

# Refuse, Remove, Reasons



## IMPLEMENTATION GUIDE



**Connect with Kids**

- Alcohol and Tobacco
- Marijuana
- Steroids, Rx and OTC Drugs
- Consequences



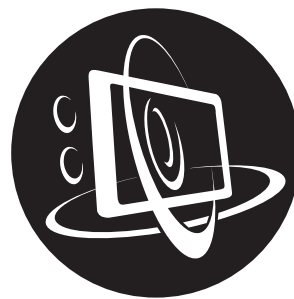
**Connect with Kids**



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

**This Resource Guide is designed to accompany the ADAPP DVD Mini-Segments on Alcohol and Tobacco, Marijuana and Steroids, Rx and OTC Drugs, and Consequences. This guide includes the following materials for each topic:**

- Introduction
- Prevention Counselor Instructions
- Discussion and Self-Reflection Questions
- Lesson Plans
- Follow-up Student Activities
- Fact Sheets



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## Refuse, Remove, Reasons



## Introduction

The Archdiocese Drug Abuse Prevention Program, in partnership with Connect with Kids, has developed the Refuse, Remove, Reasons Curriculum, a substance abuse prevention education program for high school youth. Using media, the curriculum consists of four class lessons and three homework assignments. Accurate and age-appropriate information about alcohol and tobacco, marijuana, steroids, over-the-counter and prescription drugs, as well as the consequences of risky behaviors is provided.

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

### The Mutual Aid Model

For nearly 35 years, the New York Archdiocese Substance Abuse Prevention Program (ADAPP) has provided comprehensive substance abuse prevention services targeted at universal, selected and indicated populations. ADAPP's approach has long incorporated proven strategies designed to reduce risk factors related to substance abuse, as well as to increase protective factors needed to live healthy productive lives.

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

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

### Key Concepts Essential to Mutual Aid Model

#### Preparation

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

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

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



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### Introduction *(cont.)*

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

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

#### **Key Dynamics to Establish Mutual Aid**

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

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

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

#### **Sharing Data**

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

#### **The Dialectical Process**

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

#### **Mutual Support**

The “Remove, Refuse and Reasons” curriculum provides students with the opportunity to receive support and validation from the prevention counselor and each other as they participate in activities and discussions which ask them to explore their struggles and need to make wise choices. When



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### Introduction *(cont.)*

appropriate, the prevention counselor guides students toward supporting their peers by asking them to react and give feedback. Allowing adolescents to support each other in their struggle to develop personal ways to refuse and remove themselves from situations that involve substances is developmentally appropriate and makes use of the power of the peer group.

#### **Mutual Challenge**

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

#### **Individual Problem Solving**

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

#### **Rehearsal**

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

#### **The “Strength-in-Numbers” Phenomenon**

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



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## Refuse, Remove: Alcohol and Tobacco

### PREVENTION COUNSELOR INTRODUCTION:

This is the first session in an alcohol and drug prevention program entitled “Refuse, Remove, Reasons.” Four of the sessions will be conducted in the classroom. During these sessions we will watch a video together in class and complete an activity together. In addition, you will independently watch three other videos and write a response to a self-reflection activity for homework. The goal is to provide you with an opportunity new information, dialogue with your peers and self-reflect on your own attitudes, beliefs and behaviors related to drugs and alcohol. Upon completion of this program, the objective is that you will have more options for responding when faced with the pressure to use alcohol and drugs. We know teens face many pressures when it comes to drugs and alcohol. I think everyone in this room can relate to that. Some of the pressures are external, like the media and peers, and others may be internal, the pressures you face in your personal life. Over the next four sessions, we hope you are able to listen and support each other and to offer ideas and suggestions in order to learn from each other.

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

### WATCH DOCUMENTARY

### AFTER VIEWING DOCUMENTARY, THE PREVENTION COUNSELOR CONTINUES:

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

1. In the documentary, Patricia says, “When it’s your close friends and everyone is doing it you feel like I should do this.” Have you been in a situation in which you thought you should be drinking like everyone else? What did you do? Why? Do you look back on this as the right thing to do? Why or why not?
2. *(NOTE to PREVENTION COUNSELOR: Draw a scale on the board, either a horizontal line or a vertical scale in the shape of a thermometer, and mark it in evenly spaced increments of 1-5. Ask students to draw one on a sheet of paper.)* Say, on a scale from 1 to 5, with 5 being the easiest and 1 being the most difficult, where do you place yourself in your ability to say no to cigarettes? What about with alcohol? What do you need to call on within yourself to say no? What would help you or make you move along the scale? Why?





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### Refuse, Remove: Alcohol and Tobacco *(cont.)*

3. Has anyone said something to refuse alcohol or cigarettes? What has worked? Take a few minutes to write out some realistic things you could say to refuse alcohol or cigarettes; remember that using your parent as a scapegoat is a perfectly acceptable way out (i.e., “My parents would ground me forever,” or “My Dad would kill me if I drank.”)  
Now, turn to the person next to you and try them out to see if they sound believable or if they would work. Give each other feedback.
4. Why is it important to think about your possible actions or words to refuse alcohol and cigarettes before you find yourself in a situation?
5. In the documentary, Manny says he drank at a party and then suffered horrible post-drinking consequences which, combined with his athletic goals, convinced him that getting drunk just because everyone else is getting drunk just isn't worth the pain the next day. What immediate consequences would convince you it is not worth drinking at a party? Make a list.
6. Several of the people in the documentary give reasons not to date someone who smokes, including Jay who says, “Anytime they were smoking, I'd be like, ok, date's over. Cause, I don't know, I don't want to kiss someone with smoke breath.” List at least three other reasons the documentary kids give for avoiding someone who smokes. Are these realistic? Why or why not?
7. Some people give the excuse, “Everyone's doing it,” but research has shown that this is not true. According to the 2005 SAMHSA National Survey on Drug Use and Health, 28.2% of persons ages 12-20 reported drinking alcohol in the past month. The same study states 85.6% of youths ages 12-17 reported that they strongly or somewhat disapprove of peers having one or two drinks of an alcoholic beverage nearly every day. Why do you think this discrepancy between statistics and assumptions exists? Do you think the belief that everyone is indeed doing it makes other people your age smoke and drink?
8. What do the kids in the video do instead of drinking/smoking, etc.? Do you do similar things or are there other things you do?





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## Refuse, Remove: Alcohol and Tobacco

### Activity: Messages Everywhere

#### PREVENTION COUNSELOR:

Let's explore this topic even further with an activity.

#### PROJECT AND PURPOSE:

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

#### OBJECTIVES:

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

#### MATERIALS:

*NOTE TO PREVENTION COUNSELOR: Before the class begins you will need to research Internet sites and advertising to find appropriate, current materials to use in the class. If Internet service is available in the classroom and can be projected on a large screen for the class to see, pre-select at least one site with videos that show teen alcohol consumption.*

Messages Everywhere worksheet

#### PROCEDURE:

1. Say: In the documentary, we hear how a lot of kids feel about cigarettes and alcohol and how they deal with pressure from their friends. However, the messages teens get from the media, from their family, as well as the messages we give ourselves influence our decisions to smoke or drink. First we are going to analyze the messages directed at you every day on billboards, in newspapers and magazines, on television, in movies, on the Internet: anywhere there is media, you receive messages about drinking and smoking.
2. Give each student the Messages Everywhere sheet. Explain that we are first going to focus on the media message. Ask them to write down messages they see or get from the media. (*NOTE TO PREVENTION COUNSELOR: If possible, show the class an example of how one of the Internet sites presents teens involved in binge drinking. If this is not available, ask students how they have seen teen drinking presented on Internet sites such as YouTube or on television or in the movies.*) Break students up in to five or six small groups have them select a recorder and a reporter, answering the following questions:
  - What seems to be the message the media portrays about alcohol use?
  - What is the media trying to say with their message?
  - How is it trying to influence you?



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### Refuse, Remove: Alcohol and Tobacco

#### Activity: Messages Everywhere *(cont.)*

- What is it trying to make you believe?
  - What is it not telling you?
  - How do you let the media affect you in regards to drinking or smoking?
  - How does the media act like peer pressure on teens to get them to drink or smoke?
3. Have each group write a realistic message about teen drinking and propose a way it could be presented on the Internet or other screen media.
  4. Remain in groups. After completing the above, ask them to write down the messages they receive from peers, family and community. This should be done individually first, then shared with the group. Answer the following questions. Be sure to include negative and positive messages.
    - Are the messages you get from peers, family and self as strong as the messages from the media?
    - What is the strongest influence in a teen's life?

#### PREVENTION COUNSELOR WRAP-UP:

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

**The prevention counselor should summarize the lesson and refer the students to the handouts for alcohol and tobacco for more information.** Say: As you leave today, think about the following:

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

Say: We have to bring this to a close now, but that does not mean we are ever done with this topic. For homework, you will watch another short documentary and write a reflection in response to the questions I’m going to give you. The video and questions are available online at [www.connectwithkids.com/ADAPP](http://www.connectwithkids.com/ADAPP).

In the next session we will focus on marijuana.



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### Refuse, Remove: Alcohol and Tobacco

#### Messages Everywhere Worksheet

The Media	The Messages
<i>Example: Beer commercial on TV</i>	<i>Example: College students have to drink to have fun. Men who drink are more likely to receive positive attention from very attractive women.</i>

Family	The Messages

Friends	The Messages



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## Reasons: Alcohol and Tobacco

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

### REFLECTION QUESTIONS/JOURNALING ACTIVITIES:

The documentary begins by trying to dispel myths about teenage cigarette smoking and teenage alcohol abuse. In a couple of paragraphs, answer the following questions:

- What are some consequences discussed in the video?
- Would these prevent you from using tobacco or drinking in the future?
- What are some steps you can take to help you refuse?
- Why is it important to think about this before you get into a situation where drugs and alcohol are available?



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## Refuse, Remove: Alcohol and Tobacco

### Fact Sheet: Alcohol

#### WHAT WE KNOW

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

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

Consider these statistics:

- 50% of high school teenagers drink some amount of alcohol.
- 25% of high school teenagers binge drink.
- Teenage girls who binge drink are up to 63% more likely to become teen mothers than those who do not.
- 25% of high school teenagers had their first sip of alcohol before age 13.
- 10% of high school teenagers have driven after drinking alcohol.
- 33% have ridden with a driver who had been drinking alcohol.
- In 2004, over 142,000 teenagers between 12 and 20 years old visited American emergency rooms with injuries related to drinking alcohol.
- Every day, approximately three teens die from drinking and driving accidents.
- Every day, at least six teens die of non-driving alcohol-related causes such as homicide, suicide, and drowning.
- Two out of three teenagers said it was easy to get alcohol from their homes without their parents' knowledge, while one out of three teenagers said they were able to get alcohol from their own consenting parents.

#### WHAT WE CAN DO

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

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



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### **Refuse, Remove: Alcohol and Tobacco**

#### Fact Sheet *(cont.)*

#### **RESOURCES**

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

CDC Quick Stats: Underage Drinking, 2006, [www.cdc.gov/Alcohol/quickstats/underage\\_drinking.htm](http://www.cdc.gov/Alcohol/quickstats/underage_drinking.htm)

National Survey on Drug Use and Health, 2004 , [www.oas.samhsa.gov/NSDUH.htm](http://www.oas.samhsa.gov/NSDUH.htm)

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

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

Centers for Disease Control and Prevention Youth Risk Behavior Survey, 2003, [www.cdc.gov](http://www.cdc.gov)



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## Refuse, Remove: Alcohol and Tobacco

### Fact Sheet: Tobacco

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

Tobacco use, particularly through smoking, remains the No. 1 cause of preventable disease and death in the United States. A report from the Surgeon General on smoking and health has one overriding conclusion: Although our knowledge about tobacco control remains incomplete, we know more than enough to act now. Here are the facts that we do know:

- Average age at first use of cigarettes: 15.4 years
- Average age of a new daily smoker: 17.7 years
- Percentage of kids 12 to 17 who smoke: 13.4 percent
- More teen girls than boys smoke

#### Tobacco Use and Girls

It is estimated that 35 percent of high school girls smoke, and smoking among girls is on the rise. According to the Centers for Disease Control, women have been “extensively targeted” in tobacco marketing. In advertisements, slim, attractive and athletic women portrayed women smokers as desirable and independent. Yet, tobacco products are the leading cause of premature, preventable death among women.

#### Smokeless Tobacco

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

#### Nicotine Replacement Products

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

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





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## **Refuse, Remove: Alcohol and Tobacco** Fact Sheet *(cont.)*

### **Resources**

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

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

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

Office of the Surgeon General, [www.surgeongeneral.gov](http://www.surgeongeneral.gov)



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### Refuse, Remove: Marijuana

#### PREVENTION COUNSELOR INTRODUCTION:

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

We all watched the first video and then participated in our activity on the media. For homework you watched a second video that focused on "Reasons" and completed a reflection response. Does anyone want to share any thoughts or reactions to the video, classroom activity or the homework assignment? Did you find it challenging or was it a simple step? Why?

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

#### WATCH DOCUMENTARY

#### AFTER VIEWING DOCUMENTARY, THE PREVENTION COUNSELOR CONTINUES:

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

#### DISCUSSION/REFLECTION QUESTIONS:

1. The documentary says, "NEARLY SEVENTY PERCENT OF TEENS CHOOSE NOT TO USE MARIJUANA... EVEN THOUGH IT CAN BE A STRUGGLE ... AND IT SEEMS LIKE IT'S EVERYWHERE." 70% of teens say, "NO," according to the Centers for Disease Control and Prevention. Are you surprised by this data? Just like alcohol and cigarettes, teens seem to think that everyone is doing it. Why do you think there is a disconnect between perception and reality? What might be some consequences of people believing myths, not facts?
2. The documentary talks about how having confidence in yourself makes it easier to refuse things like marijuana. What does that mean to you? If someone were to offer you marijuana, would you feel confident enough in yourself to refuse or to remove yourself from the situation? Why or why not?



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### Refuse, Remove: Marijuana *(cont.)*

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

3. Several of the teens say once it became known in their communities that they would refuse marijuana when offered, people stopped offering it to them or stopped inviting them to parties where it would be present. Has this been your experience? If yes, describe at least one event where this happened to you. If not, what usually happens? Has anyone had an experience when you refused, but they kept asking?
4. In the documentary, some of the kids say that after they said “No” once, it became easier each successive time. In your opinion and/or experience, is this true? Why or why not?
5. Shantavia describes an experience when her friends leave a party and go to the movies after kids arrive who are smoking weed. Can you put yourself in that situation? What would you do? She comments, “And it’s so funny because it might be like a cliché thing to say, like oh stay clean, just go like you know, do something you know, clean and fun, but it’s true. Like you could have so much fun without doing drugs.” What would be the general reaction of your friends? Would it be similar? Why? Why not?
6. How do you remove yourself from a situation where marijuana is present or being offered to you? Do you depend on friends? Do you call home? Do you excuse yourself? Do you feel the need to say something before you remove yourself from such a situation, or do you just leave? How do you deal with your friends or the other people the next day or afterwards? What do you say?
7. Josephine says, “It was easy for me to say no only because I have my own morals and my own standards and I think that allowing some kind of substance to control your actions or your thoughts or anything like that is completely wrong, so I just said no.” Morals are defined as relating to principles of right and wrong in behavior; conforming to a standard. Where do you get your morals and standards from? How do your morals affect your decision making? What do morals have to do with saying no to marijuana?
8. What are some things you do to have fun that do not include doing drugs? Are they the same things you do for cigarettes and alcohol? You may refer back to your answers from the questions for “Refuse, Remove: Alcohol and Tobacco.”



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### Refuse, Remove: Marijuana

#### Activity: Making the Scene

##### **PREVENTION COUNSELOR:**

Let's explore this topic even further with an activity.

##### **PROJECT AND PURPOSE:**

Students will explore a scenario about marijuana and driving, look at it from a variety of different people's perspectives and then apply the same process to explore their own perspectives and attitudes.

##### **OBJECTIVES:**

Students will analyze a situation where marijuana was involved from a variety of perspectives; react to the situation from an assigned perspective; discuss their own personal perspectives and attitudes toward marijuana use.

##### **MATERIALS:**

Copies of scenario, "Jeffrey's Ride"; small pieces of paper with roles they will assume written on them; paper; pens/pencils, copies of Perspectives on Marijuana Worksheet

List of Roles: Jeffrey; Carlos; Sharona; Don; Jeffrey's mom; the police officer; the driver of the SUV; the judge at Jeffrey's court case

##### **PROCEDURE:**

Break the class into eight groups and give each group one (or more) copies of the scenario "Jeffrey's Ride." Instruct them to read the scenario and discuss the events in the story in their group.

In any way you wish, assign each group one of the roles listed. Say: You are going to take on another person's perspective in regards to this scenario. Your job right now is to get into the shoes of the role you have been assigned and think about how that person would react to Jeffrey's situation at the end of the scenario. How would that person feel? What would your person say to Jeffrey the next time they saw him? What would be their reasons for saying these things? You may write down your responses on a piece of paper.

Give the groups about 10 minutes to prepare their answers.

When they are done, gather them back as a group and either discuss their answers or have volunteers role play their responses. Say: Each of these characters had a very particular attitude and perspective on Jeffrey's experience. What do you think shaped their attitudes and perspectives?

Ask the students to write a response to the following: What is your attitude and perspective on this scenario? What is your attitude and perspective toward smoking marijuana in general? How has that attitude or perspective been developed?



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### Refuse, Remove: Marijuana

#### Scenario: Jeffrey's Ride

It is July, just before senior year of high school, and Jeffrey drives Carlos to a party at Lana's. When they get there, the first thing that hits them is a wall of smoke: Almost everyone is smoking weed. Sharona bumps into them on her way out. "Hi, guys, I'd leave now if I were you. Everybody's stoned. I'm going home," Sharona says to them. Jeffrey says, "Aw, c'mon, Sharona. Stay a while. You'll get used to it." She just stares him down with that look she has when she does not approve. Jeffrey shrugs, laughs his goofy laugh and heads inside. He greets everyone, slumps in a chair and asks, "Where's mine? Who's sharing with Jeffrey?" Don hands him a roach and Jeffrey deeply inhales. "Thank you, Don, you are a true friend."

"Any friend of Mr. Cannabis is a friend of mine!" Don laughs. Carlos remains at the door with Sharona. "How are you going to get home?" he asks her. "I'm taking the bus home, same way I got here. No way am I getting in a car with any of those guys." Sharona starts walking toward the bus stop. Carlos hesitates, looks inside at the party, then says, "Hey, wait up, I'll go with you," as he digs in his pockets for bus fare. "Don't you want to tell Jeffrey you're leaving him?" Sharona asks.

"Nah. He won't even notice I'm gone. You want to get something to eat?"

"Yeah. I do. You paying?" jokes Sharona.

"Hey, I'm loaded tonight. Bus fare and anything you can eat off the dollar menu!" Carlos laughs as he and Sharona head to the nearest diner.

Hours later, Jeffrey emerges from Lana's smoke filled basement, tripping over the door jamb and catching himself on the bushes planted near Lana's door. "Dude, are you okay?" Don giggles uncontrollably as he watches Jeffrey pick himself off the bushes.

"I'm okay! I'm okay! Are you okay, little plant? I love plants, especially dried, leafy ones that light up and take you with them. Ha! Hey, where's Carlos? Yoo hoo, Carlossssss! Come out, come out, wherever you are? Man, looks like he ditched me. Fine, dude. One less stop on the way home. See ya, Don," he calls to his friend who does not even hear him.

Jeffrey climbs into his car, tries three times to insert the seat belt into the lock, and finally drives off with the strap over one shoulder. "No problem, no problem, I'll just drive slowly and in control. Yeah, in control," Jeffrey says to himself, turning on the music and lowering his windows. "Need to get the smell out of the car before I get home." Reaching for a CD from the passenger side sun visor, he doesn't even see the light turn red and goes right through it. He snaps to attention as a car comes at him from the right side, horn blowing, swerving to miss him. Jeffrey jerks his steering wheel to the left, narrowly avoiding an oncoming SUV.

"Dude!! Look where you're going!" He shouts out the window to the other drivers. It is at that point Jeffrey realizes he might be a little bit lost. "Whoa. Where is this? What's that street sign say? No way! Not Fourth Street! Wait, I gotta turn around. Anybody coming? I'll just pull a U-ey."

As he attempts a U-turn, he does not see the flashing lights of the police car approaching. When he finally does, he panics and instead of hitting the brakes, he hits the gas. "No!! Wait!" Jeffrey shouts as his car slams into a telephone pole, causing the airbags to suddenly inflate, crushing Jeffrey's nose and pressing him into the seat.

Hours later, Jeffrey's parents bail him out of the jail cell, complete with a broken nose and bloodied clothing. His driver's license suspended, Jeffrey will be riding more often with them than without them in the next 12 months. "See you in court, son," the police officer says as Jeffrey and his parents push the front door open to leave.



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



### Refuse, Remove: Marijuana

#### Activity: Making the Scene

NAME \_\_\_\_\_ DATE \_\_\_\_\_

#### Perspectives on Marijuana Worksheet

Use this worksheet to determine what your assigned character thinks, feels, says and does about Jeffrey's marijuana experience.

**Name/Title of Character:** \_\_\_\_\_

First reaction to the news about Jeffrey's accident. (How did they feel? What did they say? What did they do?)

---

---

---

The next time they see Jeffrey, this person will say:

---

---

---

The reason they feel/say these things is:

---

---

---

This person thinks that people who use marijuana... (complete the sentence)

---

---

---

This person thinks the consequences for Jeffrey should be... (complete the sentence)

---

---

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Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



### Refuse, Remove: Marijuana

#### Activity: Making the Scene *(cont.)*

##### **PREVENTION COUNSELOR WRAP UP:**

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

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

**The prevention counselor should summarize the lesson and refer to the handout on marijuana for more information.**

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

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

Say: We have to bring this to a close now, but that does not mean we are ever done with this topic. For homework, you will watch another short documentary and write a reflection in response to the questions I’m going to give you. The video and questions are available online at **[www.connectwithkids.com/ADAPP](http://www.connectwithkids.com/ADAPP)**.





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# Implementation Guide

## Refuse, Remove, Reasons



### Reasons: Marijuana

Make two lists: one list titled “Myths about Marijuana” and the other titled “Truths about Marijuana.” Write at least three things in each list that you heard in the documentary or know from other sources. Now think about the worksheet you completed and discussed in class. The exercise focused on perspectives and reactions to someone else’s marijuana use. Now, let’s focus on *your* perspective. Write a response of at least two paragraphs to the following questions:

- What is your attitude/perspective toward marijuana?
- Has it changed at any point in your life?
- If your attitude has changed, why? What event, person or other experience changed your attitude?
- If it has not changed, why not? What has kept your attitude consistent?
- Is your attitude shaped by myth or truth?



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



### Refuse, Remove: Marijuana

### Fact Sheet: Marijuana

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

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

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

According to the National Institute on Drug Abuse, by the time kids are in the 12th grade, nearly half of them have tried marijuana. Marijuana is considered one of the “gateway drugs” of our society today. When young people experiment with marijuana, cigarettes or alcohol (the other two gateway drugs), it often opens doors or “gateways” to stronger, more dangerous drugs and to risky situations where these drugs are readily available.

Statistics support this trend:

- Adolescent cigarette smokers are 100 times more likely to smoke marijuana and are more likely to use illicit drugs such as a cocaine and heroin in the future than young people who do not smoke cigarettes.
  - *U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration*
- Of those teenagers who use marijuana three to 10 times, 20 percent go on to use cocaine. Of those who use marijuana 100 or more times, 75 percent go on to use cocaine.
  - *Based on research reported in the Journal of Clinical Psychiatry.*
- Marijuana smokers who initiated use before age 17 have up to a six times greater chance of developing dependence on marijuana, alcohol or other drugs.
  - *National Institute on Drug Abuse Notes, Volume 18, Number 4*
- Nearly 90 percent of cocaine users had first smoked tobacco, drank alcohol or used marijuana.
  - *Research conducted by Columbia University’s Center on Addiction and Substance Abuse as reported by Drug Watch International.*



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# Implementation Guide Refuse, Remove, Reasons



## **Refuse, Remove: Marijuana** Fact Sheet: Marijuana *(cont.)*

### **RESOURCES:**

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

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

Drug Watch International, [www.drugwatch.org](http://www.drugwatch.org)

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

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

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

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

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



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



### Refuse, Remove: Steroids, Rx and OTC Drugs

#### PREVENTION COUNSELOR INTRODUCTION:

This is our third session. Today we will focus on OTC, Prescription drugs and steroids. Before we begin this next session, let's review our last session, "Refuse, Remove: Marijuana." We all watched the video and then participated in our scenario to talk about perspectives and attitudes. For homework you watched a second video and completed a reflection response. Does anyone want to share any thoughts or reactions to the video or the homework assignment? Did you find it challenging or was it a simple step? Why?

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

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

#### WATCH DOCUMENTARY

#### AFTER VIEWING DOCUMENTARY, THE PREVENTION COUNSELOR CONTINUES:

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

#### Questions (Asked by the Prevention Counselor):

1. What did you think? What looked familiar? What looked realistic or unrealistic? Why? Did you recognize any of the stories (not the real people, but the situations and their responses)?
2. In the documentary, what do the "other school jocks" promise shooting steroids will do for Dean? What things do they use to persuade him to come to their school and get 'bulked up'? Are these real possibilities? How do you know?
3. A few of the athletes talk about the possible negative consequences of taking steroids. What are those? What else do you know about the dangerous consequences of shooting steroids?
4. Have you ever had to remove yourself from a situation where Rx or OTC drugs and/or steroids were present? What did you do? If you have not had this experience, what would it be like to remove yourself from this situation?



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



### **Refuse, Remove: Steroids, Rx and OTC Drugs**

*(cont.)*

5. Some people use prescription drugs to feel better, and they use steroids to look better and to manage stress. What are the risks of taking these drugs to look and feel better?
6. What are some possible things you can say to refuse OTC and prescription substances? Make a list. Remember, just like with alcohol, cigarettes and marijuana you can use your parents as a scapegoat (i.e., “My parents would take away the car keys and I can’t lose the car,” or “My mother would kill me”). What if the person is persistent? What would you say? Are these the same things you would say to avoid using alcohol or drugs?



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



### Refuse, Remove: Steroids, Rx and OTC Drugs

#### Activity: Distressed or De-Stressed

##### PREVENTION COUNSELOR:

Let's explore this topic even further with an activity.

##### PROJECT AND PURPOSE:

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

##### OBJECTIVES:

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

##### MATERIALS:

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

##### PROCEDURE:

1. Mount a large piece of paper on the wall and write the title, "Stress in the Lives of Teenagers," and draw the outline of a gingerbread person.
2. Mount the papers on the wall where the class can see.
3. Give each member of the class at least four pieces of sticky note paper, and ask each person to get out a pencil or pen.
4. Begin by saying: Sometimes kids take steroids or Rx drugs to feel better when they are stressed. What causes teens stress? On their sticky note papers, they should write down some things that cause them stress.  
The prevention counselor should say: Think of all the things that cause you or other teens stress such as a fight with a friend, the stress of going to a party, the stress of practicing for sports each day. Whenever you are ready, come up and stick your papers on our Stress Sheet. You can post yours on the figure's body to demonstrate where you feel this stress.
5. Take a few minutes and review their contributions.
6. Mount a second large piece of paper on the wall and title it, "Ways to Relieve Stress" and draw the same outline of a gingerbread man. Next ask them to write on new sticky notes as many things as they can think of to do to relieve stress and feel normal and to feel better. Have students place them on the appropriate place on the outline.
7. Read several of the sticky notes out loud and compare and contrast the contributions to the sheet. Discuss as a group the different ways they relieve stress without turning to drugs or steroids. Ask, are your stress relievers good or bad for your future? Explain.



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



### Refuse, Remove: Steroids, Rx and OTC Drugs

#### Activity: Distressed or De-Stressed

8. Place one more, big sheet of paper titled, "People" on the wall and give the students more sticky notes. Now ask them to think of the people in their lives who can support them, and help them relieve stress or resist the temptation of drugs or steroids in their lives. Ask each of them to write the name of at least two people on a sticky note and add it to the piece of paper.
9. Ask students to reflect on their responses, either in discussion or in a journal entry.

#### **PREVENTION COUNSELOR WRAP UP:**

Ask the students: What are the "key take aways" from today's activity? What are the things you heard that connected with you?

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

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

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

Say: We have to bring our session to a close now, but that does not mean we are ever done with this topic. For homework, you will watch another short documentary and write a reflection in response to the questions I'm going to give you. The video and questions are available online at [www.connectwithkids.com/ADAPP](http://www.connectwithkids.com/ADAPP).





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# Implementation Guide

## Refuse, Remove, Reasons



### Reasons: Steroids, Rx and OTC Drugs

This assignment is to be completed by the student after the class on “Refuse, Remove: Steroids, Rx and OTC Drugs”

#### REFLECTION ACTIVITY

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

- Where do you want to go in life? Think about not just now or next year, but five years from now.
- What do you want to do with your future?
- How would abusing drugs or steroids ‘distract’ you from your goals?

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



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



## Refuse, Remove: Steroids, Rx and OTC Drugs

### Fact Sheet: Over-the-Counter/Prescription Drugs

#### WHAT WE KNOW

The problem of teen and young adult abuse of prescription medications grows daily in the United States. Consider the following 2007 statistics collected by the Partnership for a Drug Free America:

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

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

#### WHAT WE CAN DO

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

- Prescription drugs taken without a prescription or against a doctor's orders or supervision are often just as dangerous as taking illegal drugs or drinking alcohol.
- Painkillers contain the same basic ingredients as heroin: opiates. They can adversely affect the respiratory system and cause serious, chronic depression.
- Depression medications can cause seizures, respiratory depression, and seriously decreased heart rate.
- Stimulants cause body temperature to rise, irregular heart beats, cardiovascular system failure, seizures (often fatal), and hostility or paranoia.
- Doctors prescribe specific medications for specific illnesses; these medications can have beneficial results for the intended diagnosis. However, prescription medications have a very different impact on people who are well.
- Doses of medications are designed for a specific person based on age, weight, degree of illness and other variables. The effects of taking an inappropriate dosage can range from mild to deadly, and can cause dangerous interactions if other drugs or chemicals are present in the body.
- The dangers from abusing prescription medications increase when other drugs or chemicals are present in the body and can often be lethal.



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# Implementation Guide Refuse, Remove, Reasons



## **Refuse, Remove: Steroids, Rx and OTC Drugs** Fact Sheet: Over-the-Counter/Prescription Drugs *(cont.)*

### **RESOURCES**

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

D.A.R.E., [www.dare.com](http://www.dare.com)

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

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

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

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

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

The Partnership for a Drug-free America, [www.drugfree.org](http://www.drugfree.org)



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



## Refuse, Remove: Steroids, Rx and OTC Drugs

### Fact Sheet: Steroids

#### WHAT WE KNOW

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

#### Men of all ages

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

#### Women of all ages

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

#### Adolescents

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

#### Both sexes of all ages

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

#### Individuals using needles

People who inject supplements often get infections from sharing needles or non-sterile equipment. Infections include HIV/AIDS, hepatitis B and C, and infective endocarditis, a potentially fatal inflammation of the inner lining of the heart. Users are also at risk for bacterial infections, which develop at the injection site, causing pain and abscesses. Because supplements are unregulated, using them may have dangerous—even lethal—consequences.



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# Implementation Guide Refuse, Remove, Reasons



## **Refuse, Remove: Steroids, Rx and OTC Drugs** Fact Sheet: Steroids *(cont.)*

### **RESOURCES**

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

Parade Health, [www.parade.com/health](http://www.parade.com/health)

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

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

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



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# Implementation Guide

## Refuse, Remove, Reasons



## Consequences

### PREVENTION COUNSELOR INTRODUCTION:

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

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

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

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

### WATCH DOCUMENTARY

### AFTER VIEWING DOCUMENTARY, THE PREVENTION COUNSELOR CONTINUES:

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

### Questions (Asked by the Prevention Counselor):

1. The documentary opens with the comment there are two lies that kids hear about alcohol and drugs: That they don't work and that they do work. Think about that for a moment and let's discuss just what that statement means to you.
2. The narrator in the documentary also says, "Drugs and alcohol are a journey. It is different for each person, and the destination is always the same." In what ways might drugs and alcohol influence your journey... and your destination?



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# Implementation Guide

## Refuse, Remove, Reasons



### Consequences *(cont.)*

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





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# Implementation Guide

## Refuse, Remove, Reasons



### Consequences

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

#### PREVENTION COUNSELOR:

Let's explore the concept of consequences and risk taking even further with an activity.

#### PROJECT AND PURPOSE:

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

#### OBJECTIVES

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

#### MATERIALS

Board/overhead projector

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

Pens/pencils

#### PROCEDURE

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

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

1. Let's discuss the idea that all risks, healthy or dangerous, involve rewards or perceived benefits.  
Ask: What, for example, might the reward be for trying out for a play? What might be the perceived benefit of saying "yes" when offered a drink? Explain your answers.
2. Let's discuss the idea that all risks, healthy or dangerous, involve "costs." What might be some negative consequences of trying out for a play? What might be the negative consequences of smoking or drinking alcohol? Explain your answers.



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# Implementation Guide

## Refuse, Remove, Reasons



### Consequences

#### Activity: Risk Taking 101...

#### It Will Never Happen To Me *(cont.)*

3. Next, draw three columns on the board. Label the first one “Healthy Risks”, label the second one “Dangerous Risks” and label the third one “Extremely Dangerous Risks.” Ask students: Let’s think about the risks talked about in the documentary. In which column would you list the risky behaviors you saw in the documentary? Why? Why do people get involved in these situations?
4. Now ask the students to think about activities that they or others they know participate in everyday that might fit in one of the categories on the board. List those activities in the appropriate column.  
*(Note: Prevention Counselor should have a list ready to help students complete the list. Examples: **Healthy Risk:** traveling, trying out for a team, running for student government; **Dangerous:** not wearing a seatbelt, not wearing a bike helmet, swimming in an area without a life guard; **Extremely Dangerous:** drinking and driving, using alcohol and prescription drugs, participating in a sports activity while high.)*
5. Ask the students to get into pairs. Provide each pair one Risk Taking 101 Worksheet. Explain that they are going to work with their partners to pick one activity from each column on the board, placing them in the #1, #2 and #3 columns, respectively. They will complete the worksheet, answering the questions for each risk they select. Give them approximately 10 minutes.
6. Gather them back as a group to discuss their findings. Ask: If people know the level of risks involved with trying certain things, why do they do them? How could you help yourself to stop and think about the rewards *and* consequences before you take a risk of any level? What have you done to avoid dangerous risks (i.e., staying in a group when out late, checking to see if everyone is wearing a seatbelt)? What should you think about before getting involved in situations that could have serious risks? (The prevention counselor should illicit the spectrum of things that teens should think about before becoming involved in risk situations.)

#### PREVENTION COUNSELOR WRAP UP:

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

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

As you leave today, I’d like you to think about not only the information shared, but the ways we shared it. The skills that we’ve developed on this journey: Listening to each other, respecting different points of view and offering perspective and support are important facets of tackling the challenges, decisions and



Connect with Kids

# Implementation Guide

## Refuse, Remove, Reasons



### Consequences

#### Activity: Risk Taking 101...

#### It Will Never Happen To Me *(cont.)*

risks to come. It takes some work, but please remember that you are in control. Your decisions and actions are up to you – at every stage of life.

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

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



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# Implementation Guide

## Refuse, Remove, Reasons



### Consequences

### Risk Taking 101 Worksheet

RISKY ACTIVITY	#1 _____	#2 _____	#3 _____	
What makes a person take this risk?				
What are the possible "prizes" or "rewards"?				
What might be the "cost" or consequence/s?				
DECISION: Is this a risk you would take?				



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#### REFLECTION ACTIVITY

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

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

Take calculated risks. That is quite different from being rash.

**George S. Patton**

Those who trust to chance must abide by the results of chance.

**Calvin Coolidge**

Life is a risk.

**Diane Von Furstenberg**

Great deeds are usually wrought at great risks.

**Herodotus**

Our lives improve only when we take chances - and the first and most difficult risk we can take is to be honest with ourselves.

**Walter Anderson**

What you risk reveals what you value.

**Jeanette Winterson**

You miss 100% of the shots you never take.

**Wayne Gretzky**

- Which of these quotes resonate with you? Why?
- Who inspires you?
- What risks are worth taking?
- Why would you not take the risks presented by drugs, alcohol, tobacco and marijuana?

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



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### Fact Sheet: Consequences

#### WHAT WE KNOW

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

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

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

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

- Fear – "They made me do it;" "I had to or he would hurt me."
- Peer pressure – "Everybody's doing it."
- To protect one's image – "I didn't want them to think I was a chicken."
- Parental behaviors/modeling – "My parents do it all the time so it must be okay."
- Thrill seeking – "It's such a rush!"
- To fit in – "If I don't do this, I won't have any friends."
- Curiosity – "I just wanted to try it to see what it would feel like."
- To feel good, reduce stress, relax – "I need to so I can kick back."
- To feel older – "Everyone thought I was 18! It was so cool!" "I'm not a kid anymore!"



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## Consequences

### Fact Sheet: Consequences *(cont.)*

#### WHAT WE CAN DO

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

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

#### RESOURCES

“Adolescent Risk-Taking: Healthy vs. Unhealthy,” by Dr. Lynn Ponton,  
[www.middleweb.com/adolesrisk.html#anchor19229306](http://www.middleweb.com/adolesrisk.html#anchor19229306)  
Centers for Disease Control and Prevention YRBS, [www.cdc.gov](http://www.cdc.gov)



## Notes

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## Notes

[illegible]



## Notes

[illegible]



# pre•vent (pri-věnt')

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



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

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Connect with kids.



For more information visit  
[www.connectwithkids.com/ADAPP](http://www.connectwithkids.com/ADAPP) or  
[www.ADAPP.org](http://www.ADAPP.org)

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