



NO MATTER WHAT THE CONSEQUENCES:

A GUIDE TO HELP TEENS RECOGNIZE AND UNDERSTAND ADDICTION

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Dear Educator:

In the spring of 2000, The Weiner Nusim Foundation surveyed 20,000 senior high educators nationwide to assess areas of interest in helping high school students become healthy and successful adults. From our survey, we learned that the need for information on recognizing and dealing with addiction—not just to alcohol and drugs, but to all sorts of addictive substances and behaviors—was overwhelming.

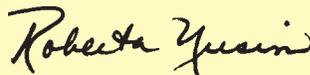
Because they are at critical social, physical and emotional developmental levels, teenagers are prime candidates for the devastating effects of addiction. While alcohol and drug use is of great concern, an entire gamut of other behaviors also can affect young lives forever—food addictions like anorexia, bulimia and overeating; nicotine, gambling and sex addictions; and even computer and shopping addictions, among others. Any behavior that severely interferes with a student's life can be devastating to that teen, his or her family, schoolmates, and the school itself.

As educators, we share with you a growing concern that increasing numbers of young people are suffering the consequences of addictive behavior—whether it means dealing with their own conflicts or with the ways addiction affects family members or friends.

That is why we urge you to use the activities in this free resource guide in health and psychology classes and in other school forums led by school social workers, psychologists and guidance counselors. The activities also can be used in community counseling and addiction programs. This guide addresses such topics as how to recognize addictive behavior, how peers influence at-risk behavior, how to

differentiate addictive thinking from normal thinking, what to do when a parent, sibling, other family member or friend has an addiction, and how to find local and national resources to help teens deal with their problems. While an important topic of discussion, we understand that sex addiction is an area that you may not feel entirely comfortable discussing in your classroom. We have briefly addressed the subject in this guide. If you need more information on that topic, please go to the Weiner Nusim Web site at www.weinernusim.com.

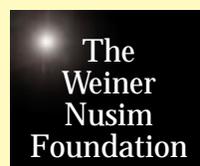
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Overview

This guide, **NO MATTER WHAT THE CONSEQUENCES: A GUIDE TO HELP TEENS RECOGNIZE AND UNDERSTAND ADDICTION**, is designed to provide resources to stimulate thought and discussion on the broad topic of addiction. It does not focus on any one type of addiction, but rather seeks to identify addictive behaviors and how addictions affect young people. It also offers information and resources for treatment. There are twelve activity areas in this guide, with each activity building on the knowledge gained in the previous exercise. Not every part of each activity needs to be completed in order for students to benefit from this guide; however, the activities were designed to give students an opportunity for provocative discussions of each topic.

The first activity begins by having students learn what an addiction is and how addictions are manifested in our society. Subsequent activities focus on the connection between addictions and teens, and pay particular attention to peer pressure and ways to avoid at-risk behavior. Further activities include identifying addictive thinking and learning the emotional, physical and monetary price of addiction for individuals and our society. Students are asked to research up-to-date facts on the prevalence of addictions in the United States and in their own state. Later activities ask students to learn what to do if a friend or relative has an addiction, or if addictive behavior is having an impact on them. The final group of activities helps the teen learn how to get help for him or herself, friends or relatives, and from local and national resources.

Program Components

1. This teacher's guide.
2. Twelve student activity sheets printed on reproducible masters.
3. A response card for your comments.

Program Objectives

1. To explore the concept of addiction in its many forms.
2. To help students identify addictive behaviors in themselves and in those around them.
3. To explore ways addictions are manifested and reinforced in today's society.

4. To help students learn ways to avoid addictive thinking and behavior.
5. To teach teens what to do if they see addictive behaviors around them.
6. To help deal with the addictive behaviors that affect others.
7. To inform about addiction prevention and awareness programs.
8. To provide local and national resources on addiction.

Target Audience

This program was designed for high school health and psychology students as well as for programs conducted by school guidance counselors, social workers and psychologists. It also is suited for community counseling intervention and addiction programs.

Before You Begin

This guide contains background information relevant to each of the activity masters and is intended as a start. Additional reading and research is recommended, so resource lists are provided throughout this guide. Although each activity builds on the previous one, it is possible to use whichever activities are most appropriate for your class.

Reproduce the activity masters for each student. Because of the sensitivity of the subject area, you may choose to have students complete some of the activities privately and share them with the class. It is very important to reassure students that information revealed in classroom discussion will be kept private, unless of course, you hear information that seriously jeopardizes the health and safety of students. Because of the sensitive nature of some of these discussions, it is important that you allow time at the end of each class for students to ask questions, to talk to you privately and to air any feelings they may have in a supportive environment. Encourage your students to come talk to you privately if they wish, but be aware of your limitations and of the expertise of other school experts. Be sure your students know that there are trained professionals in the school and in the community to turn to if they feel that they have a problem, and that you can help them get that help.

What is Addiction?

Part A. This activity helps students define the term *addiction* and learn that people can have addictions to things, activities, and even other people. The definition of addiction as used in this guide is “a compulsive need for a substance (such as drugs, nicotine, food or alcohol) or an action (such as gambling, shopping, work, sex or exercise) that results in a loss of control and the continued use of that substance or action in spite of negative consequences.” Tell your students that all people do things to make themselves feel better—it is the degree to which these things are used or done that becomes the problem. People need to address the feeling that is causing the need to “use.” Negative consequences of addiction come in all areas of life—*physical*: afflictions that affect all body organs or risky behaviors that result in bodily injury and escalating *physical* need; *social*: fights with family, bad grades, disruptive behavior, problems at work, arguments with others; *legal*: drunk driving, arrests for assault while under the influence, shoplifting, vandalism, burglary, reckless driving, runaway behavior; *emotional*: depression, anger, isolation, guilt, alienation from friends and family, suicide. ■

Part B. This activity helps students put addictive behavior into perspective. Some students worry that experimenting once with a substance labels them as an abuser. The ensuing guilt may have long-term effects. Teens need to know that trying new things may be part of what it is to be a teenager. What is most important is that they recognize when a behavior goes “over the top” and becomes an addiction.

The addiction triangle depicted in this activity is designed to do just that. At the bottom of the triangle is the *non-user*. This is a person who does not use illegal substances or manifest addictive behaviors at all. Elementary school students typically fit into this category.

The next category in the triangle is the *experimenter*. Adolescents, by their very nature, are curious and inclined to

experiment with substances and behaviors. They want to find out how things affect them and how others will react. Part of the attraction in this “research” is thinking they are acting grown up and trying to defy accepted norms. The three categories of experimenter are: The person who tries something a few times, doesn’t care for it, and returns to non-user status; someone who tries something and doesn’t like it, but keeps experimenting due to peer pressure; and someone who tries it and likes it. In this last category, the person begins to develop a tolerance and gradually has to move on to heavier and more constant use.

A *user*, the next step on the path to addiction, voluntarily continues the addictive behavior for curiosity, pleasure, to reduce tension or pain, or to escape from unpleasant environments, conflicts or feelings. In this category, the teen usually will exhibit the behavior on weekends or during the summer and mostly with friends. At this point, the teen can quit at any time. This type of behavior can be compared to the adult social drinker. The user exhibiting the addictive behavior more regularly begins to experiment with stronger substances and exhibits greater interest in the behavior.

The *abuser* begins to become preoccupied with the substance or behavior. For example, he or she may think that:

- Weekends are made for getting wasted.
- The beginning of the weekend gets moved back to Thursday, then Wednesday, until the “weekend” is really all week long.
- School afternoons and evenings are equivalent to a weekend and thus “party time.”
- In the cases of addictions other than substance abuse, the behaviors (overeating, purging, overworking, exercising) must be performed with increasing frequency.

Finally, the *addict* acts in a particular way or needs a substance just to feel normal. This person cannot stop the behavior without help. ■

Part C. It is important for educators to be on the lookout for the signs of addictive behavior. They include a change in peer group, changes in behavior or mood, loss of interest in normal activities such as hobbies or social functions, a change in physical appearance, isolation from the family, poor school performance, and a loss of parental control.

Ask students to show examples of normal and addictive behaviors in everyday circumstances. This will demonstrate that addiction means more than just drugs and alcohol, but rather an obsession with anything (ex., soft drinks) or any action (ex., playing video games). Guide students to give examples of normal things or activities they see around them that some people take to extremes (exercising, shopping, playing lotto, eating chocolate). ■

Extended Activities

- Discuss whether a teenager who uses pot or cocaine (illegal drugs) every now and then, and a teen who uses alcohol (a legal drug) moderately, but illegally, are both equally breaking the law or at risk.
- Ask students to think about why some kids never exhibit addictive behaviors, why others experiment and then stop, and then why still others proceed to addiction. What do they think makes the difference in each of these scenarios?
- Ask students to write diary entries for a teen who is considering experimenting with what could become an addictive behavior, through to the highest and most dangerous stage of the addiction triangle.

Addictions in Our Society

Part A. Addiction is not limited to alcohol, cigarettes or drugs. Addictive behavior can be exhibited by anyone toward anything. For example, some people are addicted to gambling, to particular types of foods, to shopping, to overeating, to purging, to power, to certain types of people, to being perfect, to video games, to the Internet, to sexual gratification, and even to helping others. Addiction is a complicated problem that in one way or another, affects almost everyone. ■

Part B. Discuss ways our society plays a role in perpetuating addiction. The media gives us constant reminders that it's easy to solve our daily problems if we use particular products or exhibit certain behaviors. For example, we see TV shows and commercials of people having a great time at a party where the food is overflowing and the liquor supply is endless. We see men and women with slim, perfectly toned bodies telling us that a particular type of exercise equipment used regularly will make us look like them. Or, that a particular pill will help reduce weight in just a matter of days. Are you having trouble with your relationship? This mouthwash or new soap will do the trick. How many times have you seen a character in a TV show or movie go out on a shopping spree to make herself feel better?

The message is simple: Everyone should be free of pain, beautiful and popular. If you

are not, there's a product or behavior that can fix it for you. There is no need for physical or emotional pain in our society if you can do something to make it go away.

Ask your students to examine the role of television, advertising and movies on our society's perception of addiction. Have them pay attention to those forms of media that are particularly targeting teens.

In addition, have them look critically at and bring in examples of teen magazine advertisements for clothing and cosmetics.

It is important that teens understand that they are the subjects of media pressure. Hopefully, once they recognize it, they will be better able to ignore it. ■

Part C. Ask your students to pay careful attention to the messages given by their favorite musical artists. After they have chosen two artists, songs and lyrics to analyze, ask students what these artists say that particularly affects them, and why they think these artists have gained national or worldwide success. ■

Extended Activities

- Ask students to research athletes whose substance abuse affected their careers and discuss how their problems were portrayed by the media.
- Have them do the same with music stars.
- Ask students to gather a sampling of ads for a product that is commonly advertised—beer, cosmetics, a particular brand of clothing, toiletry items, pain relievers—and have them analyze to whom the ad is directed, what promises are being made, what promises are implied, and what the people in the ad look like.
- Have your students watch for commercials on a show particularly aimed at teens, and have them analyze what is being sold, by whom and to whom. What messages do these commercials communicate?
- Ask students to give up TV for a day or a week and report back what they did instead, and what effect the absence of exposure to media messages had on their feelings during that period. Ask them how they felt about not watching television for the period.

ACTIVITY THREE

Who is an Addict?

Part A. If the characteristics of adolescence were exhibited by adults, the adults probably would be diagnosed as suffering from a disease. The individual would seem to lack self-esteem, be going through an identity crisis, be subject to extreme mood swings due in part to a hormonal imbalance, and be vulnerable to dramatic physical changes such as growth spurts, menstruation, acne and voice changing.

Discuss the characteristics of a typical teen, which often include being:

Self-conscious—An intensified self-awareness (accounting for endless hours in front of the mirror) combines with a high degree of self-consciousness as the teen tries to find an identity within him or herself rather than as a member of a family or peer group.

In conflict with one's family—To secure a separate identity, a teen has to separate to

some degree, from family authority, affection, support, intimacy, family habits and traditions. This creates conflict within the family. At the same time, adolescents are in conflict with themselves about wanting to grow up.

Attached to a peer group—As teens move through adolescence, they go from same-sex peer groups to opposite-sex groups, and from neighborhood groups to wider geographic relationships that increase

with the acquisition of a driver's license. Teens often seem like they are running for office, in the sense that they need recognition from their peers to let them know where they stand.

Seeking conformity and popularity—

Conformity is necessary to maintain a place in a peer group. Adolescents are not satisfied with who they are unless someone on the outside tells them that they are all right. The unique teen who is not concerned with popularity is usually the one that others admire because that person is full of self-assurance.

*Preoccupied with bodily changes—*A teen's self-image is directly tied to that person's impression of his or her own body. While true for everyone, this idea is accentuated in the adolescent mind. Almost all teens judge themselves harshly when it comes to their physical attributes and only focus on ways they do not meet the ideal.

*Trying to create a personality—*Teens try different styles of dress and hair, even manners and ways of speaking. They experiment with behaviors to see what responses they get from others. By the late teenage years, these changes come about less often and less dramatically.

*Focused on one's sexual being—*This is the time to sort out the difficult and often conflicting messages about sex. For boys, sexual interest is separate from love. For girls, the two work closely together. Learning about the sexual part of being is essential to forming an identity.

*Idealistic—*Teens are searching for their place in the world. They want the world to be a perfect place, so they search for sincerity and honesty among people. Teens are often sympathetic to people who are in unfortunate situations. They are interested in religion and the existence of God. By late adolescence, teens usually come to terms with accepting things as they are and then put more time into the need for living and providing for the future. ■

Part B. Discuss how teens who like themselves are less likely to exhibit addictive behavior. Because all people (particularly teens) are bombarded with criticisms and compliments on a daily basis and from a variety of sources (peers, family, teachers, other adults), it is important that adolescents can distinguish between comments that are valid and those that they should ignore. This exercise

helps do just that. It reinforces the idea that even compliments should be ignored at times and that a person's own mind-set can drastically affect his or her self-esteem. Ask students to analyze whether the comments they recorded were things that they want to change about themselves or can change, whether they were sincere, and how these comments affected their behavior. Tell students that they don't have to share specific comments or criticisms with the class. You might choose to run this activity as a "gripe session" so students can discuss the types of things people say to them, or they say to themselves, without actually asking students to give precise examples. Set up some rules first. This is not a debate. Each student has the opportunity to air his or her gripes and express thoughts and feelings. Students will be expected to listen to each person's sharing, without interrupting, giving advice or challenging the speaker.

Adults often say one thing and then do something totally different. Society says

that there are legal drugs (alcohol, nicotine, painkillers, tranquilizers, caffeine), as well as illegal drugs (heroin, cocaine, marijuana). Doctors say you should be happy with your body, but then suggest optimum weight ranges. The media shows all sorts of ethnicities and personalities, but only glamorizes the thin and beautiful. ■

Part C. Ask your students why they think that society gives mixed messages and why this confusion is so harmful to teens. In most cases, teens, although they do not want to admit it, want to be told what to do. What they need to know is that these mixed messages reinforce the idea that teens need to decide the issues of addiction for themselves. They are going to have to decide what behaviors to respect, what makes sense, and what makes them feel safe. There are no clear rules. Accepting this fact and its consequences are what make teens turn into responsible adults. ■

Extended Activities

The hardest job teens have is making decisions for themselves. To make these decisions, they have to look at the whole picture, in other words, what happens before they exhibit the addictive behavior. Are they using the behavior to cope? How do they act and who are they with when they are not in control? What is not happening that might be happening if they were not impaired? What are the possible consequences of their behavior? After having students consider these ideas, have them think about all their feelings—the positive as well as the negative, about how they feel before, during and after exhibiting an addictive behavior.

It's time for some role-playing. Consider these scenarios, and ask your students to follow the advice in the paragraph above.

1. You are at a party at a friend's house down the street, and your host's parents are not at home. Some of the kids have brought a few six-packs of beer. Your friend, who hosted the party, is not too popular at school and doesn't know what to do.
2. You and a friend are watching TV and see all the beautiful, thin actresses with great-looking guys. You've been trying to look that way your whole life and still can't seem to get it right. You feel all alone, and you need something to make yourself feel better.
3. You're always an A-student. But this year, you're having trouble with trigonometry. You've gone for extra help, worked every night for hours on extra problem sets, and still don't get every answer right. There's nobody else you can ask because you know they don't know as much as you do. You'll do anything to get the grade your parents want and expect.

Peer Pressure and At-Risk Behavior

Part A. The adult perception that peer groups usually provide negative influences is wrong. There are just as many positive aspects of a peer group as negative ones. For example, the peer group often encourages students to continue with a sport or other activity even if the participant is not the star of the group. The peer group often encourages participation in extracurricular activities. Peer groups give emotional support. On the other hand, it is also peer groups that can reinforce addictive behaviors and alienate others not in the group. In this exercise, students will look at both the positive and negative aspects of peer groups and then analyze how different groups affect the make-up and dynamics of their school. ■

Part B. The more teens are aware of subtle and not-so-subtle attempts at influencing their behavior, the better their chances of making good choices. These are the tactics they should look out for:

The Bandwagon: Uses the appeal of fitting in with the group to accomplish objectives.
Ex. Hey, Jack, everybody's taking one of these. You gotta try it.

Name Calling: Uses emotional words to get an emotional response, instead of a logical one.
Ex. You're such a mama's boy. Or, even a compliment such as, You're my best friend. Please do this for me.

Innuendo: Implies a desire without really expressing it.

Ex. Bob's parents let him have parties when they're not home because they trust him.

Transfer: Elicits a feeling about a person or situation and then transfers that feeling to another person or situation.

Ex. Sarah's got a lot of friends. Maybe if I hang out with her, I will, too.

Generalizing: Uses a description and no facts.

Ex. Emily knows a lot about fashion and has some great ideas about how to make me look better.

Bargain or Free: Gives you something for almost nothing.

Ex. This dress is on sale just for today so I've got to get it now. Can I have next week's allowance today?

Snob Appeal: If you won't settle for anything but the best, you must be cool.

Ex. I have to get this CD player because it's top-of-the-line. Molly has it already. Or, You've got so much money, you can afford to have a good time.

Modernism: A new idea has to be better.

Ex. Look around you, dad. Your ideas didn't work, so don't knock ours.

Old-fashioned: This is the way it's always been done.

Ex. People have been drinking forever, and if it were so bad they'd all be dead by now.

Personal Attack: Instead of addressing the issue, a person is attacked and discredited.

Ex. You're just a nerd. Everybody does this

stuff. You're just afraid to try anything.

It Could Be Worse: By recognizing a worse situation, the current one seems simple.

Ex. It's only a cigarette. It's not like I'm doing drugs or anything like that.

Quoting Authority: This authority couldn't possibly be wrong.

Ex. Kerri and Tess know all about drugs, and they said it's okay. ■

Part C. This activity takes the concepts learned in the previous activity and makes them real. It is important that students who are not in each skit pay great attention to the persuasive techniques used. ■

Extended Activities

- Ask students to design an advertisement or commercial using one or more of these persuasive techniques to sell their products.
- Have students watch television commercials and identify the techniques advertisers use to capture their allegiance.
- Have your students design a parent-education program to help parents understand the pressures teenagers face.
- Have students design a peer-education program to help peers understand what it feels like to be a jock, a nerd, "in," "out," pretty, fat, etc.

ACTIVITY FIVE

Addictive Thinking

Part A. Addictive thinking is distorted thinking. Addiction is a compulsive need for a substance or action that results in a loss of control and the continued need for that substance or action regardless of the consequences. Therefore, it follows that addicted people become isolated because of their addictive thinking. The result of

this is the development of a secret life and further isolation. Initially, the isolation arises from fear, and then is fed by the fear of exposure and an inability to cope without the addictive substance or action. Make sure your students know that there is a difference between the normal need for privacy, where a person has a need to "own" his or her action,

and secrecy, where a person feels shame about the action or substance.

Denial is a method people use to pretend they don't have a problem when they really do. It isn't surprising that people do this because they don't want to have a problem, and by denying it, they don't have to deal with it. Teens deny addictions

for many reasons. They may feel that if they have an addiction, someone they admire or love might think less of them or be angry with them. People with addictions think that if they admit their problem, the problem will seem bigger than it is. So, if they truly believe that they have a serious addiction, the easiest way to live is to pretend it doesn't exist. Because health consequences associated with some addictions take a long time to develop, most teens feel that they are not seriously affecting their health. Ask your students to look at and think about the common things people say when they deny their problems, described in Part A of this activity. Have them consider whether these phrases make them feel uncomfortable and, if so, have them think about why and if the students are using them to cover up uncomfortable behavior.

Explain that *rationalization* is another way people live with their addictions. Teens might feel that some of their friends exhibit more addictive behaviors than they do, and that nothing bad can happen to their friends. People feel that if they really had a problem, they'd know it and could quit. People with addictions often don't even realize that they are rationalizing their behaviors. ■

Part B. Reinforce the definitions of denial and rationalization. Then have your students role-play the scenarios in Part B with this knowledge in mind. After each case has been enacted, ask your students to analyze which actions and comments were evidence of denial and rationalization. ■

Part C. Sometimes people exhibit *co-dependent behavior* in relationships. This means that one member of a relationship (usually the female) tries to do everything possible to hold on to a relationship, no matter what it takes—including having sex, drinking and drugging to keep her partner happy. She is

often “taken hostage”—feeling she must sacrifice friends and interests, all to prove how much she cares about the significant male in her life. Her hope is that he will return this devotion. When a co-dependent person does goes out with peers, he or she often feels guilty doing so and pushes friends away, refusing to have a good time. All of this is evidence of addictive behavior. Teens need to realize that this is not healthy. In this exercise, ask your students to think about what makes a healthy relationship between the sexes. Have them talk about the co-dependent behaviors discussed above. Be sure to explore the difference between the responses of the males and those of the females. ■

Extended Activities

- Have students give examples of denial. They can use the examples on the activity master to get started.
- Because it is extremely difficult to break through the defense systems of denial and rationalization, it's hard for most people to see their behaviors clearly. Often, only *intervention* by family or friends and trained professionals can help. Ask your students to research interventions—how they work and what results can be expected.
- Ask students to give examples of co-dependent relationships they have seen in the media and with people they know and ask them to examine the outcome of these relationships. How did the relationship affect friends and family? How long did the relationship last? What types of relationships did the participants have subsequent to this experience?

ACTIVITY SIX

The Price of Addiction

Part A. The Emotional Price. As explained in the activity master, addictive behavior is a spiral into more addiction. The addict feels bad and uses the addiction to feel better, but then reverts back to the original feelings of isolation and inadequacy. In fact, addicts often feel they are bad, but try not to let anyone else know it. They think that if people knew the truth, they would not love them. Only the addictive behavior makes the person feel better, yet the addiction then just becomes worse. Addicts caught in this cycle feel doomed and helpless. The only thing important to them is continuing the behavior that

makes them feel better, whatever the cost. It's important that students recognize that emotional ups and downs are normal, and not necessarily reflective of an addiction. In this activity, ask them to write about a common teenage emotional experience both from the perspective of the normal teenage experience and then to differentiate that from the experience of an addicted teen. ■

Part B. The Physical Price. Many addictions take terrible tolls on the body. Ask your students to research the addictions listed with special attention to symptoms that reflect

addiction, physiological effects on human organs and resulting short- and long-term effects. For example, people using marijuana exhibit dilated pupils, lack of concentration, altered perceptions and lack of coordination. Habitual users experience lung damage and a change in heart rate. Over time, they have impaired short-term memory, anxiety and lung problems. Cocaine snorting eats a hole in the membrane between the nostrils. Even moderate drinking of alcohol can lead to anemia, acne and diarrhea. Be sure to point out that drug, alcohol and nicotine addictions are not the only types that lead to health problems. For example, bulimia

and anorexia can cause severe heart and digestive irregularities, malnutrition and death. Bulimia even wears away enamel from teeth, resulting in teeth falling out. There are social impacts from addiction as well. Men who use heroin cannot sustain erections, let alone be interested sexually. Love addictions can result in battering and emotional hostage-taking. Shopping addictions can result in lifelong financial debt. ■

Part C. The Monetary Price. Direct your students to the Web site of the Centers for Disease Control and Prevention at www.cdc.gov/tobacco/medicexp.htm for information on medical expenses related to cigarette smoking. Be sure to help your students make sense of these huge dollar amounts by relating these numbers to something tangible. Compare these numbers to the number of people in the world (more than 6 billion), the number of years since the dinosaurs roamed the earth, or the number of minutes in 10,000 years.

Then, to make this exercise particularly meaningful, ask your students to consider something they do or use to make themselves feel better—whether it's something seemingly benign as eating a bag of candy, or going for a run, or whether it's something more serious such as cigarette smoking or alcohol. Tell your students that most people “use” something

to make them feel better, whether it's music, books, a friend, or an addiction. Be sure to tell your students that their answers will remain private. Then have them add up the monetary cost of what they “use.” Ask your students to compare the weekly or monthly price of this habit to that of buying a new sweater, going to the movies, or a week's worth of gasoline. ■

Extended Activities

- Ask students to research the effects of hormones on behavior, particularly the psychological and physiological effects of changing hormonal levels on teens.
- Ask students to look into the effects of drugs on the unborn. Suggest this Web site: www.babyparenting.about.com/parenting/babyparenting/library/weekly/blDBalcoh.htm
- Have students research the evidence of genetic predisposition to addiction as well as the fact that many families suffer from multiple types of addiction.
- Suggest that students look at the Web site of the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) (www.samhsa.gov) and report their findings.

ACTIVITY SEVEN

What are the Trends?

Parts A and B. Since 1971, the National Household Survey on Drug Abuse has been the primary source of information on the prevalence and incidence of illicit drug, alcohol and tobacco use for people age 12 and above. The 1999 survey was based on information solicited from nearly 70,000 persons. The results include national trends in the initial use of these substances as well as information on drug dependence and drug treatment in the country. For the first time, the 1999 survey gave estimates of use by age group that can be compared across states and the District of Columbia. Ask your students to access the NHSDA Web site at www.samhsa.gov/oas/ to learn about the results of the most recent survey. Then have them draw conclusions about drug use in their state and area of the country. ■

Part C. After students have analyzed the data in the survey above, ask them to relate the findings to their perceptions of drug, alcohol and tobacco use in their own school. Based on the information compiled, have them split into groups to develop public service print and radio announcements addressing the dangers and misconceptions discussed in class. You may want to coordinate these activities with your school's communications, art and audiovisual departments. Use as many school resources as possible—public address systems, school newspapers and literary magazines, hallways, and school radio stations. You may even want to do this as a class competition with the best entries being aired on local radio and TV, or printed in town newspapers and posted in government offices. ■

Extended Activities

- Using results in the state-by-state findings, ask students to fill in a map of the U.S. to graphically depict the results of the survey.
- Have students develop their own surveys to determine student opinions on drug, alcohol and tobacco use at their own school. Be sure they include questions about availability, frequency and knowledge of legal and physical consequences.
- Have them look at other sites surveying teen substance abuse to compare findings. Of particular interest is the National Center on Addiction and Substance Abuse at Columbia University's Teen Survey at www.casacolumbia.org.

My Parent/Friend has an Addiction

Part A. Society tells us to help others. We're supposed to think of others first and to "be there" for other people. All of this is true, but only up to a point. Teens need to know that sometimes there is not much they can do about a friend or relative with an active addiction. In these cases, students need to think first about themselves and how they are affected. Ask your students to take the survey in Part A and explain that results of this survey will be private. Stress that if, after taking this questionnaire, students are uncomfortable with their results, you, school guidance counselors, psychologists and social workers are there to help. ■

Part B. Suggest to your class that sometimes the best thing to do is nothing. Explain that your school has trained professionals to help students and people like Mark. And, that while it is

important that a student be a good friend and try to help others through tough times, other people's addictive behaviors are often symptoms of deeper problems that need professional help to remedy.

They also need to know that it's easy to get sucked into another person's addiction—not by exhibiting the addictive behavior themselves, but by

channeling all their time and energy into "helping" the other person. Friends' or relatives' addictions then become the students' addictions. This phenomenon is called *co-dependency* and can ruin everyone's lives. Help students see that taking away someone else's addictive behaviors is beyond their knowledge and experience and needs to be addressed by professionals. ■

Extended Activities

- Ask your school's psychologist or social worker to visit your classroom and discuss his or her role and capabilities. Have this person discuss other experts available within the school and local community.
- Have students role-play to depict what might happen when one person tries to help another with a shopping or food addiction. Have them pay special attention to the effect on the friend who does not have the addiction.

ACTIVITY NINE

Are You Affected?

Part A. Every family member's behavior affects every other member. While a family member with an addiction has a great impact on everyone else, the reverse is also true. Without meaning to, family members can *enable* the addicted person to continue the addiction by covering it up, excusing it, or by pretending it doesn't exist. Ask your students to discuss situations where they may have enabled a friend, neighbor or relative to continue an unacceptable behavior. If your students are uncomfortable with real situations, tell them it's okay to create a fictional one. Be sure to point out that at some point, family members who enable destructive behavior to continue may end up using that as an excuse for their own problems. For example, someone might

say, "How can I finish my homework when I have to be watching my sister all the time?" Students must know that they need to figure out what kind of behavior they can control—their own—and what type of behavior they can't control—that of the addict. ■

Part B. Literature, film, television and advertisements not only portray addictive behaviors, but often make light of them. Sports, music and other entertainment figures with addictions have been in the public eye and sometimes have been put on pedestals. Jimi Hendrix, John Belushi, Darryl Strawberry, Karen Carpenter, Stacy Keach, Chris Farley, Jim Morrison and Ted Kennedy are modern examples

of people whose addictive behaviors have been highlighted by the media. Ask your students to look for examples of addictive behaviors on television shows, paying particular attention to enabling and denial behaviors. ■

Extended Activities

- Have students analyze song lyrics to see if they glamorize addictions.
- Have a discussion on the difference between helping and enabling.
- Ask students to write a short essay on their own family's dynamics or those of a friend.

Getting Help

Part A. By now, students have learned that there are all types of addictions—physical, psychological, social, and emotional. Even something as common as computer use can become an addiction. After completing the questionnaire provided, help your students compile their own questionnaire about a particular area that interests them. Be sure to have them include questions about recognition of an addiction, denial, rationalization, and the price of that addiction on the addict, his or her family and friends. After developing the questionnaire, have them complete it themselves. As a class, and without revealing confidences, discuss the findings of the class's questionnaires. Be sure to discuss the many professionals available in your school who are there to help. ■

Part B. In 1939, an alcoholic named Bill W. wrote a book called *Alcoholics Anonymous* that introduced a new program of recovery called the Twelve Steps. Today, more than 16 million copies of this book (called the “Big Book”) are in print. A large number of programs dealing with other addictions have been based on this approach. Describe the basic principles, which are:

- Admit powerlessness—For the addict, it means admitting he or she can no longer control when the addiction or addictive behavior will begin or end.
- Open up to a source of power outside ourselves—After admitting powerlessness, look elsewhere for such power, however the person chooses to define it.
- Take personal inventory—The inventory will reveal thoughts and actions that fuel the addiction.

- Maintain and strengthen spirituality—Practice new ways of thinking that help the addict recover. ■

Extended Activities

- Ask your students to interview one of the school health professionals to get in-depth information on his or her background and experience, especially regarding addictions.
- Have students research the basics of developing effective questionnaires.
- Have students research Alateen, an organization developed especially for children of alcoholics.
- The definition of higher power, as defined by AA, does not necessarily have a religious connotation. Have your students discuss other definitions of higher power.

ACTIVITY ELEVEN

Find Out For Yourself

Part A. Explain that Alateen is a group especially designed to address the needs of teens affected by the addiction of a friend or relative. It follows the same Twelve-Step process of other “Anonymous” groups and also suggests that Twelve Traditions are also necessary for success of the group. These traditions are:

1. Our common welfare should come first; personal progress for the greatest number depends on unity.
2. For our group purpose there is but one authority—a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
3. The only requirement for membership is that there be a problem of alcoholism in a relative or friend.
4. Each group should be autonomous, except in matters affecting other Alateen and Al-Anon Family Groups or AA as a whole.
5. Each Alateen Group has but one purpose: to help other teenagers of alcoholics. We do this by practicing the

Twelve Steps of AA ourselves and by encouraging and understanding the members of our immediate families.

6. Alateens, being part of Al-Anon Family Groups, ought never endorse, finance or lend our name to any outside enterprise lest problems of money, property and prestige divert us from our primary spiritual aim.
7. Every group ought to be fully self-supporting, declining outside contributions.
8. Alateen Twelve-Step work should remain forever nonprofessional, but our service centers may employ special workers.
9. Our groups, as such, ought never be organized; but we may create service boards or committees directly responsible to those they serve.
10. The Alateen Groups have no opinion on outside issues; hence our name ought never be drawn into public controversy.
11. Our public relations policy is based on attraction rather than promotion; we need always maintain personal

anonymity with press, radio, TV and films. We need guard with special care the anonymity of all AA members.

12. Anonymity is the spiritual foundation of all our Traditions, ever reminding us to place principles above personalities.

There are also nine slogans that members follow.

1. Let Go and Let God—Lets us achieve peace of mind after we know we have done everything possible about a particular problem.
2. Easy Does It—It may take time to find out what is the right pace for us, but if we keep trying, we will find it.
3. Live and Let Live—When it comes to other people's ideas and philosophies, there is no wrong or right way. Just live your life and let others live theirs.
4. Listen and Learn—If we keep an open mind, we can avoid making the same mistakes others have made.
5. Together We Can Make It—Only by truthfulness and trust can we grow.
6. How Important is It?—If we can put

- things into perspective, we can save energy for the things that really matter.
7. **First Things First**—We have to decide which defect is hurting us and others the most, and work on it. The sense of accomplishment derived from this helps us feel better about ourselves.
 8. **Keep It Simple**—Don't make mountains out of molehills. Don't exaggerate problems. Try to get at the core of the problem instead of getting bogged down in details.
 9. **One Day at a Time**—Every day is a new beginning. It can be whatever we make of it.

Ask your students whether they think these slogans are just that—words—or how they think they can apply the thoughts to their own lives. ■

Part B. Have your students attend a local Alateen meeting. They can find the address and time of a meeting by looking up Alcoholics Anonymous in the phone book and calling them. If there is a problem finding an Alateen meeting, they can attend any Twelve-Step program “open” meeting, that is, a meeting open to the public. Suggest that they go with a friend from class. They should pay special attention to the Twelve-Step process, the Twelve Traditions, and the slogans and how they are used to accomplish the purpose of the group. Ask them how they think they can apply what they learned from the meeting in their own lives. ■

Part C. Building trust and reducing isolation are key concepts to the effectiveness of Twelve-Step programs. Here are several exercises to show your students how their

classmates can learn to trust one another. In the first one, use a bar or string suspended about three feet above the ground. The idea is for the group to figure out a way that each member can get over that bar even though some may be short, or heavy or less agile than others. Let the team members figure out various ways to accomplish their goal. If the bar or string gets touched, the team must figure out a new way. In game 2, a group must work together to figure out how to pass a ball around the circle as fast as possible. The first and most obvious way is to make the circumference of the circle smaller, but don't let them stop there. Tell them there are other ways, and see what they come up with. The last idea is to have each member of a pair of students take turns being blindfolded and allowing the other member of the pair to lead the blindfolded student around the school. ■

ACTIVITY TWELVE

They're Here to Help

By compiling and researching a list of a wide variety of local, state and national organizations that can help with addictions, students will know where to get help if they need it. Suggest that students call, e-mail or write for information, including services that are available locally. Make sure that students know that some of these organizations are especially designed to help teens with their own addictions and in dealing with the addictions of family members. ■

Extended Activities

- Invite representatives of several of the local agencies to discuss services they provide.
- Suggest that students visit one or more of these organizations to see, firsthand, how services are provided.
- Ask school officials to come to your classroom to discuss their areas of expertise.

Credits

NO MATTER WHAT THE CONSEQUENCES: A GUIDE TO HELP TEENS RECOGNIZE AND UNDERSTAND ADDICTION

was created by

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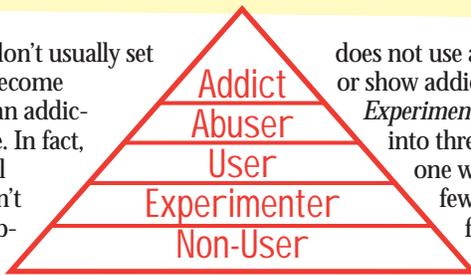
What is Addiction?

In this program, you will learn about addictions and their effects. You will not be asked to divulge any private information but rather to explore the impact of media, culture and society on behavior. Although some exercises are designed to get you thinking about addictions in your own life, you will not be asked to reveal anything you do not wish to discuss.

Part A. Addiction is a compulsive need for a substance (such as drugs, nicotine, food or alcohol) or an action (such as gambling, shopping, sex, even work or exercise) that results in a loss of control and the continued use of that substance or action in spite of negative consequences. Some types of addiction are physiological—when your body needs the chemical reaction produced by the substance or action to keep functioning. Some addictions are psychological—when you develop an emotional dependence on the feeling the substance or action gives you. And some are a combination of both. Of course, we have healthy psychological and physiological needs, too. In the chart below, see how many of each type of need you can list.

Healthy	Addictive	Psychological	Physiological

Part B. People don't usually set out to become addicts. In most cases, an addiction develops over time. In fact, it can be such a gradual process that people don't realize they have a problem until it becomes serious. Basically, use of a drug or activity is an addiction if it's causing problems in your life, and you keep doing it anyway. This pyramid depicts the stages of addiction among teens, showing that addicts have the most serious degree of addiction, but are the smallest group in size. A *non-user* is defined as a person who



does not use addictive substances or show addictive behaviors at all. *Experimenters* can be divided into three categories: someone who tries something a few times, doesn't care for it and returns to non-user status; someone who tries something and doesn't like it, but keeps experimenting due to peer pressure; or someone who tries it and likes it. A *user* voluntarily takes substances or indulges in an action for curiosity, pleasure, to reduce pain or tension, or to escape from unpleasant surroundings, conflicts or feelings. An *abuser* is someone who becomes preoccu-

pied with the action or substance. Finally, an *addict* indulges in a particular action or needs a particular substance just to feel normal. The addict has a continuing physical need and craving, which can only be satisfied with increasingly large amounts of the substance or action. With this information in mind, choose one of these categories of addiction and write a scenario describing addiction from the addict's point of view. Include personal information about the character, the setting in which the addiction is taking place, the personal dilemmas of your character, and the impact of the situation on his or her daily life. Use the back of this page.

Part C. Let's think about how a behavior can spiral from normal to addictive. The chart below describes some everyday examples of normal behavior. For each example,

describe what you think would be an example of addictive behavior. Then add several examples of your own to the chart. (*We've completed one to help you get started.*)

Non-user Behavior	Addictive Behavior
If I have a choice, I'll drink Pepsi with my meals.	I can't start my day without a Pepsi.
I like to go to the mall and shop.	_____
I like spending my free time with my best friend.	_____
I bet my friend a dollar I would win the race.	_____
I'm an ace at video games.	_____
_____	_____
_____	_____

Addictions in Our Society

Part A. According to Dr. Patrick Carnes, a leading addiction counselor, there are over 70 million addicts in the United States today. And, there are many others whose lives are affected each day by the addict. While alcohol and drugs are

probably the most well known, there are many types of addiction.

Given the definition that addiction is “a compulsive need for a substance (such as drugs, nicotine, food or alcohol) or an action (such as gambling, shopping,

work, sex or exercise) that results in a loss of control and the continued use of that substance or action in spite of negative consequences,” identify as many types of addictions as you can.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Part B. The media has played a large part in informing us about addictions as well as perpetuating them. It has shown addictions’ dev-

astating effects as well as making addictive behaviors seem commonplace and even “normal.” In the chart below, name a movie, television show and commer-

cial where you notice addictive behavior, and then decide whether the portrayal of this behavior is supposed to appear acceptable or desirable.

	Type of Behavior	Outcome of Behavior
Movie:		
Television Show:		
Advertisement:		

Then choose one of these categories (movies, TV or ads) and, in the space at right, write a short scenario describing a more realistic outcome to the behavior exhibited in your examples above.

Example: _____
 New outcome: _____

Part C. Music plays a major role in our lives. Melodies and lyrics reflect desires, needs and behaviors. Think about the various types of music that you listen to and then analyze the meaning of the lyrics. In the spaces at right, list two musical artists, a particular song by each artist that has meaning in this study of addiction, and some of the lyrics that might reflect addictive behavior. What is this musical artist telling you?

Artist: _____	Artist: _____
Song: _____	Song: _____
Lyrics: _____	Lyrics: _____
_____	_____
Message: _____	Message: _____
_____	_____

Who is an Addict?

Part A. Ever wonder why addictions often begin during the teen years? What characteristics of adolescence make addictions more of a possibility? Here is a list of eight characteristics of a typical, normal teen, according to the results of research conducted by David E. Dangerfield, DSW, and Michael H. Shaffer, MSW.

They have found that teens are typically:

1. Self-conscious
2. In conflict with their family
3. Attached to a peer group
4. Seeking conformity and popularity
5. Preoccupied with bodily characteristics, i.e., length of hair, height, weight
6. Trying to create a personality
7. Focused on their sexual being, i.e., attractiveness to the opposite sex

8. Idealistic, i.e., searching for sincerity and honesty in people

Using these characteristics, write a letter on another sheet of paper to a real or fictitious classmate or friend. Explain your concern that these normal characteristics might be becoming excessive and might therefore play a role in your friend's or classmate's problematic behavior.

Part B. Being able to successfully deal with criticisms and compliments is part of developing self-esteem. In the space below, write five negative and five positive things people said about you in the course of the past 24 hours. Then, try to remember and write down five things you said to yourself during this same time period. (This is called "inner speak," and it goes on a lot in most of us throughout the day.) Decide whether you think the criticism or the compliment was valid and how it impacted you—was it something you felt impelled to change about yourself, was it something you just threw off, or was it something that made a positive or negative impact on your actions or your day? Did you find that you were your own best friend or enemy?

Criticism	Impact
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
Compliment	Impact
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
What you said to yourself	Impact
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

What have you learned about yourself from this exercise? (You need not share your findings with your classmates.)

Part C. People in our society, particularly teens, are bombarded with mixed messages about right and wrong. For example, adults generally agree that teens should not be using alcohol or drugs. However, many adults see nothing wrong with teens drinking three or four cups of coffee or cola to stay up to study for an exam. Politicians and news reports dramatize addictive behaviors as one of the biggest crises facing today's youth; however, advertisements sponsoring those news reports often focus on drugs, wine and dieting.

Stop and take a hard look at messages being conveyed by your teachers, your parents, your friends and the media. Write down some examples, both direct and contradictory.

1. _____

2. _____

3. _____

As part of a class discussion, analyze whether these messages are in conflict.

Peer Pressure and At-Risk Behavior

Part A. The term *peer pressure* usually has a negative connotation. But, that isn't always true. Peers can have a positive influence on behavior just as often as a negative one. A teen's peer group is a new kind of adult society, not like their parents', but one that gives them their own sense of definition. Peer groups give teens emotional support. Peer groups help teens achieve the two primary tasks of

adolescence—finding answers to the question “Who am I?” and helping teens discover that they can be successful and independent people apart from their parents. One problem with peer groups is that they can become cliques, based on personality types and abilities.

Divide into groups and label yourselves according to groups you see most often in your school (i.e., jocks, intellectuals,

A/V people, music buffs, druggies, burnouts). Each group is running to get a majority on the student council. Prepare a platform speech outlining why your group should have more influence in your school. When you are done, decide, as a class, what would happen to your school should each group win.

Below, write your thoughts on the perfect school.

Part B. There are many techniques that can be used to influence people's choices. Recognizing that these tactics exist helps people make better, independent decisions. In the exercise below, write a typical example of each persuasive method. We've done one for you for each type.

The Bandwagon: Everybody is doing it, and you'll be left out if you don't.

Example: *Hey, Jack, everybody's taking one of these. You gotta try it.*

Name Calling: Uses hurtful or manipulative words to get the desired emotional response.

Example: *What are you, chicken?*

Innuendo: Something is implied without anyone coming right out and saying it.

Example: *Bob's parents let him have parties when they're not home because they trust him.*

Transfer: Arouses feelings about a person or situation and then transfers those feelings to a different person or situation.

Example: *Sarah's got a lot of friends. Maybe if I hang with her, I will, too.*

Generalizing: This technique uses a lot of description with no facts.

Example: *Emily knows about style and can make me look better.*

Bargain or Free: You get something for nothing or for a fraction of what it's worth.

Example: *This dress is on sale just for today, so can I have next week's allowance now?*

Snob Appeal: Gives the idea that if you appreciate this, you're a cut above average.

Example: *You've got so much money, you can afford to have a good time.*

Modernism: This is a new idea, so it has to be good.

Example: *It's the 21st century. Get with the program!*

Old-fashioned: This is the way it's always been done, so it has to be right.

Example: *People have been drinking forever. If it were so bad, they'd all be dead by now.*

Personal Attack: Instead of addressing the issue, the person is discredited.

Example: *You're a nerd. Everybody does it. It's no big deal. You're just afraid.*

It Could Be Worse: A worse situation is named, in the hopes you'll be better able to accept the current situation.

Example: *It's only a cigarette. It's not heroin or anything.*

Quoting Authority: An authority is cited, with the assumption that the authority couldn't possibly be wrong.

Example: *Kerri and Tess know all about drugs, and they said it's okay.*

Part C. With these techniques in mind, break into groups and develop a skit based on common occurrences in your school, such as an upcoming dance, deciding whom to go with to the football game, getting your report card, or dealing with a particularly difficult teacher. As each group performs its skit, the rest of the class should list, on the back of this page, some of the persuasive techniques used to exact the desired reaction.

Addictive Thinking

Part A. Addictive thinking is distorted thinking. Pretending you don't have a problem when you really do is called *denial*. And when you deny a problem, you don't deal with it. Why might someone deny having a problem? Write your thoughts in the space below.

Here are some things people say when they deny their problems:

- "That may be a problem for some people, but not for me."***
- "I used to think getting good grades (or sports or drama or music) was important, but I've grown out of that."***
- "I only drink on weekends."***
- "I used to like Molly, but now she doesn't understand me."***
- "Everybody smokes. I'm no different than anybody else."***

Another distorted thinking is called *rationalization*—the ability to explain away addictive behavior. Try to think of some examples and write them down in the space below. We've done the first one to help you get started.

1. ***I'm too young to be an alcoholic.***
2. _____
3. _____
4. _____
5. _____

Part B. Here are three case histories. After you read them, discuss the distorted thinking involved. Include examples of denial and rationalization, and include what you think the person was searching for in life, that ended up getting lost in addiction.

Case 1:

My name is Jenna. I started doing drugs when I was 11 or 12. First I was smoking, sniffing glue, thinking nothing at all would happen to me. I knew I could stop at any time. I was having family problems, fighting with my parents just 'cause I did drugs or whatever it was. I stopped for five months with the help of a Narcotics Anonymous group, but it was too hard. I did drugs again when I was 16 because my parents were going through a divorce, and it was hard to cope with things. Acid really messed me up. Now I see the side effects everybody told me about that I thought was a lie—stuff parents say just to protect you.

Case 2:

My name is Barry, and I'm 17. Ever since I can remember I've been on a "see food" diet—when I see food, I eat. I was never very good at sports like most of the other kids. In fact, I hated sports. The truth is, I'd really rather read a good book. But that's not too cool after school these days. So I decided to try some other things like our school drama club and debate team, but most of the other kids had been doing these things since freshman year and were definitely better than me. I quit them both and just decided to go home and do my homework. Now I'm about 35 pounds overweight and not a very pleasant person to be around.

Case 3:

My name is Jay. I'm a straight-A student, but I've only got a 92 average in chemistry, so I've been going to after-school help for the past week. I'm really mad because the teacher can't come today, some sort of big family crisis. That's really not fair because I need to ace the test next week. There's no way I could ask anybody else in my class because they don't know anything. I guess I'll just have to do it myself. I'll get that grade whatever way I can.

Part C. High school is a time when teens explore relationships between the sexes. While sometimes difficult, most experiences are normal. Relationships vary in duration, intensity and commitment. You know people who seem to "be in love" with a different person every week, and others who find comfort in knowing that they can depend on a particular person for a long time. You probably also know people who become so involved in each new relationship that they drop their friends and stop doing the things they used to do. Sometimes these relationships get to the point where one person becomes dependent on the other to the point of addiction. That person thinks that the role of girlfriend or boyfriend requires sacrificing everyone and everything else for the relationship. The person thinks that only this type of devotion will prove how important he or she is to the other, and that this will force the other person to return the devotion.

In the space below and as part of a class discussion, discuss what you think are the characteristics of a healthy relationship. Think about whether the criteria are different for a male and a female.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The Price of Addiction

Part A. The Emotional Price

When people are in an active addiction, they seem unable to stop behaving in the way that may ruin their lives. The only thing that's important to them is being able to continue doing what they believe makes them feel better, at any cost. They often think they're bad, but try not to let anyone else know that. They think that if people knew the truth, they would not or could not love them. They feel doomed, so they do it again. And for a little while, they don't feel so bad. The cycle keeps repeating itself. As addicts feel worse and worse, they crave more of the addictive substance to numb the pain. Over time, the addict spins more and more out of control, taking greater risks and putting his or her life in greater jeopardy.

Between the ages of 13 and 19, teens are developing lifelong patterns of coping emotionally with whatever life deals them. Learning to cope is not limited to just serious situations. Handling social experiences is vital to dealing with daily issues of identity, peers and sexual relationships.

On the back of this page, write an outline for a fictional or factual scenario depicting the effect of someone's addictive disease on a normal teenage emotional experience. Think about these points to help you get started:

- Teenage character(s) in the story
- Other character(s) in the story
- Situation the character(s) confronts
- Emotional experience caused by the situation

In the space below, describe how your story would differ if a non-addictive person were dealing with the same situation:

Part B. The Physical Price

Addictions take an enormous physical toll on the human body. Do some research to learn their effects.

Addiction	Symptoms of Use	Dangers
Alcohol		
Amphetamines		
Anorexia		
Bulimia		
Cocaine		
Ecstasy		
Exercise		
Hallucinogens		
Heroin		
Inhalants		
Love/Sex Addictions		
Marijuana		
Overeating		
Tobacco		
Tranquilizers		
Work		

What are the universal social effects of these addictions?

Part C. The Monetary Price

The health care, productivity, accident, and criminal justice costs of addictive behavior to our society are mind-boggling. In 1995, the total costs to our society of alcohol and drug abuse through accidents, health care, and loss of productivity were estimated at \$245.7 billion! And that is only one area of addictive behavior. Go online to the Web site of the Centers for Disease Control and Prevention at www.cdc.gov/tobacco/medicexp.htm to discover the medical expenses attributed to cigarette smoking in the United States. Here are some specific facts to find:

What percentage of total U.S. health care costs is attributable to smoking? _____

Direct medical costs related to smoking totaled: _____.

In calculating the amount of smoking-related medical costs, what was not included in the calculations, thus making this a very low estimate?

When dollars are calculated in billions, they seem to lose meaning. If you were giving a speech, how would you get your audience to understand the true meaning of billions? Share your ideas with your classmates.

Think of something that you "use" to feel better—cigarettes, music, body piercing, video games, alcohol or shopping, for example, and then figure out how much you spent on that product or activity in one month. Does the amount surprise you?

What are the Trends?

Part A. Nearly 70,000 persons completed a recent National Household Survey on Drug Abuse, a project of the Substance Abuse and Mental Health Services Administration (SAMHSA). It showed some astonishing results. For example, 14.8 million Americans used illicit drugs in 1999, and 45 million Americans drank five or more drinks on one occasion during the 30-day period before completing the survey. Log on to: www.samhsa.gov/oas/ for the most recent survey to find answers to the following questions.

Year of Survey: _____

This primary source of information on the prevalence and incidence of illicit drug, alcohol and tobacco use in the civilian population age 12 and older provides national estimates on:

1. _____
2. _____
3. _____
4. _____
5. _____

What percentage of youths ages 12-17 used illicit drugs that year, and what was the major illicit drug used by this group?

How many million Americans reported current use of tobacco products?

What percentage of American youth smokes cigarettes by:

Age 12? _____ Ages 12-17? _____ Ages 18-25? _____

How many underage drinkers (ages 12-20) were there in that year?

Of this group, how many classified themselves as binge drinkers (having 5 or more drinks on one occasion)?

Choose one of the following: marijuana, heroin, prescription-type pain relievers, or cigarettes, and identify trends among first-time users.

Part B. Look up the results from your state and area of the country and report your findings.

What conclusions can you draw from the information you found for your state and region versus addiction rates around the rest of the country?

Part C. Based on information you found in the Household Survey on Drug Abuse, write down the dangers you feel are particularly relevant to your school and classmates.

1. _____
2. _____
3. _____
4. _____
5. _____

Then, as a class, use your research and ideas to develop a series of public service announcements that can be aired on your school's public address system. To supplement these ideas, develop print messages to post along school hallways and in classrooms.

My Parent/Friend has an Addiction

Part A. The first step in dealing with an addictive behavior of a relative or friend is to realize that there really isn't much you can do to stop it. Programs such as Alanon, which is for families dealing with addiction, teach that "You didn't cause it, you cannot control it, and you cannot cure it." That person's addictive behavior is his or her problem. You can't take their pain away. What you can do is recognize how the problem is affecting you. Alateen, an organization for young people who have been affected by someone else's drinking, has developed a questionnaire to help teens decide whether they have a problem with a loved one's drinking. You also can apply this questionnaire to other addictive behaviors and to the behaviors of friends, relatives or acquaintances with problems.

1. Do you have a parent, close friend, or relative whose addictive behavior upsets you or someone else?
2. Do you or a friend cover up your real feelings by pretending you don't care?
3. Does it seem like every holiday is spoiled because of an addict's behavior?
4. Do you or a friend tell lies to cover up this person's behavior or what's happening at home?
5. Do you stay away from home because you hate it there? Do you have a friend who feels this way?
6. Do you feel nobody loves or cares about what's happening to you? Do you have a friend who feels this way?

7. Are you afraid or embarrassed to bring your friends home? Do you have friends who are reluctant to invite you to their homes for the same reasons?
8. Do you think the behavior of others is caused by you, other members of your family, friends or by rotten breaks in life?
9. Do you, or do you hear a friend, make threats to a parent, such as, "If you don't stop, I'll run away?"
10. Do you, or do you hear a friend, make promises, such as, "I'll do better in school, go to church, or keep my room neat" in exchange for a promise that the addictive behavior of a family member will stop?
11. Do you ever threaten to hurt yourself, or actually hurt yourself, to scare your parents into saying "I'm sorry" or "I love you"?
12. Do you feel that no one understands how you feel? Do you hear friends say they feel that way?
13. Do you think that if the abuser stopped the addictive behavior, your problems would be solved?
14. Do you ever treat other people unfairly because you are angry with the person who has the addiction?

Consider your answers very carefully. If you think that your life or a friend's life is being adversely affected by the addictive behaviors of family members, look for help. There are helpful resource suggestions listed in the last activity of this guide.

Part B. Imagine this scenario. Your friend, Mark, is showing greater and greater signs of gambling addiction. Every time you're with him, you see money either being exchanged or promised. You think he may be taking bets for a local book. He's always asking for a couple of bucks to pay someone back. You're not spending much time with him out of school anymore. What do you do? Write some possible ways to deal with this situation.

1. _____
2. _____
3. _____
4. _____

It's easy to get trapped into the addictive behavior of a friend without performing the same actions. When a friend comes for advice, you probably feel that you need to preserve that friend's trust and confidence. You may become so involved in covering

for your friend or trying to help that you neglect your own needs. That is called co-dependency. Your life revolves around your friend and his problem.

Before you can help a friend you have to know yourself. What characteristics about yourself should you think about in deciding the best way to help someone? For example, do you normally take on more than you can handle? Are you willing to break a confidence? In the space below, write both positive and negative aspects of your personality that you should consider when deciding whether to get involved.

1. _____
2. _____
3. _____
4. _____

As a class, discuss your options and formulate the best strategies for helping Mark with his gambling problem.

Are You Affected?

Part A. The behavior of every member of a family affects every other member. It is not true that the addict is responsible for every bad thing that happens in a family, nor is it true that anyone but the addict is responsible for the addictive behavior. What is true is that members of a family develop patterns of behavior that affect the addict. This behavior is called *enabling* because it allows the addict to continue the addictive behavior. For example, the family is planning a holiday celebration and everyone pitches in—everyone except the addict because other family members say, “Don’t expect John to help. You know you can’t depend on him.” Here’s another example. The morning of another family dinner arrives, and the father walks into the house drunk or stoned. Everyone jumps into action to make sure the father will be fine by dinnertime, so that none of the other relatives will see that anything is wrong.

In the space below, give an example of how you or someone you know might have helped another person continue addictive behavior.

What could have been done that would have been more beneficial?

Part B. Film, television and literature are full of characters exhibiting addictive behaviors. For example, *As Good As It Gets*, *Wall Street*, *The Verdict*, *Amadeus*, *Arthur*, *Schindler’s List*, and *The Color of Money* come to mind. In literature, consider Dr. Jekyll, Captain Ahab, Hamlet, Othello or Sherlock Holmes. Television is full of commercials and sitcoms where characters make light of addictive behaviors. Also consider sports and entertainment figures who have been excused or even revered for their addictions.

From these suggestions, or from your own knowledge, describe below four examples of addictive, denial and enabling behaviors. Try to show examples from each of the categories listed above—literature, television, sports and entertainment.

Source: _____

Character with the addiction: _____

Evidence of denial: _____

Enabling character: _____

Evidence of enabling: _____

Source: _____

Character with the addiction: _____

Evidence of denial: _____

Enabling character: _____

Evidence of enabling: _____

Source: _____

Character with the addiction: _____

Evidence of denial: _____

Enabling character: _____

Evidence of enabling: _____

Source: _____

Character with the addiction: _____

Evidence of denial: _____

Enabling character: _____

Evidence of enabling: _____

Then, bring in examples from magazines, newspapers, songs or television shows giving recent evidence of denial and enabling behaviors. Share them with your class.

Getting Help

Part A. People say that “the longest journey begins with a single step.” In the case of addictions, that first step is recognizing the problem. The next step is admitting that a person needs help. And, the third step is actually reaching out and asking for help. These may seem like very simple things to do, but for people with addictions, these three steps can be almost impossible.

There are many ways to recognize that you have a problem—teachers, family, friends or religious counselors all may come to talk to you. Most national and local organizations dealing with addictions have counselors and information to help you make the decision to get help. Here is a typical survey available online at www.stresscure.com/hrn/addiction.html. Take the test and then answer the questions below.

1. Do you spend more time than you think you should surfing the Net? Yes No
2. Do you feel you have a problem limiting the time you spend on the Net? Yes No
3. Have any of your friends or family members complained about the time you spend at the computer? Yes No
4. Do you find it hard to stay away from the Net for several days at a time? Yes No
5. Has either your work or your personal relationships suffered as a result of spending too much time at the computer? Yes No
6. Are there particular areas of the Net, or types of files, you find hard to resist? Yes No
7. Do you have trouble controlling your impulses to purchase items, products or services on the Net? Yes No
8. Have you tried, unsuccessfully, to curtail your use of the Net? Yes No
9. Do you derive much of your pleasure and satisfaction in life from being on the Net? Yes No

If you gave between 0-3 Yes answers, you probably have very little probability of becoming addicted to the Net. If you have 7-9 Yes answers, you may be addicted and should seek counseling. If you gave 4 Yes answers, you are borderline. And if you gave 5-6 Yes answers, you may have a greater chance of developing a problem.

The definition of an addiction is a compulsive need for a substance (such as drugs, nicotine, food, alcohol) or an action (such as gambling, sex, shopping online, on shopping networks and at the mall, or even work or exercise) that results in a loss of control and the continued use of that substance or action in spite of negative consequences. Which questions in the survey at left help test-takers recognize that they have an addiction?

Which questions address a psychological need for surfing the Net?

Which concern denial and rationalization?

Which deal with the price that addicts pay for their behavior?

Which deal with the price family members or friends pay?

Now look at this survey again and use the information you have gained from the other activities in this kit to develop your own survey. Choose an addictive behavior that is of particular interest or concern to you. Change the wording in the survey above to fit the behavior you wish to analyze or design a totally new set of questions. Then take the test yourself. Are you surprised at the results?

There are many resources available to you if you need help either for yourself or because you are dealing with a friend or family member with an addiction. Your school counselors, psychologists, social workers and administrative personnel have expertise in this area, and they know of outside resources for you to contact. You can begin to get the help you need right in your own school.

Part B. More than 60 years ago, two alcoholic and heroic men, Bill W. and Dr. Bob, joined together for their mutual support in the belief that only alcoholics really understand the struggles of others suffering with that disease. Together, they founded Alcoholics Anonymous (AA), which has become the model for the Twelve-Step programs that help people around the world recover from all kinds of addictions. Today, there are over two million people worldwide recovering from alcoholism using Alcoholics Anonymous. Research the Twelve-Step process and write the steps at right.

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Why do you think programs that adhere to these steps have been successful?

Find Out For Yourself

Part A. In 1957, the first Alateen group was formed in California by the teenage son of parents attending Alcoholics Anonymous. Now there are thousands of Alateen groups worldwide. Their goal is to provide a fellowship of young people whose lives have been affected by the alcoholism of a family member or friend. These teens help each other by sharing their experiences, learning about alcoholism, and concentrating on their personal growth in order to lessen the harmful effects of alcoholism on their lives.

Alateen members apply the Twelve Steps of AA to themselves while following the Twelve Traditions and nine slogans.

Research the Traditions and write them below.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

8. _____
9. _____
10. _____
11. _____
12. _____

Here is a list of the slogans. Write what you think they mean. On the back of this page, write how they might help a teen dealing with the addictive behavior of a parent or friend.

1. Let Go and Let God _____
2. Easy Does It _____
3. Live and Let Live _____
4. Listen and Learn _____
5. Together We Can Make It _____
6. How Important is It? _____
7. First Things First _____
8. Keep It Simple _____
9. One Day at a Time _____

Part B. Find a local Alateen meeting in your area. You can locate a group by looking up an Al-Anon listing in your phone book. Just call and ask for the Alateen group nearest to you, when and where it meets, and explain your purpose in attending the meeting. If there is no Alateen meeting near you, then try to locate a meeting of any program in your community following the Twelve-Step process. Contact that organization to find out if it is an "open" meeting, that is, if anyone in the community can attend. Then, either by yourself or with a friend, attend a meeting and answer the questions below.

Meeting location: _____

Addiction: ex. alcohol _____

Number of people in attendance: _____

Type of meeting: ex. Guest speaker, personal stories, panel discussion, business meeting, discussion meeting, literature meeting

Meeting leader: _____

In class, talk about:

- Topics discussed
- How were the Twelve Steps addressed?
- How were the Twelve Traditions addressed?
- How were the slogans addressed?
- What are the merits of the program you attended?
- What did you learn from attending this meeting?

Part C. Twelve-Step programs are built on trust and on reducing a person's feelings of loneliness and helplessness. Here are some examples of trust-building exercises for you to do as a class.

1. Get into groups of 8-10 people. Figure out a way for each of you to get over a bar or string that your teacher will erect. Everyone in your group must get over it, and no one can touch the bar or string while trying. If that happens, your group must figure out a way for that person to succeed.

2. Once again, get into groups of 8-10 and form a circle so that each of you is about a foot apart. Your teacher will give each group a ball and your job is to figure out what is the best way to pass that ball from person to person the fastest way possible. You can change the size of your circle, but you must stay in a circle.

3. Divide into pairs. Blindfold one person and have the other lead the blindfolded person around the classroom, and if possible, around the school. Then switch places.

What did you learn from these games?

They're Here to Help

Part A. Do some research on three or more of the organizations below to find out about local, state and national resources. Many offer 800 numbers, written materials and Web sites to help parents and teens. Report your findings to the class.

1. **National Institute on Drug Abuse**
1-800-662-HELP
Confidential information and discussion for all ages, referral services for those seeking treatment.
www.health.org
2. **National Council on Alcoholism & Drug Dependence**
1-800-NCA-CALL
Open 24 hours a day to send information and refer calls to local NCA affiliates for counseling and treatment referral. www.ncadd.org
3. **Parents' Resource Institute for Drug Education (PRIDE)**
1-800-241-7946
Information, free materials and referral to local parent groups.
www.prideyouth.com
4. **National Drug Abuse Treatment Referral and Information Service**
1-800-COCAINE
Information, counsel and referral to treatment centers.
www.drughelp.org
5. **Partnership for a Drug-Free America**
1-212-922-1560
Communications materials and campaigns designed to change public attitudes about drugs, making them less attractive.
www.drugfreeamerica.org
6. **Mothers Against Drunk Driving**
1-800-GET-MADD
Develops public awareness programs at chapter, state and national levels to stop drunk driving and support victims. www.madd.org
7. **Alcoholics Anonymous World Services**
1-212-870-3400
International fellowship of individuals with drinking problems.
www.alcoholics-anonymous.org
8. **National Inhalant Prevention Coalition**
1-800-269-4237
Explains the dangers of inhalants, develops prevention campaigns and answers questions.
www.inhalants.org
9. **Gamblers Anonymous**
1-213-386-8789
Provides a fellowship for compulsive gamblers to deal with and overcome their addiction.
www.gamblersanonymous.org
Also, www.gam-anon.org
(1-718-352-1671 for spouses, family members and friends of compulsive gamblers)
10. **Overeaters Anonymous, Inc.**
1-505-891-2664
Overeaters Anonymous is a fellowship of individuals who, through shared experience, strength and hope, are recovering from compulsive overeating.
www.overeatersanonymous.org
11. **American Anorexia Bulimia Associates, Inc.**
1-212-575-6200
Information for those with eating disorders and for their friends and family.
www.aabainc.org
12. **American Lung Association**
1-212-318-7000
Fights lung diseases with special emphasis on asthma, tobacco control, and environmental health.
www.lungusa.org
13. **American Medical Association**
Information on drug, alcohol and tobacco-abuse prevention.
www.ama-assn.org
14. **Workaholics Anonymous**
1-510-273-9253
A 12-step program to curb this addiction.
www.people.ne.mediaone.net/wa2
15. **Center for Internet Studies**
1-800-504-7000 ext. 14
Resource for information on cyber living, Internet and computer addiction.
www.virtual-addiction.com
16. **Al-Anon Family Group Headquarters, Inc. & Alateen**
1-888-4AL-ANON
To help families and friends of alcoholics recover from the effects of living with the problem drinking of a relative or friend. Similarly, Alateen is the recovery program for young people. Alateen groups are sponsored by Al-Anon members.
www.al-anon.alateen.org
17. **Co-Anon Family Groups, Inc.**
1-770-928-5122 Atlanta, Georgia
1-714-647-6698 Orange County, California
1-818-377-4317 Los Angeles, California
1-520-513-5028 Tucson, Arizona
A fellowship of men and women who are husbands, wives, parents, relatives or close friends of someone who is chemically dependent.
www.co-anon.org
18. **Debtors Anonymous**
1-781-453-2743
A fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from compulsive debting.
www.debtorsanonymous.org
19. **Domestic Violence Anonymous**
1-415-681-4850
A program for women and men who, through shared experience, strength, hope and honesty, are recovering from domestic violence.
www.baylaw.org
20. **Eating Addictions Anonymous**
1-202-882-6528
A 12-step recovery program for men and women recovering from all forms of eating and body-image addiction.
www.dcregistry.com/users/eatingaddictions/index.html
21. **Families Anonymous, Inc.**
1-800-736-9805
A Twelve-Step, self-help, recovery and support-group fellowship for relatives and friends concerned about a loved one's problems with alcohol, drugs or behavioral problems.
www.familiesanonymous.org

They're Here to Help (continued)

22. Marijuana Anonymous
 1-800-766-6779
 Dedicated to the recovery of marijuana addiction.
www.marijuana-anonymous.org

23. Narcotics Anonymous
 1-818-773-9999
 Narcotics Anonymous is an international, community-based association of recovering drug addicts.
www.na.org

24. Nar-Anon Family Groups Headquarters, Inc. & Nar-Ateen
 1-310-547-5800
 Nar-Anon is a family support group for people dealing with addiction of family and friends.
www.naranon.com

25. Nicotine Anonymous
 Nicotine Anonymous® is a fellowship of men and women helping each other to live lives free of nicotine.
www.nicotine-anonymous.org

26. Sex and Love Addicts Anonymous
 1-781-255-8825
 Sex and Love Addicts Anonymous is a Twelve Step—Twelve Tradition-oriented fellowship based on the model pioneered by Alcoholics Anonymous.
www.slaafws.org

27. Sexaholics Anonymous
 1-615-331-6230
 Sexaholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover.
www.sa.org

28. S-Anon International Family Groups, Inc.
 1-615-833-3152
 S-Anon is a fellowship of people who share their experience, strength and hope with each other so that they may solve their common problem of sexaholism in a relative or friend and help others to recover.
www.sanon.org

Part B. In the space below, compile a list of organizations in your own community that offer help and the types of programs they offer.
