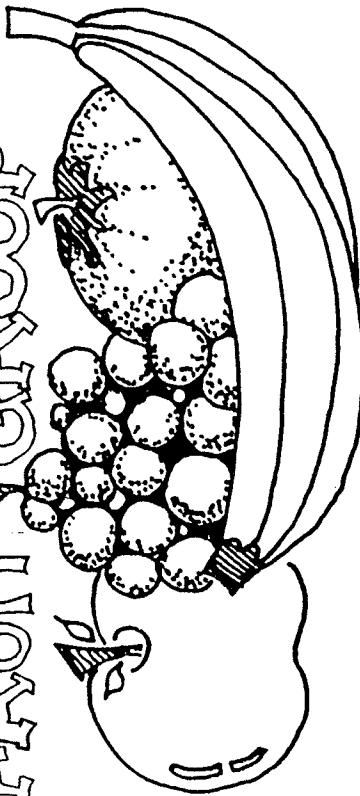
LEARNING EXPERIENCES

1. Show the students page 21. Ask them what they see on the page. Ask the students to name foods that are good for them. Ask them to name the foods that adults usually tell them to eat (e.g., milk, fruit, cereal, vegetables, cheese). Ask them why it is important to eat healthy foods.
2. Discuss the children's favorite foods and compare them with the 4-food groups. For instance, if a child likes candy bars, ask him to show you where a candy bar would be placed on the chart. Repeat the same activity for other food choices. Ask the children if there are any foods that they cannot eat because they are allergic to them.
3. Show the students page 22 and discuss the healthy snacks shown. Ask the students what they eat for snacks, and discuss the difference between healthy and unhealthy snacks.
4. Create a semantic map depicting healthy foods and draw simple pictures of the items that belong in each group. An example of a semantic map is on page 23. These can be used with any vocabulary exercise and are excellent visual stimuli.
5. **PICTURE-TALK:**

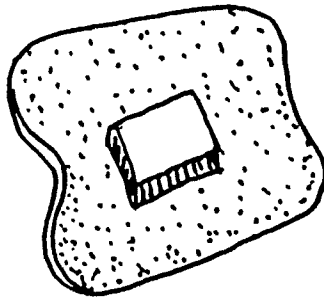
When Kelly and Rusty come home from school, Kelly's mother gives them a piece of fruit and a glass of milk to drink before they go out to play. Rusty is always very hungry when he gets out of school, and he loves his after-school snack. Sometimes Kelly's mom gives them cookies for a special treat, but that is only on special occasions.

NOTES

VEGETABLE AND
FRUIT GROUP

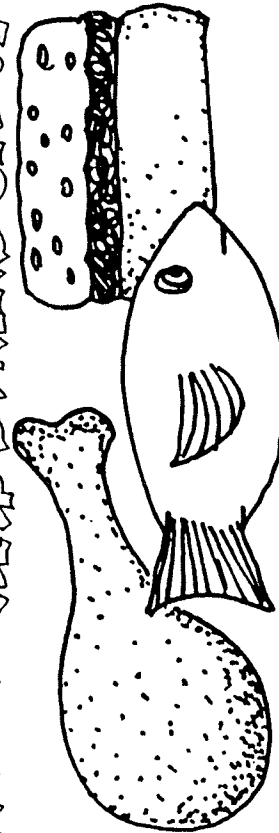


BREAD AND
CEREAL GROUP

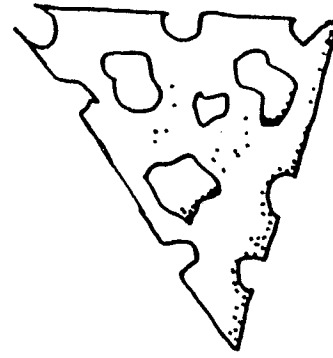
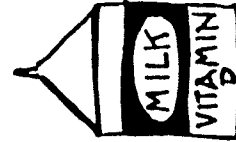
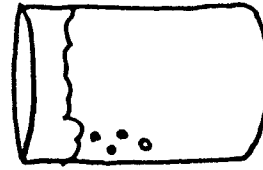


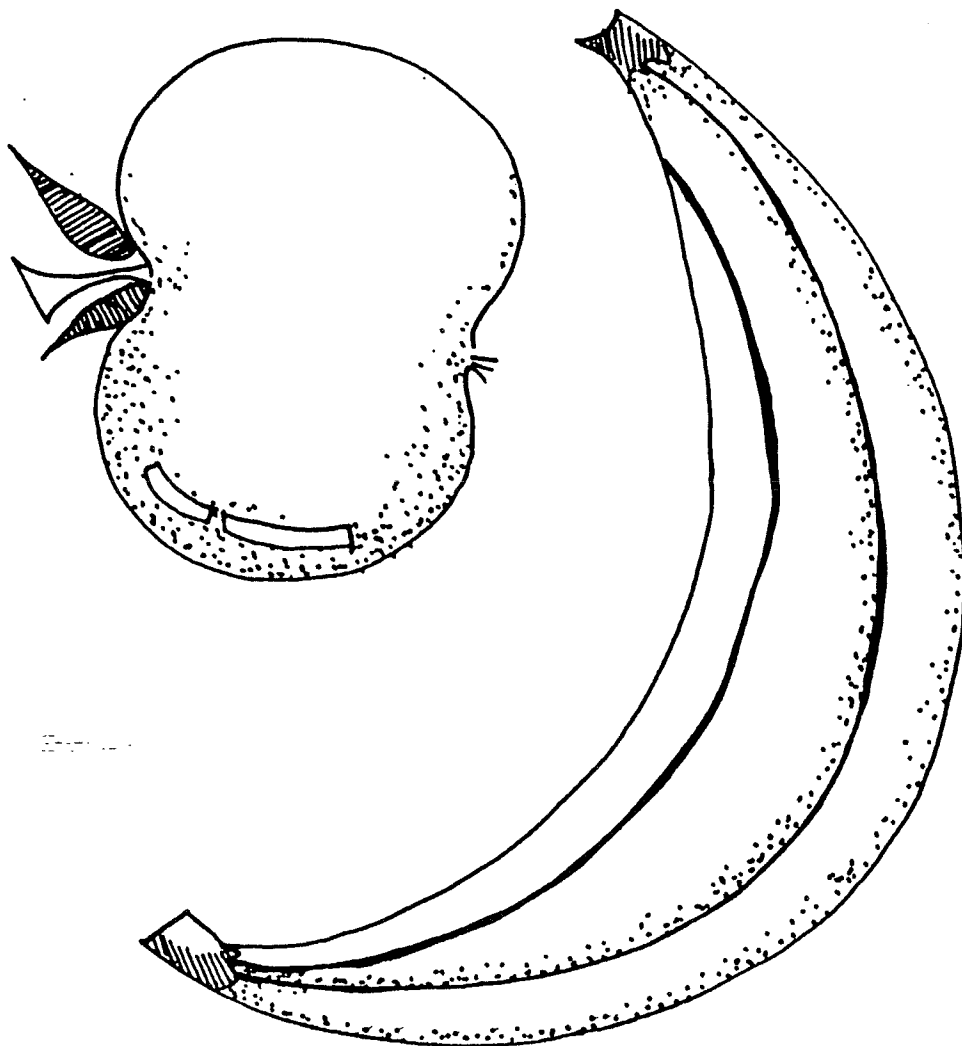
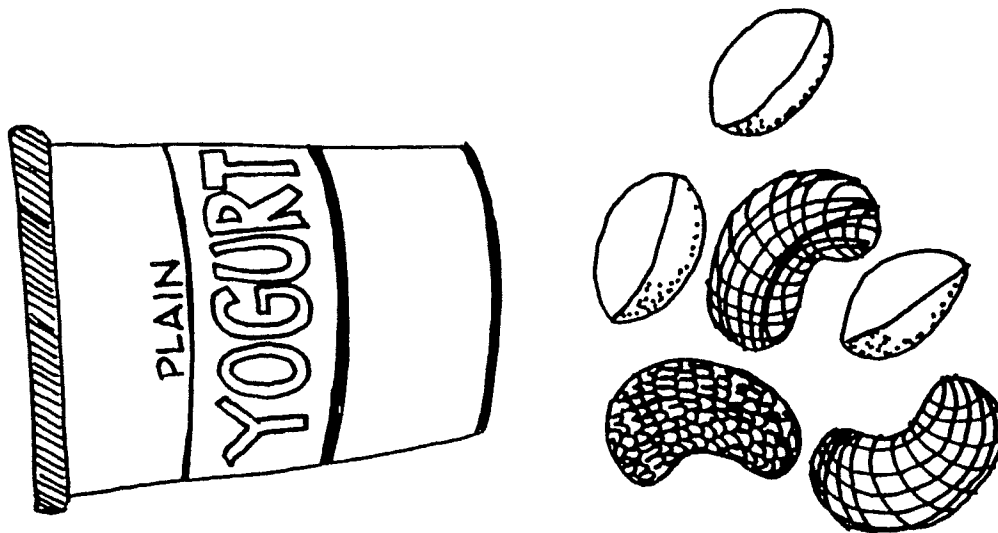
CEREAL

MEAT, POULTRY,
FISH AND BEANS GROUP



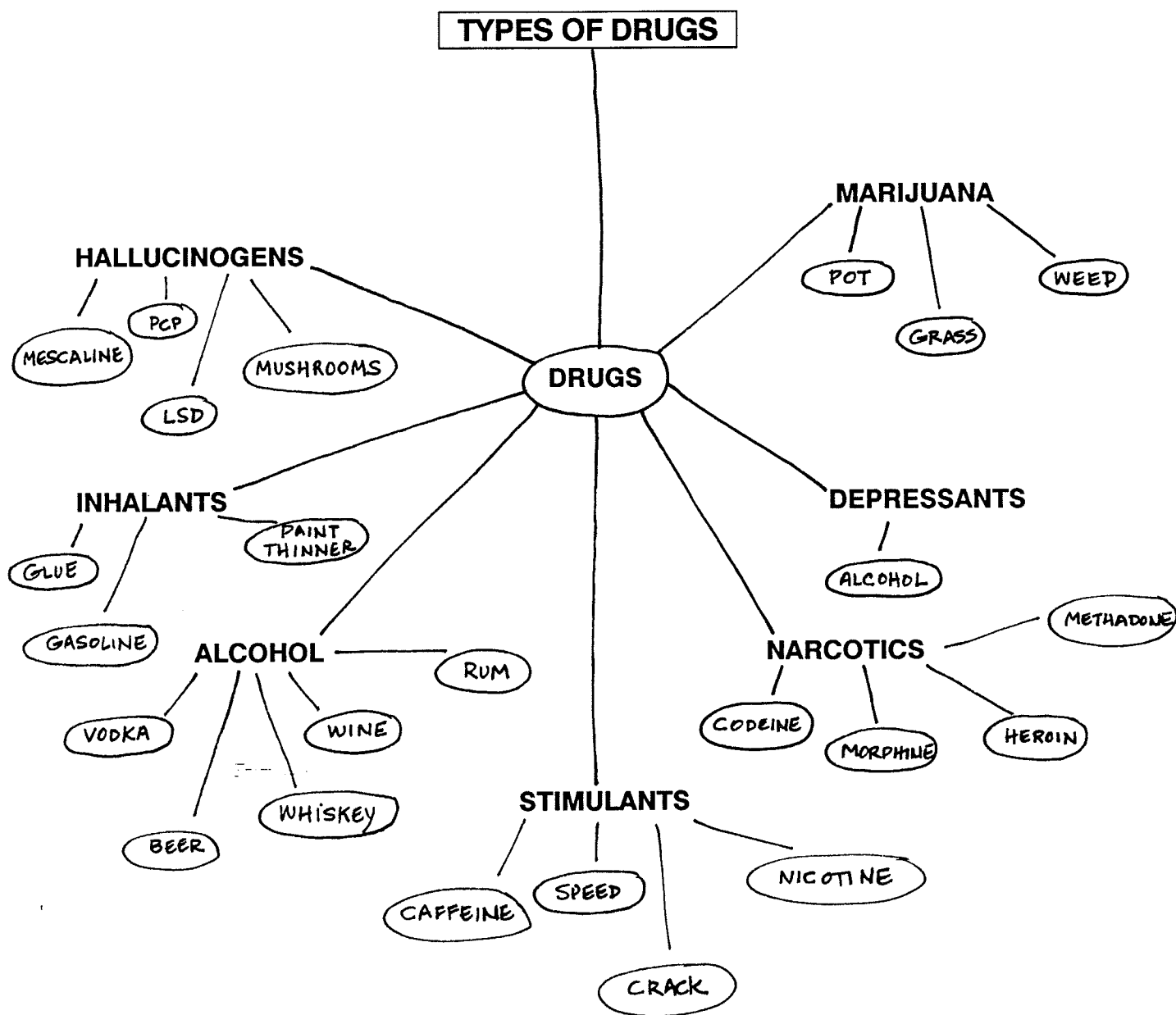
MILK AND CHEESE
GROUP





HOW TO CREATE A SEMANTIC MAP

1. Choose the main topic (example: drugs).
2. Choose the subject (example: types of drugs).
3. Ask the students to name the types of drugs they have learned about (example: inhalants, alcohol).
4. Branch off from the types of drugs into sub groups of those drugs (example: hallucinogens = PCP and LSD).
5. The teacher can help out with hints and by filling in when no one knows the answer.



LESSON 7



KELLY MUST TAKE PRESCRIPTION MEDICATION FOR HER EPILEPSY.

Prescription Medication

OBJECTIVES

- Students will learn that certain steps should be followed in order to use prescription drugs properly.
- Students will learn the importance of asking questions about prescribed medication.

LEARNING EXPERIENCES

1. Show the class the picture on page 26 and ask them if they think this man needs medicine. Why? Why not? Ask them where they think the man in the picture is and why. Since this man is in the hospital, where would he get medicine?
Show the class the picture on page 27 and ask the students what the doctor is handing the man. Explain that a person must have a special form from the doctor in order to get a prescription drug.
2. Show the students the sample prescription bottle on page 28 and go over the different symbols shown on the bottle.
3. Go through the steps for prescription drug use with the class. Ask the students to share their experiences with prescribed medication. Ask them to explain the steps that they had to go through to acquire a prescription medication.
 - STEP ONE: I become sick.
 - STEP TWO: I go to the doctor.
 - STEP THREE: The doctor gives me a special piece of paper with a prescription written on it and directions for taking the medicine.
 - STEP FOUR: I go to the drug store (pharmacy) and give the piece of paper to the pharmacist behind the counter.
 - STEP FIVE: I pay for the medicine.
 - STEP SIX: I read and follow the directions very carefully.
 - STEP SEVEN: If I have questions I call the doctor.
4. Have the students complete the activity "Katie Becomes Sick" on page 29. Create your own story about your friend Katie who became sick and the steps she took to get well.
 1. Katie becomes sick.
 2. Katie's mother took her to the doctor.
 3. The doctor gave Katie a special prescription form for medicine.
 4. Katie and her mom go to the pharmacy and pay for the prescription.
 5. Katie and her mom read the directions carefully.
 6. Katie's mom gives her the medicine.Have the students place a number to show the sequence which occurred.
5. Have the children role-play a trip to the doctor and emphasize the fact that in order to purchase prescribed medication they must have a special piece of paper with a doctor's signature on it. Act out all the steps, including driving to a drug store and attempting to buy prescribed medicine without a special form.

LESSON 7 (cont'd)

4. PICTURE-TALK:

Kelly has epilepsy. This can cause her body to have muscle spasms and she often falls asleep for awhile. She has special medicine that keeps her from having seizures. She can only get the prescription from her doctor.

Kelly must take a pill three times a day. She takes one after breakfast, one after lunch, and one after dinner. She has special permission to take a pill after she has eaten lunch at school.

Kelly's mom helps her remember to take her pills properly. Then Kelly does not have seizures as often.

TECHNICAL DEFINITION OF EPILEPSY

EPILEPSY is a disorder of the cerebral function marked by attacks of unconsciousness with or without convulsions.

GRAND MAL is a type of epilepsy characterized by severe convulsions and loss of consciousness.

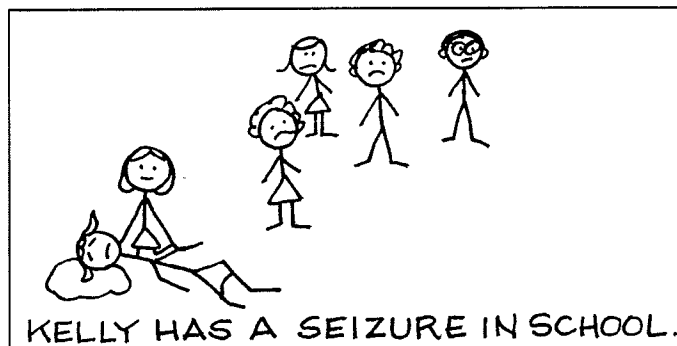
PETIT MAL is a mild form of epilepsy characterized by a momentary loss of consciousness.

DEFINITION FOR CHILDREN

Some people have an illness (sickness) called epilepsy. Sometimes these people will faint or fall to the ground and fall asleep for awhile. This is called a seizure. If you see this happen to a person you should tell an adult. Here are some other things that you can do to help the person:

- Stay with the person, and send for help.
- Stay with the person so that you can be there when he wakes up.
- Lay the person on his side so that he does not choke on his saliva.
- Make sure the person does not have anything (like gum) in his mouth that they could choke on.
- Yell for help if you are the only one in the room with the person.
- Comfort the person, and let him know that he will be alright.

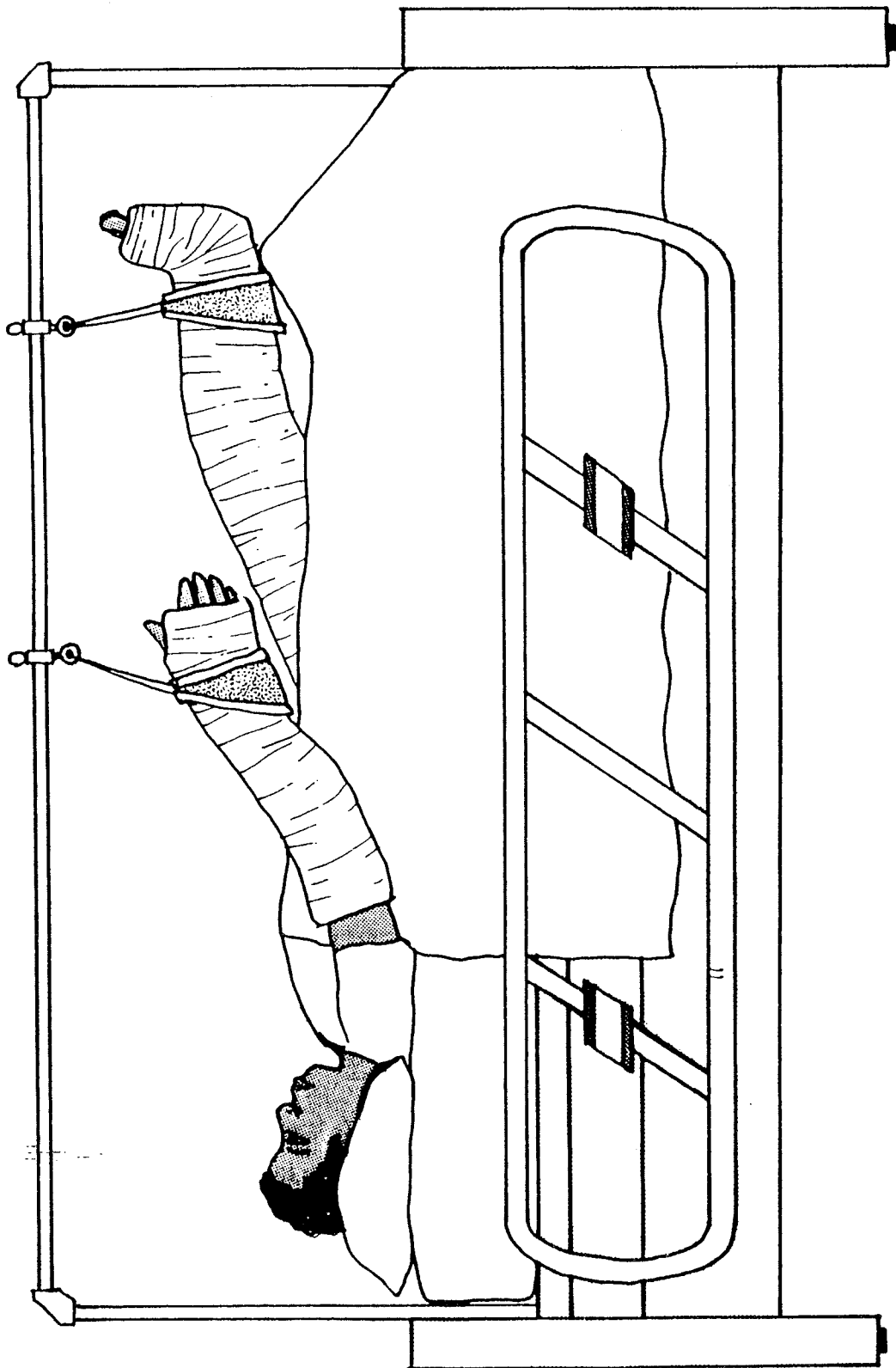
Have the students role-play a situation where someone has a seizure in class.



PICTURE-TALK:

One day Kelly had a seizure in Mrs. Pepper's art class. Susan was the first one to see that Kelly was having a problem, so she told Mrs. Pepper.

Mrs. Pepper sent Jimmy for the school nurse and everyone in the class had to sit down. Mrs. Pepper laid Kelly on her side and put a soft pillow under her head. They left Kelly on the floor and the nurse came in and checked her. Mrs. Pepper called Kelly's mom to come to the school. Kelly woke up in about 15 minutes but everyone was scared. Kelly went home with her mother and the school nurse stayed with the class and explained what had happened. The children were allowed to ask questions and everyone felt better afterwards. Kelly came back to school the next day. Everyone was happy to see her!





PRESCRIPTION BOTTLE

* Some abbreviations used on prescriptions

ad lib } = freely, as
prn } needed

a.c. = before meals

b.i.d. = twice a day

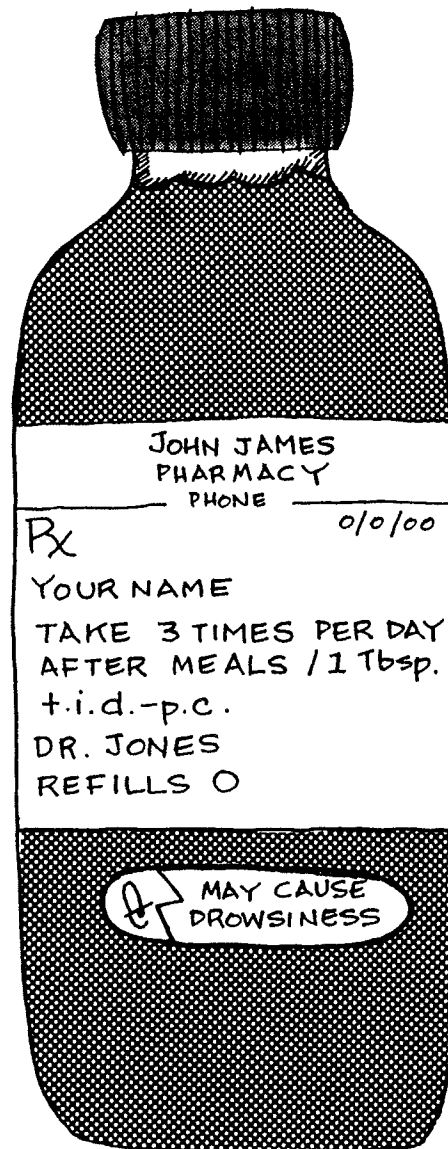
h.s. = at bed time

q.i.d. = 4 times a day

t.i.d. = 3 times a day

q.4h = every 4 hours

p.c. = after meals



JOHN JONES, M.D.
ADDRESS _____ PHONE _____

PATIENT'S NAME _____
PATIENT'S ADDRESS _____ PHONE 0/0/00

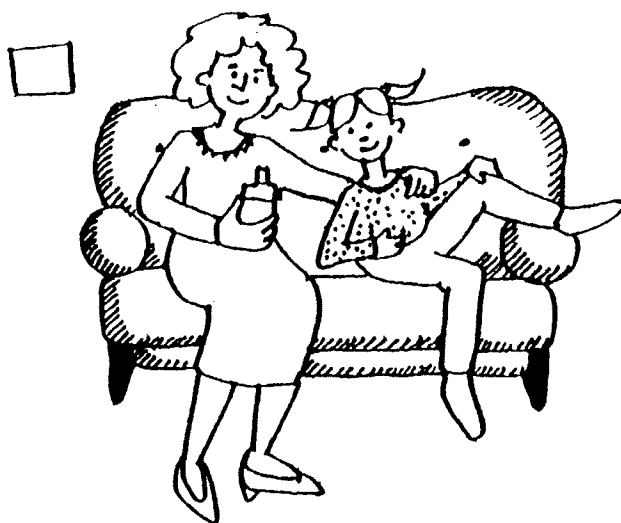
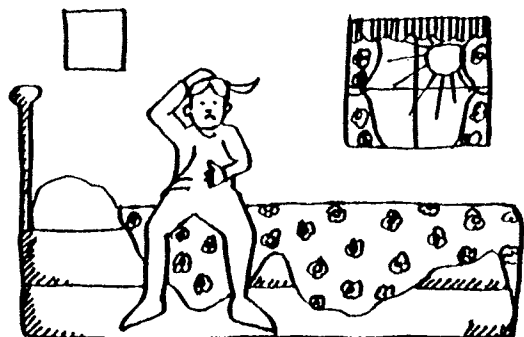
Rx TETRACYCLIDE *mg.* 250
CAPSULES No. 16

sig: one capsule q.i.d.

REFILLS ~~X~~ 1 2 3 4 *John Jones, M.D.*

- YOUR NAME AND ADDRESS
- NAME OF DRUG
- STRENGTH OF EACH TABLET, CAPSULE, ETC.
- FORM OF DRUG AND AMOUNT DISPENSED
- WHAT DOSE TO TAKE AND HOW OFTEN
- NUMBER OF REFILLS

KATIE BECOMES SICK



LIST OF DO'S AND DON'TS FOR PRESCRIPTION DRUG USE

DO:

- 1) Read the label carefully or have someone read it to you.
- 2) Follow the doctor's directions carefully.
- 3) Tell your doctor if you are already taking another medication.
- 4) Ask questions about the medication that your doctor gives you.
- 5) Ask your doctor about possible side-effects of the medication he gives you.
- 6) Keep a daily record of the number of times the medication must be taken and each time you take it.
- 7) Tell your doctor if the medication is making you feel different than he told you it would.
- 8) Take all the medication that the doctor prescribed. Do not just stop because you feel better.
- 9) Call your doctor or pharmacist whenever you have doubts or questions about your medication.

DO NOT:

- 1) Take medication without reading the label or without having someone else read it for you.
- 2) Take old medicine. Always throw out any unused medication.
- 3) Take more medicine than the doctor instructed.
- 4) Trust your memory. Always reread the label directions each time you take your medication.
- 5) Take someone else's medication.
- 6) Give your medication to anyone else for their use. (They must get their own prescription from their doctor.)
- 7) Stop taking the medication until you have finished it all unless your doctor tells you to stop taking it.
- 8) Drink any alcoholic beverage when taking medicine.

ALCOHOL-DRUG INTERACTIONS

DRUGS INVOLVED WITH ALCOHOL

Analgesics

Narcotics (morphine, codeine, meperidine, methadone, etc.)

Non-narcotic analgesics (salicylates and other related compounds)

Anesthetics

General anesthetics (thiamylal sodium, methohexital sodium, etc.)

Antialcohol Preparations

Disulfiram

Calcium carbamide

Antianginal Preparations

Nitrates, nitrites & other coronary vasodilators and peripheral vasodilators

Antidiabetic Agents

Insulin, oral sulfonylureas (tolbutamide, tolazamide, acetohexamide, chlorpropamide), phenformin

Antihistamines

Ethylenediamines (tripelennamine, methapyrilene, etc.) Ethanolamines (diphenhydramine, diaphenylpyraline, etc.) Propylamines (brompheniramine maleate, chlorpheniramine maleate, triprolidine HCl, etc.) Phenothiazines (promethazine, etc.)

POSSIBLE EFFECTS & CLINICAL SIGNIFICANCE

Acute ingestion-increased CNS depression and possible respiratory arrest. Well documented. Chronic ingestion-tolerance develops to depressant effects but not to effects on respiratory system.

Increased likelihood of GI irritations with possibility of increased blood loss from GI tract.

Addictive CNS depressant effects in acute stage of intoxication.

Well documented "Antabuse Reaction" resulting in nausea, vomiting, headache, increased blood pressure and possible severe cardiac arrhythmias. Can result in death.

Can produce an increased peripheral vasodilatation and possible excessive lowering in blood pressure resulting in fainting, dizziness or lightheadedness.

Alcohol can result in an indirect increase in the effects of insulin -- may produce severe hypoglycemia. Alcohol inhibits gluconeogenesis and induces a hypoglycemia when this mechanism is needed to maintain normal glucose levels (i.e., inadequate carbohydrate reserves). It also inhibits the usual rebound of glucose after hypoglycemia. With the oral sulfonylureas, alcohol may stimulate their metabolism resulting in a decreased hypoglycemic activity. A possible disulfiram-like effect may be produced in certain diabetics. With phenformin, a severe state of lactic acidosis may be produced with alcohol and should therefore be avoided.

Increased sedative effects with the combination but will vary with the class of antihistamine.

ALCOHOL-DRUG INTERACTIONS (cont'd)

DRUGS INVOLVED WITH ALCOHOL

Antihypertensive Agents

Rauwolfia alkaloids (reserpine, deserpidine, etc.)
Guanethidine, Alpha-methylodopa, Ganglionic blocking agents (mecalyamine, etc.) Hydralazine, pargyline

Anticoagulants

Enolic (bishydroxycoumarin, warfarin sodium, phenprocoumon, acenocoumarol) Indanediones (phenindione, anisindione, diphenadione)

Anticonvulsants

Diphenylhydantoin

Antidepressants

Tricyclic (imipramine, desipramine, norpramine, amitriptyline, protriptyline) Doxepin
Monoamine Oxidase Inhibitors (tranylcypromine, nialamide, phenelazine, isocarboxazid, pargyline)

Antimicrobial Agents

Sulfonamides

Metronidazole

Nitrofurans (furazolidine, nifuroxime)

Cycloserine

Central Nervous System Stimulants

Amphetamines, caffeine, methylphenidate, etc.

Diuretics

Thiazide (chlorothiazide, hydrochlorothiazide, methyclothiazide, etc.) Thiazide-like (chlorthalidone, quinethazone, etc.) Furosemide, Ethacrynic Acid, etc.)

POSSIBLE EFFECTS & CLINICAL SIGNIFICANCE

An increase in the blood pressure lowering effects may be noted with this combination with the possibility of producing postural hypotension. Additionally, an increased CNS depressant effect may be seen with the rauwolfia alkaloids and alpha methylodopa.

Alcohol may decrease the anticoagulant effects through enzymatic stimulation. Alcohol also may decrease liver function when consumed chronically and may lead to decreased clotting factor synthesis.

The anticonvulsant activity of diphenylhydantoin has been reported to be decreased through enzymatic stimulation by alcohol.

With the tricyclic antidepressants and doxepin, increased CNS depression. Alcohol may also adversely affect motor skills particularly during the first few days of TCA therapy. With the monoamine oxidase inhibitors, increased sedative effects with a possibility of a disulfiram-like effect. Certain alcohol preparations (Chianti wine, in particular) may also be responsible for precipitating a hypertensive crisis.

Possible disulfiram-like effect.

Possible disulfiram-like effect.

Possible disulfiram-like effect.

Possible precipitating of convulsions when combined with alcohol.

Possible antagonism of CNS depressant effects of alcohol but no improvement of impaired motor coordination. May result in false sense of security.

May produce an increase in blood pressure lowering effects from the diuretics and may possibly precipitate postural hypotension.

ALCOHOL-DRUG INTERACTIONS (cont'd)

DRUGS INVOLVED WITH ALCOHOL

Sedative-Hypnotics

Barbiturates (phenobarbital, pentobarbital, secobarbital, amobarbital, butabarbital, etc.) Non-barbiturates (glutethimide, chloral hydrate, chlorbetaine, methaqualone, ethchlorvynol, flurazepam, etc.) Bromides

Tranquilizers

Minor (chlordiazepoxide, diazepam, oxazepam, meprobamate, tybamate, phenaglycodol, hydroxyzine, etc.)

Major (phenothiazines, etc.)

Vitamins

Cyanocobalamin (B₁₂), Thiamine HCl (B₁), Folic acid, Fat-soluble Vitamins (A, D, E, K)

POSSIBLE EFFECTS & CLINICAL SIGNIFICANCE

Combination can result in increased CNS depression with possible coma and respiratory arrest. Chronic alcohol consumption can produce a cross-tolerance to sedative effects but NOT to the respiratory depressive effects. Possible fatal results.

Increased CNS depression, particularly during the first few weeks of therapy with tranquilizers. Very well documented.

Increased CNS depression with impairment of motor skills, particularly during first few weeks of therapy.

Chronic alcohol consumption can result in decreased absorption for GI tract. Reversible when alcohol is withdrawn.

-- developed by the Texas Pharmaceutical Association

FACTS ABOUT PRESCRIPTION DRUG ABUSE

Here are some statistics about prescription drug abuse and misuse that the teacher might want to share with students:

- * Americans experience more death and injury from the abuse of prescription drugs than from the use of all illegal drugs combined according to a 1982 report issued by the United States General Accounting Office.
- * Some studies have shown that as many as 90 percent of the elderly suffer from drug side effects as a result of improper use of prescription and over-the-counter drugs; 20 percent of them require hospitalization as a result of prescription drug abuse.
- * Sixty percent of all drug-related emergency room visits and 70 percent of all drug-related deaths involve prescription drugs according to the Drug Abuse Warning Network (DAWN).
- * Seven of every ten visits to a doctor's office result in the writing of a prescription.
- * One of every 20 citizens living in a nursing home has drug-induced senility, which costs taxpayers \$35 million each year for their care, according to the National Institute on Aging.
- * It is estimated that 25 percent of all hospital admissions and 25 percent of problems in nursing homes are from medication complications.
- * According to figures from the Federal Department of Health and Human Services, Americans spend about \$16 billion on prescription drugs annually.
- * Approximately 15 billion units (tablets, capsules, or doses) of prescription drugs are dispensed each year. Of these, about 1 percent (150 million units) are fraudulent prescriptions. In addition, an estimated 30 million units of prescriptions are stolen each year and about 135 million units are diverted by health-care professionals.

Completed by: the Michigan Substance Abuse and Traffic Safety Information Center 925 E. Kalamazoo Street, Lansing, Michigan 48912.

LESSON 8

Over-The-Counter-Medication (Drugs)



RUSTY HAD POISON IVY LAST SUMMER.

OBJECTIVES

Students will learn about over-the-counter medication (drugs).

Students will learn that over-the-counter medications (drugs) are different from prescribed medications.

LEARNING EXPERIENCES

1. Ask the students if any of them have had a cough, a rash, or a cold. Ask them what kind of medicine they would take for these ailments (e.g., cough medicine, ointment, aspirin, cold medicine). Explain that some medicines can be purchased at a store without a prescription form from a doctor. This type of medication is called over-the-counter medicine.
2. Show the students the picture of a man picking out cough medicine on page 36. Ask them where they think the man is and what he is doing. Have the students role-play a similar situation. Have them pretend that they have a cough and that they go to the drug store to buy cough medicine with one of their parents. Emphasize the fact that they can just walk right up to a shelf and pick the item they want.

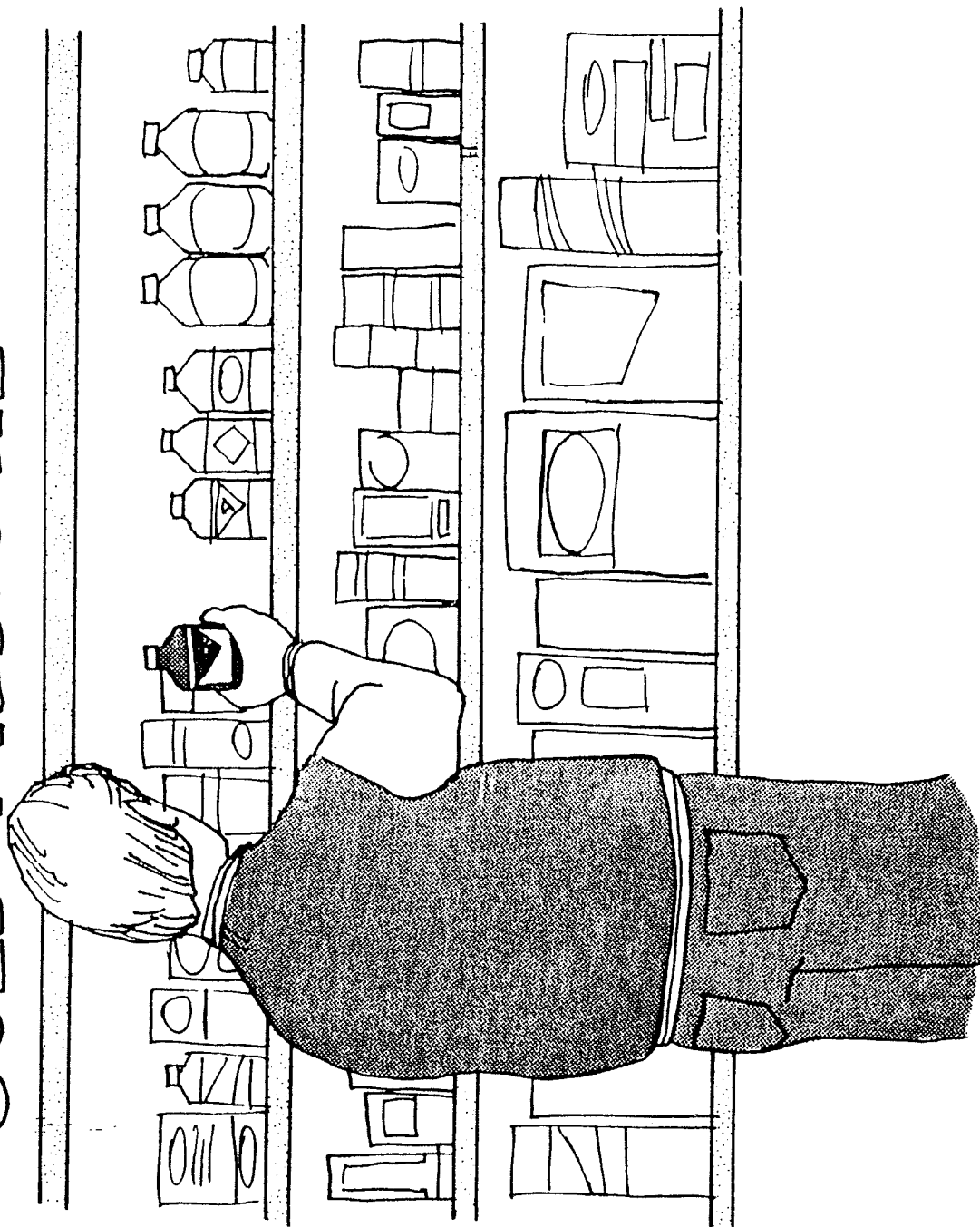
Emphasize that over-the-counter medicine can be dangerous if people do not use it properly. Following the directions on a bottle of over-the-counter medication is just as important as following the directions on a bottle of prescription medication.

3. Create a cooperative list of places that a person can buy over-the-counter medication (e.g., drug store, pharmacy, grocery store, mini-market). Make a list of some products a person can buy (e.g., cough medicine, ointment, aspirin).
4. Have the students relate experiences which illustrate how medicine has affected their bodies (e.g., eased pain, removed or soothed rash, stopped a bad cough). Ask the students how they felt before they took the medicine and how they felt afterward.
5. Show the students the sheet depicting a bottle of prescription cough medicine and a bottle of over-the-counter cough medicine on page 37. Examine both bottles and look for differences.
6. **PICTURE-TALK:**

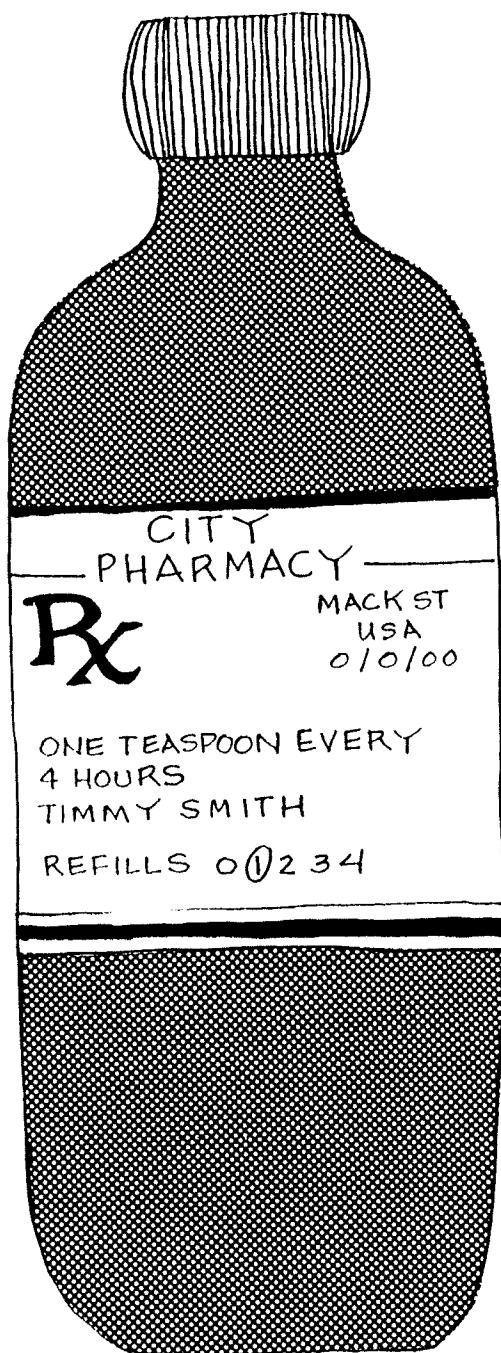
Last summer, Rusty got a rash on his legs from poison ivy. His mother went to the drug store and purchased some calamine lotion to sooth the itching. She picked the calamine lotion off the shelf and bought it. The lotion made Rusty's rash feel much better and he did not have to visit the doctor to get a prescription form!

NOTES

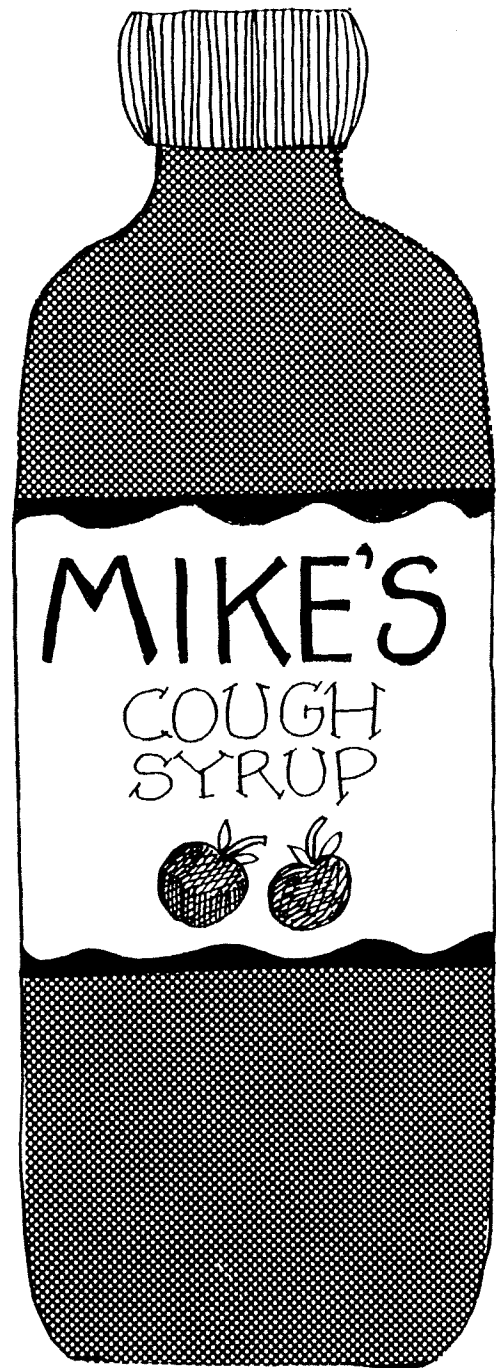
COLD MEDICINE



Prescription Bottle of Cough Medicine



Over-the-Counter Bottle of Cough Medicine



LESSON 9

Storage Of Medicine In The Home



KELLY AND HER MOM CHECK THEIR HOUSE FOR MEDICINE.

OBJECTIVES

Students will learn how to store medicine in their home carefully.

LEARNING EXPERIENCES

1. Ask the students where medicine is stored in their home. Discuss proper storage areas for medicine. Encourage a class discussion on safe areas and unsafe areas to store medicine. Have the students look around your classroom and have them suggest safe areas to store medicine in the classroom. Continue this discussion with suggestions of safe storage areas around the whole school.
2. Have the students draw a map of their home indicating where they would store medicine safely. Encourage the students to go over the checklist on page 39 with one of their parents and return it with a parent's signature. Discuss the checklists when they are returned.
3. Ask the students what should be done with old medicine. (Old medicine should be thrown away carefully so that no one can take it anymore.) To illustrate how medicine can go bad with time, put a piece of cheese or bread out in a cool place and let the class observe what happens over a week. The medicine becomes old and *unsafe*.
4. Encourage the students to suggest ways that medicine can be discarded safely. Encourage the students to discuss this issue with their parents.
5. **PICTURE-TALK:**

When Kelly came home from school the other day, she and her mother went through the whole house and made sure all the medicine was in a safe place. Kelly's mom is very careful about keeping medicine safe because of Kelly's little brothers Matt and Mark. She makes sure the medicine is out of their reach.

NOTES

CHECKLIST FOR STORAGE OF HAZARDOUS SUBSTANCES IN THE HOME

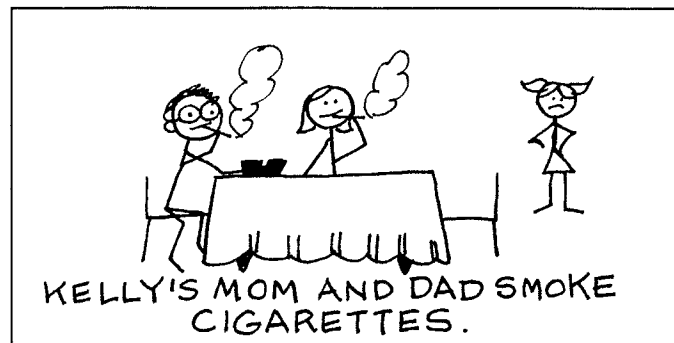
- | | | |
|--|-------------------|------------------|
| 1. Is prescription medication stored safely in your home? | YES
[] | NO
[] |
| 2. Is over-the-counter medication stored safely in your home? | YES
[] | NO
[] |
| 3. Are cleaning supplies stored safely in your home? | YES
[] | NO
[] |
| 4. Are alcoholic beverages stored safely in your home? | YES
[] | NO
[] |
| 5. Are turpentine, thinner, and other painting supplies stored safely in your home? | YES
[] | NO
[] |
| 6. Are rubbing alcohol, nail polish, and polish remover stored safely in your home? | YES
[] | NO
[] |
| 7. Are gasoline and motor oil stored safely in your home? | YES
[] | NO
[] |

Child's Signature

Parent's Signature

LESSON 10

Smoking



OBJECTIVES

- Students will discuss the health risks involved with cigarette smoking.
- Students will learn how to make healthy decisions about the drug nicotine.

LEARNING EXPERIENCES

1. Show the students the picture on page 41 and ask them what type of people smoke cigarettes. Make a list of the types of people they suggest. Discuss reasons why the students feel these types of people would smoke cigarettes.
2. Show the students the activity, "Up In Smoke" on page 42 and have them complete the activity. Have the students point to organs of the body that are affected by cigarette smoking. Have the students color in the organs on the children that might be affected by extensive exposure to cigarette smoke (e.g., heart, lungs, eyes, kidney, liver).
3. Read this to the class and discuss.

Some days when Rusty and Kelly walk home from school, older kids try to make them smoke cigarettes. Kelly says "no," but Rusty thinks that it might be fun to smoke. Kelly becomes angry with Rusty because she knows smoking is bad for him. Rusty tells her that he just wants to try it one time.

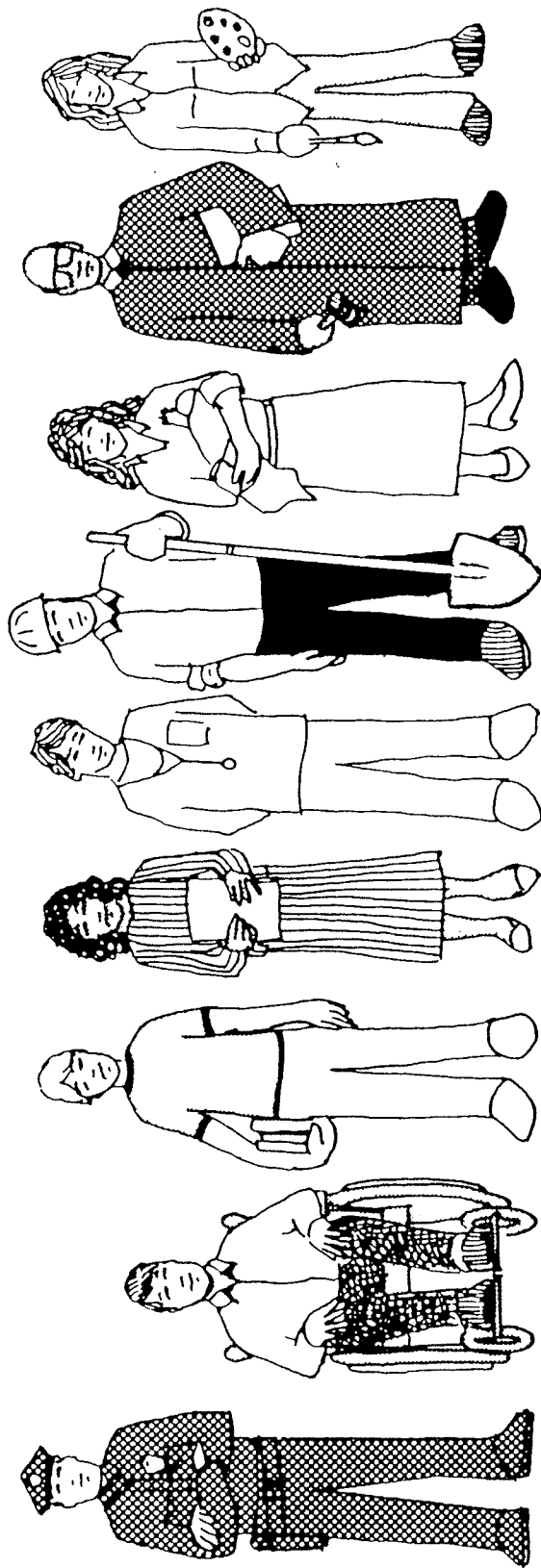
Ask the students what they would do if they were in Rusty's position.

4. Discuss the fact that smoking cigarettes affects people breathing the smoke as well as the smoker! Ask the children how many of them know someone who smokes cigarettes. Ask them how it makes them feel when the person smokes around them.
5. Create a cooperative list of ways to try to get an adult to quit smoking. Explain that no matter how much a person loves someone, if the person wants to smoke they will. Encourage the students to come up with positive alternatives for the smoker.
6. **PICTURE-TALK:**

Kelly's mom and dad both smoke. Her mom wants to quit smoking but she tells Kelly that it is very hard because she has been smoking since she was very young. Kelly wants her mom and dad to quit because she knows it is unhealthy for their bodies.

Kelly's dad does not want to quit smoking because he says that he enjoys it and smoking helps him to relax. He becomes quite angry when Kelly "bugs" him about smoking.

Ask the students to give Kelly advice on how to deal with her situation. It must be emphasized that sometimes--no matter how much we care--we cannot change someone's behavior, even our parent's behavior!



UP IN SMOKE

Cut out each child's head and paste them on a larger piece of paper.
Add different bodies onto each head.



TEACHER REFLECTIONS

KEEP A LOG

1. Begin a log of your observations on how students are reacting to you and the subject of alcohol and other drugs.
2. The log should be short and simple.
3. Write the log as soon after each lesson as possible.
4. Start each entry by describing the present session. Then, work back to other sessions and see if there are any significant patterns in student behavior that will affect your next lessons.
5. Formulate strategies for the next session that will improve the involvement of students in your classroom discussions.

LESSON 11

What Is Alcohol?



OBJECTIVES

- Students will learn that alcohol is considered to be a drug.
- Students will learn that alcohol has serious affects on people.

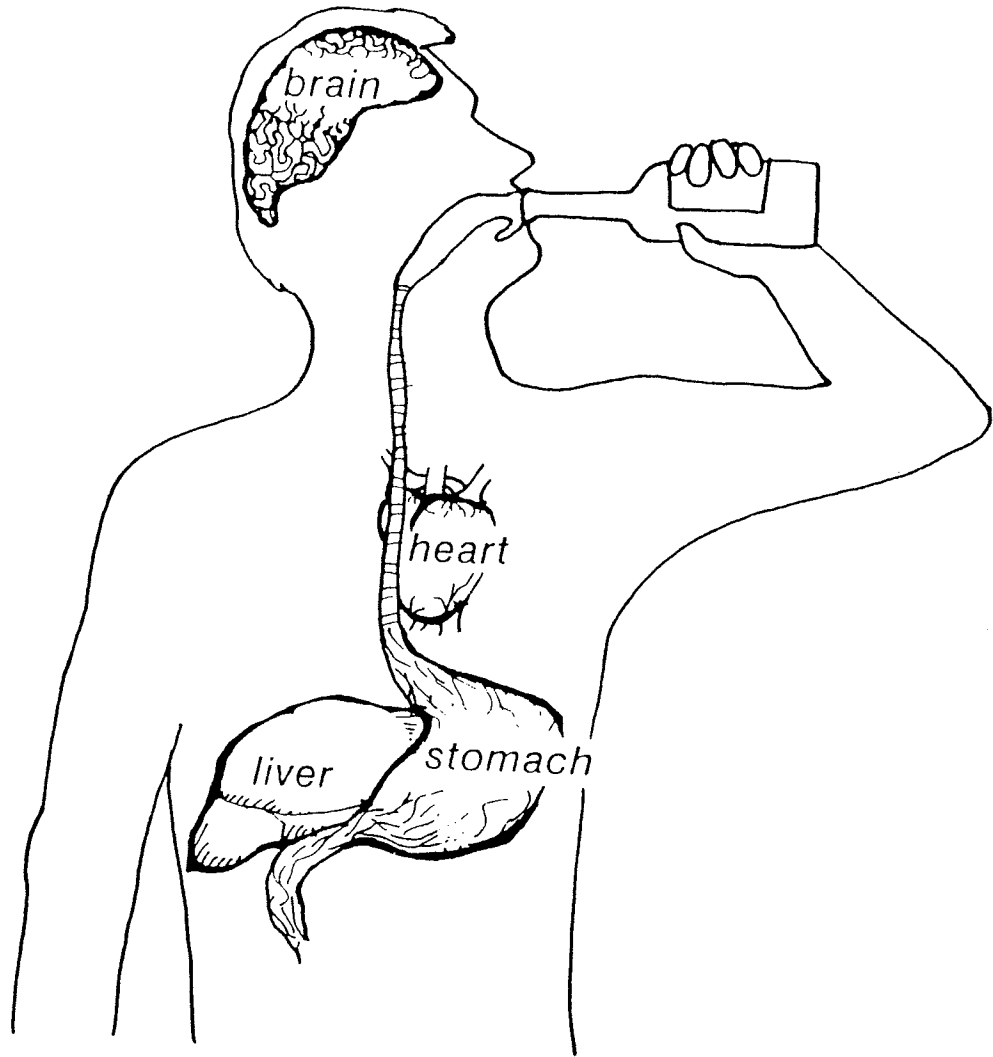
LEARNING EXPERIENCES

1. Ask the children what they first think of when they hear the word "alcohol." Ask how many of them have seen someone drinking beer, a wine cooler, a glass of wine, a mixed drink, or any other drink with alcohol in it. Discuss why these liquids are different from milk or soda (e.g., can make people drunk, make them act differently).
2. Alcohol is a drug because it has a strong affect on the mind and body. Show the students page 45 and talk about where alcohol goes after someone drinks it. Have the students drink a glass of water and have them imagine where that water goes when it enters their system. Have them pretend that the water is flowing through their veins and going through their bloodstream and through their organs.
Explain that alcohol does the same thing. The difference is that alcohol causes a person's body to react in negative ways.
3. Show the students page 46 and ask them what they think the man is doing. Ask the students if they know someone who drinks too much alcohol. Ask them if they have ever seen a person who was drunk. Have them explain how that person acted.
4. Show the students page 47 and ask them what they think is going on in the picture. Because alcohol is a drug, it makes people do things that they would never have done otherwise.
5. Have the students name beverages which contain alcohol (e.g., beer, wine, wine coolers, rum, whiskey). Encourage the students to find advertisements in magazines which encourage the purchase and consumption of alcohol. Have them count all the alcohol commercials they see on television for a week and report back to the class. If possible, the teacher may video-tape a series of alcohol commercials for the class to discuss. Talk about the advertisements and the problems that commercials may cause.
6. **PICTURE-TALK:**

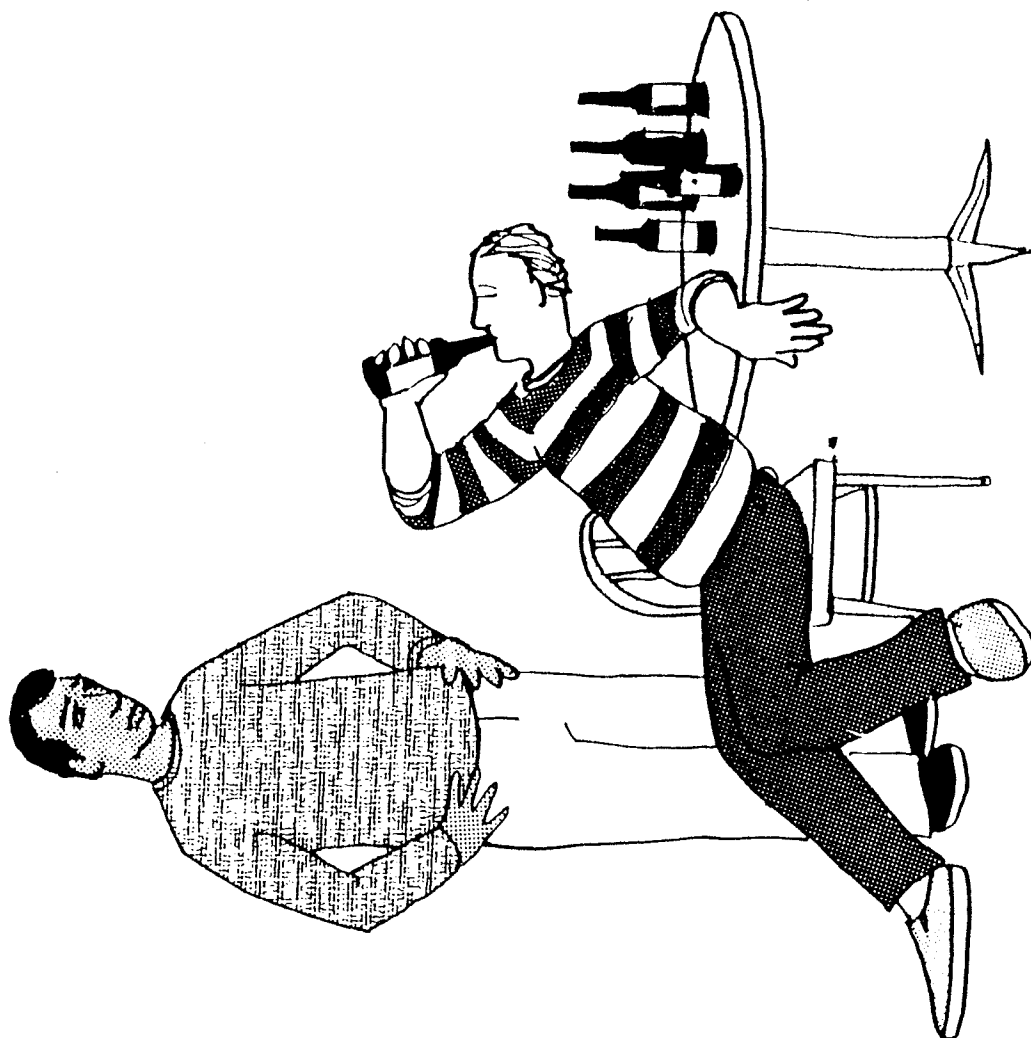
Rusty's Aunt Sandy often drinks too much beer at family gatherings. Sometimes she loses her balance and falls because the alcohol in the beer affects her muscle control. Rusty wonders why his Aunt Sandy drinks so much. Most of the adults in his family drink beer, but no one drinks as much as Aunt Sandy.

Rusty's mom tells Rusty that his Aunt Sandy has a drinking problem, but no one wants to say anything to her because they do not want to hurt her feelings.

Ask the students what they would do if they had an Aunt or Uncle who drank like Aunt Sandy. Alcohol makes Aunt Sandy act differently because it is a drug and drugs can cause many problems for people and their families.







HOW IS ALCOHOL ABSORBED INTO THE BODY?

- A. Ethyl alcohol found in alcoholic beverages is absorbed directly into the bloodstream in about 5 minutes with peak concentration occurring in about 30 to 90 minutes. No digestion is necessary.
- B. Approximately 20 percent of a drink of alcohol is absorbed directly from the stomach into the bloodstream.
- C. The remaining 80 percent is absorbed through blood vessels in the small intestine.

The rate of absorption depends on several factors. These are:

- 1) Alcohol taken on an empty stomach is absorbed more quickly, producing a higher blood alcohol level than if the same drink were consumed after or with a meal.
- 2) The greater the concentration of alcohol in a beverage, the more rapid the absorption.
- 3) The speed of drinking an alcoholic beverage is another important factor that affects the rate of absorption; the faster you drink, the faster the absorption of alcohol takes place.
- 4) A heavier person tends to absorb alcohol more slowly. This slower rate of absorption is due to the larger amount of fluid in the body of a heavier person.
- 5) Each individual has a different degree of tolerance for alcohol. Some will only need a couple of drinks to become affected, while others can drink more without feeling the effects.

Taken from *Drug Abuse*, M.G. Minter, Galludet College.

FACTS FOR THE TEACHER'S INFORMATION

ALCOHOLISM

An illness resulting in *uncontrolled* drinking of alcoholic beverages.

ALCOHOLIC

A person who *cannot control* his drinking, resulting in problems that affect his family, body, mind, job, and himself.

FACTS:

In the U.S. about 7 out of 10 adults drink alcoholic beverages. Of these, about 1 out of 10 is an "alcoholic"---that's about *10 million* alcoholics

Alcoholism is one of America's top health problems along with cancer, heart disease, and mental illness.

Alcohol is the intoxicating ingredient in alcoholic beverages:

BEER AND ALE

Made by controlled fermentation of cereal grains plus malt. *Hops* may be added for distinctive flavor. Most contain 4-7% alcohol.

WINE (champagne, sherry, etc.)

Made by fermentation of grapes or other fruit. Regular wine contains 9-14% alcohol. Dessert wines such as port and sherry, contain 18-21% alcohol.

HARD LIQUOR (whiskey, gin, vodka, rum, etc.)

Made by the distillation of a fermented brew (made from grain, fruit, or molasses), contains 40-50% alcohol (80-100 proof).

ONE DRINK MEANS:



12 oz. beer



4-5 oz. wine



3 oz. sherry



1 1/2 oz. whiskey



one highball or cocktail (80 proof)

It takes at least one hour for each drink to go completely through the bloodstream and out of the body.

WHAT DOES ALCOHOL ACTUALLY DO TO PEOPLE?

1. It rapidly enters the bloodstream (no digestion needed) and circulates to all parts of the body within a few minutes. Absorption is slowed by food in the stomach.
2. Alcohol primarily affects the brain. Alcohol "knocks out" control centers, one by one. This results in INTOXICATION.
3. The body burns alcohol at the rate of about 1 oz. per hour (1/2 oz. per hour for pure ethyl alcohol). Ninety percent is broken down by the liver; 10% is eliminated via the lungs and kidneys.

ABOUT 1 IN 10 DRINKERS BECOMES AN ALCOHOLIC!

POSSIBLE SYMPTOMS OF ALCOHOLISM:

1. INCREASING TOLERANCE FOR ALCOHOL
2. BLACKOUTS
3. DENIAL THAT THEY HAVE A DRINKING PROBLEM
4. PERSONALITY CHANGES
5. OBVIOUSLY UNCONTROLLED DRINKING

THE HEAVY COSTS OF ALCOHOL ABUSE INCLUDE:

HIGHWAY DEATHS: About 23,000 people die in alcohol-related crashes on U.S. highways each year.

INJURIES TO TEENS: Drunk driving plays a role in about 130,000 injuries to teenagers every year.

SPOUSE ABUSE: Alcohol is a factor in at least 45% of all cases of spouse abuse.

CRIME: At least 50% of all homicides and high percentages of other crimes are alcohol-related.

ARRESTS: Over 2 million people are arrested each year for driving while intoxicated and public drunkenness.

ECONOMIC DRAIN: Alcohol costs the nation about \$50 million each year in lost employment and productivity.

This information was adapted from "What Everyone Should Know About Alcohol"--a Scriptograph booklet.

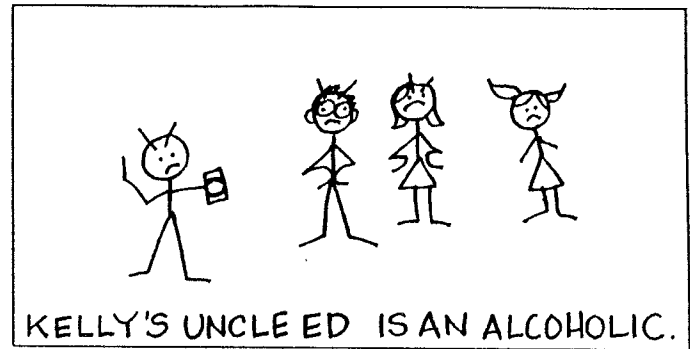
TEACHER REFLECTIONS

OBSERVE STUDENT BEHAVIOR

1. Have you noticed behavior indicating discomfort with this material among your students?
2. Are any of your students more interested in this subject matter than others?
3. Have you noticed any of your students becoming emotional when certain subjects are brought up?
4. Have any of your students mentioned personal problems during class discussion? How have you handled this?
5. Do you think any of your students are currently using drugs? How will you handle this?
6. Do you think that any of your students have a problem with a family member's drinking or other drug abuse? How will you handle this?

LESSON 12

What Is Alcoholism?



OBJECTIVES

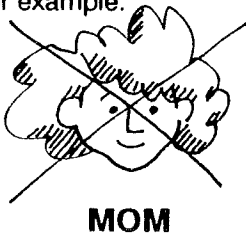
Students will learn some of the characteristics of alcoholism and alcoholics.

Students will learn a simple definition of "alcoholism."

LEARNING EXPERIENCES

1. Show the students the picture on page 54. Ask them what is happening to the man pictured. (The man pictured has lost control of his drinking and is ignoring everything in order to drink alcohol.) Examine the picture and discuss the various items depicted (e.g., beer bottles, case of beer, liquor bottles, bills, trash, dirty socks, picture of family).
2. Show the children the picture on page 55. Ask them to describe the people depicted. Emphasize that anyone--no matter who they are and what they look like physically--can become an alcoholic or a drug addict. Alcoholics usually do not look like the man in the first picture we looked at; they usually look like the people we see every day.
3. Alcoholism is a disease which causes people to lose control of their drinking. Alcohol becomes the most important thing in the person's life.

Ask the students to tell you what the most important thing in their lives is right now. Write it on the board, and then cross it out and put a bottle next to their answer to show them what it would be like to be an alcoholic. For example:



Explain that if they were an alcoholic even their mother would not be as important to them as getting drunk.

4. Below are some of the behaviors to look for if you suspect that someone has an alcohol or other drug problem.
 1. They drink more now than they used to.
 2. They do things while they are drinking, and later they deny doing them or say they have forgotten them.
 3. They refuse to talk about their drinking.
 4. They make and break promises to control or stop their drinking.
 5. They lie about their drinking.
 6. Most of their friends are drinkers.
 7. They make excuses for their drinking or try to justify it.
 8. Their behavior changes when they are drinking.
 9. They avoid social functions where alcohol is not served.
 10. They sometimes drive while drunk.
 11. They hide alcohol around the house or in the car or garage.

You can replace the word "alcohol" with "drugs" and other drug vocabulary.

LESSON 12 (cont'd)

4. Explain that not everyone who drinks alcohol is an alcoholic. Some people enjoy drinking in a responsible manner and it does not cause problems with their health, relationships, and jobs. This is important because some students will worry about a parent who drinks occasionally. An alcoholic's drinking causes *serious* problems with family, friends, health, and work. An alcoholic is not a "bad" person, but someone who needs help.

5. **PICTURE-TALK:**

Kelly's Uncle Eddie is an alcoholic. When Uncle Eddie is drunk, he comes to Kelly's house to ask her parents for money. When they will not give him money, Uncle Eddie becomes angry and leaves.

Uncle Eddie has a very good job at a store, but when he drinks, he misses too much work. He cannot do his job well when he drinks.

Kelly's mom and dad are very worried about Uncle Eddie and have tried to help him. Uncle Eddie does not want them to help him quit drinking.

What should Kelly's parents do for Uncle Eddie? Can Kelly do anything for her Uncle Eddie?

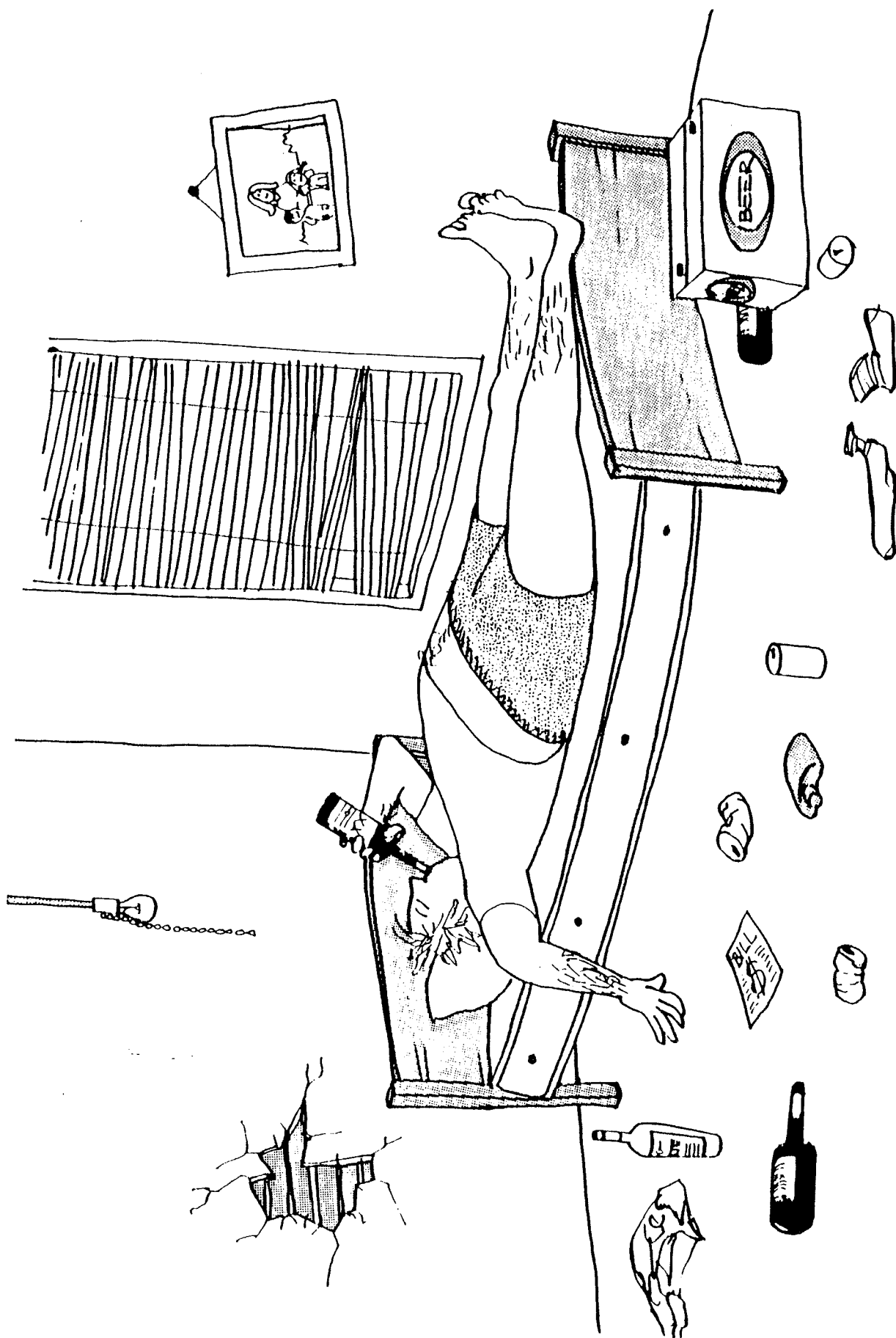
NOTE TO THE TEACHER:

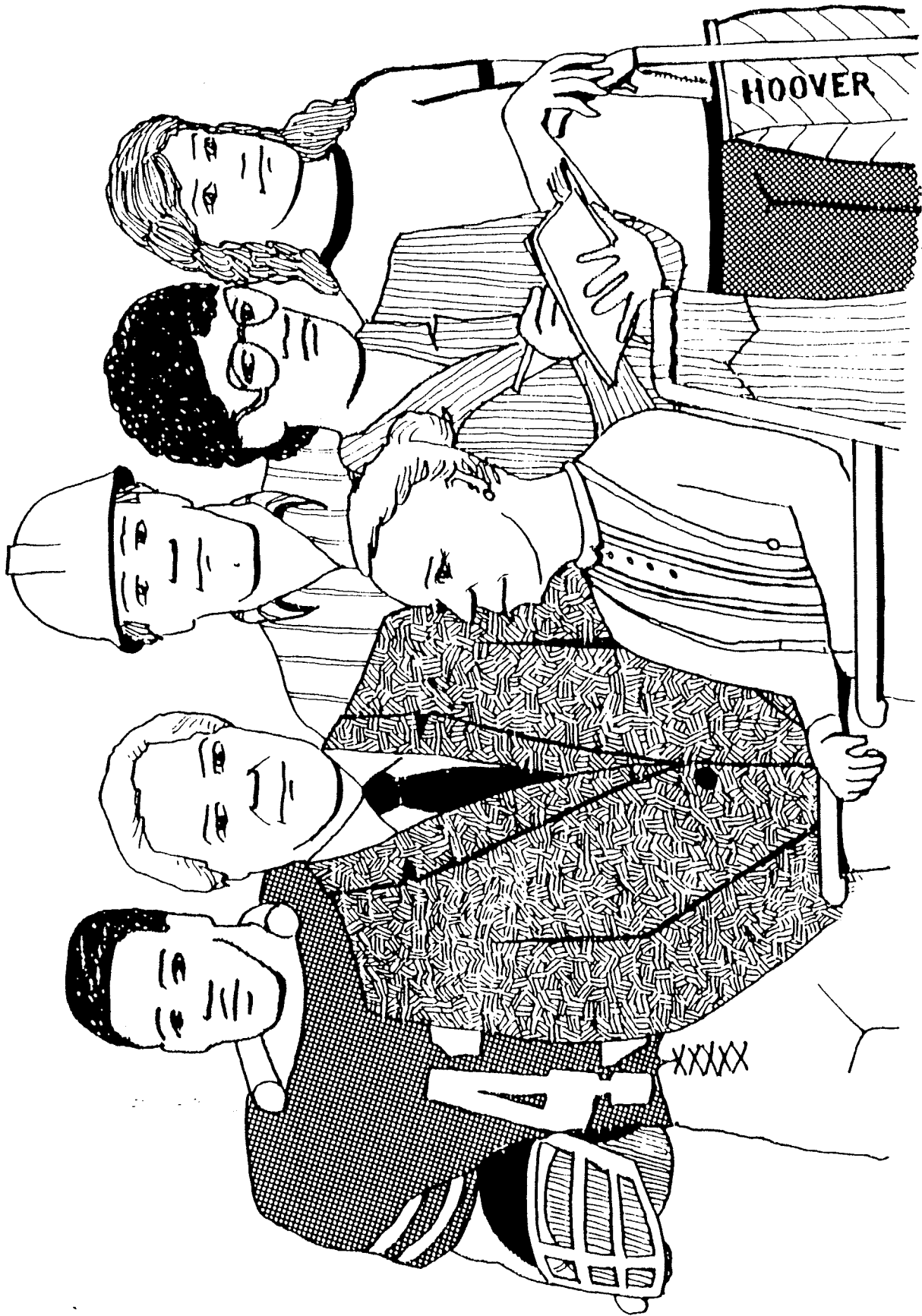
Explain that alcoholics usually refuse help in the beginning because they really do not think they have a problem. This is called denial. This is hard for family members and loved ones because they want to help the person they care about. It is always a good idea to discuss your options with someone before you do anything.

Do not act impulsively! Think through your plan of action and if it does not work, design a new one!

Do not be afraid to ask for help; it might save someone's life!

NOTES





LESSON 13

What Does An Alcoholic Or Drug Addict Look Like?



MRS. MILLER IS AN ALCOHOLIC .

OBJECTIVES

Students will learn that any kind of person can be an alcoholic or drug addict (e.g., young, old, black, white, male, female).

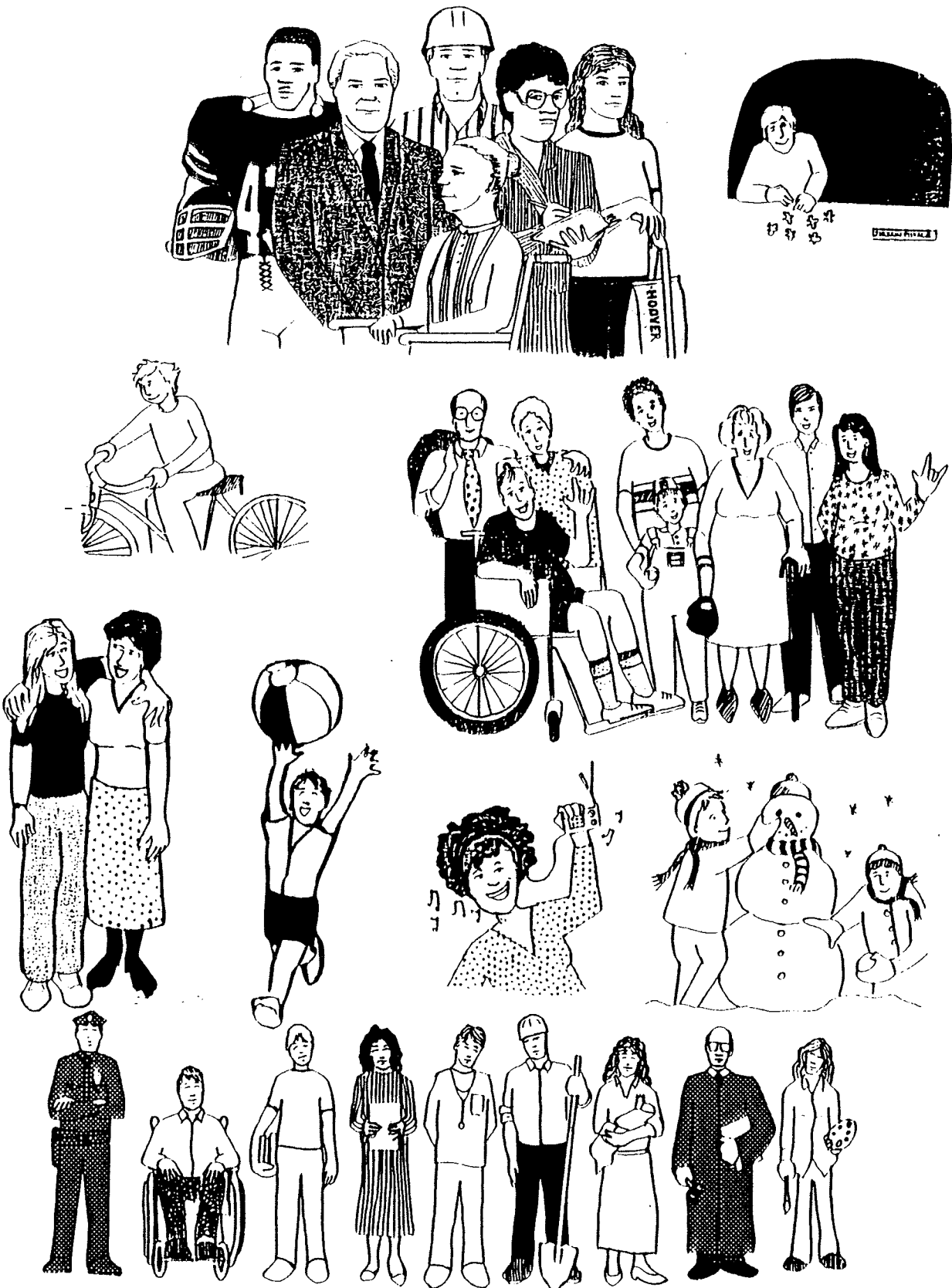
LEARNING EXPERIENCES

1. Ask the students to draw pictures of what an alcoholic or drug addict looks like. Ask them to include the person's surroundings and lifestyle. When they have completed their pictures, tape them on the blackboard with masking tape for easy viewing. Emphasize the similarities and differences in the people depicted. Develop a brief description of an alcoholic or drug addict as the class sees him or her. (Do not contradict their definition yet.)
2. Give students the handout on page 57 and have them circle the people they believe are alcoholics. When everyone is finished, ask them to show you the people they have circled. Now ask them to circle *everyone* on the page, as you name the person or occupation aloud (e.g., "Circle the young boy, " "Circle the secretary," "Circle the policeman.") After circling everyone on the page, use this activity to emphasize that *anyone* can become either an alcoholic or drug addict.
3. Ask the students how they felt when they were circling all the people on the page (e.g., scared, funny, weird). Now have the students draw a picture of what an alcoholic or drug addict might look like. Make a new list of the characteristics of an alcoholic or drug addict. You should get an infinite list this time. Continue emphasizing that anyone can have this problem; *it does not matter what they look like*.
4. **PICTURE-TALK:**

Rusty used to think that alcoholics looked like bums on the street. Now that he knows that his neighbor Mrs. Miller is an alcoholic, it has helped him to understand that an alcoholic can be anyone. Mrs. Miller is a wife and mother and has a good job at the local bank. She certainly does not *look* like an alcoholic!

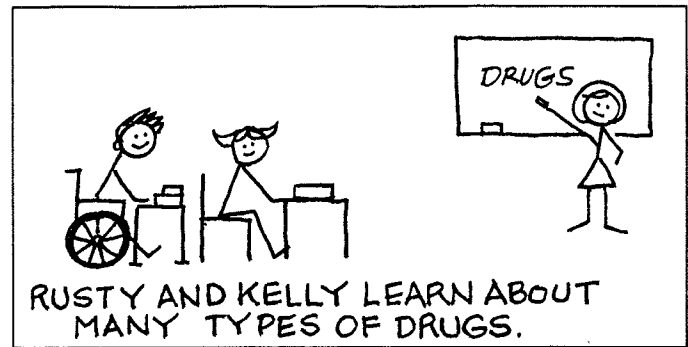
NOTES

CIRCLE THE ALCOHOLICS AND DRUG ADDICTS



LESSON 14

What Is A Drug?



OBJECTIVES

Students will learn that different drugs affect their minds and bodies in different ways.

Students will learn that alcohol, marijuana, stimulants, narcotics, hallucinogens, and inhalants are drugs.

LEARNING EXPERIENCES

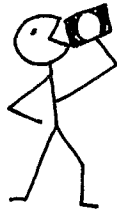
1. Ask the students to define the word "drug." Make a cooperative definition from their ideas and discuss the similarities and differences between their ideas. Explain that drugs are chemicals which change a person's mood, thinking, behavior, feelings, and body in negative ways. Chemicals (drugs) that people drink, swallow, smoke, inhale, and inject can be very dangerous.
2. To demonstrate how a person's mood, behavior, feelings, and body are affected by taking a drug, pretend to drink a beer and show the effect it has on you. Or you may pretend to take a pill, and show the effect it has on you.
3. Show the students page 60. Ask them if they recognize any of the drugs or drug paraphernalia shown. If a student recognizes a drug, ask them if they know how it makes people feel and act and what it is used for. Also show the picture on page 61 and ask the students if they recognize any of the items in the picture.

Emphasize that alcohol is a drug. If someone drinks a beer, they are taking a drug.

4. The following stories will be told by the teacher and illustrated by the teacher.

STORY #1: ALCOHOL

Hi! I am a bottle of beer. (See page 62.) Beer has alcohol in it and alcohol is a drug that causes many problems for people. Joe drank eight of me (beer) the other night and this is what happened to him:

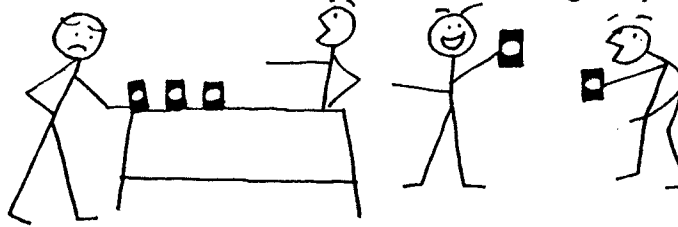


At first Joe only drank two of me (beer). He and his friends were having a great time laughing and joking around. Joe's voice started to get louder and louder but nobody noticed because everyone was having fun.

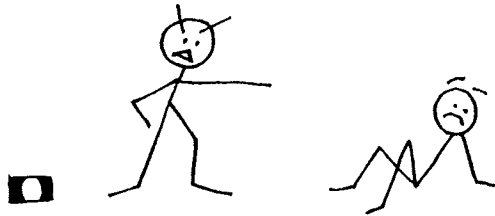


LESSON 14 (cont'd)

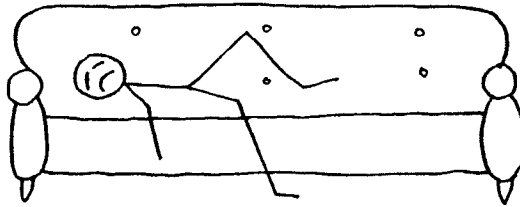
After Joe drank four of me, he started feeling drowsy and his speech became slurred. His friends thought it was funny and they laughed at Joe when he talked funny. Joe started walking funny, this made his friends laugh even more.



After Joe drank six of me, he started feeling different and he became angry with his friend for making fun of the way he was talking and walking. Joe wanted to go to another party, but his friends did not want to go. Joe got angry and pushed one of his friends down. Joe never would have pushed his friend if he had not been drinking me (beer). Joe's friend hit him back and Joe got a bloody nose. He did not feel the pain in his nose because the alcohol in me had numbed his senses.



After Joe and his friend fought, he decided to cool off and had two more of me. Now, Joe has eight of me in his body! Boy, is Joe drunk! He can hardly stand up and he can barely talk. He fell asleep on the sofa and could not drive home. The party was still going strong, but Joe missed most of it because he drank too many of me.

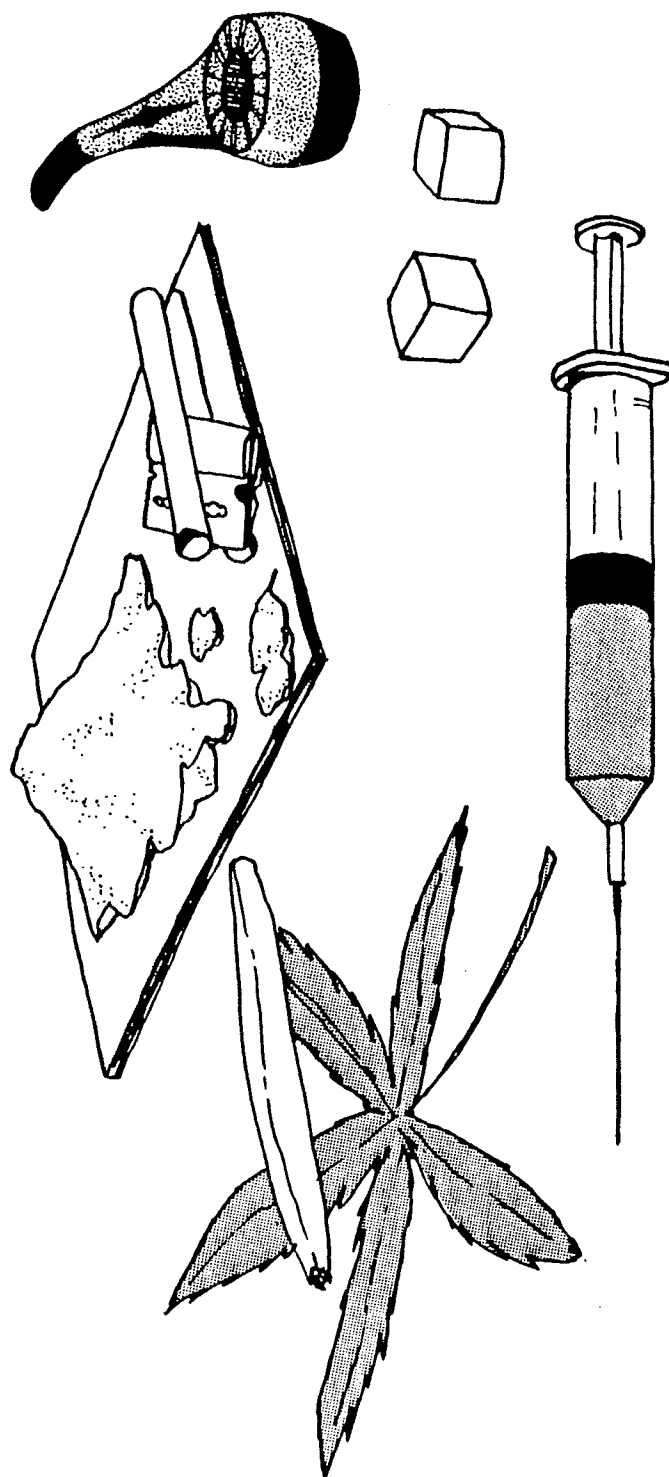


Joe woke up at 3:00 in the morning and threw up because he drank so many of me last night. He will have a terrible headache all day and will not be able to do his homework.



DISCUSSION: ALCOHOL

Ask the students to name some of the things that happened to Joe because he drank too much alcohol (e.g., voice became louder, speech became slurred, got into fight with friend, passed out on couch, got sick to his stomach, got a headache). Emphasize that alcohol is a drug which can cause *serious* problems.





MARIJUANA LEAF



LESSON 14 (cont'd)

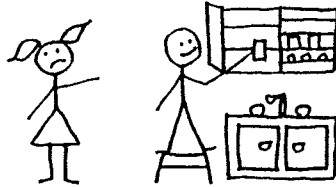
STORY #3: STIMULANTS

Hi! I am a stimulant and I am a drug. (See page 66.) I do different things to people than alcohol and marijuana do. I speed everything up and make peoples' bodies nervous. Just imagine that everything started working faster in your body. If this happened, your heart would beat faster like it does when you are scared and you might start to shake. I am very unhealthy for peoples' bodies and minds, but they take me anyway.

I can be found in prescription drugs and illegal drugs, but I can also be found in coffee, tea, chocolate, and colas. These are some of the things that you eat and drink!

Here is a story about Sam. He had an experience with me (stimulants) that he will not want to repeat!

One day, Sam and his sister Bonnie went through their mother's medicine cabinet. Bonnie warned Sam that they should not do this, but Sam ignored her. Sam found some diet pills with me (stimulants) in them.



Sam swallowed some of the diet pills which had me in them. He also drank a cola with me in it to show off in front of his sister. Bonnie thought her brother was pretty cool for awhile. (Note: Diet pills contain amphetamines, and colas contain caffeine.)



After a few minutes, Sam's heart started beating very fast and he started to sweat and shake. This happened because he had taken so much of me.



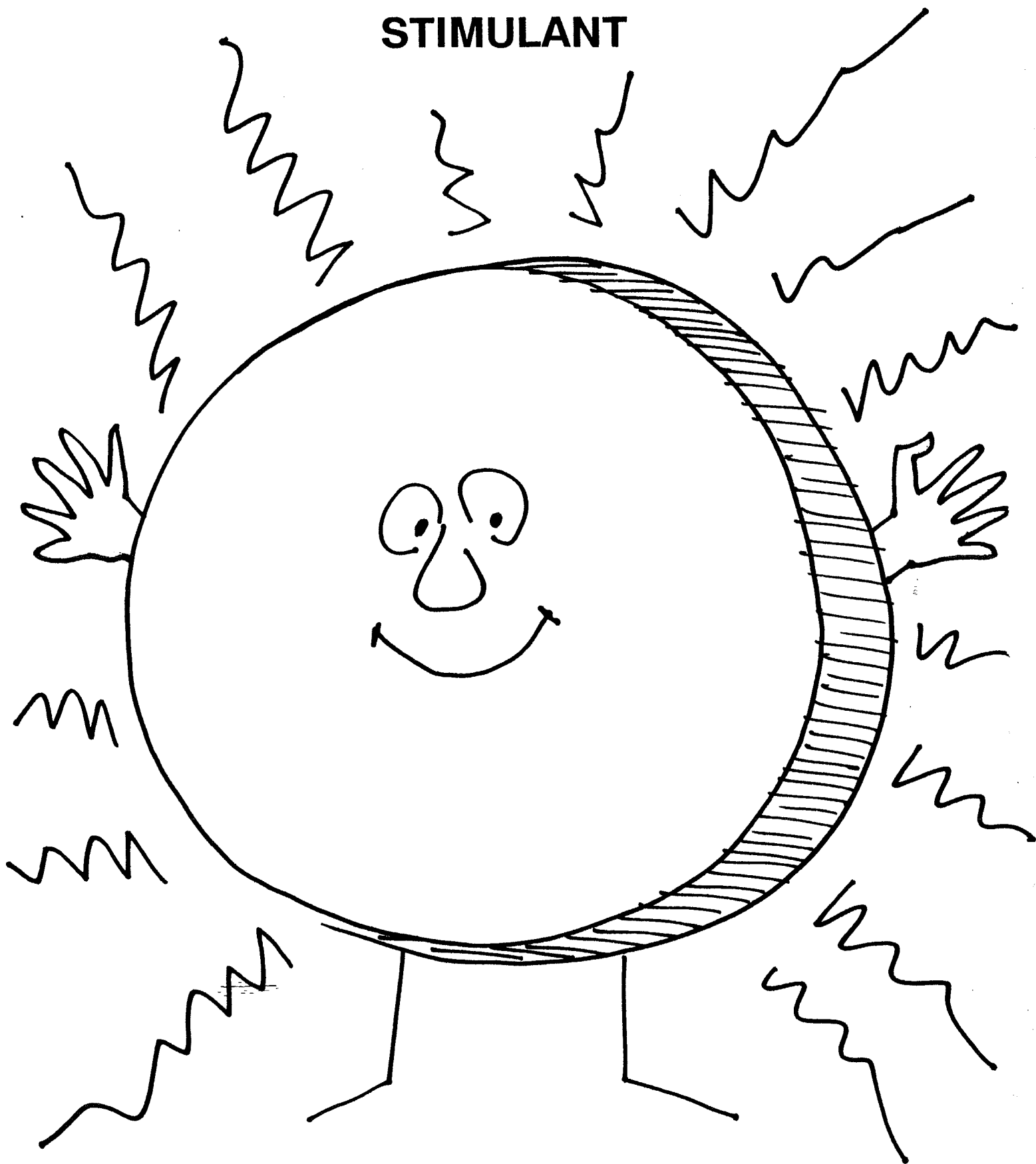
Bonnie became scared when she saw her brother look ill, so she told her mother what Sam had done. She did not tell on him to get him in trouble; she only wanted to get him help. Sam's mother rushed him to the doctor, and the doctor told Sam that he was lucky to be alive after putting so much of me in his body.



DISCUSSION: STIMULANTS

Ask the students to discuss the various effects the stimulants had on Sam's body (e.g., his heart started beating faster; he started to sweat and shake).

STIMULANT



LESSON 14 (cont'd)

STORY #4: NARCOTICS

Hi! I am a narcotic! (See page 68.) Doctors prescribe me when people are in pain. Some people abuse me by taking me to get "high." Narcotics include codeine, morphine, methadone, and heroin. I am extremely dangerous, and it is very easy to become addicted to me quickly. I am going to tell you a story

John and Kate started using heroin--which is a form of me--to get "stoned" on the weekends. They used a needle to inject me into their bloodstream like a nurse does when she gives you a shot. This helps me (heroin) get into the bloodstream more quickly.



After a month John wanted me (heroin) all the time; he was becoming addicted to me. He started to use me every day. Pretty soon, he started acting very differently from the John that everyone knew before he started taking me (heroin). Kate stopped taking me because she knows how dangerous I am.



Because John was using me every day, he lost his job and he spent all of his money on me. I made him very sick.



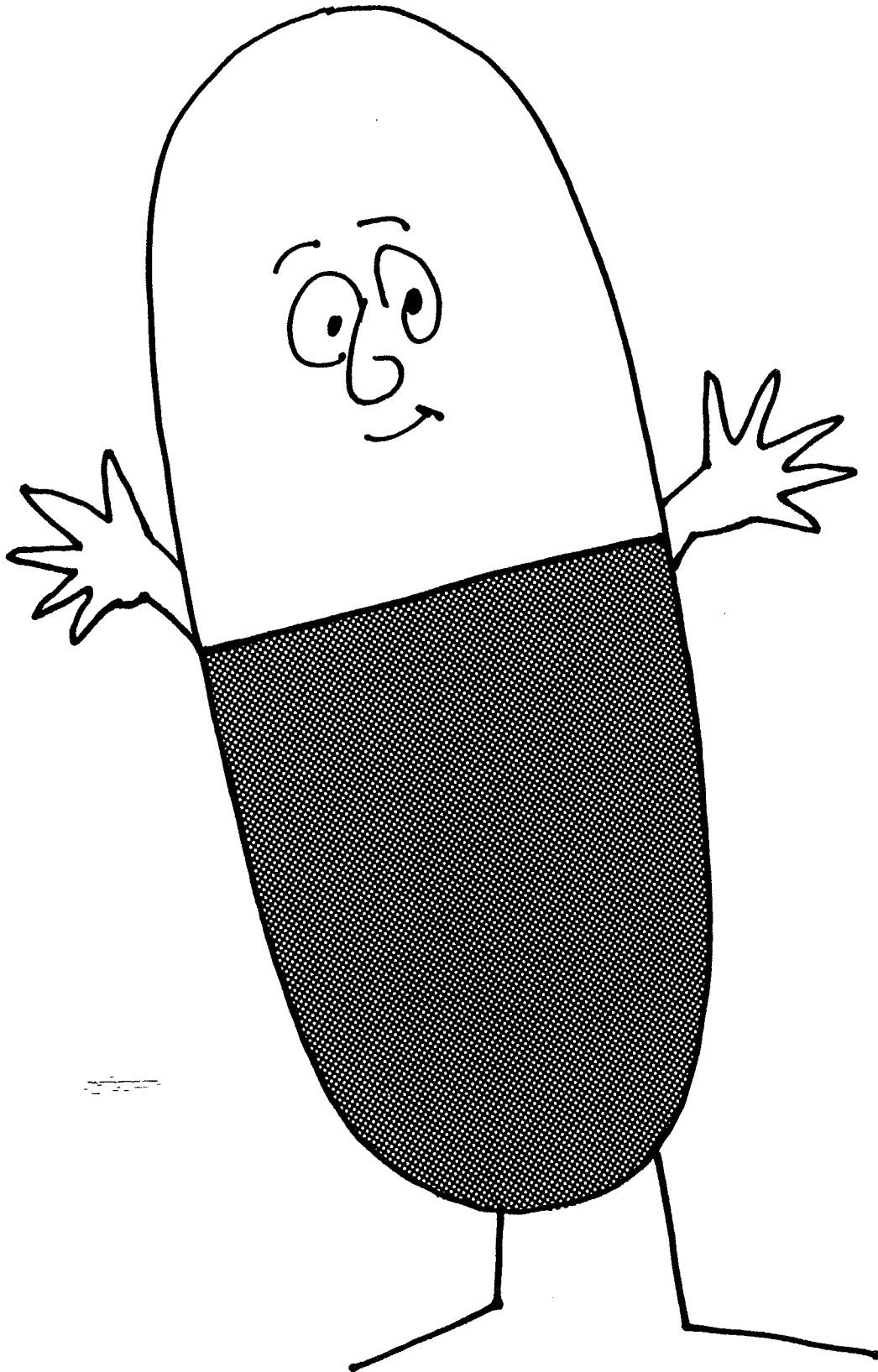
John finally went to his doctor; his doctor told him that he must stop taking me (heroin), or he would die. The doctor suggested that John go to a counselor or a clinic for help with his addiction to me. Now it is up to John to get help for himself.



DISCUSSION: NARCOTICS

Discuss the various problems that the narcotic heroin caused John (e.g., he became addicted to heroin, he lost his job, he became very sick). Discuss the danger of becoming addicted to narcotics such as heroin.

NARCOTIC



LESSON 14 (cont'd)

STORY #5: INHALANTS

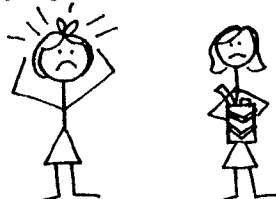
Hi! I am an Inhalant! (See page 70.) I can make you dizzy, sick to your stomach, energetic, and clumsy. I am very dangerous. I can be found in your house and can be inhaled or "sniffed" through your nose.

Show the students page 71. Ask them if they can identify some of the household products shown.

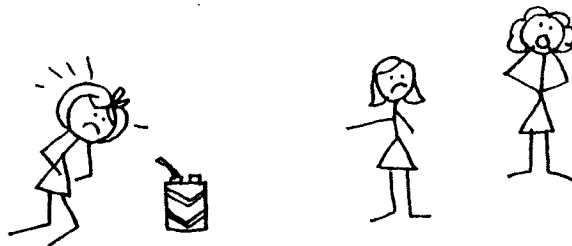
One day Janet sniffed some of me (gasoline) that her father had left in the garage for the lawn mower. She felt dizzy and almost fell over after sniffing me (gasoline). With her friend Cathy, Janet soon started sniffing me (the gasoline) everyday after school before her mother came home. Janet loved the way I made her feel dizzy after she sniffed me. She could not wait to get home from school each day just to try it again. Janet was getting hooked on me (gasoline).



One day Cathy had a very bad reaction to me (the gasoline) She got a very bad headache that would not go away. Cathy and Janet became very frightened.



The girls knew that they should not have inhaled me, so they were afraid to tell Janet's mother what had happened. Cathy was so sick from me (the gasoline) that they knew that they had to tell. Janet's mother took the girls directly to the doctor.



The doctor told the girls that inhaling me (the gasoline) is very dangerous. The girls told the doctor that they would not sniff the gasoline again because it made them feel sick.



DISCUSSION: INHALANTS

Ask the students if they think that teachers should teach students about inhalants. Explain that some people argue that if a teacher instructs students about them, it will give those students ideas. Others argue that students should know the dangers of these chemicals because they are so easily obtained and *extremely* dangerous. Discuss the pros and cons of educating students about inhalants. Have the students list some of the things that happened to Janet and Cathy because they were inhaling gasoline fumes.

INHALANT





LESSON 14 (cont'd)

STORY #6: HALLUCINOGENS

Hi! I am a very small drop of LSD (lysergic acid diethylamide) on a sugar cube. (See page 73.) I am a hallucinogen. Mescaline, psilocybe mushrooms, and PCP (phencyclidine) are other hallucinogens. (Psilocybe mushrooms are not the mushrooms you can buy at the grocery store!)

Paul ate me (sugar cube with LSD on it) 30 minutes ago and look at him now! (See page 74.) He thinks that he sees an elephant in his living room! Paul thinks that he sees things that are not really there!

Paul is really scared. Pretty soon I'll make him even more confused and I will make him get shivers. I am a very powerful drug; I can make people confused about the time, distance, direction, and how to move. This can be dangerous.

Just a little, tiny drop of me on a sugar cube makes Paul think that there are things around him that are not really there. Hallucinogens are extremely powerful drugs.

* OTHER NAMES FOR HALLUCINOGENS:

LSD: (Lysergic Acid Diethylamide), Acid, Purple Haze, and Sugar Cubes.

MESCALINE: Big Chief, Buttons, Cactus, and Mesc (made from the peyote cactus).

PCP: (phencyclidine), Angel Dust, Killer Weed, Rocket Fuel, Horse, Hog, Tranquilizer, DOA, and Peace Pill.

DISCUSSION: HALLUCINOGENS

Discuss the various effects that hallucinogens had on Paul. Ask the students to list some of the dangers involved with hallucinogen use.

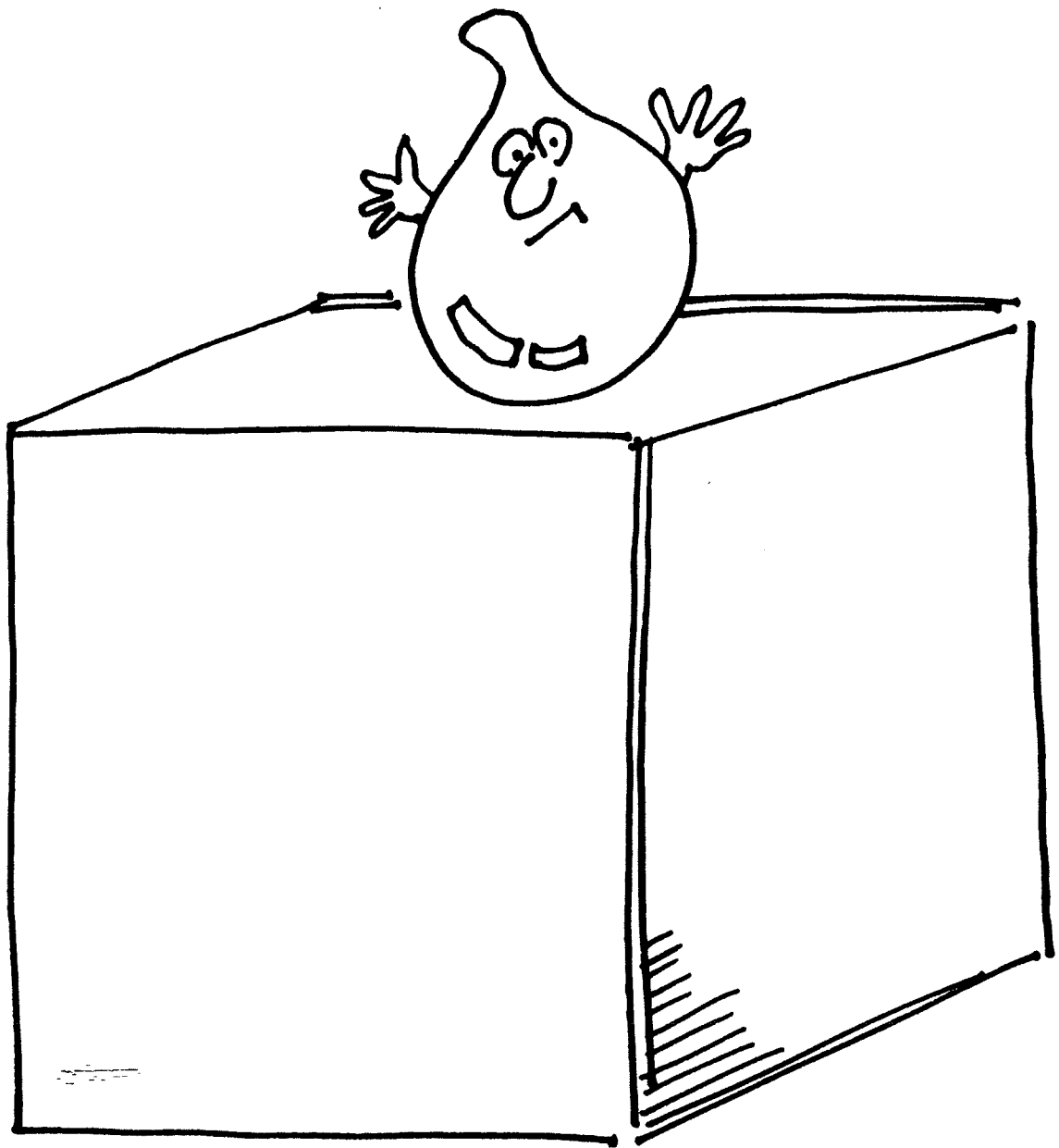
PICTURE-TALK:

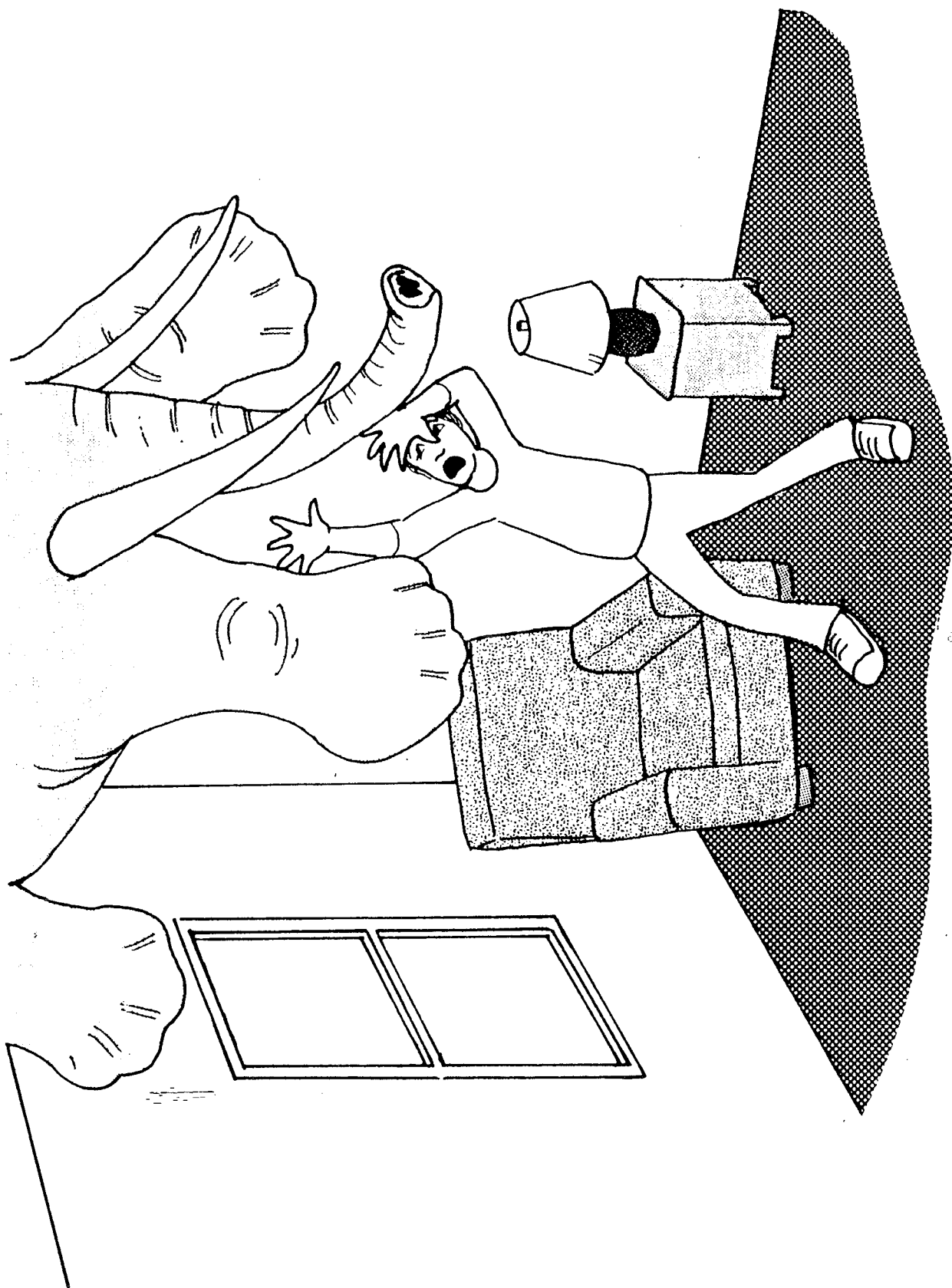
In their health class, Rusty and Kelly learned that there are many different types of drugs. Rusty was surprised drugs do so many different things to people. Kelly was also surprised that all drugs are not the same.

Have the students complete the activity on page 75.

NOTES

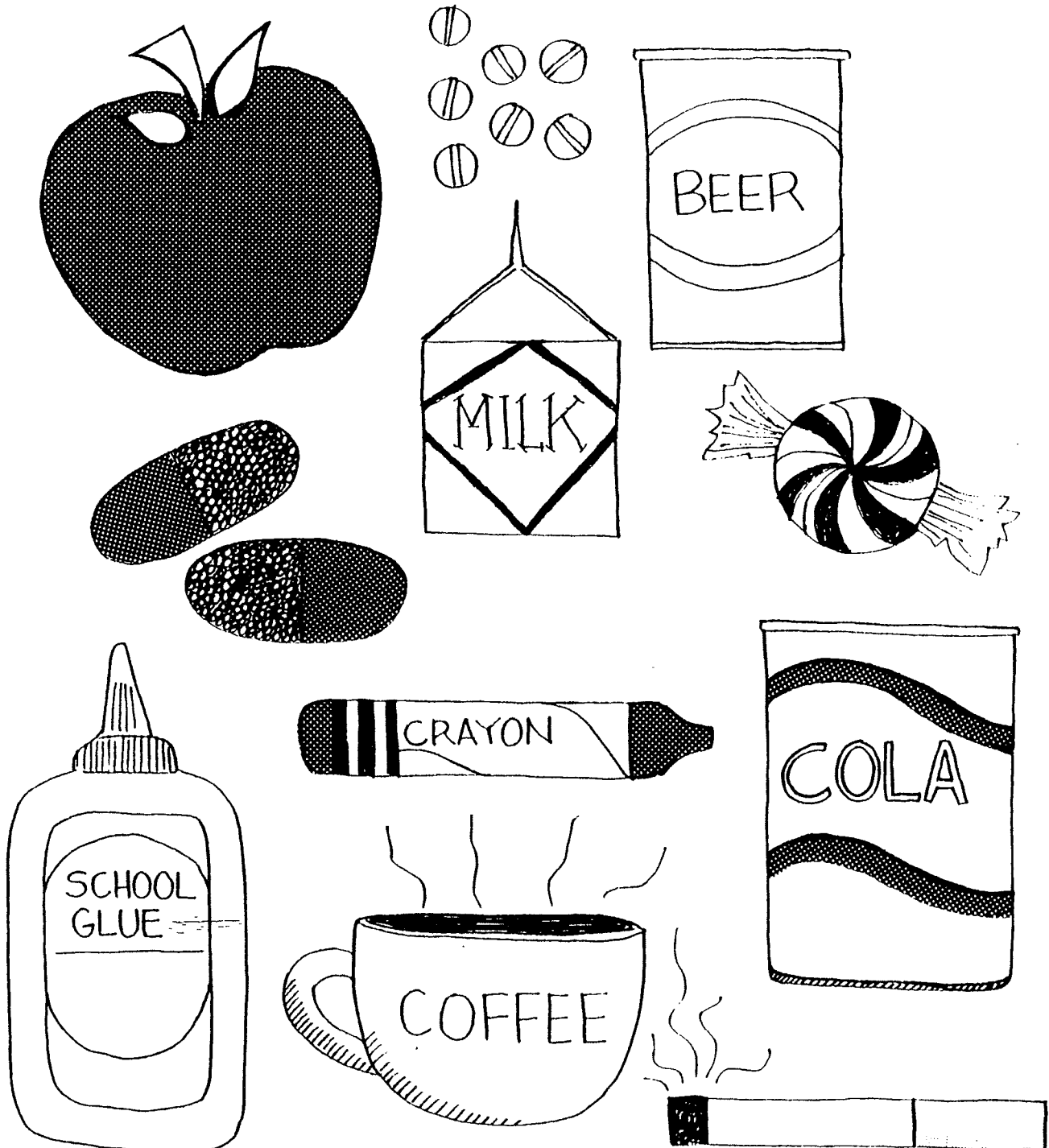
HALLUCINOGEN (drop of LSD)





FIND THE DRUGS

- Place an "X" through the drugs located on the page.
- Circle and color the items that are not considered drugs.



LESSON 15

Behavioral Symptoms Of Alcoholism



OBJECTIVES

Students will learn that alcohol/drugs can change a person's behavior in many ways and for different reasons.

LEARNING EXPERIENCES

1. What is a behavior? Put on a "play" for the next few minutes in order to demonstrate various behaviors. Pretend to pout, act silly, and act angry in your own creative way. Make sure you throw things and stomp around when you are angry!

Ask the children to identify the behaviors you displayed. Ask the students to name other behaviors. Ask them how they behave at home, at school, and when a babysitter comes to the home.

Ask the students what happens when someone in the class misbehaves (e.g., they may be sent to the office, given time out, scolded by teacher).

2. Show the students the picture on page 77. Ask the students to tell you what they think is happening in the picture. Discuss the man's behavior. Ask the students to guess why he is acting silly (e.g., because he wants attention, because he drank too much, because he is silly).
3. Explain that when people drink too much alcohol or take other drugs they may act differently than they do normally. Show the class page 78. Discuss some of the behaviors pictured and add others (e.g., yelling at family members, hitting someone).

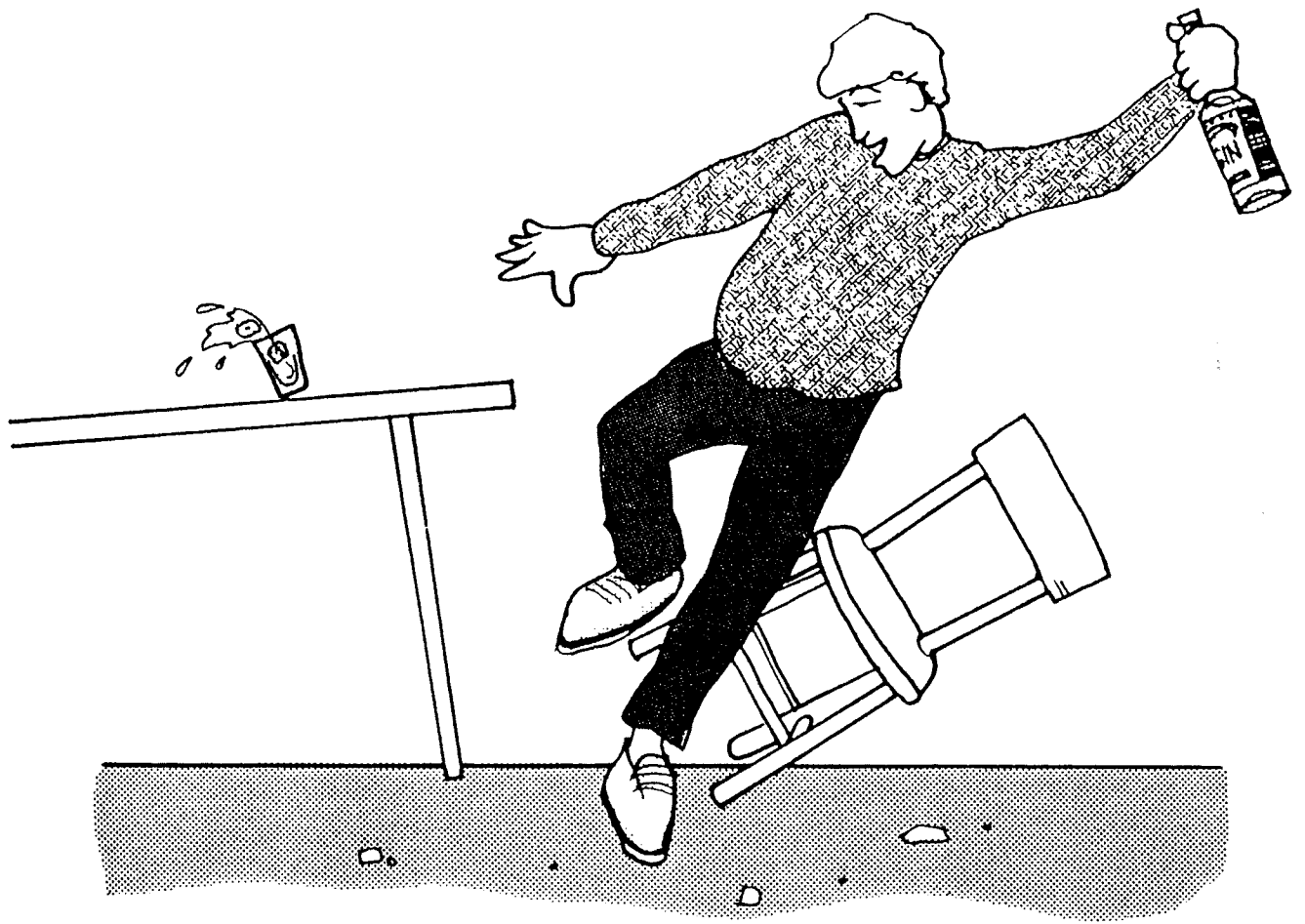
4. PICTURE-TALK:

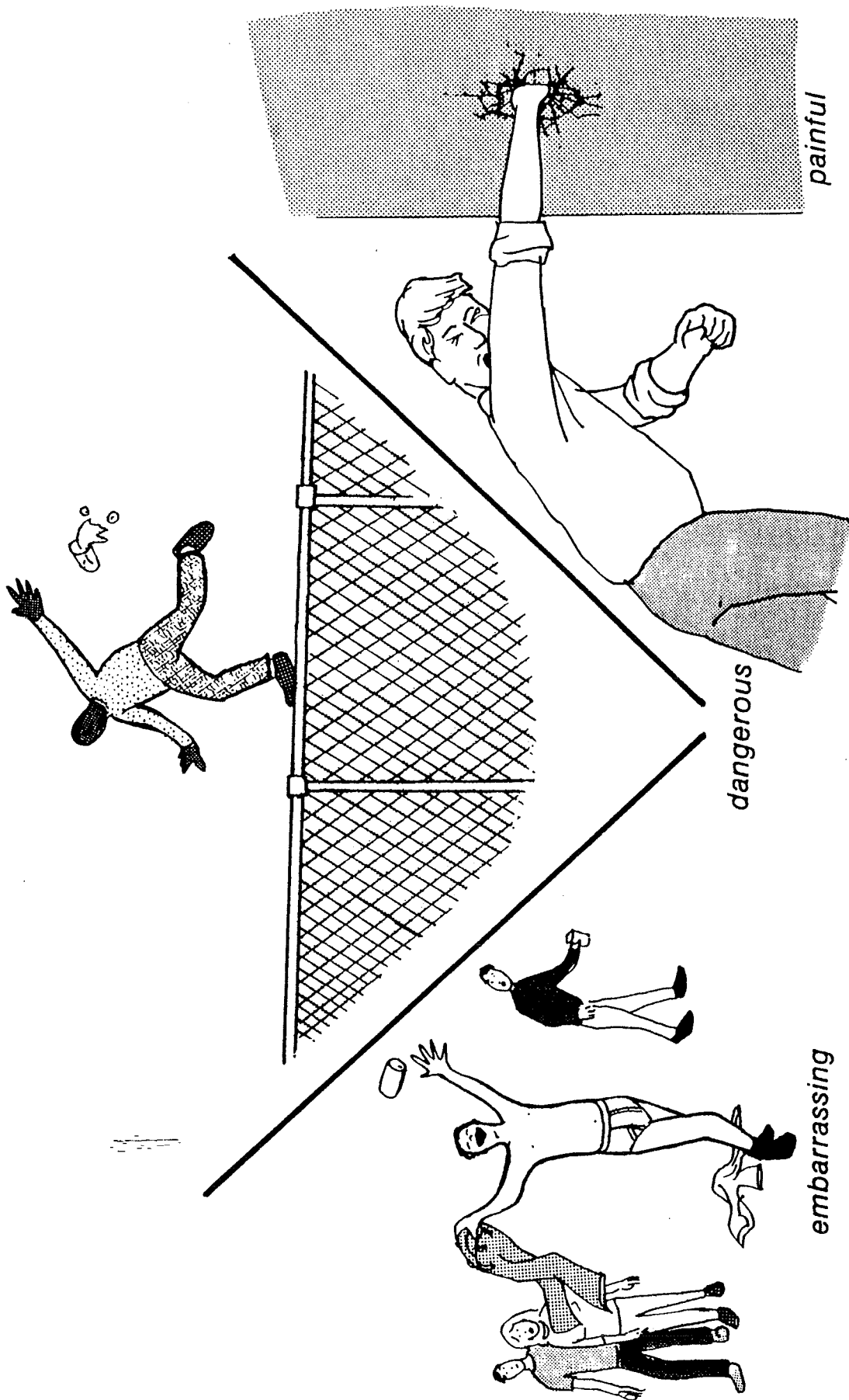
When Mrs. Miller drinks too much she becomes very nasty. One day she yelled at Rusty and called him bad names. Rusty was very hurt and told his mother what had happened. Rusty's mother said that Mrs. Miller behaves that way only when she has been drinking.

It makes Rusty sad to see Mrs. Miller act angry when she is drunk. Rusty asked his mom if Mrs. Miller could get help for her problem. His mom told Rusty that there are many places where Mrs. Miller can go for help.

The day after she yelled at him, Mrs. Miller brought cookies over to Rusty and his parents. She was very pleasant and, because she had been drinking the day she yelled at him, she did not remember the incident.

NOTES





LESSON 16

Mental Symptoms Of Alcoholism



MR. COOK BECOMES ANGRY AFTER DRINKING TOO MUCH BEER.

OBJECTIVES

Students will learn that sometimes an alcoholic's mood changes when he/she drinks alcohol.

Students will learn that alcohol affects people in different ways and for different reasons.

LEARNING EXPERIENCES

1. Show the students the picture on page 80. Ask them what the woman in the picture is feeling. Ask them if they have ever looked like this. Ask the students if they ever get moody (e.g., when they need more sleep, when they do not get their own way). Explain that when people drink too much alcohol they become moody because the "good" feeling from drinking alcohol goes away.
2. Drinking alcohol changes the way people feel, the way they think, and the way they behave. Show the students the man on page 81. Ask the students what problems the man is thinking about (e.g., his wife, his job, money, his car).

Have the students draw pictures of themselves with "bubbles" that they fill in with pictures of their problems. Discuss positive ways to solve problems. Explain that the man in the picture thinks that drinking alcohol will solve his problems, but alcohol only makes things worse.

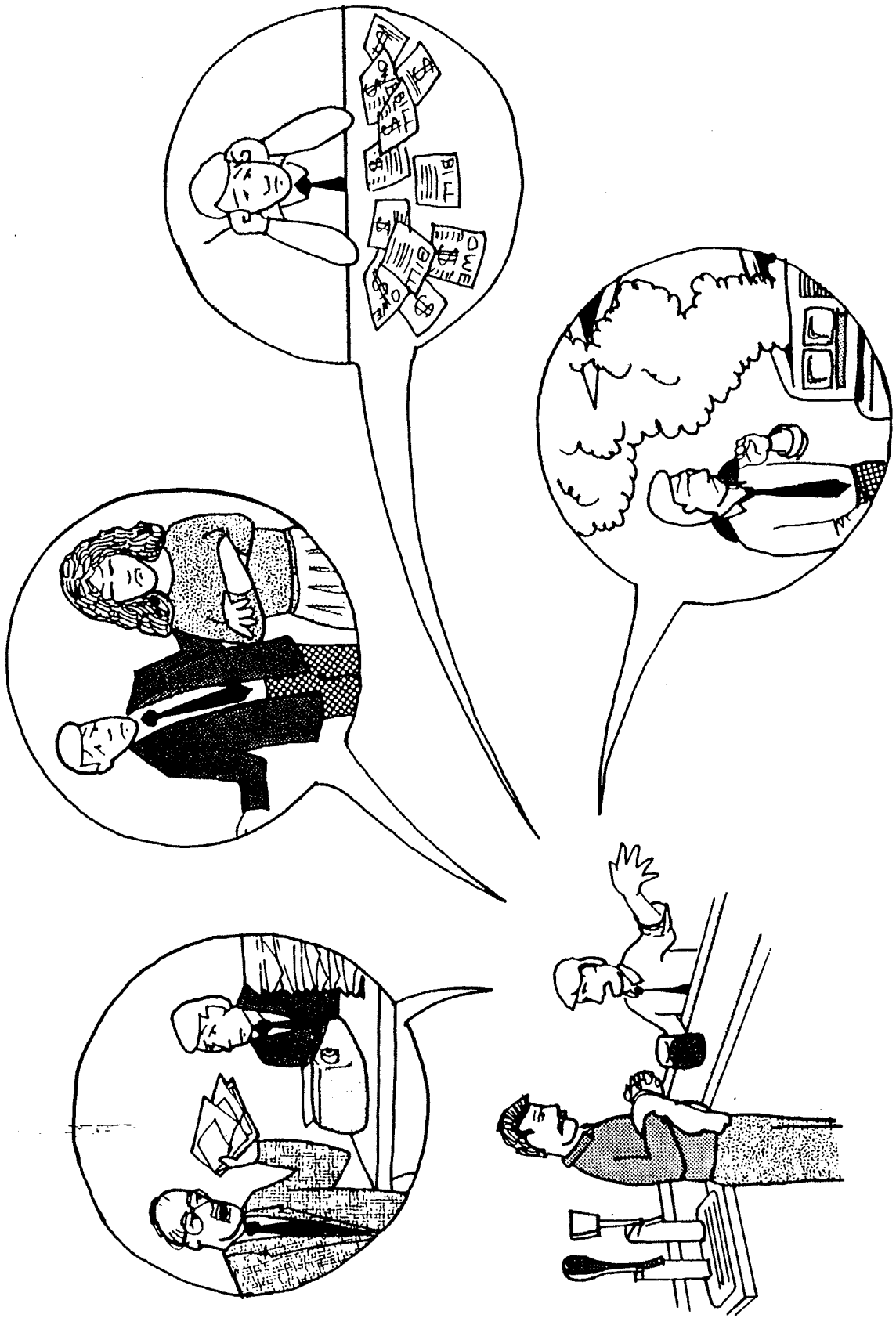
3. Show the students the picture on page 82. Explain that this young man has had too much to drink. Ask them to describe how he is behaving. Ask the students why he is blaming the other man in the picture for breaking the lamp that he himself obviously broke. Explain that people who drink too much (alcoholics) often will blame others for their problems. They seriously believe that other people are causing their problems and not themselves.
4. **PICTURE-TALK:**

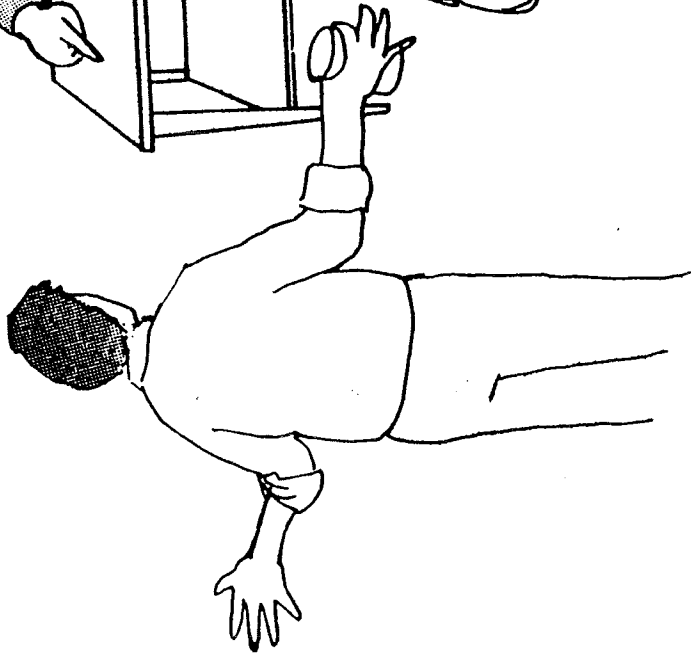
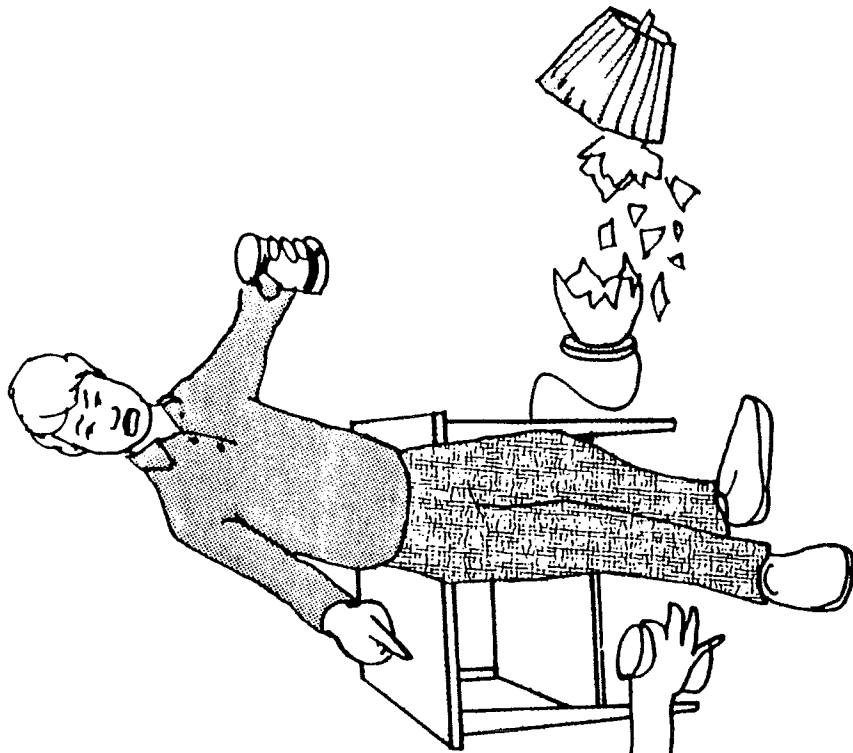
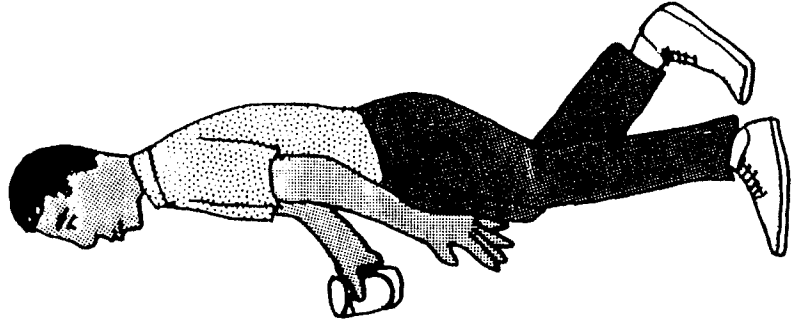
When Rusty's parents invite the next door neighbors Mr. and Mrs. Cook over to their house, they have a few beers together. In the beginning of the evening, everyone is laughing and joking, but by the end of the evening Mr. Cook always leaves in a very bad mood and everyone else is still happy. Rusty wonders if alcohol (beer) has different effects on people.

Discuss the fact that alcohol has some of the same effects on everybody. However, some people experience mood swings when they drink too much alcohol or take other drugs.

NOTES







TEACHER REFLECTIONS

COMMUNICATION UPDATE

1. How well are most students responding to the materials on a scale from 1 to 10?

0 1 2 3 4 5 6 7 8 9 10

2. Do the students feel comfortable discussing alcohol and other drugs with you and their peers?

3. Do you feel comfortable discussing this subject matter with your students?

4. Are you having any trouble explaining important concepts to your students? How have you solved this problem?

5. How are your students responding to the illustrations from Looking at Alcohol and Other Drugs?

6. How are your students responding to the PICTURE-TALK stories? How are they responding to the drawings on the board?

7. Have you had to alter many lessons for a specific class?

8. How have the students responded when a person with a disability is mentioned?

9. How effective are the learning activities for your students?

LESSON 17

Alcoholism Hurts Families



OBJECTIVES

Students will learn ways that alcohol can hurt families.

LEARNING EXPERIENCES

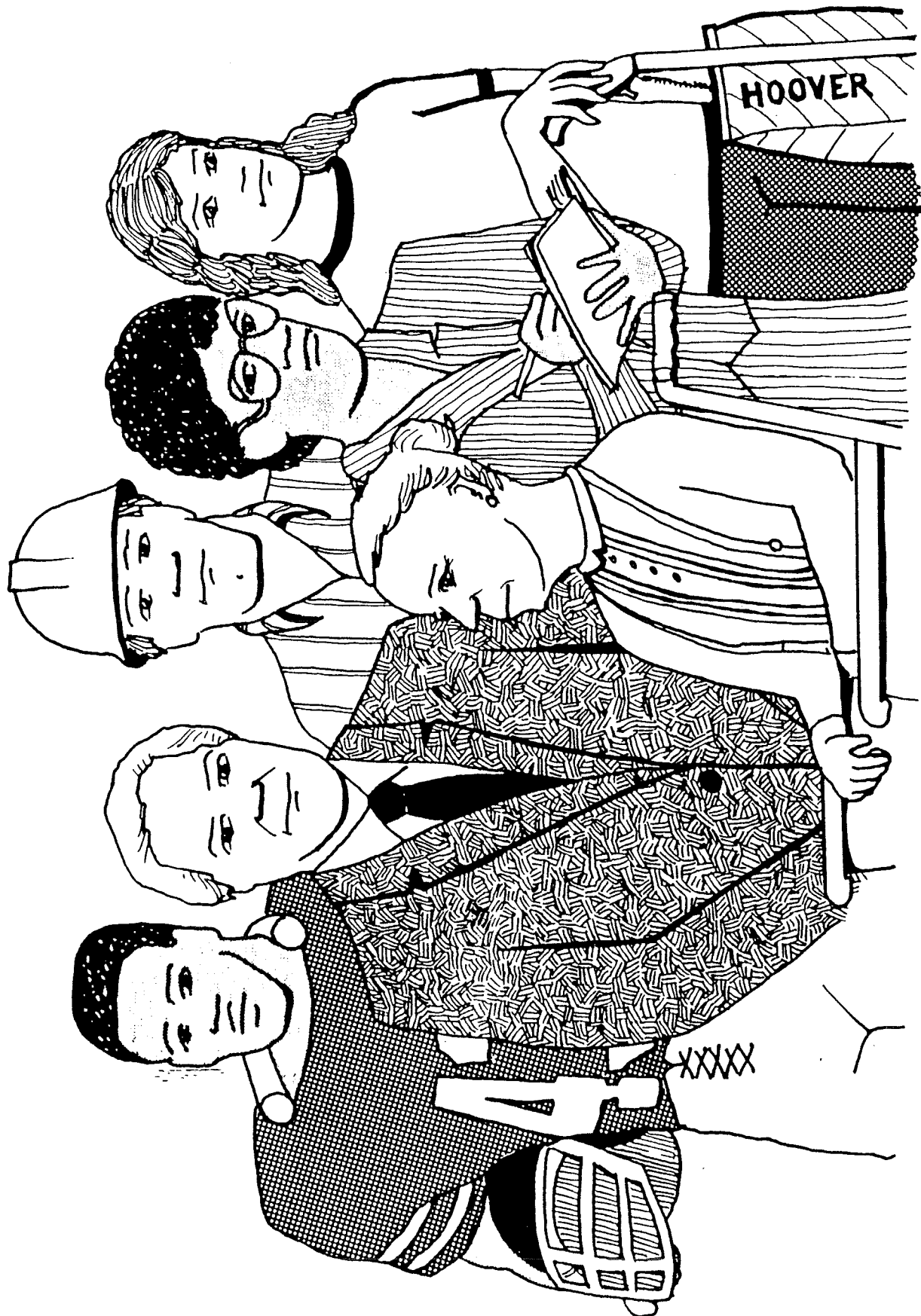
1. Show the students the picture on page 85 and ask them what is happening in the picture. Ask them what they think the kids in the picture are thinking and feeling. Discuss some things the children would do if they found one of their parents in the same condition as the woman in the picture. Emphasize that drinking too much alcohol caused her current condition.
2. Show the students page 86 and ask them to tell you which of the persons pictured probably drank too much alcohol. Discuss the reasons that they picked the person they did. Emphasize that anyone--no matter what they look like--can have a drinking problem. People who have drinking problems are called *alcoholics*.
3. Show the students page 87 and encourage them to describe what they see, how the members of the family feel, and what they may be thinking. Have the students pretend they are friends with either the boy or the girl. Ask them what they would say to the children in the picture if they were friends of theirs. Have them act out going to the house to talk to the children.
4. Show the students page 88 and discuss how the children in the picture are feeling. Ask them if they ever felt this way when something they were looking forward to did not happen. Ask them how they would feel if they had made plans with someone (e.g., parent, grandparent, aunt, uncle, older sibling) and the other person got drunk instead.
5. Have the students draw pictures of themselves having a good time at home. Then have them draw what it would be like if someone in their family drank too much alcohol or took other drugs. Discuss some of the problems that alcoholism might cause in a family. (If a student draws a picture that shows advanced knowledge in this area, the teacher should pay more attention to this child.)
6. **PICTURE-TALK:**

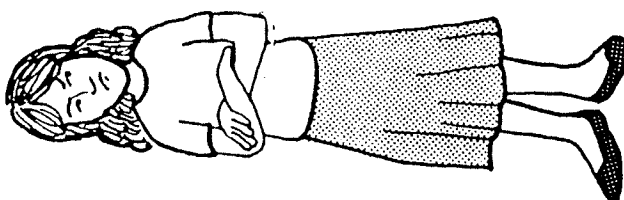
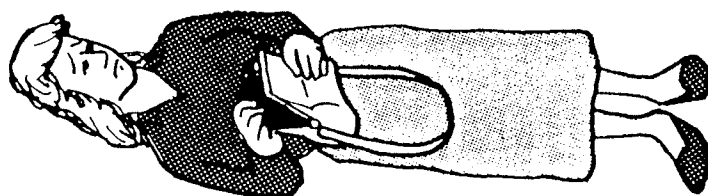
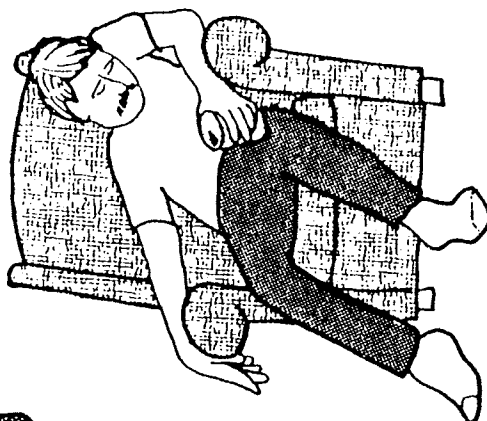
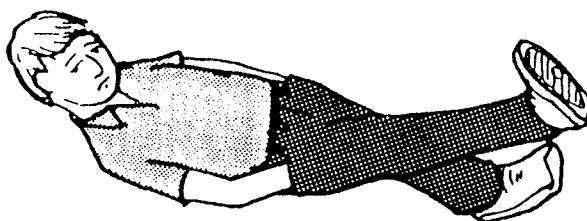
Rusty loves to play with his friend Freddy on the weekends. Last weekend Freddy's dad and a grown-up friend drank too much beer while they were watching a game. They started to get loud and said nasty things to Freddy's mom. Freddy's mom became very upset and told the men to leave. Freddy's dad yelled at her and there was a big fight. Rusty was scared and Freddy almost cried. They were told to go outside and play, but Rusty just wanted to go home.

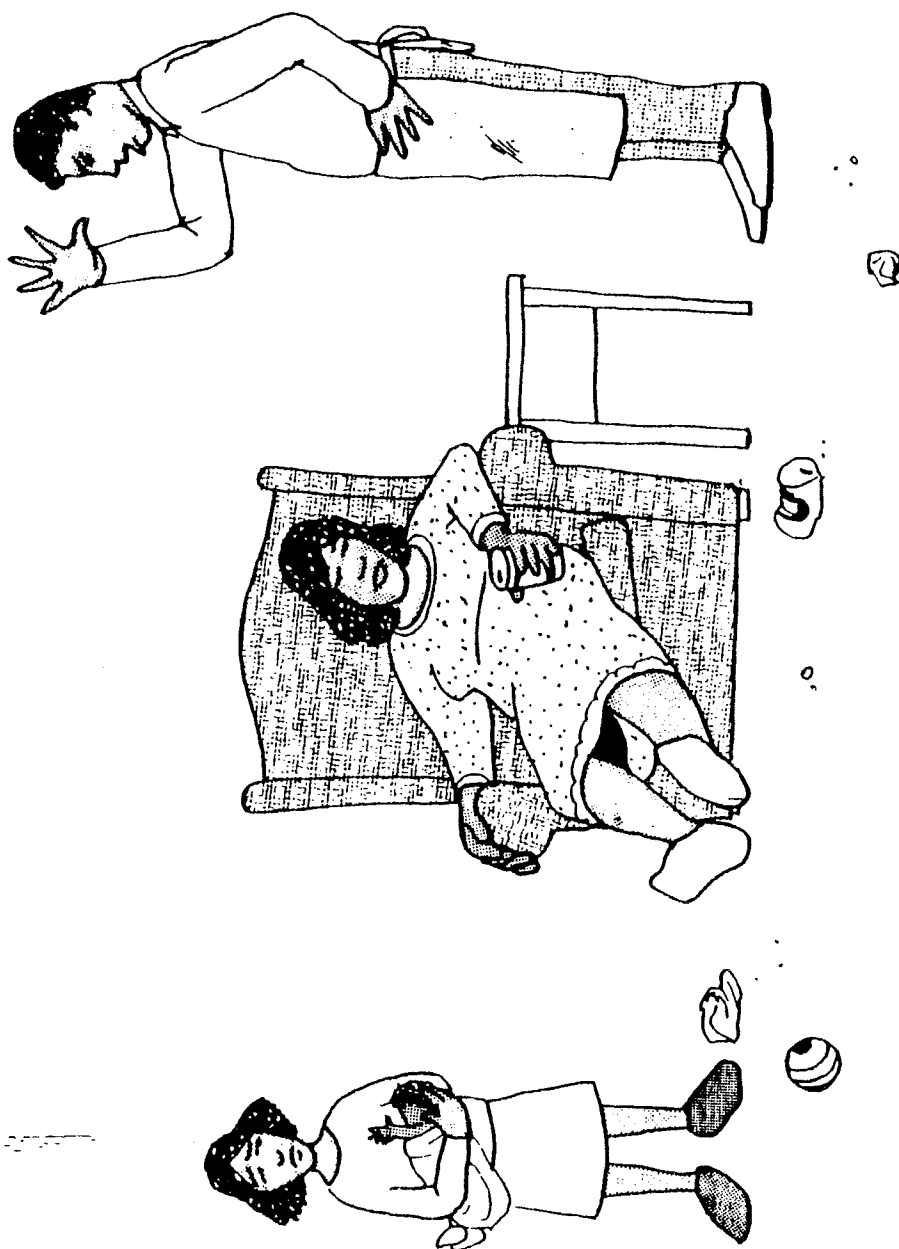
Ask the class what they would do in a similar situation.

NOTES



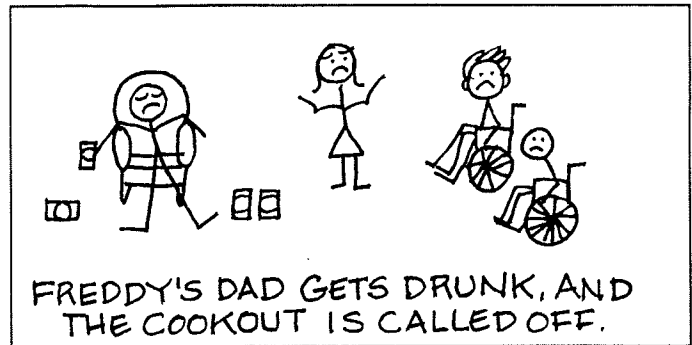






LESSON 18

How Can Alcohol And Other Drugs Hurt Families?



OBJECTIVES

Students will discuss various ways alcohol can hurt families.

LEARNING EXPERIENCES

1. Show the students page 90. Ask them to tell you what is happening in the picture. Write down the cooperative story that they tell you about the picture and the people in it. When they have finished, read the story to them and discuss the problems that might be caused by the father's excessive drinking. Explain that some people can drink in moderation but that other people become alcoholics.

Alcoholism causes serious problems for families.

2. Explain that when drinking causes serious problems in someone's life, they are called alcoholics. Show the students page 91. Discuss some of the problems shown (e.g., lack of money, anger, sadness). Make the distinction between someone who has a problem with drinking and someone who does not (e.g., a parent who drinks one beer a week or night, an adult who drinks wine on special occasions).
3. Show the students page 92. Ask them what they think is going on in the picture. Ask them why they think the mother and the baby look scared. Explain that sometimes when people drink too much, they do not act very nicely and they may act very differently than they do when they are not drinking.

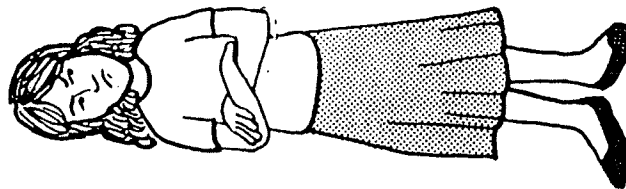
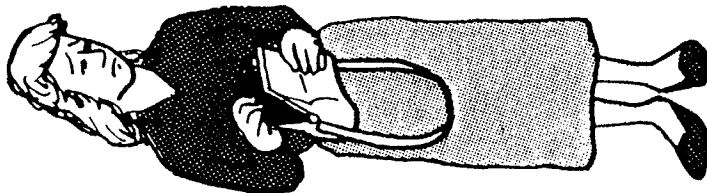
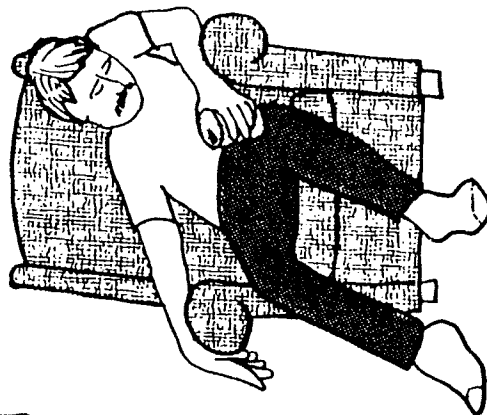
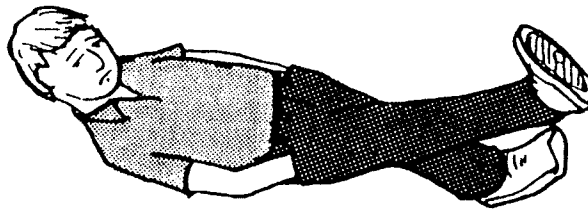
4. PICTURE-TALK:

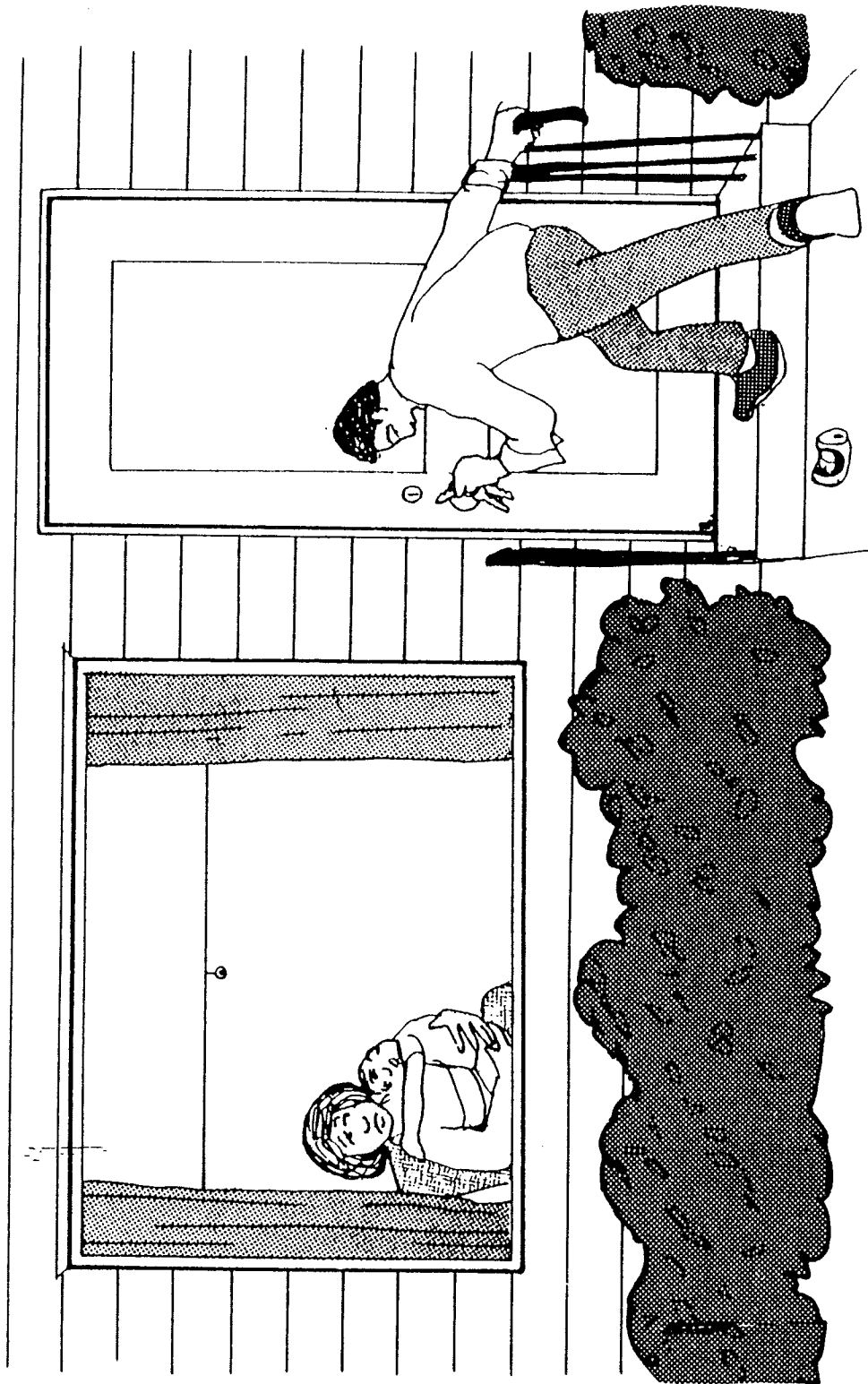
Rusty's friend Freddy invited him over for a cookout last Saturday. When Rusty's mom dropped him off, Freddy's mom was crying and Freddy's father was drunk and asleep in a chair. There were beer cans in front of him on the floor. Freddy told Rusty that they probably would not have a cookout after all. Rusty was very disappointed about the cookout, but he realizes that there is a problem in Freddy's family.

As a class, discuss what is happening in Freddy's family.

NOTES







TEACHER REFLECTIONS

FAMILY ISSUES

1. How did the students respond to the family problems caused by alcohol and other drug abuse?
2. How did the students react toward the family members shown?
3. How did the students react toward the alcoholics shown?
4. Were personal problems brought up in class? How did you handle this? How did the students handle this?
5. Do you feel that a student with a family problem has enough information at this point to seek help?
6. Have you noticed any of the students becoming emotional when family issues are discussed?
7. Would you feel comfortable talking privately with a student that you feel has a problem or would you wait until they approached you?

PATTERNS OF BEHAVIOR COMMON TO CHILDREN FROM CHEMICALLY DEPENDENT FAMILIES

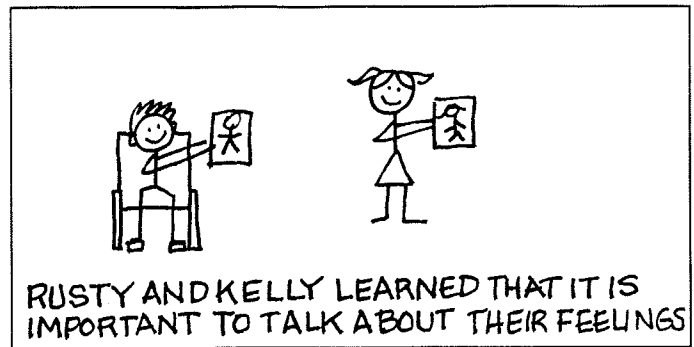
Children from chemically dependent families may exhibit a *combination* of the following behaviors. Watch for patterns of these behaviors in your students.

1. The child may often sleep in class from lack of sleep.
2. The child may come to school unkempt and in need of a bath and clean clothes. (This happens more frequently on Mondays.)
3. The child may exhibit a sporadic academic performance throughout the day.
4. The child may complain of tension-related ailments such as headaches and stomachaches.
5. The child may show a strong interest in information pertaining to alcohol and other drugs.
6. The child may show very little interest in information pertaining to alcohol and other drugs.
7. The child may be resistant to touch or warm approaches.
8. The child may sit through class and other activities with a blank expression on his face.
9. The child may be a loner.
10. The child may be the class clown.
11. The child may try to become the "teacher's pet."
12. The child may say that he "hates" you quite often.
13. The child may say that he "loves" you quite often.
14. The child may have frequent bruises and may often ask to sit out of gym class. (This may be the result of physical abuse.)
15. The child may often be tardy in the morning (especially on Mondays).
16. The child may have body odor from lack of bathing due to the fact that nudity means vulnerability to abuse.
17. The child may frequently wear clothing which is improper for the weather.
18. The child may exhibit regressive behaviors (e.g., thumb sucking, wetting, and infantile behavior with peers).
19. The child may exhibit overly scrupulous avoidance of arguments and any other type of conflict.
20. The child may exhibit sudden emotional outbursts such as sudden weeping or screaming.
21. The child may exhibit exaggerated concern with achievement and satisfying authority when they are already in the top end of the class.
22. The child may exhibit extreme fear about situations involving contact with parents or guardians.
23. The child may be overly responsible or overly withdrawn.
24. The child may appear to be always happy. (This may be a form of *defense*.)

This list was adapted from a list compiled by the Regional Council on Alcoholism.

LESSON 19

Where Can A Person Get Help?



OBJECTIVES

Students will identify individuals that they can talk to when they have a problem.

LEARNING EXPERIENCES

1. Ask the students to name individuals who they can trust. Write the names on the blackboard and encourage the children to express why they trust the people that they named. Explain that trust is very important when you have a problem.
2. Show the students page 96. Ask them why they think that the one man will not shake the other man's hand. (He does not seem to trust the other man.) Ask the class if they have ever felt the same way when someone tried to shake their hand or touch them (e.g., an uncle or aunt). It does not look like these men could talk to each other about their problems.
3. Ask the children to draw pictures of people they can trust with their problems. Encourage them by creating a cooperative list of people at school that they can trust (e.g., teacher, principal, school counselor, janitor, lunchroom worker).
4. Have the students complete the sheet entitled "Where To Turn" on page 97. Emphasize that these are people they can contact if they have a problem.
5. Show the students page 98. Ask them to tell you what is going on in the picture.

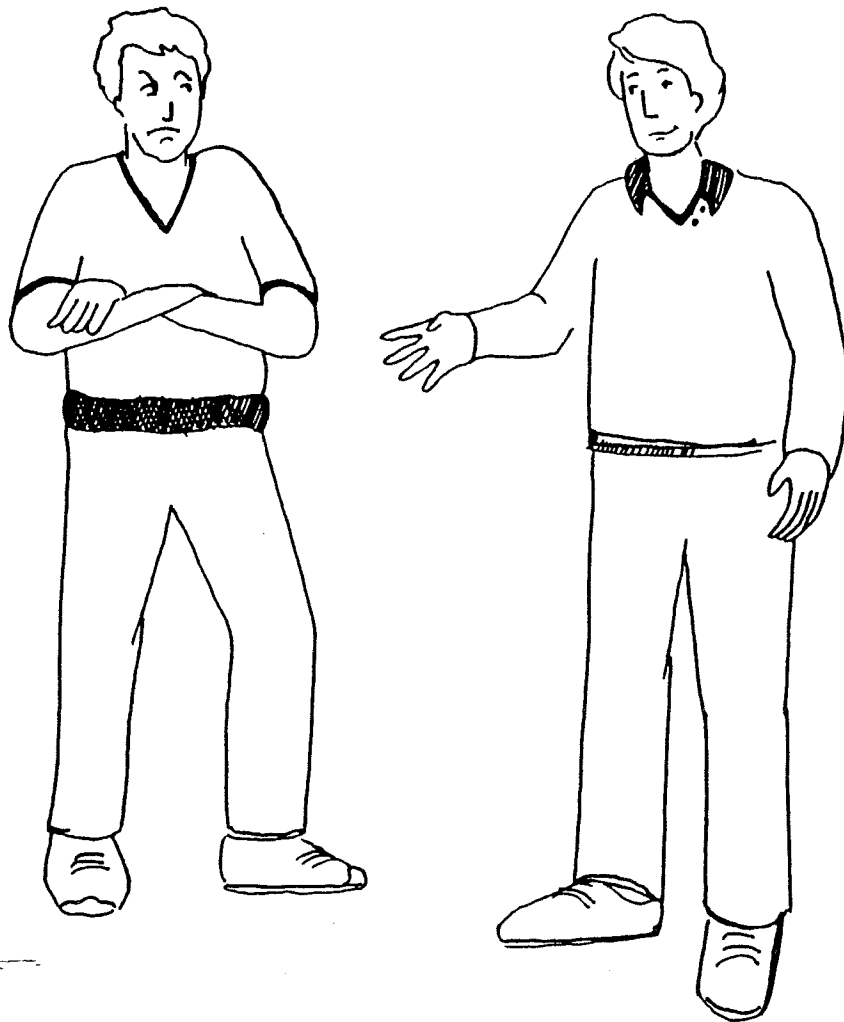
Introduce Adam and Lisa. Explain that their father is an alcoholic. He promised to take Adam and Lisa swimming, but he got drunk instead. Adam and Lisa were very upset because their hearts were set on swimming and seeing their friends.

When Adam and Lisa returned to school on Monday, Lisa went to the school counselor to discuss her father's problem. Lisa feels that she can trust her school counselor, who seems to listen and understand. Adam talks to his mother about his father's problem and this helps Adam because he trusts his mother. Adam and Lisa know that it is very smart for them to talk about their problems with someone that they can trust. It makes them feel better even if it does not solve the problem.

6. PICTURE-TALK:

Rusty and Kelly drew pictures of the people they could talk to if they have a problem. Rusty drew a picture of his grandparents, and Kelly drew a picture of her teacher. They talked about the people that they drew. Rusty and Kelly learned that it is important to talk about their problems.

NOTES



WHERE TO TURN

NAME

**PHONE
NUMBER**

FRIEND

PARENT

TEACHER

COUNSELOR

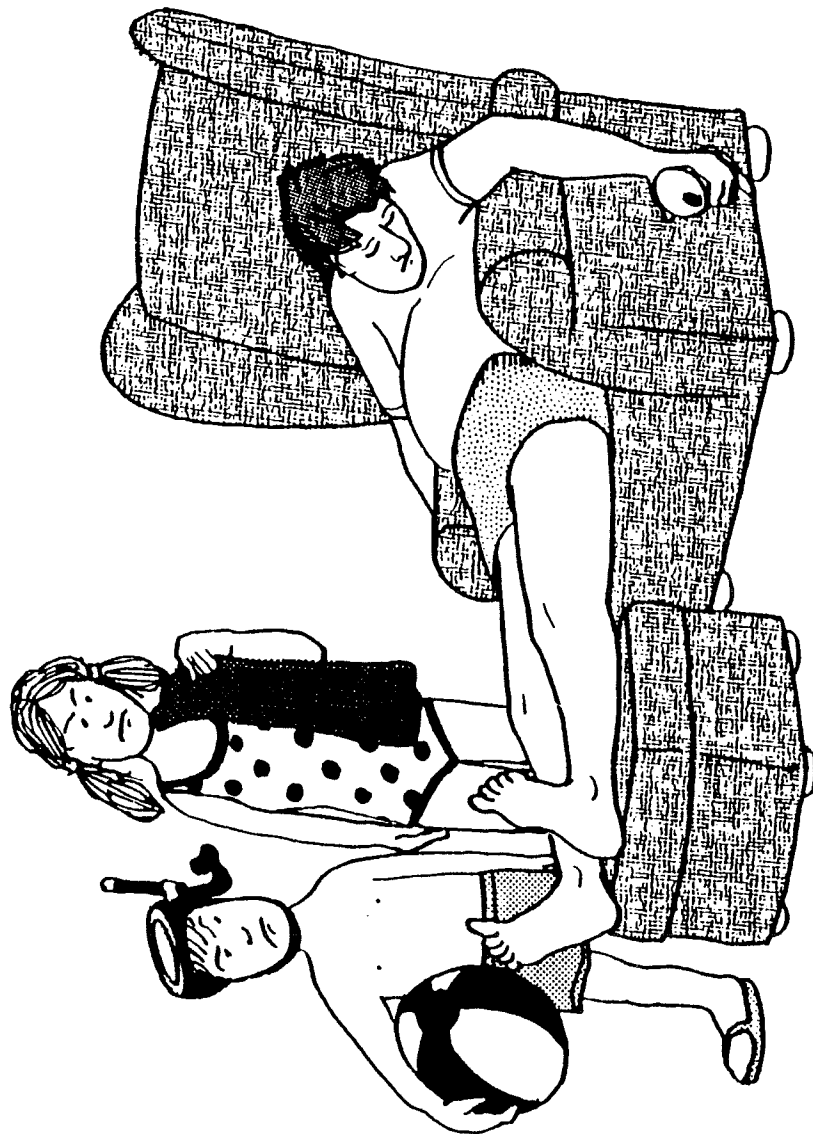
**SCHOOL
NURSE**

DOCTOR

MINISTER

RELATIVE

OTHER



TEACHER REFLECTIONS

WHERE TO GO

COMPLETE A LIST FOR YOURSELF OF AGENCIES YOU CAN CALL FOR INFORMATION.

NAME	PHONE #
Alcoholics Anonymous	_____
Al-Anon	_____
Alateen	_____
Alcoholism Rehabilitation Services	_____
Certified Alcoholism Counselor	_____
Certified Drug Counselor	_____

AREA HOSPITALS WITH ALCOHOL AND OTHER DRUG TREATMENT CENTERS

HOSPITAL	PHONE #
_____	_____
_____	_____
_____	_____

OTHER	PHONE #
_____	_____
_____	_____

"KIDS HELPING KIDS"

HERE IS AN IDEA TO GET YOUR STUDENTS THE EXTRA HELP THEY NEED:

The following is an outline of a "Peer Listener" program that schools may choose to implement for the special education students. It is an outline that we hope teachers and administrators can use to brainstorm ideas from for their own program.

We believe the schools should utilize the talents of the students who would like to help but are not sure how to get started. We believe students can help their peers in many powerful ways. We hope this outline will inspire you to start your own program for the special education students in your building.

"STUDENTS LISTENING TO STUDENTS" A Peer Support System For Special Education Students At Risk For Alcohol And Other Drug Abuse

As a special education teacher, you have limited time each day. Unfortunately, students with problems are becoming commonplace in the classroom, and each day teachers are expected to do more than *just* teach. Many of your students may be having problems at home with a parent or loved one who has a drinking or other drug problem, or they may be using drugs themselves. When you combine poor academic performance with a drinking or other drug problem, you have a student in trouble.

Of course, you can listen and make the proper referrals to appropriate personnel (e.g., school counselor, principal, chemical dependency coordinator, parents). We would like to suggest the next step be some type of "peer listening" or "peer support group" for the student in need.

Tutoring and peer assistance programs have been implemented in many schools for the student's academic needs, but few such programs have been implemented for the student's affective needs. Very few peer helping programs have been created for special education students experiencing personal problems. Many peer assistance programs are controversial; but if handled in a professional and competent manner, they can benefit many students.

In this system, "peer listeners" would be trained to work with special education students experiencing personal problems. These "listeners" may consist of regular education students as well as special education students. These students will *not counsel*, but they will listen, empathize, and care. They will be a special friend to the assigned student.

Advisors would be assigned the task of making themselves available for the "listeners" and for scheduling regular update appointments for support. Guidelines would be set by the advisor concerning which behaviors and practices are acceptable and which are not (e.g., giving advice, talking too much). If professional counseling is needed, a professional will be called in to help.

"KIDS HELPING KIDS" (cont'd)

CRITERIA FOR BEING A PEER LISTENER:

1. The listener must have a genuine desire to help others.
2. The listener must have a clear understanding of confidentiality.
3. The listener must be trained as a listener before becoming an official listener.
4. The listener must make a commitment for a specified period of time.
5. The listener must be able to meet with advisor at least every two weeks.
6. The listener does not have to be an "A" student.

CRITERIA FOR THE LISTENEE:

1. The listenee must be a special education student who is experiencing personal problems and is in need of a special friend.
2. The listenee must have the desire to have a "peer listener" spend time with them on a regular basis.
3. The listenee must have a clear understanding of the "listener's" role.
4. The listenee has the right to discontinue the relationship at any point.

ALTERNATIVE WAYS OF IMPLEMENTING THIS PROGRAM:

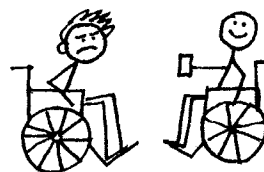
1. A regular education student may assist a special education student at the same grade level.
2. A regular education student may assist a younger special education student.
3. A special education student may assist a younger special education student.
4. A physically impaired student may assist an able-bodied student.

This outline was created for anyone who is interested in starting something new with the students in their school. You may have noticed that this outline is fairly general. We felt that each school could take this outline and use it to brainstorm ideas for their own program model. Each school is set up differently and special education is handled differently in every district.

This model incorporates the regular education students and the special education students, encouraging them to interact with each other on a caring level. We are confident that this type of program will help many students not being served with traditional approaches.

LESSON 20

What Is Alcohol/Drug Abuse?



SAM ABUSES PRESCRIPTION MEDICATION

OBJECTIVES

Students will learn a simple definition of the term "drug abuse."

Students will learn about different forms of drug abuse.

LEARNING EXPERIENCES

1. "Drug abuse" is using alcohol and other drugs in the wrong way. Drug abuse can come in many forms. Show the students page 103. Ask them how this man abused drugs. (He drank alcohol and took pills at the same time; this caused a negative reaction.) Ask the children to name other ways that a person can abuse a drug. Write their suggestions on the board.
2. Ask the students to pretend that they have strep-throat and tell them to hold their necks as if they were in pain. Ask them to pretend that they are going to the doctor. Ask them what the doctor might do when they get there (e.g., examine their throat, tell them to get rest, give them a prescription form for medication). Go through the important items to look for when a person gets a prescription medication (e.g., read the directions, follow the directions carefully). (Refer to page 24.) Have the children pretend that the doctor directed them to take 1 pill every 4 hours. Ask them what would happen if they decided to take 3 pills every 4 hours instead of just one. Explain that not following the doctor's orders is another form of drug abuse.
3. Pass out the "Abusing Drugs" activity on page 104 and go over the activity as a class first. (The only person who is not abusing a drug is the man who is getting a prescription from his doctor.) Ask the students to put an "X" through the people that are abusing drugs and have them color the man who is not. Emphasize that drugs can be misused in many ways.
4. Ask the students what would happen if they ate cookies for breakfast, lunch, dinner, and snacks. Write their reactions down on a list.

Explain that they may feel good at first. Ask them what may start to happen. They would be abusing cookies because cookies were not meant to be eaten at every meal.

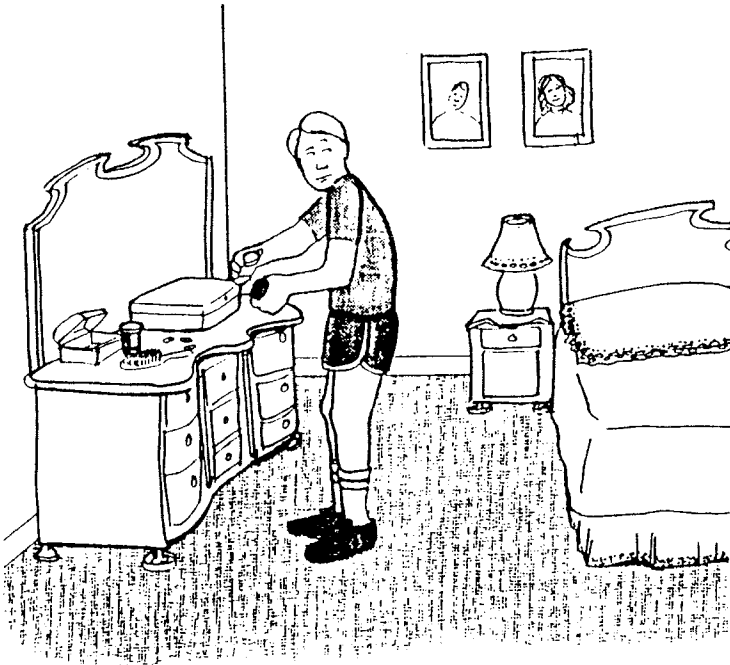
Compare the cookies with alcohol and other drugs. If they just ate cookies, they would start to have physical problems which lead to other problems at home, school, and with friends. Alcohol and other drugs also cause many problems in a person's life if they abuse them. Have the students draw pictures of themselves and the troubles that might occur if they abused cookies every day.

5. PICTURE-TALK:

Rusty's friend, Sam, has muscular dystrophy and must take prescribed medication for spasms. Sam told Rusty that he was going to stop taking his medication without telling his parents or his doctor. Rusty knows that if Sam stops taking his medicine he could become very sick. Sam needs his medicine to stay well.

Ask the students what Rusty should tell Sam. Explain that not taking the medicine the doctor prescribes for you is another form of drug abuse.





INSTRUCTIONS FOR "WALLY WHEELIE" SECTION:

STEP ONE: The teacher reads the story while the children listen.

STEP TWO: The teacher reads the story slowly while the students illustrate what is being read.

STEP THREE: The teacher reads the story again while the students listen and the students will finish their illustrations and share them with the rest of the class.

STEP FOUR: The students finish the story by illustrating their own ending.

THE STORY OF WALLY WHEELIE

Wally Wheelie was a happy child. He played and rode around the neighborhood with the other children even though he uses a wheelchair. Wally's favorite thing to do was ride on the ramps that the other kids in the neighborhood made on the sidewalk. Wally was the clown of the neighborhood and everyone would come over to his yard to play!

Wally Wheelie grew up and went to school. His parents told him that he could do anything if he put his mind to it, and he believed them. He made friends in school and joined some clubs. Wally could not always go everywhere that the other children went or would go because he needed a special van to transport him.

One night Wally had the opportunity to go to a high school football game. After the game, one of Wally's friends asked him if he wanted a beer. Wally said "yes" because he wanted to know how beer tasted and he did not want his friend to think that he could not handle it. Wally liked the beer and asked for another one. Wally had a total of 5 beers that night and became very sick and very drunk. Wally became drunk faster because he took prescribed medication that should not be mixed with alcohol.

Since that night, Wally has been drinking as much as he can. When he goes to a party, he becomes the star of the show for a short time because he drinks so much and makes a fool of himself. Last week he was making everyone laugh, but a short time later, he had to stop because he got sick from drinking too much. Wally is making the problem worse by mixing his medicine with the beer. Wally is starting to have serious problems in school now because of his alcohol/drug abuse.

Last week, Wally got caught drinking in school and the principal gave him an in-school suspension for a week. The principal told him that he would be suspended from school for two weeks if he was caught drinking again. Wally is getting quite a bit of attention from everyone in school because of his suspension. Many of the kids think that he is really cool for getting suspended.

Wally is enjoying all the attention he is getting, but he is starting to have problems with his school-work, his parents, and his health. His doctor told him not to drink too much alcohol because of his spina bifida. Wally is afraid that if he stops drinking, his friends will not like him anymore. His parents and teachers are very worried about him and do not know how to solve the problem.

Wally wishes that all his problems would go away. He wishes that he had someone to talk to that would understand how he feels.

Ask the students what they think Wally should do. Ask them what they would do to help Wally. Create a cooperative list of people that Wally could talk to about his problems (e.g., a teacher, a counselor, his parents, family members he trusts, an alcohol and drug counselor). Discuss the unique problems Wally encountered because of his disability.

Issues The Teacher May Want To Discuss Concerning Wally's Experiences

1. What type of services are available for disabled students in your school?
2. If there are not any services for disabled students, who do the students think should be responsible?
Empower the students to work as their own advocates.
3. What type of support can someone with Wally's problem get from other students in your school?
Encourage the students to finish Wally's story visually or verbally.

LESSON 21

How Can Alcohol And Other Drugs Hurt The Body?



KELLY'S DAD HAS DAMAGED HIS BODY
BY SMOKING CIGARETTES.

OBJECTIVES

Students will learn that alcohol and other drug abuse can harm vital organs of the body.

Students will learn that alcohol/drug abuse can cause extensive damage to the body.

LEARNING EXPERIENCES

1. Show the students the picture on page 108. Discuss what they see on the page. Explain that this looks like an x-ray of a man's body. His veins, brain, and heart are shown. These are very important and necessary organs of the body! Have the students drink some water from a cup. Have them pretend that the water is alcohol which will go through their veins and into their brain. Have them pretend that you have x-rayed their body and have them trace the alcohol with their finger, pointing out where the alcohol is going through the organs of the body.
2. Many organs of the body are affected by alcohol and other drug abuse. Show the students page 109. Discuss the organs shown in the picture. Ask the students to identify the functions of the brain, heart, liver, and stomach to the best of their knowledge. Emphasize the importance of these organs. We cannot live without our heart!

The following is a list of some of the functions of the liver.

The liver is located behind the ribs on the right side of the body.

The liver performs 5000 vital functions.

The liver works 24 hours a day, *non-stop*.

The liver digests foods by producing bile; stores iron, vitamins, and minerals; clots blood; and provides energy for the body.

The liver detoxifies; it removes poisons from everything you eat, everything you drink, everything you breathe, and everything that touches your skin.

The liver defends the body against germs, begins creating blood before birth, manufactures proteins to help you grow, and removes poisons (chemicals and smoke) from the air you breathe.

If the liver could talk, it would say, "Don't drown me in beer, alcohol, or wine, " "Watch out for drugs; they could scar me, " and "Be careful with aerosol sprays."

A sick liver cannot control your sugar level; this could cause a coma. It cannot store iron reserves; this could kill you. It cannot clot blood; you could bleed to death. A sick liver would leave you open to attack by all kinds of germs.

Information taken from the American Liver Foundation's, *Arming Children with Knowledge to Fight Drug Abuse Curriculum*

LESSON 21 (cont'd)

3. Have the students use pencils to draw a picture that shows a person with their brain, heart, kidney, and stomach showing. Depending on whether they drew a male or a female, tell them the story of Frank or Francine. As you tell the story, have them slowly erase the affected organs in Francine's or Frank's body.

THE STORY:

Frank is in the hospital because of a heart attack. Frank had just been to the doctor a week ago and the doctor had warned him that he was damaging his body by drinking too much alcohol. When Frank first started drinking he was 18 years old and his body looked like your picture does now.

Frank continued to drink heavily and, when he was 30 years old, his doctor took an x-ray of his body. Frank's organs look a little tattered and torn. (Instruct the students to erase part of their picture to make Frank's organs look sick.)

Twenty years have gone by and Frank's doctor took another x-ray of his body. Frank has continued to drink just as much and he is starting to have serious health problems. (Have the students erase more of Frank's body.)

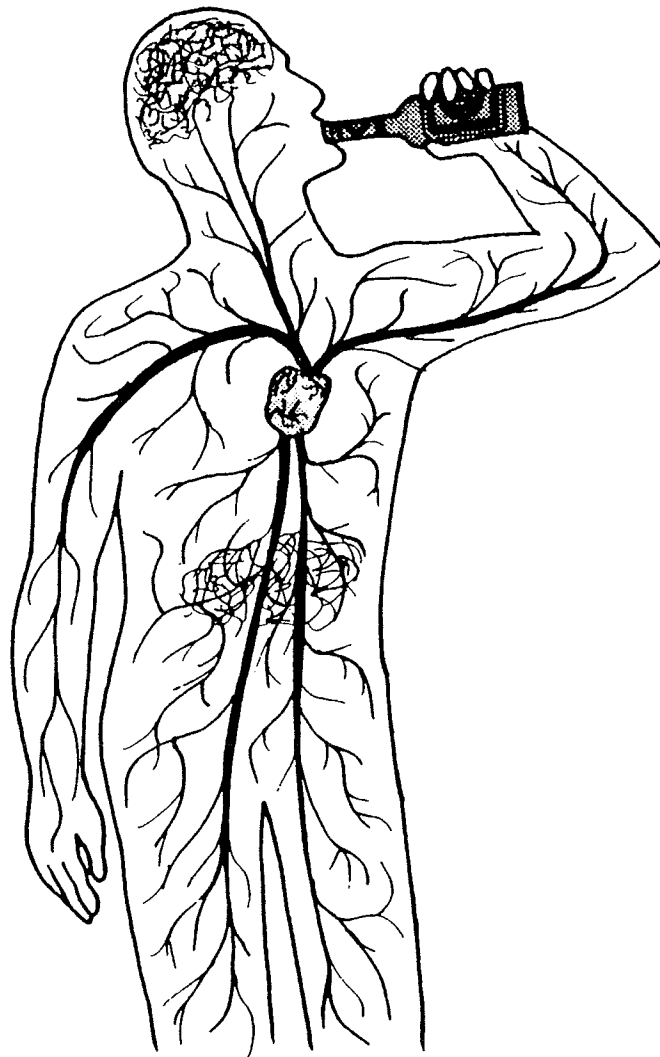
When the doctor sees Frank's x-ray he cannot believe how horrible Frank's organs look and how much damage the alcohol has done.

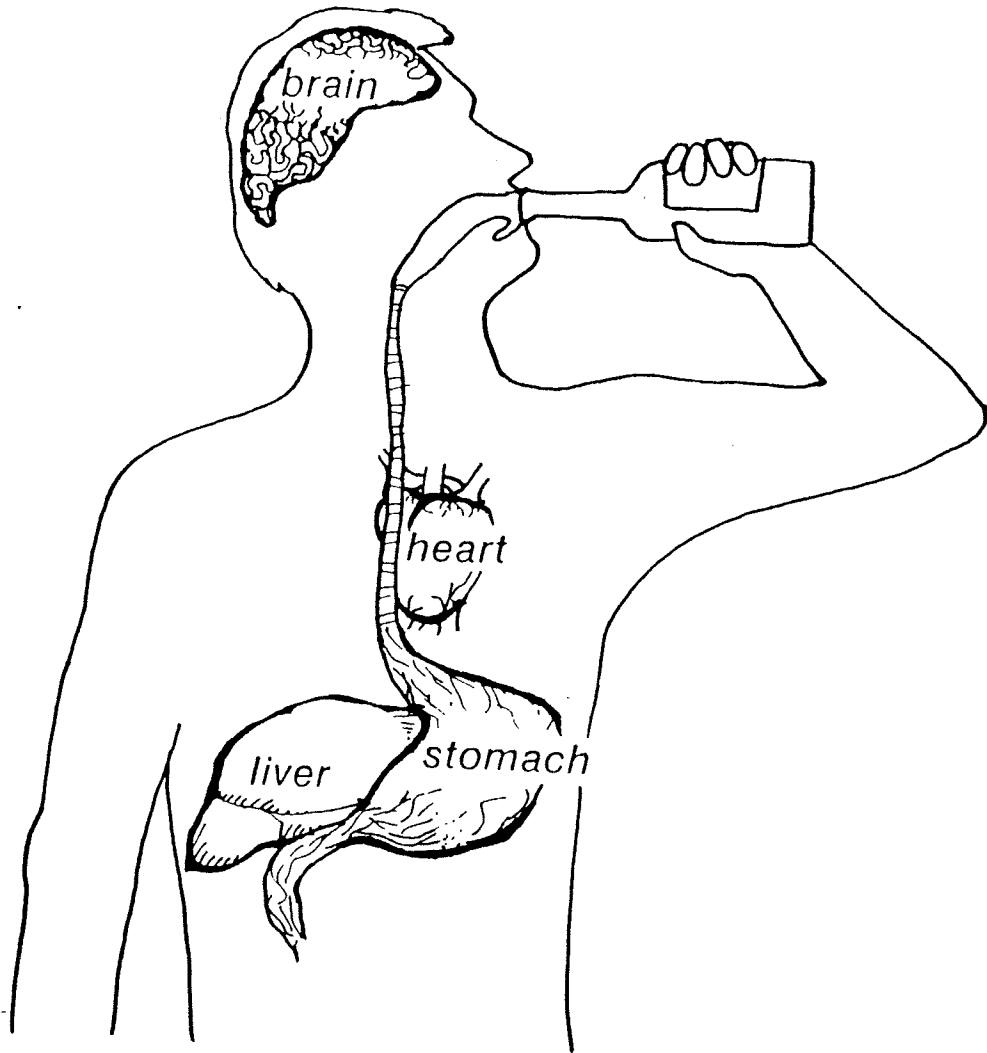
Frank's doctor warned him that if he continues to drink he will probably die. Frank is damaging his vital organs to the point that they may not be able to be repaired.

4. Take your class to the library, and encourage them to explore different books which deal with body functions. Have them report back with what they have found, verbally or visually. Discuss some of the ways a person's body can be damaged by alcohol and other drug abuse. Emphasize that alcohol and other drug abuse can kill a person if they do not get help.
5. **PICTURE-TALK:**

Kelly's father has been smoking cigarettes since he was very young. Kelly worries about him because he coughs all the time and sounds horrible. He gets colds every winter and Kelly wonders if he has damaged his lungs so much that they cannot get better. Kelly wishes he would quit but she knows that she has no control over the situation. Kelly must learn to deal with her father's habit in her own way. She lets her father know that she loves him but that she does not want him to smoke because it is bad for his health.

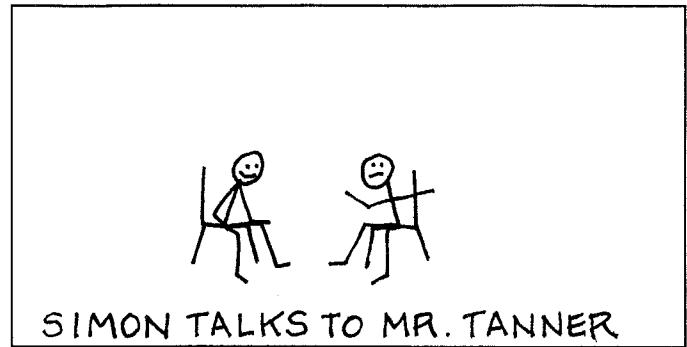
NOTES





LESSON 22

What Can I Do If Someone I Care About Has A Drinking Or Other Drug Problem?



OBJECTIVES

Students will learn several ways to cope with alcoholism or drug abuse within the home.

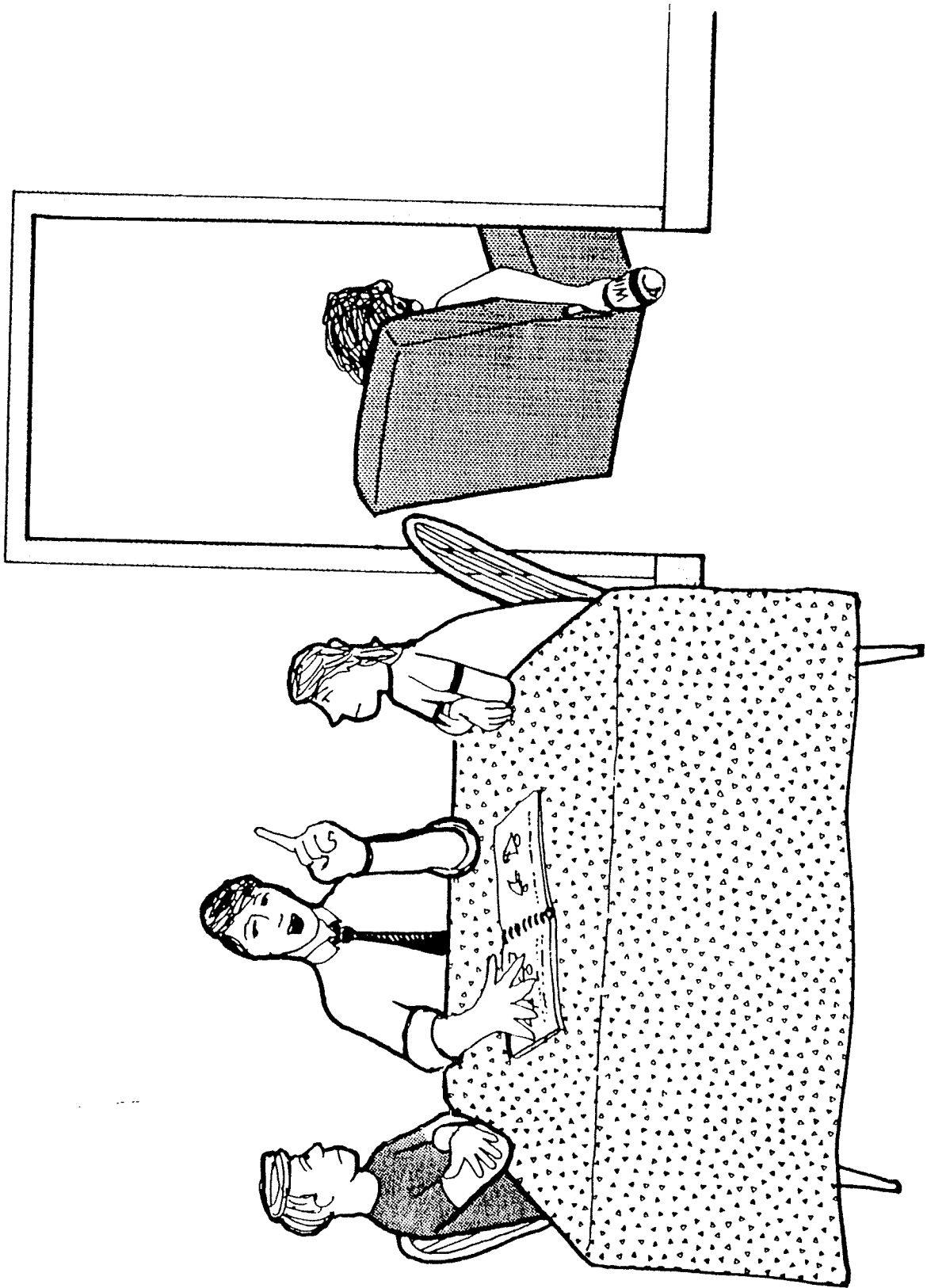
Students will learn many ways in which they can help themselves when there is a drinking or drug problem in their home.

LEARNING EXPERIENCES

1. Show the students page 111. Explain that this is a family that has an alcoholic mother and that they are learning how to help themselves and their mother the best way possible. They are teaching themselves how to cope with their mother's alcoholism. Sometimes families do not talk about the problem and it gets worse.
2. Tell the students that the most important thing to know is--DO NOT KEEP THE PROBLEM TO YOURSELF!!! Tell an adult whom you can trust about the problem (e.g., other parent, relative, teacher, school counselor, nurse, doctor). Emphasize that it is very important for the children to identify an adult whom they can trust. Talking about problems helps people feel better.
Get help for *yourself*!!! The person you care about will not stop drinking or taking drugs just because you want them to. You can learn to understand the problem and help yourself cope with it better.
3. Tell the person whom you trust if you are being mistreated by the person who is drinking (e.g., tell them if the person is hitting you, yelling at you, or treating you unfairly).
4. Get away from the problem if it has become physically or mentally *dangerous* to you. If someone is not treating you with fairness, tell the person that you can trust so they can get help for you.
PROTECT YOURSELF! DO NOT LET YOURSELF GET SICK TOO!
5. **PICTURE-TALK:**

Rusty's friend, Simon, has an uncle living with them who is an alcoholic. Sometimes when Simon's uncle gets drunk, he yells at Simon and calls him names. Simon becomes very upset and wants his uncle to move out of the house. Simon trusts his reading teacher Mr. Tanner. He tells Mr. Tanner about the things his uncle does when he is drunk. Mr. Tanner is a good listener and he helps Simon find help for his problems.

NOTES



LESSON 23

One Form Of Drug Abuse Is Using Medicine When You Are Not Sick



OBJECTIVES

Students will learn that *one* form of drug abuse is taking medicine when you are not sick.

LEARNING EXPERIENCES

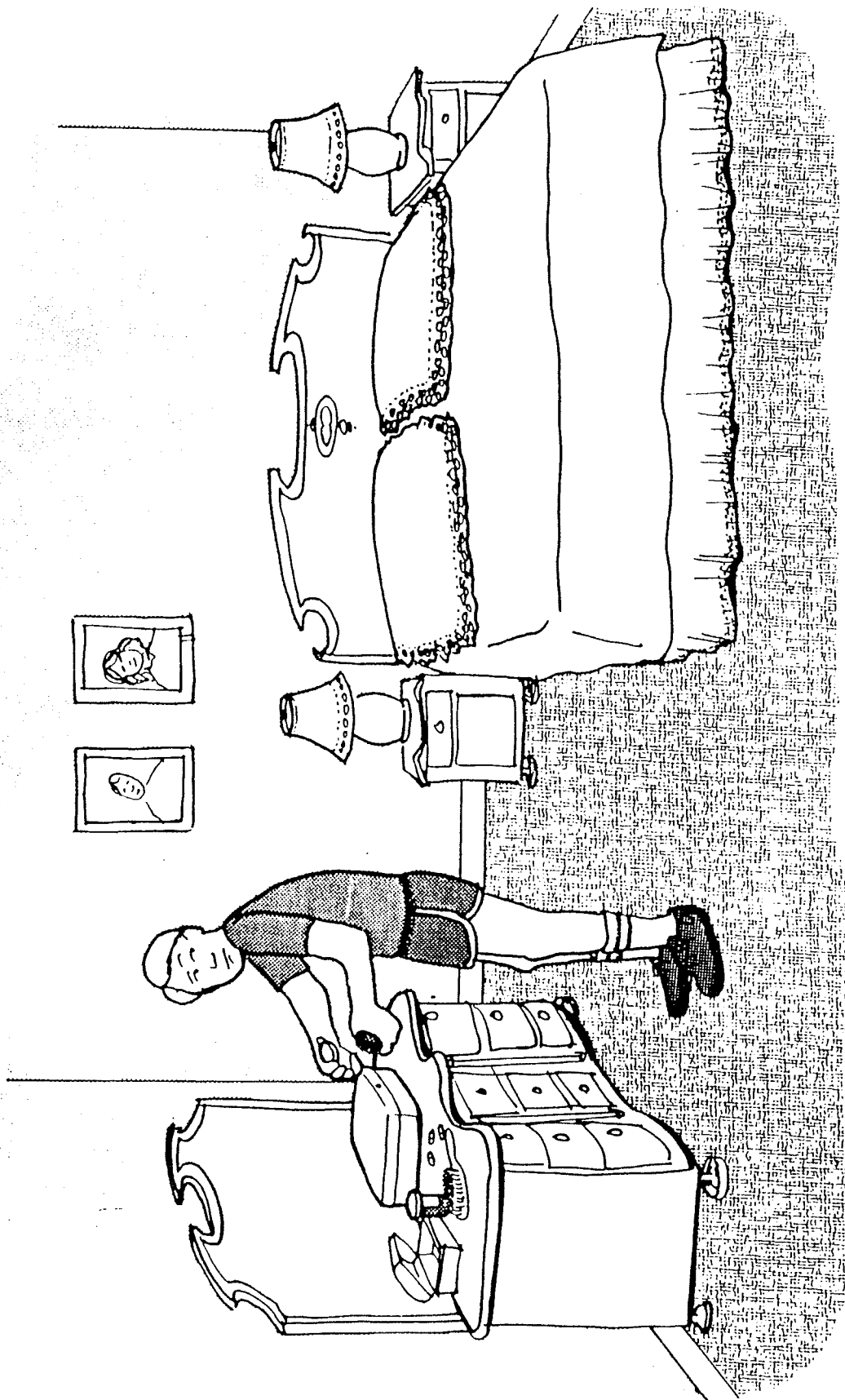
1. Show the students the picture on page 113. Ask them what they think the boy is doing. Ask them if he is in his own bedroom. Ask the students what they would say to him if they walked into the bedroom while he was taking the medicine. Discuss their answers as a group.
2. Show the children the picture on page 114. Ask them what is going on in the first frame, second frame, and third frame. Have the students describe how the woman feels in each frame. Ask them if their mother or babysitter ever looks like this when they make too much noise. Ask them how they would feel if their mother, father, or babysitter took pills or drank alcohol so that they could not hear them anymore. Discuss alternative ways of dealing with the noise.
3. Rusty's sister Christy learned a lesson about taking medicine when you are not sick. She likes the taste of children's aspirin, so one day she ate a whole bottle. She became so sick that her mother rushed her to the hospital to have her stomach pumped.

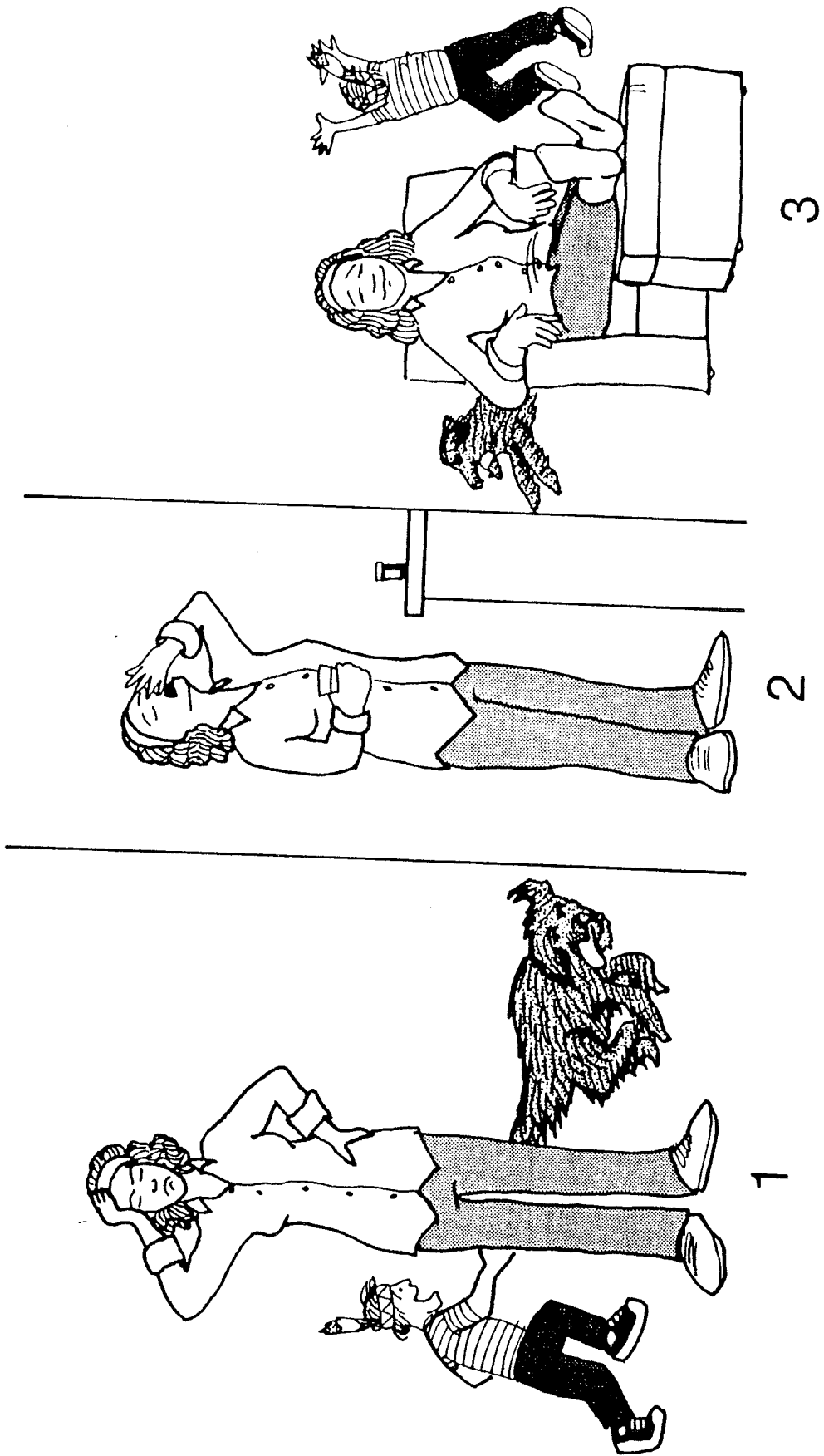
Christy learned a great deal from that experience. She learned that taking medicine without asking your parents first is very dangerous. She also learned that you should never take more medicine than is directed on the bottle and that a person should not take medicine when they are not sick. Christy is very lucky that she did not become sicker than she did.

4. PICTURE-TALK:

Kelly's friend Jill caught a cold last winter and decided to take cough medicine. Instead of asking her mother, she took some cough medicine without reading the directions on the label first. She felt very drowsy and sick to her stomach, so her mother called the doctor immediately. Jill's doctor told her that from now on when she needs medicine, she should talk first to a doctor, her mother, or her father.

NOTES





LESSON 24

What Does Addiction Mean?



KELLY'S DAD IS ADDICTED TO THE
DRUG NICOTINE IN CIGARETTES.

OBJECTIVES

Students will learn a simple definition of the word "addiction."

Students will experience what it may feel like to be addicted to something first-hand.

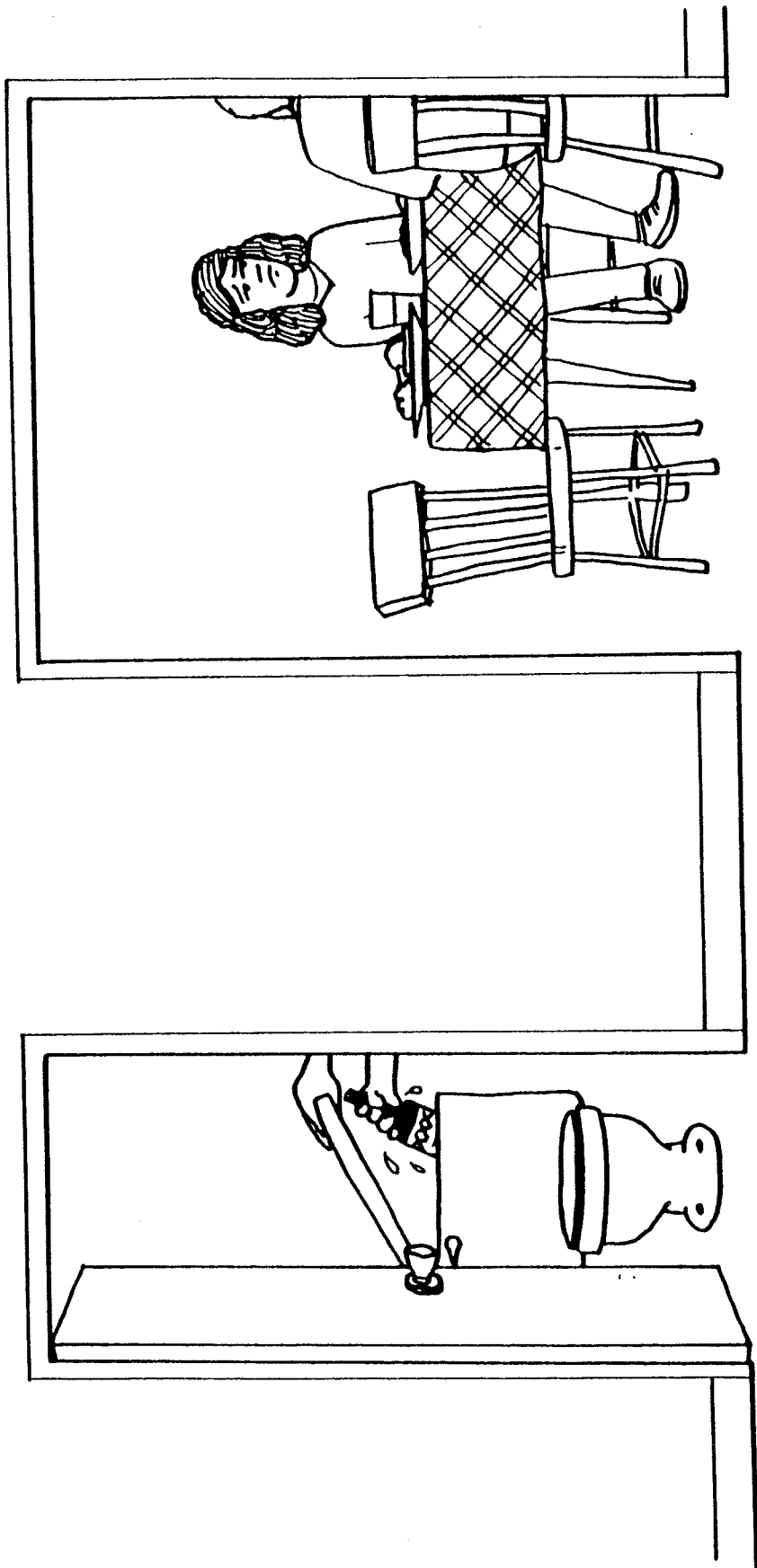
LEARNING EXPERIENCES

1. Ask the students if they have ever heard the term "addicted." Ask them if they have ever heard someone say that they were addicted to chocolate or "junk" food. Show the students page 116. Ask them what is happening in the picture. Explain that the person in the bathroom is addicted to alcohol because the most important thing to him/her is the alcohol in the bottle. The person is also ignoring food and their family to get to the bottle they have hidden.
2. Give each child one M&M or a Reeses Piece. Make sure it is the type of candy that comes in little pieces. Ask them to eat the candy and then ask them what it tasted like. Tell them that they cannot have any more candy in a dramatic fashion. Watch their reactions. Discuss how they felt when you told them they could not have another piece of candy. Liken their reactions to someone who is addicted to alcohol or another drug who can not get a drink or a drug.
3. Have the students complete the activity on page 117 and discuss the experience afterwards. Discuss some things that may happen to Jim because of his addiction.
4. People can become addicted to many different things. Addictive drugs can affect mood, feelings, and behavior. Show the students page 118. Ask them what is happening in the picture. Emphasize that the woman is "addicted" to the drug. She is taking the drug because she feels she needs it in order to feel *normal*.
5. **PICTURE-TALK:**

Kelly's dad is addicted to cigarettes. He has been smoking for many years and tells her that he can not quit because he is "hooked." Cigarettes contain the drug nicotine which is a highly addictive drug. When Kelly's dad runs out of cigarettes, he gets upset and must run out to the store to get another pack. Kelly wishes her dad would quit smoking, but she knows that it is very hard for him to stop.

Ask the students if they know someone who gets nervous if they cannot smoke.

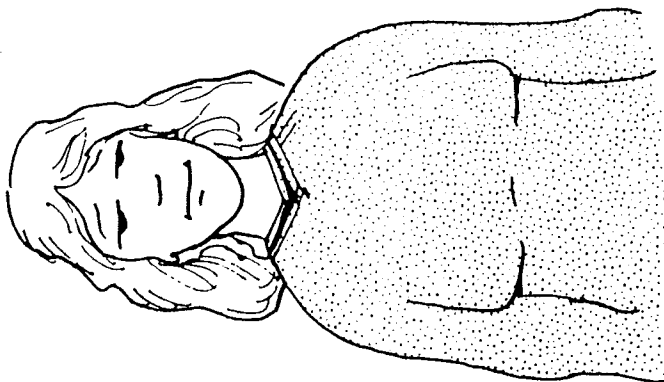
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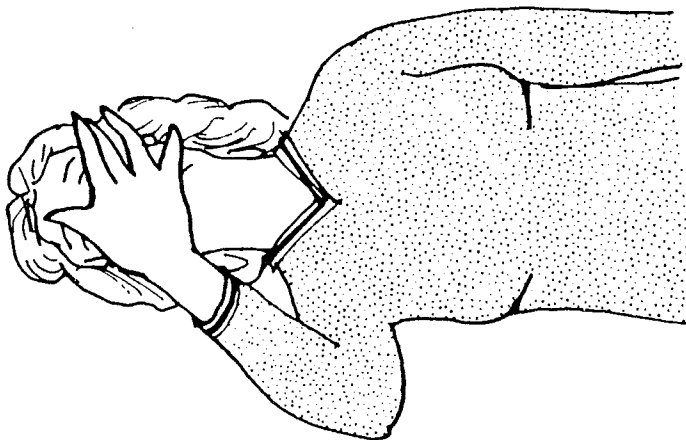
JIM MUST MAKE A CHOICE

Jim is "addicted" to alcohol. He is very hungry because he has not eaten all day. Color the items that Jim will probably choose to eat or drink after his busy day at school.

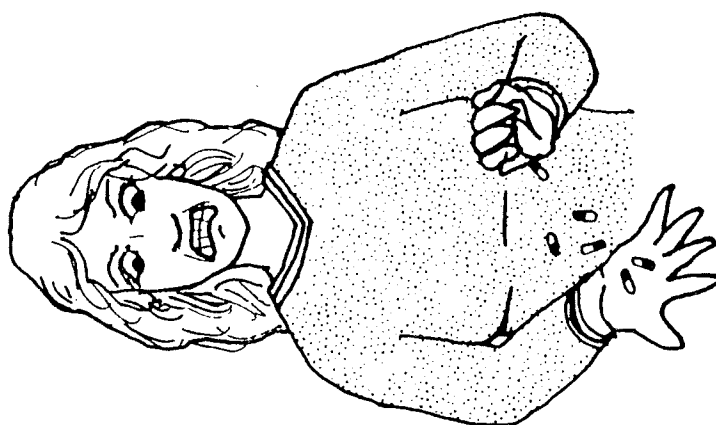




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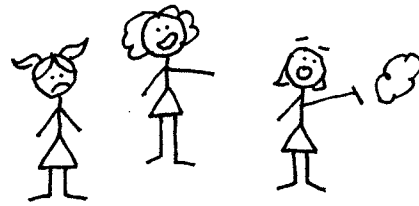
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LESSON 25

Decision-Making



JENNIFER TRIES A CIGARETTE.

OBJECTIVES

Students will learn that decision-making is an important skill to learn.

Students will learn why decision-making skills are important for living a healthy life.

LEARNING EXPERIENCES

1. Show the students two pieces of paper with two simple shapes drawn on each (e.g., circle, square, triangle). Ask each student to choose which shape they like the best of the two. Ask each one why they made the decision that they did. Emphasize that choosing a shape is a simple decision, but choosing between other things is not quite so simple.
2. Read this short story to the students and discuss.

Sometimes when Casey is waiting for the bus downtown, people try to sell him drugs. He must always make a quick decision. Casey just tells them that he does not have the money to buy their drugs. Casey does not like it when they bother him. He knows that all they want is his money.

Ask the children what they would do in Casey's position.

3. Decision-making is a part of everyone's life. People must make decisions about food, clothing, friends, and school work. People must decide many things. Sometimes people make good decisions and sometimes they make bad decisions that create problems for them. Make a list of the good decisions and bad decisions which the students have made this week.
4. Tell the students about Mandy and her decision to eat too many cookies before dinner.

Mandy came home from school one day and begged her mother to let her have ten cookies for her after-school snack. Mandy's mother reminded her that it was close to dinner-time, but Mandy insisted that she wanted cookies now and that she would eat her whole dinner.

Mandy's mother told her that she could eat the cookies if she promised to eat her whole dinner. Mandy ate all the cookies so, when dinnertime came, she was full and could not eat a bite. Mandy's mother was very upset with her. She hoped that Mandy had learned a lesson.

Discuss Mandy's decision as a class, and ask if any of the students have made similar decisions.

LESSON 25 (cont'd)

5. Show the students page 121. Explain that this is Kevin.

Kevin is in his parent's kitchen. It is Saturday night and there is a babysitter watching Kevin and his sister Cindy while his parents are away. Kevin gets the idea to sneak a beer out of the refrigerator and drink it while his parents are away. The babysitter does not notice what Kevin is doing because she is playing with Cindy.

Ask the students what they would tell Kevin if they could jump into the picture. Discuss the possible consequences Kevin might face if he chooses to drink the beer.

6. Discuss the basic decisions that the students must make each day. Create a cooperative list of these everyday choices (e.g., what to wear to school, what to eat for breakfast, whether to behave).

7. **PICTURE-TALK:**

Kelly's friend Jennifer has an older sister named Sandra. The last time Kelly was at her house, Sandra tried to get Kelly and Jennifer to smoke a cigarette. Jennifer tried it and started coughing. Sandra thought it was funny that Jennifer coughed so much. Kelly was scared and did not know what to do.

What would you have done in Kelly's place? Should she have tried the cigarette to make Sandra happy? Did Jennifer make a good choice?

NOTES



LESSON 26

Positive Problem-Solving

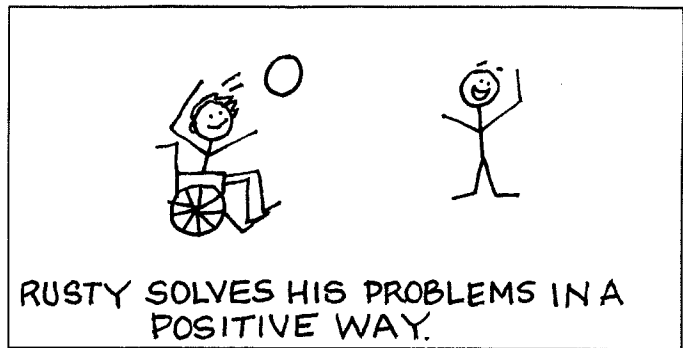
OBJECTIVES

Students will discuss positive problem-solving skills that they can use easily.

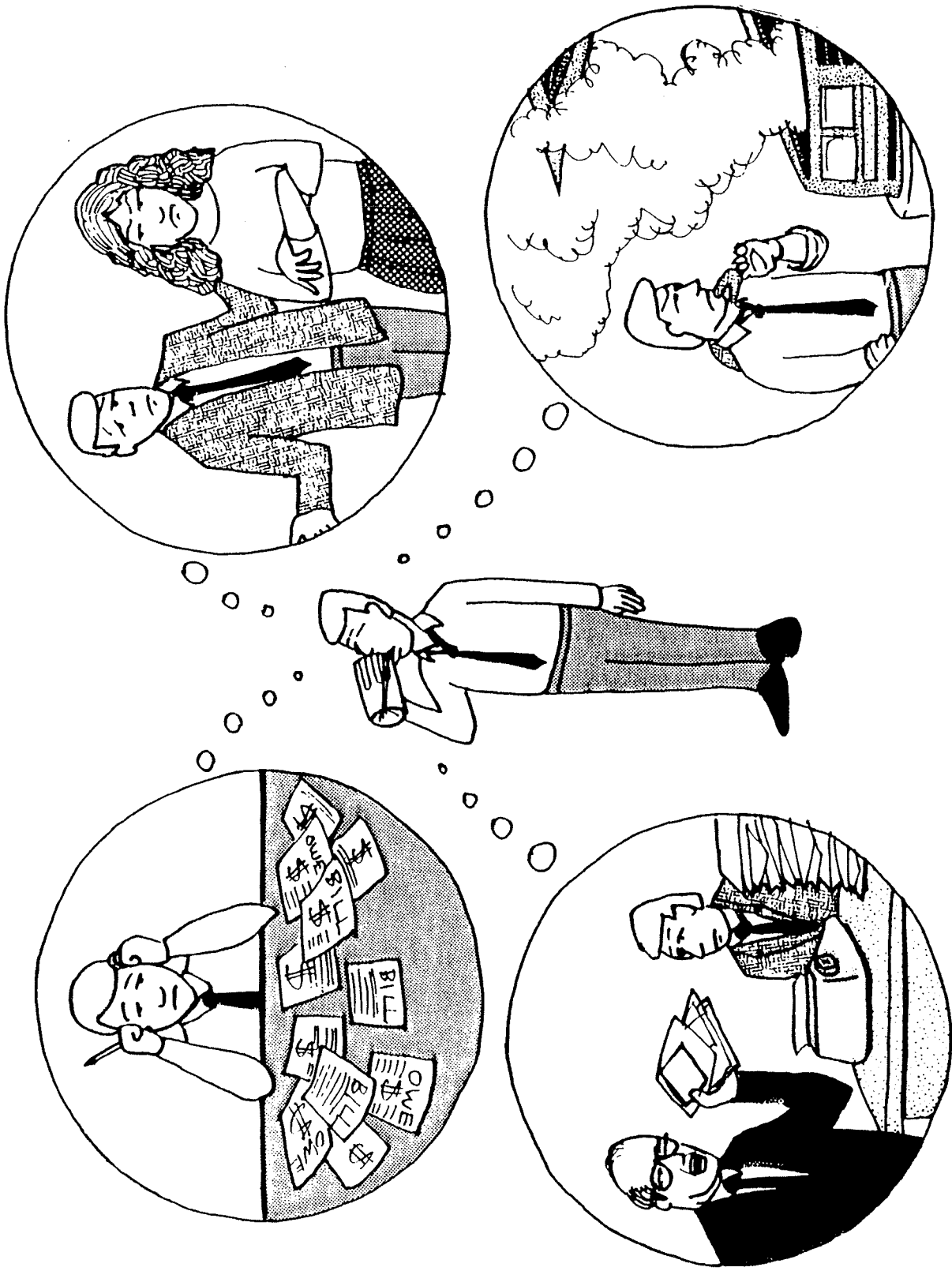
LEARNING EXPERIENCES

1. Everyone has problems. Some people have more problems than others do, but we all must face our problems and try to deal with them in a positive way. Show the students page 123. Ask them what they think this man's problems are and why he has them. Ask the students if this man is handling his problems in a positive or a negative way.
2. Human beings can choose how they can solve their problems. They can choose to solve them in a positive manner or in a negative manner. Go through the following examples and get the students' reactions. Discuss positive ways of dealing with each problem.
 - a. Karen always fights with her younger brother Simon. When she comes to school, she complains about Simon to all of her friends.
 - b. Cindy walks her dog, Sunny, every morning before school. Every morning, when she and Sunny walk by the Martins' house, the Martins' dog barks very loudly. Sunny barks back and Mrs. Martin yells out the door for Cindy to keep her dog away from their yard.
 - c. Carl is having a difficult time with his math problems but he is too embarrassed to tell the teacher. Carl's grades have become much worse in the past two weeks.
 - d. Ryan's dad drinks every night when he gets home from work. This causes Ryan's mom and dad to get into fights. Sometimes Ryan gets so angry that he goes outside and throws rocks at people's windows.
3. Have the students draw pictures of themselves solving a problem in a positive way. Discuss the problems depicted and emphasize that positive problem-solving is much more productive than negative problem-solving.
4. Discuss the fact that people sometimes think that no one would be able to understand their problems. This is a good time to discuss the importance of talking to someone whom you trust when you have a problem.
5. **PICTURE-TALK:**

Because Rusty must use a wheelchair, he cannot do everything that the other kids can do. However, Rusty does not sit around feeling sorry for himself--he goes outside and plays and does what *he* can do! This is an example of positive problem-solving!

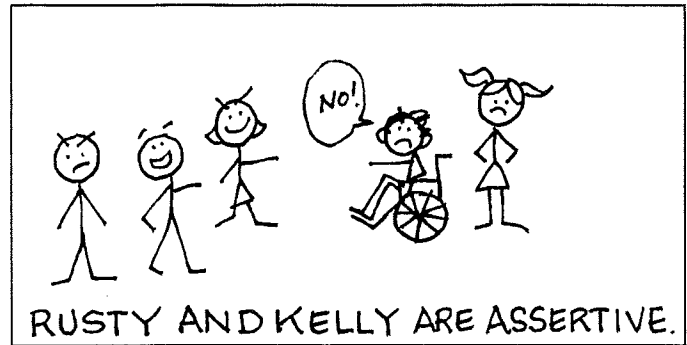


NOTES



LESSON 27

How Can I Be Assertive?



OBJECTIVES

Students will learn what it means to be assertive.

Students will learn how being assertive can help them say "no" to alcohol and other drugs.

LEARNING EXPERIENCES

1. Being assertive means that you can say "yes" or "no" when you want to and when it is appropriate to make a choice. You have the right to be assertive so that other people do not push you around.

Here are some of the rights you have.

- a. The right to say "no."
 - b. The right to be your special self.
 - c. The right to have your own opinions.
 - d. The right to make most of your own decisions.
 - e. The right to be angry and to tell people that you are angry.
 - f. The right to say "I don't know."
 - g. The right to make mistakes.
 - h. The right to say "yes."
 - i. The right to say "no thank you."
 - j. The right to be treated fairly.
2. Role-play situations in which the students' rights have been violated. Encourage them to practice being assertive. Sample role-play situations could include:
 - a. Have a student express an opinion in class, and have another student in the class put the student down for having such a "dumb" opinion. Encourage the student with the opinion to express his right to have his own opinion and encourage him to be assertive about his position.
 - b. Have two students put a notebook or a pencil on their head or have them do something to their hairdos in order to look different. Have them pretend that they are outside on the playground and have another student make fun of their hairdos. Encourage the students with the different hairdos to assert themselves and tell the student making fun of them that they have the right to wear their hair any way they want.
 - c. Have one student ask another student if he would like to drink a beer. Encourage the other student to respond in an assertive manner.
 3. Have the students complete the activity on page 126, and encourage them to list ways in which Ryan could be assertive in this situation. Role-play a similar situation as a class. Ask them how they would assert themselves if someone tried to make them take a drug.

LESSON 27 (cont'd)

4. Have the students finish these sentences.

- a. If my sister wanted me to sneak out of the house at night, I would....
- b. If my next door neighbor asked me to do something I knew was wrong, I would....
- c. If my classmate asked me to smoke a cigarette, I would....
- d. If I could cheat on a test and get away with it, I would....

Discuss how students defend themselves in an assertive manner and utilize their right to say "yes" and "no."

Observe and praise assertive behavior in class during the week.

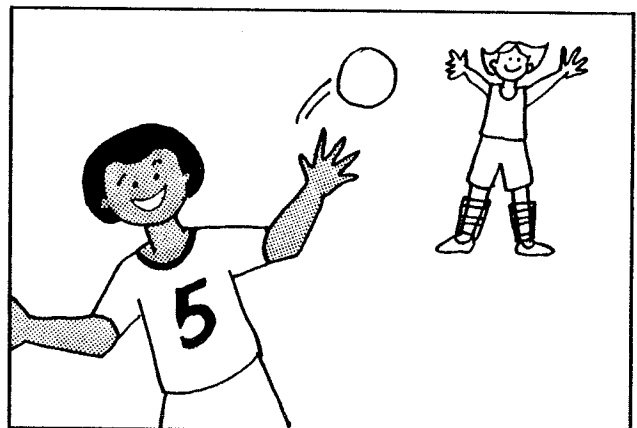
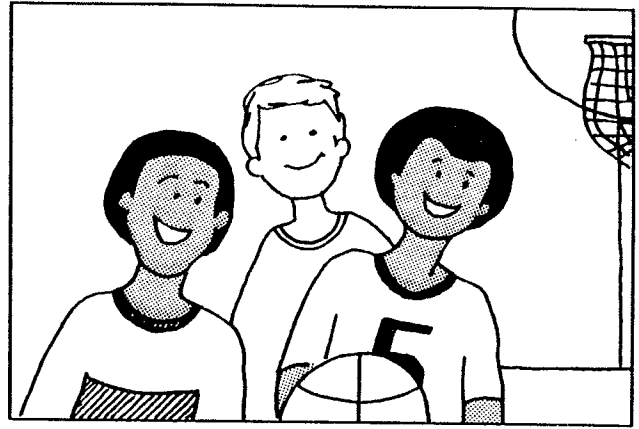
5. **PICTURE-TALK:**

Rusty and Kelly were walking home from school one day when older kids from the neighborhood asked them if they wanted to sniff some glue that they had hidden in their jackets. Kelly said that she did not like the smell of glue and that she was going home. The other kids called her a "silly baby," and this hurt Kelly's feelings. Rusty told the boys that they did not have to sniff glue to feel good about themselves. Then he and Kelly went home. The other kids laughed and made fun of them as they walked away. Rusty and Kelly ignored them.

NOTES

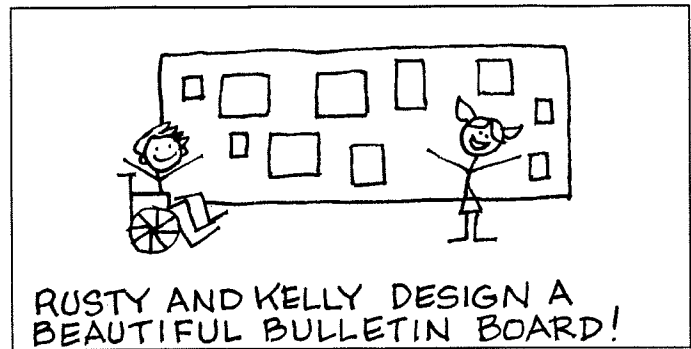
IS RYAN BEING ASSERTIVE?

Place an "X" next to the boxes where you think Ryan is being assertive.



LESSON 28

What Can We Do About Alcohol And Drug Abuse?



OBJECTIVES

Students will synthesize the material they have learned by designing a cooperative bulletin board that shows ways they can help stop alcohol and other drug abuse.

LEARNING EXPERIENCES

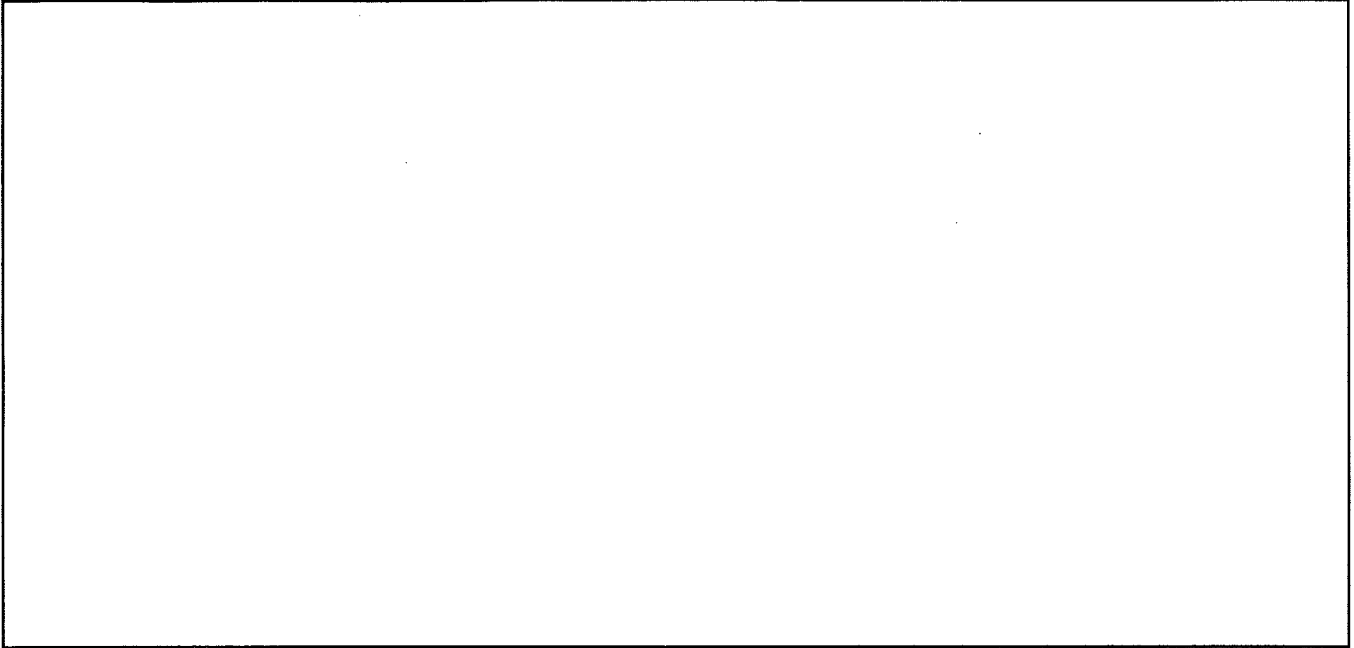
1. Create a cooperative list on the board or flip chart with students' ideas. Label the list--"What Can We Do?" Emphasize that the students must take ownership of their own problems.
2. After composing the list, have the students create a drawing, painting, poem, or short story about how they are going to solve the alcohol and other drug problem. This can be a fantasy or a realistic solution. If time permits, have the students create the bulletin board themselves so that it is *their* bulletin board.
3. Request that the principal come in to observe and make comments about the bulletin board with all the creative ideas included on it. Call the local newspaper and have them take a picture and interview students about their ideas.
4. Have the students complete the sheet on page 128 by drawing a picture or writing their answer to alcohol/drug abuse. After the students have completed their section, encourage them to ask their parent or guardian to complete the other section. Encourage the students to discuss this problem and possible answers with their families and friends.
5. **PICTURE-TALK:**

Kelly and Rusty's teacher, Mrs. Cramer, had them design a bulletin board filled with their great ideas on how they were going to help the alcohol/drug problem. The bulletin board was beautiful and their ideas were wonderful!

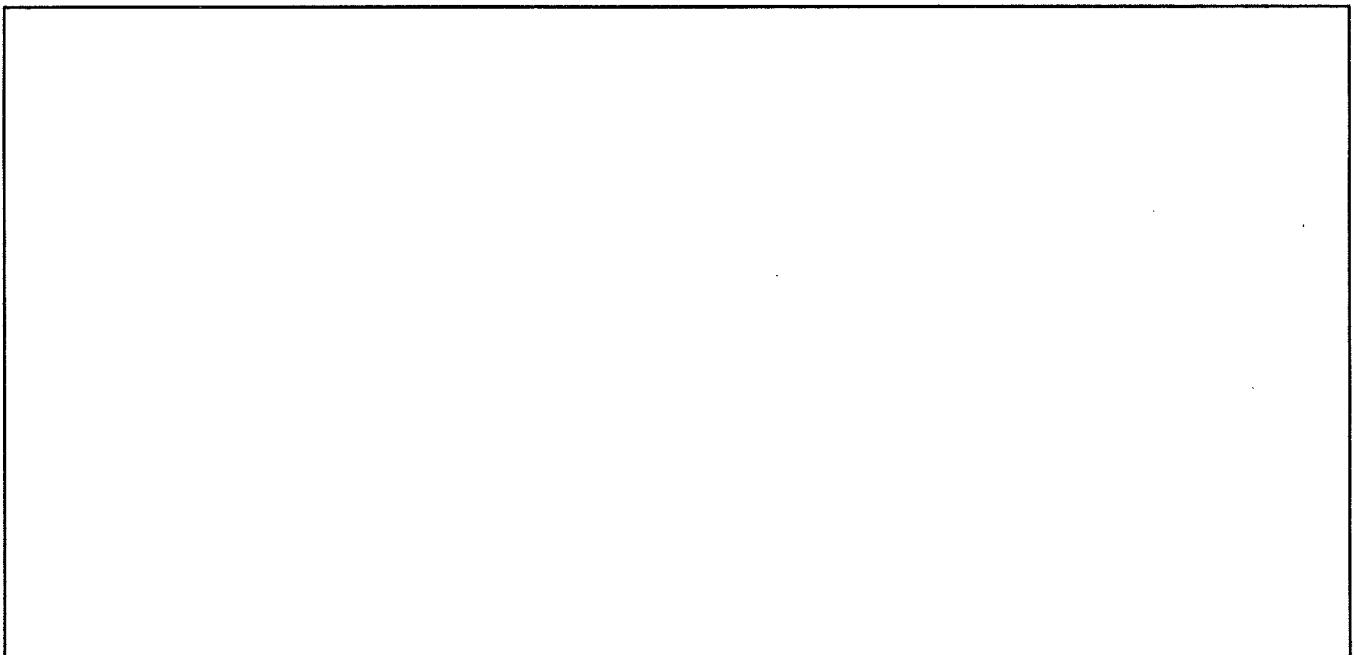
One of Rusty's ideas was to make all schools and agencies accessible to wheelchairs so that people like himself can get help if they need it.

NOTES

Student's Reactions To The Drug Problem

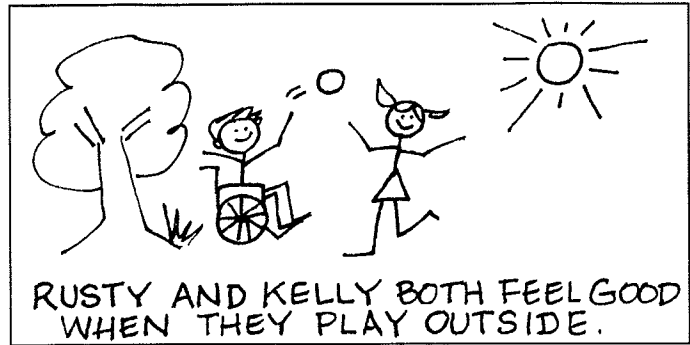


Parent's Reactions To The Drug Problem



LESSON 29

Feeling Good About Yourself



OBJECTIVES

Students will learn ways in which they can feel good about themselves without turning to alcohol and other drugs.

LEARNING EXPERIENCES

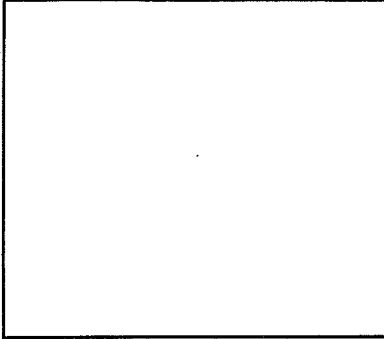
1. Have the students draw a picture of something that makes them feel good. Discuss the various people and things that make them feel good. Emphasize that these people and things are important for us to live healthy and happy lives.
Explain that some people turn to alcohol and other drugs to make them feel good, which does not work.
2. Have the students complete the "I Feel Good/Bad When..." activity on page 130. Have them cut out the Happy/Sad Faces from page 131 and paste them in the appropriate squares. Read the sections to them while they work. Ask the students if any of the items mentioned happened to them today.
3. Erase your blackboard and ask the students to name the people and things that make themselves and others feel good. Try to fill the whole board with all of these "happy" and "feeling good" people and things. Encourage participation by everyone and leave the board filled with these "good" feelings for the rest of the day.
4. Designate a girl and boy in your class each day as the special helper. Make sure that everyone has the chance to be the helper. Have the students each design a "I am a happy helper today because..." button. (Sample on page 132.) Leave a blank line after the statement so that the students can fill it in when they have their turn. Laminate the buttons or place contact paper over them so that students may fill-in the line with a grease pencil.
5. **PICTURE-TALK:**

Rusty and Kelly like to do things that make them feel good. Rusty loves to ride on the ramps his Grandpa made for him and Kelly loves to play in the yard. Rusty and Kelly feel so good when they do these things that they do not need alcohol or other drugs to make them feel better.

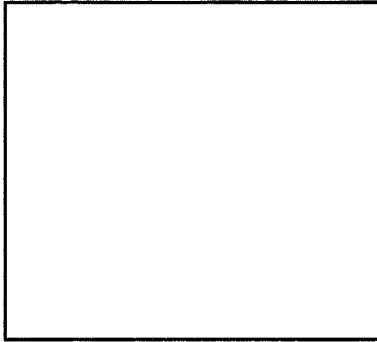
NOTES

I FEEL GOOD/_{BAD} WHEN....

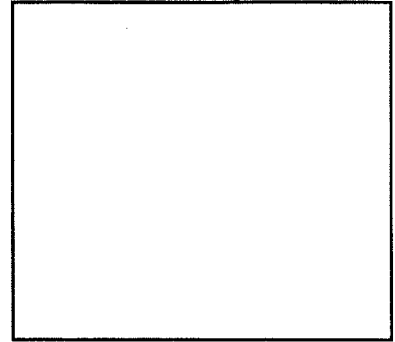
Someone gives me a present.



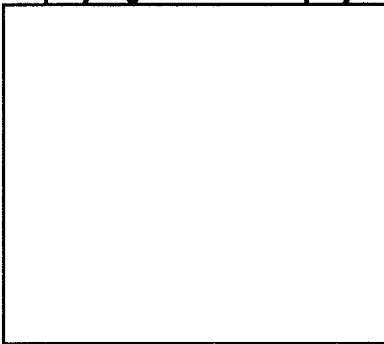
**Someone says something
nice to me.**



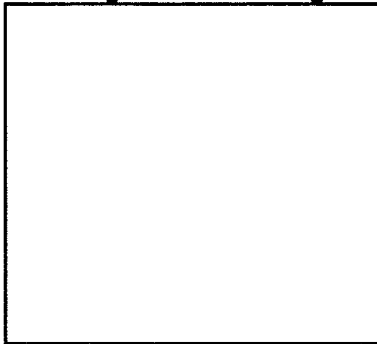
**Someone trips me in the
hallway.**



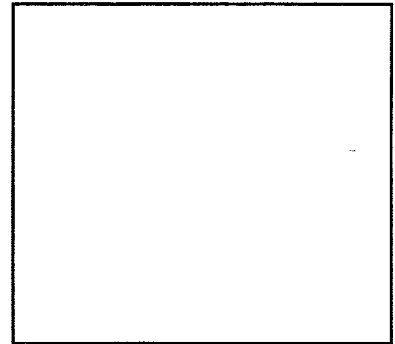
I play a game I like to play.



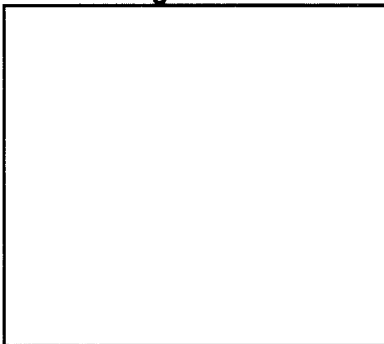
**Someone makes me do some-
thing I know is wrong.**



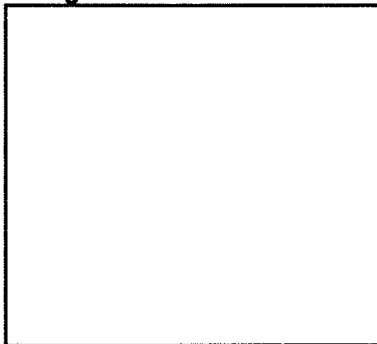
**My teacher/someone says
"GOOD JOB!"**



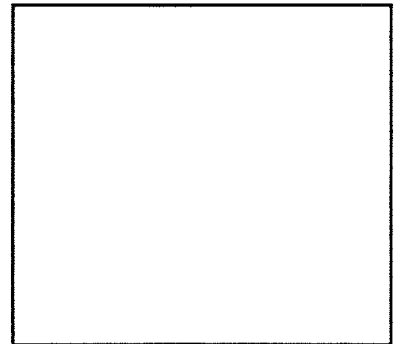
I do not get what I want.



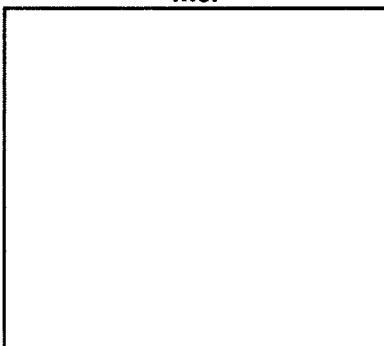
I get a letter in the mail.



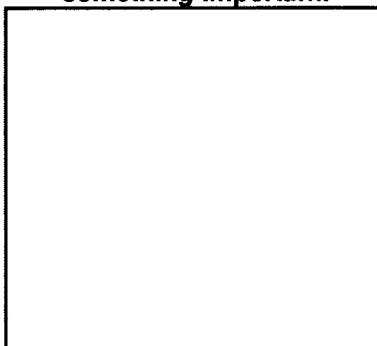
**I know I did a nice thing for
someone else.**



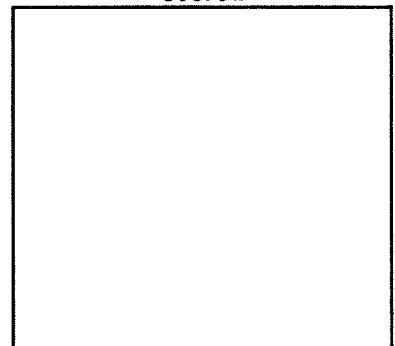
**My parents tell me they love
me.**



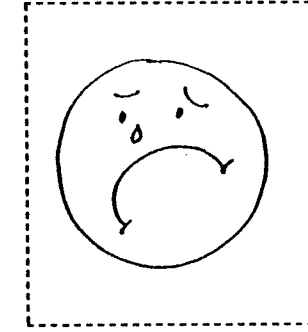
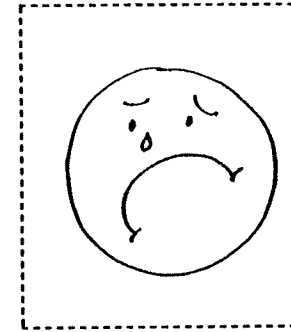
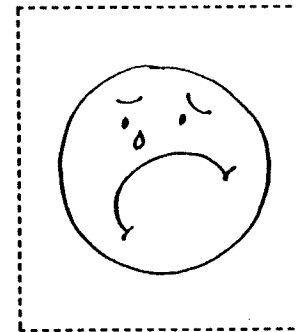
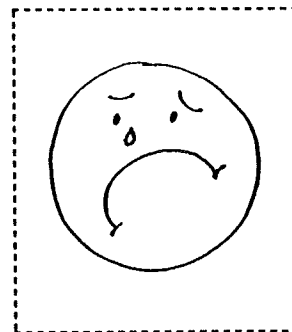
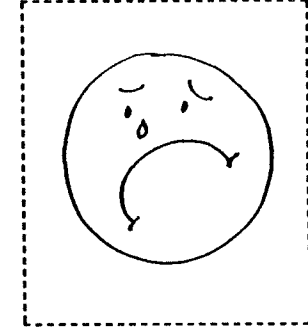
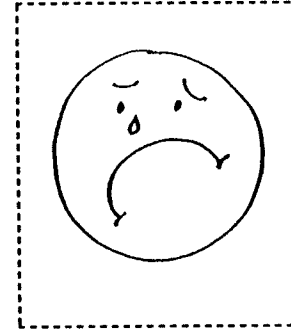
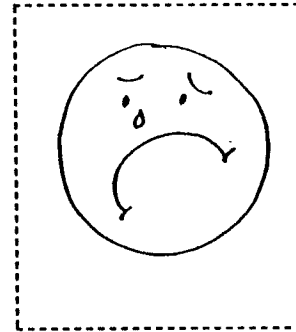
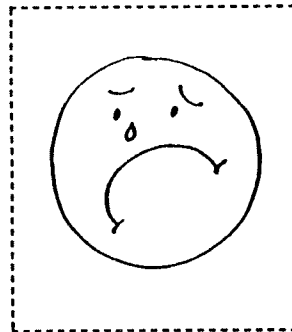
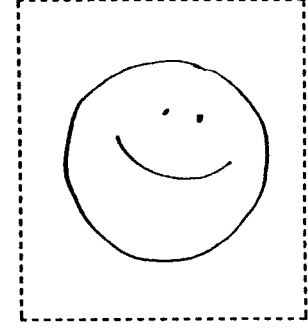
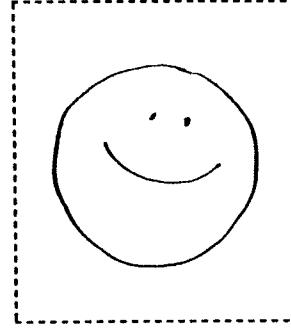
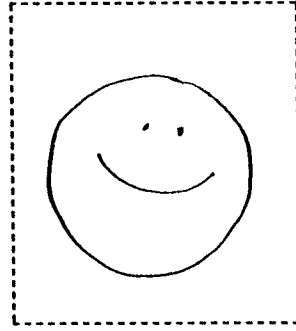
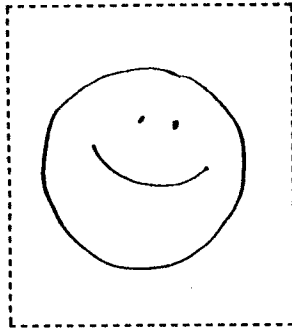
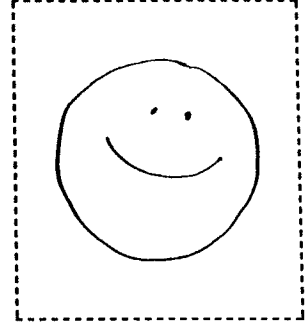
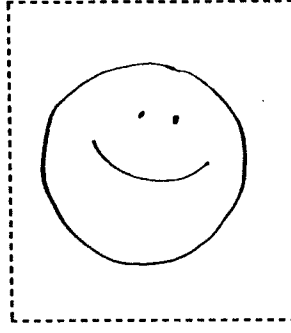
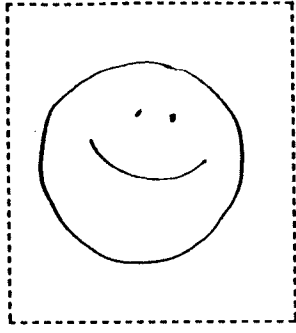
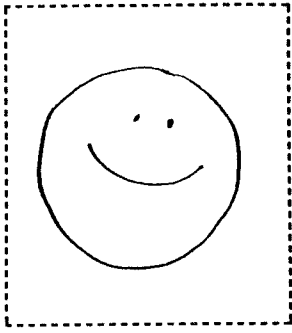
**Someone asks me to do
something important.**



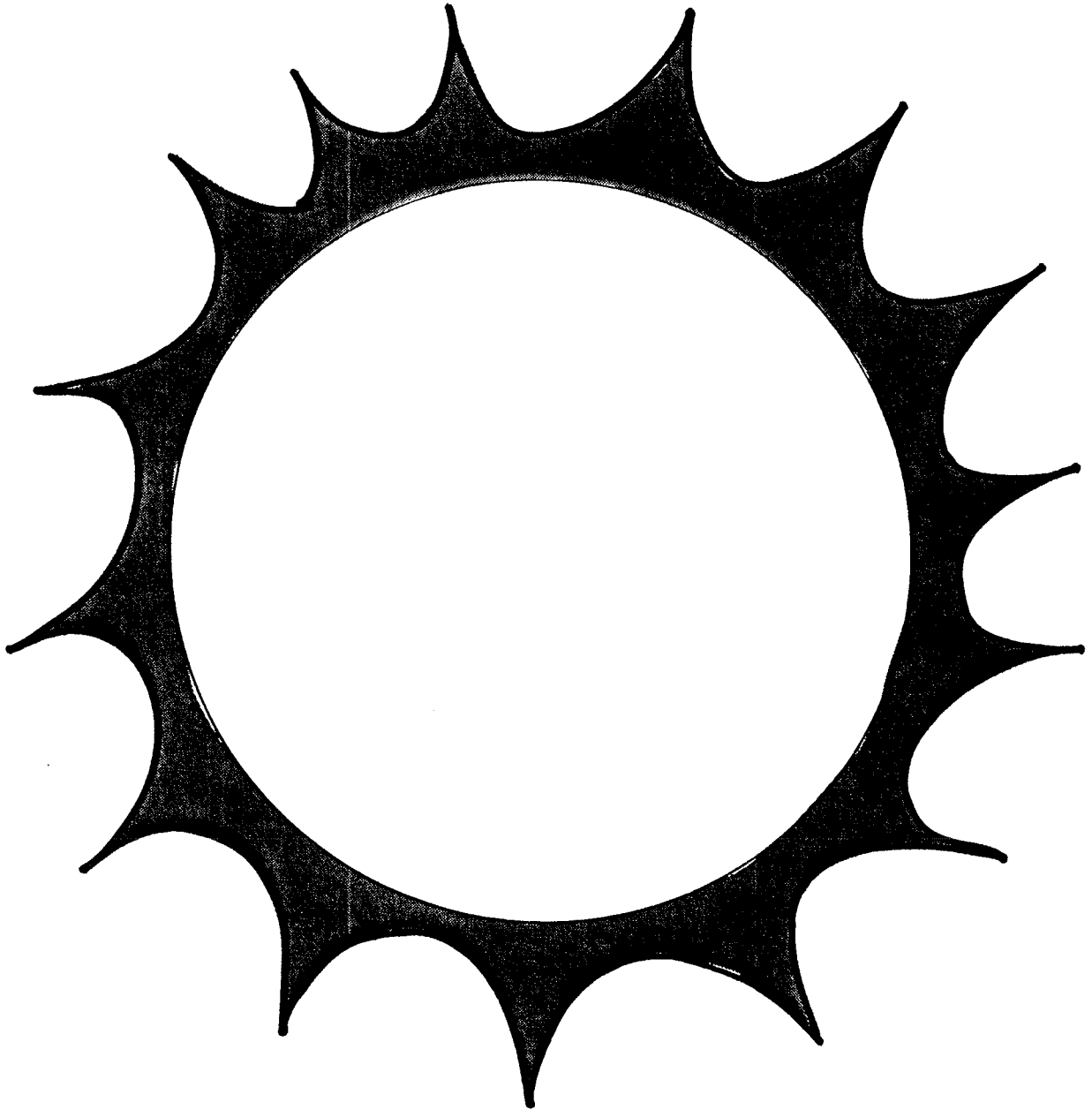
**Someone asks me to keep a
secret.**



HAPPY/_{SAD} FACES



**I AM A HAPPY HELPER TODAY
BECAUSE...BUTTON**



VOCABULARY EXERCISES

VOCABULARY EXERCISES #1

WORD SEARCH: ALCOHOL AND OTHER DRUGS

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

WORD LIST

HEALTHY
ALCOHOLISM
DRUGS
MARIJUANA
UNHEALTHY
STIMULANTS
ALCOHOL
ALLERGIC
NICOTINE
BEER
DRUNK

PRESCRIPTION
DRUG ABUSE
MEDICATION
HOOKED
PHARMACY
DRUG ADDICT
HALLUCINOGENS
ALCOHOLIC
INHALANTS
ILLEGAL DRUGS
ADDICTION

VOCABULARY

VOCABULARY (cont'd)

LESSON 13

ADDICTION: the inability to stop a behavior or habit.

CHEMICALS: any substance that is used to purposely change or alter the body or the mind.

HALLUCINOGENS: drugs that make a person see, smell, and hear things that are not really there.

HEROIN: a highly addictive drug that can cause behavior changes, health problems, and social problems.

INHALANTS: household products that cause a feeling of excitement and confusion when the fumes are inhaled (smelled).

INHALE: breath into the body intentionally for the purpose of getting high.

INJECT: to force a fluid drug into a vein using a hypodermic needle.

LSD: (lysergic acid diethylamide) can make a person dizzy, drowsy, and see and hear things that are not really there.

MARIJUANA: a drug that alters mood, thinking, and behavior.

MESCALINE: a drug that produces euphoria and ecstasy.

MUSHROOM: psilocybe mushrooms used as drugs that cause euphoria and ecstasy.

NARCOTICS: mood changing drugs that relieve pain.

PARAPHERNALIA: the items used to help make it easier to take or use a drug.

PCP: (phencyclidine hydrochloride) a drug that causes mood and perception alterations and may cause unpredictable behavior.

STIMULANTS: mood changing drugs that speed up the body and the mind.

LESSON 14

DRUG ADDICT: a person who cannot stop taking drugs unless they get help.

LESSON 16

MOOD SWINGS: when a person's mood changes drastically and often for no apparent reason.

PERSONALITY CHANGES: when someone acts differently often for no apparent reason.

LESSON 20

DRUG ABUSE: using alcohol and other drugs in the wrong way.

WALLY WHEELIE

SPINA BIFIDA: congenital neural tube defect characterized by a developmental abnormality in the posterior vertebral arch. Spina bifida is relatively common, occurring approximately 10 to 20 times per 1,000 births.

VOCABULARY (cont'd)

LESSON 21

VITAL ORGANS: organs in a person's body that are necessary to stay alive.

LESSON 22

DISABILITY: the inability to function fully because of physical or mental impairments.

LESSON 24

ADDICTION: the inability to stop a habit which leads to problems in all areas of ones life.

"HOOKED": addicted, someone who is "hooked" to something and cannot quit.

APPENDIX

REMINDERS

1. Always remember--any drug or medication used in the wrong way is drug abuse.
2. Never drive while drunk or with someone who has been drinking.
3. Always ask your doctor if you have any questions about medication that he prescribes for you.
4. Make friends with people who do not take drugs.
5. Do not let anyone force you to do anything you know is wrong.
6. Remember--alcohol is a drug!
7. Alcohol and other drugs can hurt you in many ways. Alcohol and other drugs can hurt your family, friends, school work, and you!
8. In a special place, keep a list of people that you can call if you need someone to talk to about a problem.
9. Involve yourself in fun activities that do not include alcohol or other drugs (e.g., exercise, friends, hobbies, family).
10. Prescription medication is important for people who need to get well. Always ask your doctor questions about the medicine he prescribes for you.
11. If you have a problem, talk to someone you trust.
12. If you do not understand something, do not be afraid to ask questions.
13. Seek professional help for problems that you cannot solve yourself (e.g., doctor, teacher, parents, counselor, minister).
14. Help others and you will feel better about yourself.
15. Always do your best and act in a responsible manner (e.g., school work, family relationships, volunteering).
16. Learn as much as you can about alcohol and other drugs so that you will be ready to make the best decisions about them.
17. Be a good friend and listen when your friends have problems. Someday you may want them to listen to you!
18. Get involved with activities that you enjoy!

"KIDS HELPING KIDS"

HERE IS AN IDEA TO GET YOUR STUDENTS THE EXTRA HELP THEY NEED:

The following is an outline of a "Peer Listener" program that schools may choose to implement for the special education students. It is an outline that we hope teachers and administrators can use to brainstorm ideas from for their own program.

We believe the schools should utilize the talents of the students who would like to help but are not sure how to get started. We believe students can help their peers in many powerful ways. We hope this outline will inspire you to start your own program for the special education students in your building.

"STUDENTS LISTENING TO STUDENTS" A Peer Support System For Special Education Students At Risk For Alcohol And Other Drug Abuse

As a special education teacher, you have limited time each day. Unfortunately, students with problems are becoming commonplace in the classroom, and each day teachers are expected to do more than *just* teach. Many of your students may be having problems at home with a parent or loved one who has a drinking or other drug problem, or they may be using drugs themselves. When you combine poor academic performance with a drinking or other drug problem, you have a student in trouble.

Of course, you can listen and make the proper referrals to appropriate personnel (e.g., school counselor, principal, chemical dependency coordinator, parents). We would like to suggest the next step be some type of "peer listening" or "peer support group" for the student in need.

Tutoring and peer assistance programs have been implemented in many schools for the student's academic needs, but few such programs have been implemented for the student's affective needs. Very few peer helping programs have been created for special education students experiencing personal problems. Many peer assistance programs are controversial; but if handled in a professional and competent manner, they can benefit many students.

In this system, "peer listeners" would be trained to work with special education students experiencing personal problems. These "listeners" may consist of regular education students as well as special education students. These students will *not counsel*, but they will listen, empathize, and care. They will be a special friend to the assigned student.

Advisors would be assigned the task of making themselves available for the "listeners" and for scheduling regular update appointments for support. Guidelines would be set by the advisor concerning which behaviors and practices are acceptable and which are not (e.g., giving advice, talking too much). If professional counseling is needed, a professional will be called in to help.

"KIDS HELPING KIDS" (cont'd)

CRITERIA FOR BEING A PEER LISTENER:

1. The listener must have a genuine desire to help others.
2. The listener must have a clear understanding of confidentiality.
3. The listener must be trained as a listener before becoming an official listener.
4. The listener must make a commitment for a specified period of time.
5. The listener must be able to meet with advisor at least every two weeks.
6. The listener does not have to be an "A" student.

CRITERIA FOR THE LISTENEE:

1. The listenee must be a special education student who is experiencing personal problems and is in need of a special friend.
2. The listenee must have the desire to have a "peer listener" spend time with them on a regular basis.
3. The listenee must have a clear understanding of the "listener's" role.
4. The listenee has the right to discontinue the relationship at any point.

ALTERNATIVE WAYS OF IMPLEMENTING THIS PROGRAM:

1. A regular education student may assist a special education student at the same grade level.
2. A regular education student may assist a younger special education student.
3. A special education student may assist a younger special education student.
4. A physically impaired student may assist an able-bodied student.

This outline was created for anyone who is interested in starting something new with the students in their school. You may have noticed that this outline is fairly general. We felt that each school could take this outline and use it to brainstorm ideas for their own program model. Each school is set up differently and special education is handled differently in every district.

This model incorporates the regular education students and the special education students, encouraging them to interact with each other on a caring level. We are confident that this type of program will help many students not being served with traditional approaches.

RESOURCES FOR TEACHERS

A Look at Drug Abuse by Rebecca Anders (Lerner Publications Company, 1978).

Adolescent Peer Pressure: Theory, Correlates and Program Implementation for Drug Abuse Prevention (NIDA-Publication #ADM-81-1152, 1981).

Alcohol and Health: Sixth Report to the U.S. Congress for the Secretary of Health and Human Services (NIAAA, 1987).

Alliance for Change by James Crowley (Community Intervention, Inc. 1984).

An Elephant in the Living Room by Marlon H. Typpo, Ph.D. and Jill M. Hastings, M.S. (CompCare Publications, 1984).

Co-Dependent No More: How to Stop Controlling Others and Start Caring for Yourself by Melody Beattie (Harper/Hazelden, 1987).

I'll Quit Tomorrow by Vernon Johnson (Harper & Row, 1980).

It Will Never Happen to Me by Claudia Black (MAC Publications, 1982).

Listening: The Forgotten Skill by Madelyn Burley-Allen (John Wiley and Sons, Inc., 1982).

Living With a Parent Who Drinks Too Much by Judith S. Seixas (Greenwillow Books, 1979).

Looking at Alcohol and Other Drugs by Alexander Boros and Patricia Callahan (Kent State University, 1988).

Looking at Treatment for Alcoholism by Patricia Callahan and Alexander Boros (Kent State University, 1988).

Loosening the Grip: A Handbook of Alcohol Information by Jean Kinney and Gwen Leaton (Times Mirror/Mosby College Productions, 1987).

Prevention Curriculum Guide for Looking at Alcohol and Other Drugs Special Education 7-12 by Julie Erwin, Alexander Boros and Janet Hawkes (Kent State University, 1989).

Raising Drug Free Kids in a Drug-Filled World by William Mack and Nancy McMurtle-Perkins (Hazelden, 1986).

Twelve Ideas For My Improvement by Alexander Boros (Kent State University, 1986).

What, When, And How to Talk to Children About Alcohol and Other Drugs by Gail Gleason Milgram (Hazelden, 1983).

When Chemicals Come to School: The Student Assistance Model by Gary L. Anderson (Community Recovery Press, 1987).

