



# MODULE E: SUBSTANCE USE AND ABUSE PREVENTION

Specific Learning Outcomes

Introduction

Lesson 1: Legal and Illegal Substances

Lesson 2: Stages of Substance Use and Addiction

Lesson 3: Risks and Consequences of Substance Use

Lesson 4: Advocacy against Substance Use and Abuse

# MODULE E: SUBSTANCE USE AND ABUSE PREVENTION

## Specific Learning Outcomes

- 11.SU.1** Explain ways in which drugs and other substances are classified.
- 11.SU.2** Explain the stages of involvement in substance use or abuse.  
*Includes: non-involvement, irregular involvement, regular involvement, harmful involvement, and dependent involvement*
- 11.SU.3** Examine factors that influence decisions regarding substance use and abuse.
- 11.SU.4** Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.

# MODULE E: SUBSTANCE USE AND ABUSE PREVENTION

## Introduction

Some substances or drugs may be helpful and/or harmful, depending on their use. For example, many people use substances or drugs to help counter the symptoms of various illnesses, to relieve pain, to reduce inflammation, and so on. People also use drugs to alter their behaviour. Some overuse a drug until they become physically dependent on it. They spend much time thinking about getting high, purchasing drugs, preparing drugs, or taking drugs, which can have serious effects on their own lives or on the lives of others.

The goal of this module is to reinforce the importance of avoiding the use and abuse of substances that may be harmful to self or others, as taught in previous grades. Helping students to learn more about drug classifications, drug effects, levels of involvement, and avoidance and harm reduction strategies promotes and contributes to healthy decision making and emphasizes the seriousness of drug problems.

Module E: Substance Use and Abuse Prevention contains four lessons:

- Lesson 1: Legal and Illegal Substances
- Lesson 2: Stages of Substance Use and Addiction
- Lesson 3: Risks and Consequences of Substance Use
- Lesson 4: Advocacy against Substance Use and Abuse

Resource Masters to support the lessons are provided at the end of each lesson.

### NOTE TO TEACHER

The background information and suggestions for instruction/assessment related to substance use and abuse prevention may include potentially sensitive content. Before implementation of this module, check with your school administration for school and school division guidelines and procedures related to depth and breadth of content, choice of learning resources, assessment reporting procedures, and providing a parental option. A *parental option* means that parents may choose a school-based or alternative delivery (e.g., home, professional counselling).

Review all Resource Masters and/or case scenarios before using them with students to check for suitability, and be prepared for the discussions that may occur.



# Lesson 1: Legal and Illegal Substances

## Introduction

While some of the discussion on legal and illegal substances in this lesson is a review from previous grades, there is a stronger focus on prescription and over-the-counter (OTC) drugs. This lesson reinforces the drug classifications and challenges students to consider both the positive and negative effects of all types of drugs.

---



## Specific Learning Outcomes

- 11.SU.1 Explain ways in which drugs and other substances are classified.
  - 11.SU.4 Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.
- 



## Key Understandings

- Drugs and other substances are often classified by the way they affect the mind and/or body.
  - Misuse of any drug (OTC, prescription, illegal) can be a serious health risk.
  - Know the benefits and risks of a drug before taking it.
- 



## Essential Questions

1. How are drugs classified?
  2. What information is provided on a prescription drug label? Why?
  3. How do you make healthy choices when using different drugs?
-



## Background Information

### Alcohol and Other Drugs

Scientifically, a drug is any substance, other than food, that is taken to change the way the body or the mind functions. In other words, a drug is any chemical that, when it enters the body, affects the way the body works. Alcohol, caffeine, nicotine, and medications are all drugs. A drug must be able to pass from the body into the brain. Drugs change the messages that brain cells send to each other and to the rest of the body. They do this by interfering with the brain's own chemical signals: neurotransmitters.

#### NOTE TO TEACHER

For the purposes of this document, the terms *substances* and *drugs* are considered interchangeable.

There are two types of drugs:

- **Legal drugs** are known as over-the-counter (OTC) and prescription (Rx) drugs. Alcohol, nicotine, and caffeine are all legal drugs as well.
- **Illegal drugs** refer to drugs that are not prescribed by a licensed medical professional, and their use is unlawful under the *Controlled Drugs and Substances Act* (Department of Justice Canada).

#### REFERENCE



For additional information, refer to the following website:

Canada. Department of Justice Canada. *Controlled Drugs and Substances Act*. Ottawa, ON: Department of Justice, 1996. Available online at <<http://laws.justice.gc.ca/en/C-38.8/>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### KWL

To check students' prior knowledge of different legal and illegal drugs, use the KWL (Know - Want to know - Learned) strategy. Use **K** and **W** below to guide students' thinking at the beginning of the lesson or unit, and **L** at the end of the lesson or unit.

**K Know:** Identify the names of legal and illegal drugs that you know.

**W Want to know:** Identify drugs that you would like to know more about.

**L Learned:** Identify what you learned in this lesson or unit about legal and illegal drugs.

## REFERENCES



For additional information on the KWL strategy (developed by Donna Ogle), refer to the following departmental publications:

Manitoba Education and Training. *Senior Years Science Teachers' Handbook: A Teaching Resource*. Winnipeg, MB: Manitoba Education and Training, 1997. See pages 9.8, 9.9, 9.24, and 9.25.

---. *Success for All Learners: A Handbook on Differentiating Instruction: A Resource for Kindergarten to Senior 4 Schools*. Winnipeg, MB: Manitoba Education and Training, 1996. See pages 6.20–6.23, 6.94, and 6.95.



## Background Information

### Legal Drugs

Legal drugs are considered permissible for use, and are either prescribed by a physician (prescription medications) or are available over the counter at a pharmacy or other outlet (non-prescription medication). They are intended for medical purposes, such as to ease pain symptoms and to treat health conditions.

OTC drugs or non-prescription medications are available to consumers without a prescription. There are many categories of OTC drugs, such as pain relievers, cold and flu medicines, allergy medications, acne products, and weight-control products. These drugs are usually safe when consumers follow the directions on the label and the directions from their health care professional. Each drug label must have information related to the medicinal and non-medicinal ingredients, use of the drug, applicable warnings or cautions, directions, and dosage.

As indicated by the Center for Drug Evaluation and Research (CDER), “OTC drugs” generally have these characteristics:

- their benefits outweigh their risks
- the potential for misuse and abuse is low
- the consumer can use them for self-diagnosed conditions
- they can be adequately labelled
- health practitioners are not needed for the safe and effective use of the product (CDER, “Introduction”)

## REFERENCE



For additional information, refer to the following website:

U.S. Food and Drug Administration (FDA). Center for Drug Evaluation and Research (CDER). *Office of Nonprescription Products*. 7 June 2006. <[www.fda.gov/CDER/Offices/OTC/](http://www.fda.gov/CDER/Offices/OTC/)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



## Suggestion for Instruction / Assessment

### How to Read an OTC Drug Label

Provide students with a label of an OTC drug. Have students read the label and identify the information related to each of the following areas, as applicable:

- medicinal ingredients
- non-medicinal ingredients
- use
- warnings
- cautions
- directions
- dosage
- other

Reinforce the importance of following the information on the label and discuss the risks associated with not doing so.

#### NOTE TO TEACHER

Before asking students to examine a prescription label of an OTC drug, remove the label from the container or make sure the container is empty.

#### REFERENCE



For a Canadian reference on interpreting OTC drug labels, refer to the following website:

Be MedWise. *How to Read a Drug Label*. 10 Jan. 2005.

<[www.bemedwise.ca/English/howtoread.html](http://www.bemedwise.ca/English/howtoread.html)>.

This website was created with the participation of the Canadian Pharmacists Association (CPhA) and the Drug Information and Research Centre (DIRC).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Prescription Drugs

There are many prescribed drugs that are frequently misused or abused by people.

- **Substance misuse** is classified as either intentional or unintentional use of a substance (including prescription medications, non-prescription medications, and alcohol) that causes a problem.
- **Substance abuse** is an intentional pattern of harmful use of any substance for mood-altering purposes.



Either substance misuse or abuse can result in repeated adverse social consequences related to drug use, such as failure to meet work, family, or school obligations, interpersonal conflicts, or legal problems.

A prescription drug must be prescribed by a physician or other qualified health professional. Prescriptions authorize a pharmacist to provide a specified amount of a particular medication for a specific patient, with instructions for its use. These drugs are regulated by Health Canada's Therapeutic Products Directorate (TPD).

Often people are unaware of the serious health risks involved in abusing prescription drugs. Because prescription drugs are "legal" and are known to be manufactured to meet quality and safety standards, many young people mistakenly believe that they are always safe to use. Safety can only be assumed if the drug is taken by the intended person as directed by the prescribing doctor. Increasingly, young adolescents are obtaining prescription drugs from classmates, friends, and family members or are stealing them from people for whom the drugs had been legitimately prescribed. As prescription drugs are readily available and can be obtained easily by teenagers, there is cause for concern.

### *Categories of Prescription Drugs*

Three main categories of prescription drugs are of particular concern with regard to their potential for abuse. All the substances in these categories will alter a person's mood and/or behaviour, and are thus "psychoactive" (have an effect on the functioning of the brain). All three categories also represent substances that have serious potential to produce dependence or addiction.

These three categories of "psychoactive" prescription drugs are as follows:

- **Narcotic pain medications** (e.g., opioids) are prescribed to manage chronic or severe pain. Generic and brand names include morphine- and codeine-related drugs such as Demerol, OxyContin, Vicodin, and Dilaudid.
- **Central nervous system (CNS) depressants** (sedatives and tranquilizers) are prescribed to treat conditions such as anxiety and acute stress reaction, panic attacks, and sleep disorders. Generic and brand names include barbiturates such as Nembutal and benzodiazepines such as Valium (diazepam) and Xanax (alprazolam).
- **CNS stimulants** are prescribed to treat conditions such as attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD). Generic and brand names include amphetamines such as Ritalin.

Other prescription drugs that may be misused include anabolic steroids, which are often used in an attempt to build muscle mass, and cannabis-related prescription products (e.g., medical marijuana or the tablet form dronabinol/Marinol). There are several other classes of prescription drugs that have psychoactive properties (e.g., antipsychotics, anti-mania drugs, antidepressants), but do not tend to be abused for "recreational" purposes.

## Naming of Drugs

Drug names originate from

- the structural formula (chemical composition) of the drug (**generic** name). This is the “common” name of a drug and does not require capitalization (e.g., acetaminophen is a common name of a popular pain medication).
- the name used by pharmaceutical companies to market the product (**brand or trade** name). The name usually has advertising value. Companies will register or copyright the brand or trade name (e.g., Tylenol is one brand name of acetaminophen). Because they are “proper” names, these brand and trade names are capitalized.

### REFERENCE



For additional information, refer to the following resource:

U.S. Department of Health and Human Services. National Institute on Drug Abuse (NIDA). *NIDA InfoFacts: Prescription Pain and Other Medications*. Bethesda, MD: NIDA, June 2006. Available online at <[www.drugabuse.gov/Infofacts/Painmed.html](http://www.drugabuse.gov/Infofacts/Painmed.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### How to Read a Prescription Drug Label

To help students learn about what information is included on a prescription drug label, have them complete RM 1–SU. Reinforce the importance of reading the information and following the directions on the label. Also emphasize that only the person for whom a drug is prescribed should take the drug.



Refer to RM 1–SU: How to Read a Prescription Drug Label.

### REFERENCES



For information on reading a prescription drug label, refer to the following report:

Health Quality Council of Alberta (HQCA). *Health Report to Albertans*. Calgary, AB: HQCA, January 2007. Available online at <[www.hqca.ca/phpBB2/files/hqca\\_health\\_report\\_2007\\_202.pdf](http://www.hqca.ca/phpBB2/files/hqca_health_report_2007_202.pdf)>.

For information on prescription drugs that students may be taking, refer to the following website, which is operated by the Ontario government and the Ontario Ministry of Health Promotion:

HealthyOntario.com. *Drugs*. <[www.healthyontario.com/Drugs.aspx](http://www.healthyontario.com/Drugs.aspx)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Illegal Drugs

Illegal drugs are regulated or unlawful substances (e.g., cocaine, crystal methamphetamine [meth], anabolic steroids, heroin, cannabis), which are usually obtained by dishonest or prohibited means (e.g., through drug dealers).

Whether or not a drug is legalized is often influenced by political, cultural, and social concerns. For example, tobacco was considered illegal when it was first brought to England. It was legalized, however, when it was determined to be a revenue source for the government. Despite the fact that it is now known to be a health risk, tobacco remains a legal substance.

The dynamic of changing the legal status of drugs continues today, as is the case with marijuana. Debate continues about the therapeutic properties of marijuana and its legal status, as well as its potential as a source of revenue. There is still the concern that even if a drug is legal (e.g., alcohol is a legal drug), it isn't necessarily safe.

Numerous health problems (both physical and psychological) and social problems are associated with illegal drug use. For example, overdose and death can occur because users do not know the purity, quality, or strength of the drugs they are taking. People can become addicted to illegal drugs, as there is generally no counselling regarding their use. As with legal drugs, illegal drugs may have side effects that could be dangerous or life-threatening. In addition, some diseases can be contracted by activities associated with illegal drug use, including sharing needles, which can cause people to contract the human immunodeficiency virus (HIV), hepatitis, and other infections. Obtaining illegal drugs requires associating with "drug dealers" and the illicit drug environment, which can create its own problems. For example, users may become involved in the legal system if they find themselves charged with drug possession or trafficking.

Illegal drugs are often classified based on the common effects they may have on the mind or on the body. The Addictions Foundation of Manitoba uses the following drug classifications and definitions:

- **Depressants** (e.g., alcohol, opiates, heroin, morphine) slow down the heart rate and cause body temperature and blood pressure to drop.
- **Stimulants** (e.g., cocaine, crystal meth) speed up the heart rate and cause body temperature and blood pressure to rise.
- **Hallucinogens** (e.g., acid, magic mushrooms, peyote) have some depressant qualities and some stimulant qualities. These drugs may cause people to hear or see things that are not really there.
- **Cannabis** (e.g., marijuana, hashish [hash], hash oil). See *Basic Fact Sheet on Marijuana* in the following reference.

## REFERENCE



Fact sheets on alcohol and other drugs are available on the following website:

Addictions Foundation of Manitoba (AFM). "The Basics Series on Alcohol and Other Drug Information." *Learn More: Alcohol and Other Drugs*. 2005.

<[www.afm.mb.ca/Learn%20More/alcohol\\_drugs.htm#factsheets](http://www.afm.mb.ca/Learn%20More/alcohol_drugs.htm#factsheets)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Did You Know?

Have students form small groups for a Jigsaw discussion (see Appendix E) of fact sheets on alcohol and other drugs, provided by AFM as part of the "Basics Series on Alcohol and Other Drug Information." Provide each small group with a different fact sheet to discuss the key points. Each group then becomes the expert group on a given topic. After a set time, students form new groups, with a person from each of the expert groups moving to a new group and sharing the information just learned.

Students could also create a Did You Know? poster or advertisement to convince others not to use or abuse drugs.

### NOTE TO TEACHER

When discussing the different drug classifications and information about the different drugs, it is very important to use words such as "may," "might," and "can," as there are no absolutes when it comes to using substances.



## Suggestion for Instruction / Assessment

### You Be the Judge

To help students learn how to describe the benefits and risks of OTC or prescription drug medications, have them complete RM 2-SU, following the instructions provided. This learning activity promotes critical and creative thinking, as well as awareness of concepts related to consumerism and drug marketing and education.



Refer to RM 2-SU: You Be the Judge.

**RM 1–SU: How to Read a Prescription Drug Label**

Sample of Prescription Drug Label

**MANITOBA Pharmacy**  
204 Manitoba Street  
Winnipeg MB M2B 2Y2 Canada  
Store # 0001 Phone: 204-204-2004

---

Rx# **2042042** Ref:0 Dr. Manitoba  
Toba Man

**TAKE 1 CAPSULE THREE  
TIMES DAILY UNTIL  
FINISHED (ANTIBIOTIC)**

**APO-AMOXI 500MG**  
AMOXICILLIN 500MG  
RED/YEL/ELLIP/APO{500}


30 CAP 14 Oct 2007 Total:21.43

APX  
00628123

EDS

KEEP OUT OF REACH OF CHILDREN

Rx# 24242424

 **Important: Take this medication for the prescribed duration.**

*Continued*

## RM 1–SU: How to Read a Prescription Drug Label *(Continued)*

Using the sample label provided, answer the following questions to determine what important information must be included on a prescription drug label.

1. What is the name of the pharmacy?  
\_\_\_\_\_
2. What is the address of the pharmacy?  
\_\_\_\_\_
3. What is the store number of the pharmacy?  
\_\_\_\_\_
4. What is the phone number of the pharmacy?  
\_\_\_\_\_
5. What is the prescription number?  
\_\_\_\_\_
6. What is the physician's name?  
\_\_\_\_\_
7. What is the date that the prescription was filled?  
\_\_\_\_\_
8. What is the name of the person for whom the drug is prescribed?  
(Prescription drugs should be used only by the person for whom the drugs were prescribed.)  
\_\_\_\_\_
9. What is the brand name of this drug?  
(Various manufacturers or companies may make the same generic drug but will call it by their own brand or trade name.)  
\_\_\_\_\_
10. What is the name of the medication or the main ingredient?  
\_\_\_\_\_
11. What is the strength of the medication?  
\_\_\_\_\_
12. What do the letters APX mean?  
\_\_\_\_\_
13. What does the number listed below the company code represent?  
\_\_\_\_\_
14. How much is in the package?  
\_\_\_\_\_
15. What are the directions or instructions for taking the medication?  
\_\_\_\_\_
16. Are there any cautions or warnings on the label?  
\_\_\_\_\_
17. Do prescription drug labels often include any additional information that is not on this one?  
\_\_\_\_\_

*Continued*

## RM 1–SU: How to Read a Prescription Drug Label *(Continued)* (Answer Key)

1. What is the name of the pharmacy?	Manitoba Pharmacy
2. What is the address of the pharmacy?	204 Manitoba Street, Winnipeg MB M2B 2Y2 Canada
3. What is the store number of the pharmacy?	Store: #0001
4. What is the phone number of the pharmacy?	Phone: 204-204-2004
5. What is the prescription number?	Rx: #2042042
6. What is the physician's name?	Dr. Manitoba
7. What is the date that the prescription was filled?	October 14, 2007
8. What is the name of the person for whom the drug is prescribed? (Prescription drugs should be used only by the person for whom the drugs were prescribed.)	Toba Man
9. What is the brand name of this drug? (Various manufacturers or companies may make the same generic drug but will call it by their own brand or trade name.)	APO–Amoxi
10. What is the name of the medication or the main ingredient?	Amoxicillin is the generic name for the drug.
11. What is the strength of the medication?	500 mg
12. What do the letters APX mean?	The letters indicate the manufacturer's/company's code.
13. What does the number listed below the company code represent?	This number indicates the drug identification number (DIN).
14. How much is in the package?	30 cap (capsules)
15. What are the directions or instructions for taking the medication?	Take 1 capsule three times daily until finished (antibiotic).
16. Are there any cautions or warnings on the label?	Important: Take this medication for the prescribed duration.  Keep out of reach of children.
17. Do prescription drug labels often include any additional information that is not on this one?	Expiry date, refill information, and additional information, on stickers, such as Take with food.

## RM 2–SU: You Be the Judge\*

### Objectives

Students will

- describe the benefits and risks of OTC or prescription medications
- demonstrate critical thinking skills
- demonstrate advocacy skills for health education

### Procedure

This is a critical-thinking and problem-solving learning activity that includes concepts related to consumerism and drug education. It also enables students to advocate for a particular position related to OTC or prescription medications.

1. Have students work in small groups (e.g., four).
2. Assign each group member a task: facilitator, reader, recorder, and reporter.
3. Use one of the identified websites to gather information regarding the benefits and risks associated with specific OTC or prescription medications. Other drugs can also be used (e.g., crack, crystal meth)
  - Addictions Foundation of Manitoba. <[www.afm.mb.ca/](http://www.afm.mb.ca/)>.
  - Drug Infonet. <[www.druginfonet.com/](http://www.druginfonet.com/)>.
  - Medline Plus. *Drugs, Supplements, and Herbal Information*. <[www.nlm.nih.gov/medlineplus/druginformation.html](http://www.nlm.nih.gov/medlineplus/druginformation.html)>.
  - RxList Inc.: The Internet Drug Index. <[www.rxlist.com/script/main/hp.asp](http://www.rxlist.com/script/main/hp.asp)>.
4. Create a new name for a drug or scramble the name of the drug in question.

*Example:* Claritin = trial inc.

Consider using an anagram generator, such as the following, to help create new names:

- Wordsmith.org. *Internet Anagram Server*. <[www.wordsmith.org/anagram/](http://www.wordsmith.org/anagram/)>.

It is important to create a new name so that students do not come to the task with preconceived ideas about the benefits and/or risks of the substance selected.

*Continued*

---

\* Source: Ludwig, Michael. "Thinking Critically about Over-the-counter and Prescription Drugs." *American Journal of Health Education* 36.2 (Mar./Apr.): 124–26. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.



## RM 2–SU: You Be the Judge (Continued)

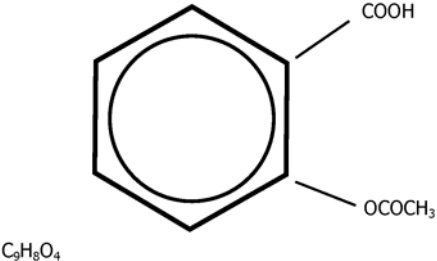
5. Provide groups with questions such as those suggested below (or similar ones) and instruct students to answer them collaboratively.
  - a. Do the benefits of this drug outweigh the risks?
  - b. What else would you like to know about this drug to make an informed decision about it?
  - c. If approved, what should the warning label for this drug emphasize?
  - d. Are there other ways to achieve the benefits without using the substance?
6. Have the groups share their insights with the class.
7. Have students create a public service announcement regarding the substance under review. Give them the information provided on the following page.

### You Be the Judge Scenario

You have been selected to serve on Health Canada's Health Products and Food Branch (HPFB), the drug approval committee for Canada. The manufacturer seeks to market \_\_\_\_\_ as a new OTC/prescription medication in three different ways:

- in combination with pain relief medications (analgesics)
- as a learning aid marketed under the trade name \_\_\_\_\_
- as a social stimulant under the trade name Party On!

The manufacturer claims the drug is totally safe and would be a welcome addition to the OTC market. In a drug trial that included over 1 million doses, there were no deaths and very few adverse reactions. The drug will be marketed only to adults and is not recommended for use by children. You have received the following information from a drug manufacturer.

<p><b>E X A M P L E</b></p> <p><b>Drug Name</b> <u>SCAD CALL TEA ICILY ICY</u> <b>(Acetylsalicylic acid – Aspirin)</b></p>	 <p><math>C_9H_8O_4</math></p>
--	--

*Continued*

## RM 2–SU: You Be the Judge (*Continued*)

### *Benefits*

The drug is used to

- relieve the symptoms of rheumatoid arthritis
- reduce fever and relieve mild to moderate pain from headaches, menstrual cramps, arthritis, colds, toothaches, and muscle aches
- prevent heart attacks in people who have had a heart attack in the past or who have angina (chest pain that occurs when the heart does not get enough oxygen)
- reduce the risk of death in people who experience, or have recently experienced, a heart attack
- prevent ischemic strokes (strokes that occur when a blood clot blocks the flow of blood to the brain) or mini-strokes (strokes that occur when the flow of blood to the brain is blocked for a short time) in people who have had this type of stroke or mini-stroke in the past

### *Risks*

Minor side effects include

- diarrhea
- nausea, vomiting
- reduced amount of urine passed
- stomach gas, heartburn

Serious side effects include

- black, tarry stools
- confusion
- difficulty breathing, wheezing
- dizziness, drowsiness
- ringing in the ears
- seizures (convulsions)
- skin rash
- stomach pain
- unusual bleeding or bruising, red or purple spots on the skin
- vomiting blood, or what looks like coffee grounds

Levels ranging from 150 mg/kg to 300 mg/kg can be dangerous, depending on the person's weight.

## Lesson 2: Stages of Substance Use and Addiction

### Introduction

In this lesson students explore the stages of substance use from non-involvement to dependent involvement. Students learn about the risks and consequences of substance use and addictive behaviour. Helping students to recognize the stages or levels of involvement in substance use, and addressing the facts and feelings associated with substance use, may promote behaviour change or healthy decision making.

#### NOTE TO TEACHER

Substance use and abuse is regarded as potentially sensitive content. All aspects of instruction are to be treated with a high degree of sensitivity.



### Specific Learning Outcome

**11.SU.2** Explain the stages of involvement in substance use or abuse.

*Includes:* non-involvement, irregular involvement, regular involvement, harmful involvement, and dependent involvement



### Key Understandings

- Drug addiction is a complex issue.
- The stages or levels of involvement in substance use range from non-involvement to dependent involvement.
- The physical signs of drug abuse or addiction can vary, depending on the person and the drug being abused.



### Essential Questions

1. What are the stages or levels of involvement in substance use?
2. How do you know when someone has a problem with substance use?
3. What are the signs of a dependency and an addiction? What are the similarities and differences?



## Background Information

### Preventing Addiction

The Addictions Foundation of Manitoba (AFM) defines addiction as “an unhealthy relationship between a person and a mood-altering substance, experience, event or activity, which contributes to life problems and their reoccurrence” (*A Biopsychosocial Model of Addiction 2*). Preventing addiction and ensuring that students have the current information for making healthy decisions are primary goals in all drug education programs.

Teenagers often think they are invincible and that risk-taking behaviours will not harm them. Some young people cannot see where the long-term effects of experimentation with substances may lead. They think they will not become harmfully involved by using substances just for fun or just one time.

#### REFERENCE



For additional information, refer to the following resource:

Addictions Foundation of Manitoba. *A Biopsychosocial Model of Addiction*. Winnipeg, MB: Addictions Foundation of Manitoba, June 2000. Available online at [www.afm.mb.ca/pdf/BPS-FINAL.pdf](http://www.afm.mb.ca/pdf/BPS-FINAL.pdf)

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).



## Suggestion for Instruction / Assessment

### From Experimenting to Dependency in 43 Seconds

Designed to activate student thinking, this experiential learning activity provides an opportunity for students to learn information about alcohol and to begin to explore their feelings about its effects in a safe environment. To illustrate the potentially devastating path that drug users can take, have students complete RM 3–SU.



Refer to RM 3–SU: From Experimenting to Dependency in 43 Seconds for the background information and instructions on this suggested instructional strategy.



## Background Information

### Levels of Involvement (LOI) Framework

Substance use and abuse is a complex phenomenon that includes diverse drugs, different levels of involvement, and various causes. In 1997, AFM developed a *Levels of Involvement Framework* to describe the various levels of involvement in gambling, alcohol, or other drugs. The AFM framework emphasizes the importance of biological, psychological, and sociological factors in determining an individual's level of involvement with substances or gambling. Other types of models or continua may be available to help students identify usage patterns, but for the purpose of this curriculum, the discussion to follow focuses on the AFM framework.

The levels of involvement identified in the AFM framework range from no involvement to dependent involvement or addiction, as outlined in the following chart.

Levels of Involvement in Substance Use*	
Level/Stage of Involvement	Definition of Behaviours/ Consequences of Involvement
Non-involvement (Non-use)	<ul style="list-style-type: none"> <li>▪ Never used alcohol or other drugs</li> <li>▪ Have chosen a non-using lifestyle following some involvement in the past</li> </ul>
Irregular Involvement	<ul style="list-style-type: none"> <li>▪ Random or infrequent (including experimental) use of alcohol or other drugs</li> <li>▪ Little or no evidence of any problems caused by use</li> </ul>
Regular Involvement	<ul style="list-style-type: none"> <li>▪ Using alcohol or other drugs regularly, with some pattern (e.g., daily, weekly, monthly)</li> <li>▪ Some minor or isolated problems may be caused by use</li> <li>▪ Actively seeking involvement</li> </ul>
Harmful Involvement	<ul style="list-style-type: none"> <li>▪ Using alcohol or other drugs causes problems in one or more areas of life</li> </ul>
Dependent Involvement	<ul style="list-style-type: none"> <li>▪ Despite use of alcohol or other drugs causing problems in life areas, use is continued, plus               <ul style="list-style-type: none"> <li>— there are failed attempts to cut down/quit</li> <li>— a lot of time is spent using or thinking about using</li> <li>— strong urges to use are experienced</li> <li>— there are uncomfortable feelings when abstaining</li> <li>— more of the substance is needed to get the same high</li> </ul> </li> </ul>
Transitional Abstinence	<ul style="list-style-type: none"> <li>▪ Choosing to quit use of alcohol and other drugs after harmful or dependent involvement and struggling with how this feels</li> </ul>
Stabilized Abstinence/Recovery	<ul style="list-style-type: none"> <li>▪ Abstaining from alcohol and other drugs after harmful or dependent involvement and feeling confident and comfortable with this</li> </ul>

\* Source: Addictions Foundation of Manitoba. *Levels of Involvement Framework*. Winnipeg, MB: Addictions Foundation of Manitoba, 1998. Available online at <[www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf](http://www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf)>. Adapted with permission.

## REFERENCE



For additional information, refer to the following resource:

Addictions Foundation of Manitoba. *Levels of Involvement Framework*. Winnipeg, MB: Addictions Foundation of Manitoba, 1998. Available online at <[www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf](http://www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Levels of Involvement in Substance Use

Recognizing the levels or stages of involvement in alcohol and other drugs, as outlined in the AFM framework, and learning about the facts (consequences, behaviours, and feelings) associated with the levels should help students gain a better understanding of how to make healthy decisions or how to provide help for self or others.

The levels of involvement in substance use and the behaviours/characteristics associated with each level are identified on separate cards in RM 4–SU. Cut up the cards and provide groups of students with their own “deck” of cards. Have students use the Think and Link strategy (see Appendix E) to match the behaviours/characteristics to the applicable levels of involvement. Have them compare their results to the answer key provided.

As an extension of this learning activity, students could write case scenarios representing the various levels of involvement in substance use.



Refer to RM 4–SU: Levels of Involvement in Substance Use.

## RM 3–SU: From Experimenting to Dependency in 43 Seconds\*

### Teaching High School Students about the Progression of Alcoholism

Simply giving young people the facts about substance use and abuse is not a very effective prevention tool by itself. It has been shown that long-lasting behaviour change is more related to internalizing concepts than just to the simple intake of facts. Education guidelines generally reinforce the fact that when students have the opportunity to internalize or personalize learning – to realize how it can affect their lives – they are more likely to show changes in behaviour.

To promote behaviour change, one needs to blend both facts and feelings into the decision-making process. Young people need opportunities to practise their decision-making skills, beginning with exploring their feelings in a safe environment, so they can then apply these skills in more risky situations.

Young people readily understand the fact that using and abusing alcohol and other drugs can lead to serious health and emotional problems. Unfortunately, their belief in their own invincibility convinces them that these problems will never happen to them.

In the following experiential learning activity, which is designed to engage students in a discussion about alcohol, students learn information about alcohol and begin to explore their feelings about its effects in a safe environment. Alcohol was chosen as the medium because of the common adolescent misperception that alcohol is not a very harmful substance. Exploring feelings is important in the decision-making process, and this learning activity is a beginning step toward that goal. The affective impact of this learning activity is what makes it a powerful learning experience.

### Learning Activity

Give each student one packet of 12 slips of paper. A letter-size sheet of paper folded in thirds like a business letter, then folded in half, and then folded in half again will produce 12 equal slips of paper. Assure students that they are the only ones who will see their slips of paper. Then give the following instructions:

- On three slips of paper write the names of three separate people who are very dear to you.
- On three slips of paper write three things or possessions that you regard as special.
- On three slips of paper write three different activities in which you enjoy participating.
- On three slips of paper write three personal attributes of which you are proud.

*Continued*

---

\* Source: Kolaya, Linda, and Barb Grimes-Smith. "From Experimenting to Dependency in 43 Seconds: Teaching Junior High and High School Students about the Progression of Alcoholism." *Journal of Health Education* 30.3 (May/June 1999): 185, 189. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## RM 3–SU: From Experimenting to Dependency in 43 Seconds *(Continued)*

Instruct students to hold the slips of paper in their hands like playing cards. Tell them that you want to walk them through a few different scenarios related to the papers they just filled out. Read the scenarios below to the class, and follow the instructions provided in parentheses.

### *Scenarios*

1. You have been invited to a party. You came home late, after curfew, smelling of alcohol. Your parents are waiting up for you. You're in big trouble! One of your possessions is taken away as punishment. You must choose which one. (Give participants 15 seconds to choose one possession and tear up the slip of paper.)
2. After a Friday night football game you and a friend go to a mutual friend's house. His or her parents aren't at home and there is beer available. You decided to drink quite a bit. The next morning you have a hangover and don't feel well and are not able to participate in or enjoy one of your favourite activities. Tear up one activity and one attribute. (Give participants 10 seconds to choose and tear up the slips of paper.)
3. Drinking has become one of your favourite pastimes. You are now looking forward to drinking every weekend. You feel you can handle it—it's not a problem. Tear up one person's name and one attribute. (Give participants 8 seconds to do this.)
4. You now find yourself drinking daily, with serious consequences: suspension from school, stealing money, fighting with parents. Tear up one person's name and one attribute. (Give participants 5 seconds to choose.)
5. After a weekend of partying, on your way home you are picked up for driving under the influence (DUI) of alcohol. Tear up one possession and one activity. (Give participants 5 seconds to choose. Then have them turn over their last three slips of paper.)
6. You are experiencing total loss of control over your use of alcohol. Without looking or discussing, remove and tear up two slips of paper from someone sitting near you.
7. You will end up with only one slip of paper.

*Continued*



## RM 3–SU: From Experimenting to Dependency in 43 Seconds *(Continued)*

### Processing the Learning Activity

Ask students the following questions:

- How did you feel as this activity progressed?
- How did you feel as the speed and tempo of the activity increased?
- What were the easiest items to give up? What were the most difficult items to give up?
- What was your reaction to having the last two slips of paper taken from you?
- How do you feel about the one item you have left?

Explain to students that as they went through the progression activity, they experienced the loss of control, just as though they were experiencing the stages of alcoholism. Talk about the stages of progression: experimentation, regular use, daily preoccupation, and dependency.

Talk about why young people progress through this addiction process faster than adults do. Two reasons are

- body physiology – organs are still maturing even after reaching full body growth
- patterns of use – binge drinking, multiple drug use

Ask students what could be done to regain some of the losses. Suggestions might include the following:

- Talk to someone (e.g., counsellor, school nurse, trusted adult).
- Get help (e.g., from Alcoholics Anonymous, community agency, treatment facility).

### Conclusion

Approaching the subject of substance use and abuse with young people can be very tricky. Many young people already know a lot about alcohol and its effects, but they may not understand why they are much more vulnerable than adults are to the psychological and physical risks associated with alcohol use. This learning activity was designed to present facts while letting young people explore their feelings in a safe environment, and to help them understand how alcohol can affect their lives.

## RM 4–SU: Levels of Involvement in Substance Use\*

### Levels/Stages of Involvement

Non-Involvement (Non-Use)	Irregular Involvement	Regular Involvement	Harmful Involvement	Dependent Involvement	Transitional Abstinence	Stabilized Abstinence/ Recovery
---------------------------	-----------------------	---------------------	---------------------	-----------------------	-------------------------	---------------------------------

### Behaviours/Consequences

Never used alcohol or other drugs	Have chosen a non-using lifestyle following some involvement in the past	Random or infrequent (including experimental) use of alcohol or other drugs	Little or no evidence of any problems caused by use	Using alcohol or other drugs regularly, with some pattern (e.g., daily, weekly, monthly)	Some minor or isolated problems may be caused by use	Actively seeking involvement
-----------------------------------	--	---	---	--	--	------------------------------

Using alcohol or other drugs causes problems in one or more areas of life	Despite use of alcohol or other drugs causing problems in life areas, use is continued	There are failed attempts to cut down/quit	A lot of time is spent using or thinking about using	Strong urges to use are experienced	There are uncomfortable feelings when abstaining	More of the substance is needed to get the same high
---	--	--	--	-------------------------------------	--	--

Choosing to quit use of alcohol and other drugs after harmful or dependent involvement and struggling with how this feels	Abstaining from alcohol and other drugs after harmful or dependent involvement and feeling confident and comfortable with this
---	--

*Continued*

\* Source: Addictions Foundation of Manitoba. *Levels of Involvement Framework*. Winnipeg, MB: Addictions Foundation of Manitoba, 1998. Available online at <[www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf](http://www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf)>. Adapted with permission.

**RM 4–SU: Levels of Involvement in Substance Use (Continued)  
(Answer Key)\***

<b>Levels of Involvement in Substance Use</b>	
Level/Stage of Involvement	Definition of Behaviours/ Consequences of Involvement
Non-involvement (Non-use)	<ul style="list-style-type: none"> <li>▪ Never used alcohol or other drugs</li> <li>▪ Have chosen a non-using lifestyle following some involvement in the past</li> </ul>
Irregular Involvement	<ul style="list-style-type: none"> <li>▪ Random or infrequent (including experimental) use of alcohol or other drugs</li> <li>▪ Little or no evidence of any problems caused by use</li> </ul>
Regular Involvement	<ul style="list-style-type: none"> <li>▪ Using alcohol or other drugs regularly, with some pattern (e.g., daily, weekly, monthly)</li> <li>▪ Some minor or isolated problems may be caused by use</li> <li>▪ Actively seeking involvement</li> </ul>
Harmful Involvement	<ul style="list-style-type: none"> <li>▪ Using alcohol or other drugs causes problems in one or more areas of life</li> </ul>
Dependent Involvement	<ul style="list-style-type: none"> <li>▪ Despite use of alcohol or other drugs causing problems in life areas, use is continued, plus               <ul style="list-style-type: none"> <li>— there are failed attempts to cut down/quit</li> <li>— a lot of time is spent using or thinking about using</li> <li>— strong urges to use are experienced</li> <li>— there are uncomfortable feelings when abstaining</li> <li>— more of the substance is needed to get the same high</li> </ul> </li> </ul>
Transitional Abstinence	<ul style="list-style-type: none"> <li>▪ Choosing to quit use of alcohol and other drugs after harmful or dependent involvement and struggling with how this feels</li> </ul>
Stabilized Abstinence/Recovery	<ul style="list-style-type: none"> <li>▪ Abstaining from alcohol and other drugs after harmful or dependent involvement and feeling confident and comfortable with this</li> </ul>

\* Source: Addictions Foundation of Manitoba. *Levels of Involvement Framework*. Winnipeg, MB: Addictions Foundation of Manitoba, 1998. Available online at <[www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf](http://www.afm.mb.ca/Learn%20More/Levels%20Invol.pdf)>. Adapted with permission.



## Lesson 3: Risks and Consequences of Substance Use

### Introduction

This lesson focuses on the reasons for substance use and abuse among adolescents. It addresses the signs or behaviours to look for when suspecting substance use, and the potential risks and consequences of substance use and abuse. Students also explore situations and behaviours that may make them more resistant to the risks of becoming involved in substance misuse.

#### NOTE TO TEACHER

Substance use and abuse is regarded as potentially sensitive content. All aspects of instruction are to be treated with a high degree of sensitivity.

AFM's educational resources emphasize that, regardless of what drug is being used or abused, "a drug is a drug is a drug," and alcohol is a drug. No specific drug is "safer" for adolescents to use than another. All drugs are potentially hazardous for youth. It is important to examine the risks of harmful use of all substances, whether they are legal or illegal.

According to the Canadian Centre on Substance Abuse, "alcohol is by far the most common substance used by youth and binge drinking is common. Cannabis is the second most common substance – and the first among illicit drugs – used by Canadian youth. Cannabis use is now more common than cigarette smoking among students" (7). Teachers are encouraged to address these issues as part of the lesson.

#### REFERENCES



For additional information, refer to the following resources:

Addictions Foundation of Manitoba. "Youth." *Services*.

<[www.afm.mb.ca/Services/youth.htm](http://www.afm.mb.ca/Services/youth.htm)>.

The Canadian Centre on Substance Abuse (CCSA). *Substance Abuse in Canada: Youth in Focus*. Ottawa, ON: CCSA, September 2007. Available online at

<[www.ccsa.ca/CCSA/EN/Research/Substance\\_Abuse\\_in\\_Canada/SubstanceAbuseinCanada.htm](http://www.ccsa.ca/CCSA/EN/Research/Substance_Abuse_in_Canada/SubstanceAbuseinCanada.htm)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at

<[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



### Specific Learning Outcomes

**11.SU.3** Examine factors that influence decisions regarding substance use and abuse.

**11.SU.4** Use reliable information in making healthy decisions for helping self and/or others regarding substance use and abuse.



## Key Understandings

- Adolescents may use substances for different reasons.
  - Risk and protective factors influence whether an adolescent becomes involved in or avoids harmful use and abuse of substances.
  - There are consequences to using any kind of drug. No specific drug is “safer” for adolescents to use than another.
  - Abstinence and harm reduction are both important messages in substance prevention programs.
- 



## Essential Questions

1. What are some of the reasons people use drugs?
  2. What are the risk factors and protective factors associated with someone becoming involved in or avoiding harmful use and abuse of substances?
  3. How can a decision-making model be used to determine the risks and consequences related to different case scenarios involving substance use and/or abuse?
- 



## Background Information

### Why Young People Use Substances

Some teenagers begin to use alcohol and other drugs for a variety of reasons, and some are more at risk than others of becoming frequent users or abusers of substances. The message to students should always be that no specific drug is “safer” for adolescents to use than another. Abstinence should always be the goal; however, to reduce harm to self or others, there may be a need to provide information or programming that targets risky patterns of drug use.

---



## Suggestion for Instruction / Assessment

### Why Do Teenagers Use Alcohol or Other Drugs?

Post each of the following discussion questions on separate flipchart-size sheets of paper.

#### SAMPLE DISCUSSION QUESTIONS

- Why do you think some adolescents choose to use alcohol or other drugs?
- Why do some students choose not to use alcohol or other drugs?
- Why might some students choose to experiment with alcohol or other drugs?
- Why might some students go beyond experimentation?
- What are some positive aspects of drug use?
- What are some negative aspects of drug use?
- If people know there are negative health effects, why do they continue to use and abuse substances?

Have students write down on sticky notes their responses to the questions and put them on the corresponding posters. Assign groups of students to each question (noted on the individual posters), and have them check for duplication and appropriateness of responses and provide the class with a summary.

Students may suggest a variety of reasons why young people choose to use substances. For example, young people may want to use alcohol or other drugs to

- experiment or satisfy curiosity
- celebrate
- oppose authority
- experience pleasurable effects
- feel a sense of belonging or social acceptance and avoid rejection
- boost confidence and/or loss of inhibitions
- relieve pain
- relieve or cope with emotional problems (e.g., anger, stress, anxiety, boredom, depression)
- rebel against or express alienation from mainstream society
- follow someone's example
- emulate media portrayals (e.g., drugs may be glamorized and normalized)
- take advantage of ease of availability

## REFERENCES



For background information and current statistics on alcohol and other drug involvement to support discussions, refer to the following organizations and resources:

Addictions Foundation of Manitoba. *Services*. <[www.afm.mb.ca/Services/youth.htm](http://www.afm.mb.ca/Services/youth.htm)>.

Canadian Centre on Substance Abuse (CCSA). <[www.ccsa.ca/ccsa/](http://www.ccsa.ca/ccsa/)>.

Manitoba Addictions Awareness Week (MAAW) Committee. "High on Life: Everybody Wins!" *Manitoba Addictions Awareness Week: Resource Kit*. Winnipeg, MB: MAAW Committee, October 2007. Published annually. The kit is available online at <[www.afm.mb.ca/maaw/Resource\\_Kit/resource\\_kit.html](http://www.afm.mb.ca/maaw/Resource_Kit/resource_kit.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Risk and Protective Factors

When trying to understand why adolescents do or don't become involved in substance use, it is helpful to be knowledgeable of the factors that may present risks for or protection from the harmful use and abuse of substances. The Alberta Alcohol and Drug Abuse Commission, in its report entitled *An Overview of Risk and Protective Factors: The Alberta Youth Experience Survey 2002* (George, Dyer, and Leven), outlines risk and protective factors related to substance misuse under the following five domains or categories: individual/personality, family, peers, school, and community/environmental.

It is impossible to predict categorically the development of substance misuse. In general, however, research suggests that individuals who experience multiple risk factors and consequently few protective factors are at greater risk of substance misuse than are those who experience few risk factors.

## REFERENCE



For additional information, refer to the following report:

George, Sheena, Art Dyer, and Phyllis Leven. *An Overview of Risk and Protective Factors: The Alberta Youth Experience Survey 2002*. Edmonton, AB: Alberta Alcohol and Drug Abuse Commission (AADAC), 2003. Available online at <[www.aadac.com/documents/TAYES\\_overview.pdf](http://www.aadac.com/documents/TAYES_overview.pdf)>. See "Chapter Two: Risk Factors" and "Chapter Three: Protective Factors."

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.





## Suggestion for Instruction / Assessment

### Risk and Protective Factors Related to Substance Misuse

The chart provided in RM 5–SU illustrates factors that may predict risk of and protection from initial drug misuse and its subsequent escalation. Have students suggest risk factors and protective (resilience) factors in the blank columns of the chart provided. Discuss the suggestions as a class, and have students continue to fill in their own charts with the suggestions provided by classmates. Finally, add any factors that are missing from the student suggestions to complete the chart.



Refer to RM 5–SU: Risk and Protective Factors Related to Substance Misuse.



## Suggestion for Instruction / Assessment

### Risk Perception

Provide students with an opportunity to assess their own risk perception for specific behaviours and to learn that their actions can have both short- and long-term consequences. After discussing the concept of risk related to health topics, have students examine risk perception and risk behaviour by viewing specific behaviours or scenarios on a risk continuum ranging from **not at all risky** to **very risky**, as described in RM 6–SU.



Refer to RM 6–SU: Techniques for Challenging Individual Risk Perception.

#### CLASSROOM USE OF RISK CONTINUA \*

Classroom use of risk continua has many benefits. For example, use of risk continua can

- reinforce content and knowledge of material
- be used to assess student learning (i.e., when students create their own continua)
- create class discussion on variability in risk perceptions
- aid students in thinking about concepts of risk as related to their own behaviours and the behaviours of others
- help students brainstorm issues related to risk for health content areas

\* Source: Gast, Julie, and Sarah Hodson. "Teaching Techniques for Challenging Individual Risk Perception." *Journal of Health Education* 31.4 (July/Aug. 2000): 244–46. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.



## Background Information

### Health Risks and Consequences of Substance Abuse

All the decisions we make have consequences, both positive and negative. In some cases the risks or consequences are greater than in others. The DECIDE Model, which students have used in previous grades, promotes looking at the pros and cons of different choices and solutions and basing decisions on current and relevant health information and family/cultural values.

The process of using the DECIDE Model to make decisions involves six steps:

- D** Define the topic or problem/issue.
- E** Explore the alternatives or options. (What are your choices?)
- C** Check alternatives. (List pros and cons for each alternative/option.)
- I** Identify possible solutions. (Pick the best choices.)
- D** Decide and take action. (Make the best choice.)
- E** Evaluate and revise.

#### REFERENCE



For more information on consequences or harmful effects of drugs, refer to the following website:

Health Canada. "What Are the Harmful Consequences of Drug Use?" *Straight Facts about Drugs and Drug Abuse*. Ottawa, ON: Minister of Public Works and Government Services Canada, 2000. Available online at <[www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/straight\\_facts-faits\\_mefaits/index\\_e.html](http://www.hc-sc.gc.ca/hl-vs/pubs/adp-apd/straight_facts-faits_mefaits/index_e.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physlth/](http://www.edu.gov.mb.ca/k12/cur/physlth/)>.



## Suggestion for Instruction / Assessment

### Consequences

Encourage students to think about different consequences related to drinking and driving by having them participate in the role-play scenario presented in RM 7-SU. The scenario is intended to allow students to “experience” the consequences of one person’s decision to drink and drive, to identify the many decisions that lead to the “fatal” outcome, and to recognize how changing one decision could lead to a different consequence.

When posing questions at the end of the role play, ask students to present their comments using the steps of the DECIDE Model, where applicable. Using the DECIDE Model can challenge students to think about the consequences or alternatives related to the risk behaviour of drinking and driving (by listing pros and cons for **each** alternative/option in step “C”). It can help them to “see” the alternatives or consequences of the decision and to recognize other options and their more favourable outcomes.



Refer to RM 7–SU: Consequences.

## REFERENCE



For a blackline master (BLM) of the DECIDE Model, refer to BLM G–5 DECIDE Model in the following curriculum document:

Manitoba Education, Citizenship and Youth. *Senior 1 and Senior 2 Physical Education/Health Education: A Foundation for Implementation*. Winnipeg, MB: Manitoba Education, Citizenship and Youth, 2004. BLM G–5: DECIDE Model is available online at [www.edu.gov.mb.ca/k12/cur/physhlth/foundation\\_s1-2/blms-rms/](http://www.edu.gov.mb.ca/k12/cur/physhlth/foundation_s1-2/blms-rms/).



## Suggestion for Instruction / Assessment

### Unintended Consequences

The death of Elvis Presley in 1977 at the age of 42 illustrates the harmful consequences of prescription drug use. Have students consider the risks and consequences of drug combinations by problem-solving a case study based on Elvis Presley, as presented in RM 8–SU. Through this problem-solving activity, students can develop inferential skills and draw logical conclusions regarding drug use and abuse.



Refer to RM 8–SU: Unintended Consequences.



## Suggestion for Instruction / Assessment

### Sam’s Story

Have students read and analyze Sam’s Story, a teen’s story of addiction and escape provided in RM 9–SU, and think about the serious consequences of the choices or decisions that were made.

After students have read Sam’s Story, ask them to respond to the following questions:

## NOTE TO TEACHER

Although Sam’s Story focuses on crystal meth, teachers are reminded to balance this discussion with information on the drugs that are causing the most problems for youth: alcohol and marijuana.

Review all Resource Masters and/or case scenarios before using them with students to check for suitability, and be prepared for the discussions that may occur.

1. Why do you think Sam started using substances?
2. Why do you think Sam's drug use escalated?
3. What were the indications that Sam was having trouble with drugs?
4. Why did it take so long for Sam to get help?
5. Why do you think Sam was relapsing?
6. Were there other underlying reasons for Sam's drug use?
7. What did Stephanie and Mike do to help Sam?
8. Do you think Sam's home life was normal? Why or why not?
9. What realizations did Sam come to in the end?
10. What do you think Sam meant by the following statement?  
 "Adulthood means I've got to be responsible now, do stuff for me my parents can't."



Refer to RM 9-SU: Sam's Story.

#### REFERENCE



Sam's Story is available on the following website:

Heredia, Christopher. "Sam's Story: Walnut Creek Teen's Road from Meth." *San Francisco Chronicle* 6 May 2003: A-1. Available on the SFGate.com website at [www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/06/MN202176.DTL](http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/06/MN202176.DTL).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).



### Suggestion for Instruction / Assessment

#### Addictions Awareness

Every year, the Manitoba Addictions Awareness Week (MAAW) Committee puts together a resource kit to help individuals, schools, workplaces, and communities raise awareness of, and celebrate healthy choices about, substance use and misuse, gambling, and related issues. In addition to providing current information, the MAAW kit includes school and community learning activity and resource suggestions that teachers can use.

#### REFERENCES



For learning activity and resource suggestions, refer to the MAAW website:

Manitoba Addictions Awareness Week (MAAW). [www.afm.mb.ca/maaw/](http://www.afm.mb.ca/maaw/).

Manitoba Addictions Awareness Week (MAAW) Committee. "High on Life: Everybody Wins!" *Manitoba Addictions Awareness Week: Resource Kit*. Winnipeg, MB: MAAW Committee, October 2007. Published annually. The kit is available online at [www.afm.mb.ca/maaw/Resource\\_Kit/resource\\_kit.html](http://www.afm.mb.ca/maaw/Resource_Kit/resource_kit.html).

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at [www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/).

## RM 5–SU: Risk and Protective Factors Related to Substance Misuse

Domains and Factors of Risk and Protection		
Domain	Risk Factors	Protective Factors
<b>Individual/ Personality</b>	▪	▪
<b>Family</b>	▪	▪
<b>Peers</b>	▪	▪
<b>School</b>	▪	▪
<b>Community/ Environmental</b>	▪	▪

*Continued*

**RM 5–SU: Risk and Protective Factors Related to Substance Misuse  
(Continued) (Answer Key)**

<b>Domains and Factors of Risk and Protection*</b>		
<b>Domain</b>	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>Individual/ Personality</b>	<ul style="list-style-type: none"> <li>▪ physical trauma</li> <li>▪ temperament</li> <li>▪ early aggressive behaviour</li> <li>▪ early initiation of substance use</li> <li>▪ past trauma or abuse</li> <li>▪ lack of commitment to societal values or norms</li> <li>▪ poor self-concept</li> </ul>	<ul style="list-style-type: none"> <li>▪ strong personal social skills/esteem</li> <li>▪ resilience</li> </ul>
<b>Family</b>	<ul style="list-style-type: none"> <li>▪ living arrangements</li> <li>▪ poor parental monitoring and supervision</li> <li>▪ poor attachments</li> <li>▪ poor communication about rules and expectations</li> <li>▪ family conflict</li> <li>▪ favourable attitudes toward teen alcohol, other drug use, and gambling</li> <li>▪ parental alcoholism and drug use</li> </ul>	<ul style="list-style-type: none"> <li>▪ parental monitoring and supervision</li> <li>▪ emotional support</li> <li>▪ presentation of clear, pro-social normative expectations</li> <li>▪ positive bonding</li> </ul>
<b>Peers</b>	<ul style="list-style-type: none"> <li>▪ favourable peer attitudes toward drugs and gambling</li> <li>▪ peer substance use</li> <li>▪ peer pressure/rejection</li> </ul>	<ul style="list-style-type: none"> <li>▪ affiliation of close friends who are not drug users</li> <li>▪ positive bonding</li> </ul>
<b>School</b>	<ul style="list-style-type: none"> <li>▪ academic failure</li> <li>▪ lack of commitment to school</li> </ul>	<ul style="list-style-type: none"> <li>▪ participation in extracurricular activities</li> <li>▪ social support networks</li> <li>▪ high social and academic expectations</li> <li>▪ positive bonding</li> </ul>
<b>Community/ Environmental</b>	<ul style="list-style-type: none"> <li>▪ characteristics of the community</li> <li>▪ availability of substances</li> <li>▪ community laws/norms favourable to drug use and gambling</li> </ul>	<ul style="list-style-type: none"> <li>▪ community sponsored activities</li> <li>▪ activities based on religion</li> <li>▪ positive bonding</li> </ul>

\* Source: George, Sheena, Art Dyer, and Phyllis Leven. *An Overview of Risk and Protective Factors: The Alberta Youth Experience Survey 2002*. Edmonton, AB: Alberta Alcohol and Drug Abuse Commission (AADAC), 2003. 18, 22–23. <[www.aadac.com/documents/TAYES\\_overview.pdf](http://www.aadac.com/documents/TAYES_overview.pdf)>. Used with permission of the Alberta Alcohol and Drug Abuse Commission ([www.aadac.com](http://www.aadac.com)) 2008.

## RM 6–SU: Techniques for Challenging Individual Risk Perception\*

The purpose of this learning strategy is to allow students to assess their own risk perception for specific behaviours and to learn that their actions can have both short- and long-term consequences.

### Risk Continua

Risk continua can be used for a variety of content areas in the classroom. For this learning experience, students can use the risk continuum to discuss risks associated with alcohol use, tobacco use, prescription drug use, and illegal drug use, consumer health, violence, and so on (see Content Areas and Risk Continuum).

Content Areas and Risk Continuum		
Alcohol use	Abstainer	Binge drinking
Tobacco use	Abstainer	Frequent smoker
Prescription drug use	Abstainer	Abuser/addict
Illegal drug use	Abstainer	Addict/criminal
Violence	Conflict resolution	Abusive behaviour
Consumer health	Listening to a health educator	TV talk show

### Types of Risk

Before introducing the risk continuum, discuss the concepts of relative risk and risk taking.

- Ask students to think of examples of **helpful risks** and **harmful risks**. Write all the helpful risks on one side of the whiteboard and all the risks viewed as potentially harmful on the other side of the whiteboard (see Types of Risk). This can help students see that there are always risks in life, and that while some risks are health promoting, others are health prohibiting.
- At this time, discuss whether risk can vary, depending on whether the behaviour occurs only once or whether it is habitual. For example, does binge drinking lead to the negative health consequences associated with long-term bingeing? Is smoking occasionally a risk factor for respiratory problems?

*Continued*

\* Source: Gast, Julie, and Sarah Hodson. "Teaching Techniques for Challenging Individual Risk Perception." *Journal of Health Education* 31.4 (July/Aug. 2000): 244–46. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## RM 6–SU: Techniques for Challenging Individual Risk Perception (Continued)

Types of Risk	
Helpful Risks	Harmful Risks
Starting a relationship	Trying drugs
Learning to ski	Smoking cigarettes
Starting a new job	Selling drugs
Participating in class	Drinking and driving
Beginning to exercise	Unhealthy relationships
Declining to participate in a harmful risk	Becoming part of a questionable peer group

- Next, ask students to assess the various types of consequences for risk taking. These include physical risks, social risks, emotional risks, and legal risks (see Risks Associated with Drinking Alcohol). Also tell students that health-related behaviours can have both short- and long-term consequences. With drug use, for example, the physical risks may include increased anxiety, sleepiness, abnormal vital signs, and irritability, which would be classified as long-term physical risks. Social risks may include social alienation and loss of friends. Emotional risks may include fighting with parents or friends about drug use. Legal risks may include problems associated with theft or trafficking.

Risks Associated with Drinking Alcohol		
Physical risk	Cirrhosis	Long-term risk
Social risk	Impaired judgement	Short-term risk
Emotional risk	Increased depression/ violence	Short- or long-term risk
Legal risk	Driving while intoxicated	Short- or long-term risk

### Risk Perception

After discussing the concept of risk related to health topics, have students examine risk perception and risk behaviour by viewing specific behaviours or scenarios on a risk continuum ranging from **not at all risky** to **very risky**.

*Continued*



## RM 6–SU: Techniques for Challenging Individual Risk Perception (Continued)

1. Divide the class into two or three groups, depending on class size. Give each group a set of identical index cards with specific health behaviours written on each card. The behaviours should vary in degree of risk from not at all risky to very risky. Each card will have a different health behaviour written on it. Provide each student in each group with a card so that everyone can participate. It is also good to generate discussion by adding behaviours that may be ambiguous in terms of risk. (For example, when using a risk continuum on drug use behaviours, one card may read “drinking while on a date.” Although the example may not be an obvious risk factor, it typically results in a good discussion of how drinking may impair reasoning ability related to risky sexual behaviours.) Next, instruct each group of students to form a line from least risky to most risky behaviour, without allowing the other groups to see what order they have developed. Finally, have the groups stand across from each other so that they can easily compare the order of their cards. Discuss the rationale and any differences in order among the groups.
2. Have students form groups and supply them with index cards. Provide groups with health-related topics already addressed in class, and have them find sources of information for their assigned topics. Ask each group to create its own risk continuum by writing a source of health information on each blank index card provided. Again, remind students that they should have sources of information that vary from not risky at all to very risky. An example of a risky source of information may be television talk shows or advertisements, whereas a safe source may be a health educator or a health professional. Ask students to include some controversial or debatable sources of information, such as family members. When this is completed, have groups present their risk continua to the class and discuss whether the students agree with the order of the cards, and explain why or why not.

The benefit of having students create their own cards is that the teacher is able to assess learning by examining the accuracy of the content and whether risk perception is being demonstrated accurately. Additionally, students may come up with risk behaviours or scenarios that the teacher would likely miss. Risk continua also enable the teacher to correct misperceptions in risk perception, regardless of who creates them.

## RM 7–SU: Consequences . . . To Drive or Not to Drive, That Is the Decision\*

“Consequences” is a role-play scenario about a “Drunk Person,” his or her friends, a party, alcohol, and the decision to drive after drinking. The entire class participates, including the instructor. To minimize student apprehension about participating in the role-play scenario, the instructor plays the role of the “Drunk Person.”

### Materials

- six small pieces of paper for each student/participant
- one small paper bag or basket
- the following signs (computer generated or hand printed on letter-size paper):
  - one sign: “Drunk Person”
  - five signs: “Drunk Person’s Friend”
  - one sign: “Host”
  - three signs: “Friend’s Sober Ride”
  - one sign: “Driver of Other Car”
  - five signs: “Passenger in Other Car”
  - three signs: “Coma”
  - two signs: “Dead”

### Procedure

Give each student six small pieces of paper (or one large piece and have them tear it into six pieces). Instruct them to put their name on each piece of paper. Collect one of the six name papers from each student and put the papers in a bag or basket. Have students exchange their five remaining name papers with five different people in the class. This results in each student having five different name papers.

Tell the following story by reading the *italicized* text to the class. Follow the instructions. (The instructions are for a class size of 35 to 45 students. For smaller classes, substitute the “five” with “three”).

*Continued*

---

\* Source: Hayden, Joanna. “Consequences . . . To Drive or Not to Drive, That Is the Decision.” *Journal of Health Education* 31.3 (May/June 2000): 175–76. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

**RM 7–SU: Consequences . . .**  
**To Drive or Not to Drive, That Is the Decision (*Continued*)**

**The Story**

*It's Friday night. I'm going to a party and I'm getting wasted!*

Tape the "Drunk Person" sign to your chest.

*I'm taking five friends with me to the party.*

Pick five names from the bag. As these students join you at the front of the classroom, give each a "Drunk Person's Friend" sign to hold. Ask them to give all their name papers to students who remain seated.

*When we get to the party, the host meets us at the door with a bottle of beer.*

Pick one name from the bag. This student joins the group at the front of the classroom and is given the "Host" sign to hold. This student gives all his or her name papers to students who remain seated.

*The host informs everyone that there is plenty of booze and snacks (potato chips, pretzels, cheese, crackers), and encourages us to eat, drink, and be merry! So we eat and drink, and drink, and drink . . . , and now it's time to go home. Two of my friends refuse to get into the car with me. They call other friends, who did not come to the party, for rides home.*

Choose which two of the friends need rides, and then ask which of the students still sitting have the name papers of these two students. Usually more than one student does, so pick one "Friend's Sober Ride" sign for each "Drunk Person's Friend" who needs a ride. Have these two students join you at the front of the room, and give them the "Friend's Sober Ride" signs.

*My three friends and I are finally on our way home. It's late, and I'm really wasted. But I've been wasted like this before. Actually, I think I drive pretty okay when I'm drunk, which is often. Besides, I go real "slow."*

*At the same time that the "Drunk Person" and the "Drunk Person's Friends" are on their way home from the party, another group of people are on their way home from a wedding.*

Pick one name from the bag and have this student join the others at the front of the room and hold the sign "Driver of Other Car." Pick five more names and have these students join the rest at the front of the room, holding the "Passenger in Other Car" signs.

*I know these roads really well. The entrance ramp for the highway is right here. What's that in front of me with those bright lights?*

*Continued*

**RM 7–SU: Consequences...**  
**To Drive or Not to Drive, That Is the Decision (*Continued*)**

**CRASH!!!!!!!!!!!!!!**

From among the “Passengers in Other Car” and the “Drunk Person’s Friends,” give three people “Coma” signs and two people “Dead” signs. Ask all the students still sitting in the classroom and holding name papers for any of the crash victims to join the group at the front of the room.

*All those who were just asked to join the group are the fathers, mothers, sisters, brothers, cousins, friends, and neighbours of the crash victims. Look around. How many people are still sitting?*

*(Short pause.)*

*Not many.*

*(Usually very few and sometimes none.)*

*How many people were affected by MY decision to drink and drive?*

Wait a few moments. Let the students look around at all the empty chairs. There is usually silence in the room at this point; the effect is eerie. With the students still standing at the front of the room, ask the following questions. Have students answer the questions and explain their responses using the steps of the DECIDE Model.

Ask the Host:

*What other decisions could you have made that would have changed the consequences?*

Ask the Friends:

*What other decisions could you have made that would have changed the consequences?*

Finally:

*What other decisions could the “Drunk Person” have made that would have changed the consequences?*

Have students return to their seats. Begin discussion of risks and consequences of substance use.

## RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley\*

### Background Information

The official autopsy of Elvis Presley found eight different prescription drugs in his body with no trace of any illegal drugs such as heroin, cocaine, or hashish often found in overdose cases. Thomas Noguchi, a Los Angeles coroner, believes that Elvis's death was accidental – he simply did not realize the effect of drugs combined in the body.

According to Noguchi, Elvis died with the following drugs in his system:

- antihistamine (prescription)
- codeine (prescription for pain)
- Demerol (prescription narcotic used as a sedative)
- tranquilizers (prescription including Valium)
- a sedative-hypnotic prescription for insomnia

Not one prescription drug was at a toxic level. Medications found were within the therapeutic range and individually did not constitute an overdose.

Prescription drugs even at non-toxic levels can be fatal. Dr. Cyril Wecht, a respected pathologist, said Elvis “was a walking drugstore” and death was caused by “polypharmacy” – the combined reaction of several prescription drugs. The combination of prescription drugs depressed Elvis's central nervous system: the brain, followed by the heart, and finally the lungs (Noguchi).

The prescribing physician, George Nichopoulos, testified before the Tennessee Board of Examiners on charges of misconduct in his treatment of Elvis. He said Elvis gobbled drugs “from the time he woke up in the morning until the time he went to sleep at night” (Noguchi). He testified that Elvis was a psychological addict treated in hospitals in 1973 and 1974 for detoxification from Demerol (painkiller) and other drugs, and that Elvis travelled with three suitcases filled with drugs for himself and his entourage.

*Continued*

### DEFINITIONS

#### **additive effect**

The sum or cumulative effects of two or more pharmaceutical substances mixed together.

#### **synergistic effect**

Any hyper-additive effect produced by a combination of two or more drugs, which may double or triple the effect of another.

---

**Reference:** Noguchi, Thomas. *Coroner at Large*. New York, NY: Simon & Schuster, Inc., 1985.

\* Source: Janowiak, John. “Unintended Consequences: A Case Study of Elvis Presley.” *Journal of Health Education* 30.6 (Nov./Dec. 1999): 364–66. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## **RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)**

One week before a concert was scheduled, Nichopoulos prescribed a protocol program of strong doses of amphetamines, depressants, and painkillers (consisting of 680 pills, 20 cubic centimetres of liquid central nervous system depressants, stimulants, and painkillers). Placebos were often substituted for prescribed drugs; Elvis obtained the drugs from other sources. The jury found Nichopoulos innocent—as he could not control Elvis’s drug use.

The diagnosis: Elvis died of a heart attack caused by a combination of drugs causing a fatal irregular heartbeat.

### **Learning Activity**

The following problem-solving activity, based on the poly-drug use of Elvis Presley, illustrates the risks and consequences of drug use. Prior to the problem-solving, ask students to list some of the OTC drugs commonly found in homes. Have students determine the general drug classifications of these OTC medications. Inform them that responsible drug use occurs in a controlled manner in order to treat pain or other symptoms as prescribed, whereas drug abuse is the deliberate use of a chemical for other than the intended medical purposes. Students can also compile a list of five positive reasons and five negative reasons for taking prescription drugs.

This learning activity will take approximately one class period (45 minutes to 1 hour).

### **Purpose**

This learning activity is designed to determine the risks and consequences of drug combinations. Through problem-solving the case of Elvis Presley, students can develop inferential skills, make judgments, and draw logical conclusions regarding drug use and abuse.

### **Important Concepts**

1. Street drugs and prescription drugs are more potent and have more serious potential side effects than OTC drugs. Overuse of street/prescription drugs frequently creates new health problems as side effects.
2. The combined reaction to several drugs even at non-toxic levels can be fatal.

*Continued*

## RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)

### Method

Have students take turns reading to the class one paragraph from the following narrative.

Imagine that you have an overweight middle-aged male relative who takes the following prescription drugs:

- an antihistamine for allergies
- codeine and Dilaudid for pain
- Demerol as a sedative
- tranquilizers, including Valium
- a sedative-hypnotic for insomnia
- amphetamines for weight loss

Like so many people, he obsessively worries about his body. He started using amphetamines as appetite depressants to lose weight quickly for a role in a local play. By the time he made his first dramatic appearance, he was not only taking amphetamines, but was also wearing five-pound weights on his wrists and ankles during long, active rehearsals.

He currently suffers from insomnia due to problems at the office. His solution includes taking more sedatives, causing him to sleep longer, followed by amphetamines to stay on his feet and be alert at work. Consequently, his conversations with co-workers have become lengthy rambling monologues.

The amphetamines he takes each day also make him very talkative. His use of prescription drugs causes him to miss several days of work each month and seems to be radically affecting his job performance. A more serious problem recently showed itself in the results of a liver biopsy recommended by his doctor.

There was severe damage to the organ, and his liver was three times the normal size. In the past he was diagnosed with blood clots in his legs, hypoglycemia, an enlarged heart, and glaucoma. He was also susceptible to respiratory ailments and had a history of mild hypertension and some coronary artery disease. Over the years a wide variety of drugs had been prescribed for these disorders.

*Continued*

## RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)

Because of his interest in pharmacology he often carried around a manual, describing all prescription drugs, their chemical makeup, recommended dosage, and side effects. Sometimes he would share his prescription drugs with others if their problems matched his.

He regularly checked dosages and side effects while mixing drugs the way bartenders mix drinks or the way chefs prepare an exotic dish. But drugs are different from alcohol and foods. One drug affected perception and that, in turn, sometimes determined through confusion how much of a second drug was taken, and so on, while the side effects overlapped and contradicted each other.

The combination of drugs did things that the drugs individually did not do. It was almost as if the drugs were acting in conspiracy against the taker. Nonetheless, he regarded his many prescriptions as medicine.

He had real problems – pain, insomnia, a tendency to obesity – and he had real medicine to take care of those problems. He also knew that these drugs made him feel good in ways that were hard to explain.

Knowing about your relative’s chaotic drug use, you are not surprised to hear that he recently died of a heart attack. The medical examiner said his death was due to “cardiac arrhythmia, an erratic heartbeat and severe cardiovascular disease.” His report stated that “these two diseases may be responsible for cardiac arrhythmia, but the precise cause was not determined and may never be discovered.”

The coroner’s autopsy report also stated that there were several different prescription drugs in the body but not one prescription drug in the body was at a toxic level. Medications found were in the therapeutic range and individually did not constitute an overdose.

*Continued*



## **RM 8–SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)**

Display a transparency of the Discussion Example (see following page). Divide the class into six groups. Ask each group to discuss and respond to one of the following questions:

1. What are the body's reactions to a combination of several prescription drugs taken simultaneously?
2. How can prescription drugs taken at non-toxic levels result in death?
3. In what ways could a combination of drugs have an adverse effect on the body?
4. What signs or symptoms would have indicated a problem drug use? Who should have helped the relative?
5. What drug-free alternatives could you have suggested to the relative to deal with the stated problems?
6. Would you ask the coroner to pursue the investigation into your relative's death for any reason(s)?

Inform the class that the problem-solving case study is based on the actual life of Elvis Presley, who died in 1977 at the age of 42. The reason given for his death was a cardiac arrhythmia suspected to be due to an interaction of an antihistamine, codeine, and Demerol (a painkiller), as well as Valium and several other tranquilizers. Prescription drug use sometimes results in fatal reactions.

Show a music video clip of one of Elvis's performances.

Explain that most OTC and prescribed drug treatments often mask symptoms or control health problems, or in some way alter the way organ systems work. Overuse of prescription drugs frequently creates new health problems as side effects. People need to understand that their headaches are not due to Aspirin deficiency. The lesson is that seemingly safe prescription drugs can be as fatal as illegal drugs if taken in combination. Persons taking more than one drug should monitor themselves carefully, in cooperation with a physician.

*Continued*

## RM 8-SU: Unintended Consequences: A Case Study of Elvis Presley (*Continued*)

### Discussion Example

A middle-aged relative takes the following prescription drugs:

- antihistamine (prescription)
- codeine (prescription for pain)
- Demerol (prescription narcotic used as sedative)
- tranquilizers (prescriptions including Valium)
- sedative-hypnotic (prescription for insomnia)

The coroner's autopsy report states that death was due to

- cardiac arrhythmia (irregular heartbeat)
- severe cardiovascular disease

The coroner's autopsy report also states:

- There were eight different prescription drugs in the body.
- Not one prescription drug was at a toxic level. Medications found were in the therapeutic range and individually did not constitute an overdose.
- There was no evidence that the drugs present in the body caused or made any significant contribution to the death.

### Discussion Questions

(Use information from previous sections to help answer the following questions.)

1. What are the body's reactions to a combination of several prescription drugs taken simultaneously?
2. How can prescription drugs taken at non-toxic levels result in death?
3. In what ways could the combining of drugs have an adverse effect on the body?
4. What signs or symptoms would have indicated a problem drug use? Who should have helped the relative?
5. What drug-free alternatives could you have suggested to the relative to deal with the stated problems?
6. Would you ask the coroner to pursue the investigation into your relative's death for any reason(s)?

**RM 9–SU: Sam’s Story:  
Walnut Creek Teen’s Road from Meth\***

---

\* This story is available at the following website:  
Heredia, Christopher. “Sam’s Story: Walnut Creek Teen’s Road from Meth.” *San Francisco Chronicle* 6 May 2003: A–1. Available on the SFGate.com website at <[www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/06/MN202176.DTL](http://www.sfgate.com/cgi-bin/article.cgi?file=/c/a/2003/05/06/MN202176.DTL)>.

















## Lesson 4: Advocacy against Substance Use and Abuse

### Introduction

This lesson focuses on identifying substance use and abuse problems and what can be done to help someone who is struggling with these problems. Students also have the opportunity to advocate against substance use.

This lesson draws on the following pamphlets, which are available from the Addictions Foundation of Manitoba (AFM):

- *Are Alcohol/Drugs Causing Problems for You?*
- *Signs and Symptoms of Drug Use: A Guide for Parents and Teachers*
- *When Someone Else's Drinking, Drug Use or Gambling Affects You*

For copies of these pamphlets, please contact

Addictions Foundation of Manitoba  
Youth Community-Based Services  
200 Osborne Street North  
Winnipeg MB R3C 1V4  
Telephone: 204-944-6235

### NOTE TO TEACHER

Substance use and abuse is regarded as potentially sensitive content. All aspects of instruction are to be treated with a high degree of sensitivity.

### REFERENCE



For information about AFM's resources and services and to contact AFM counsellors closest to a school or community, refer to the following website:

Addictions Foundation of Manitoba. <[www.afm.mb.ca](http://www.afm.mb.ca)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



### Specific Learning Outcome

- 11.SU.4** Use reliable information in making healthy decisions for self and/or others regarding substance use and abuse.



## Key Understandings

- There are signs and/or symptoms that indicate problem drug use.
  - People have to help themselves avoid substance use and abuse.
  - Support is available for individuals with substance use and abuse problems.
  - Being involved in developing drug prevention programs or strategies promotes healthy decision making.
- 



## Essential Questions

1. How can you help someone who is struggling with substance abuse?
  2. What resources are available in your community to treat dependencies and/or addiction?
  3. How will the information you have obtained influence your decision making regarding substance use and abuse?
- 



## Background Information

### General Signs of Alcohol or Other Drug Use\*

Teachers need to be aware of the behaviours that may be apparent in a young person who is using and/or abusing alcohol or other drugs. It may also be valuable to encourage students to watch for these signs among their friends and to seek ways to help and support them.

The following are some common signs and symptoms to watch for in individuals who may be using substances:

- general loss of energy and motivation
- declining grades, dropping classes
- skipping or being late for class
- preoccupation with “using” activities
- not seeing former “non-using” friends
- poor concentration and memory

---

\* Source: Addictions Foundation of Manitoba. *Signs and Symptoms of Drug Use: A Guide for Parents and Teachers*. Winnipeg, MB: AFM, 2006. Adapted with permission.

- mood swings, increased irritability
- a general change in personality or mood
- involvement in harmful activity
- staying out late, not coming home
- arriving at home or school under the influence
- physical changes—in weight and hygiene
- presence of alcohol/drug paraphernalia, such as rolling papers, pipes, or bottles
- self-destructive behaviour, such as slashing skin
- putting self at risk, such as driving impaired
- personal or family belongings missing
- secretiveness about new friends and activities
- spending more time alone

These may be signs that a young person is in need of assistance. When teachers observe possible signs of substance use in someone, even if they are not sure that the signs indicate an alcohol or drug problem, they are encouraged to share their observations and concern with the person. Most students who are experiencing a problem related to substance use will not ask for help, and may deny that they have a problem. However, receiving feedback from others can encourage a student to examine his or her behaviour and to accept an offer of help. The Stages of Change, as outlined in Lesson 2 of Module B, apply to making behaviour change related to substance use as well. It is important to recognize what stage of substance use a student is at (i.e., pre-contemplation, contemplation, preparation, action, maintenance) and to use strategies that best help the person for each stage.

AFM counsellors provide assistance in determining an appropriate course of intervention. Even if a young person's substance use is limited, education and discussion about alcohol and other drugs can promote healthy decision making.

---



## Background Information

### When Someone's Substance Use Affects Others\*

Although each person's situation is unique, those affected by someone else's alcohol or other drug problem may share many common experiences and feelings. Often, they feel that they are somehow responsible for the problems and that no one else understands their situation. Such beliefs can leave them feeling guilty, embarrassed, angry, and alone, and may prevent them from reaching out to someone who can help.

There are two key messages to convey to students:

- If you think you might be affected by someone else's substance use, you're not alone.
- You are not responsible for someone else's choices or behaviour.



## Suggestion for Instruction / Assessment

### Is Someone Else's Substance Use Affecting You?\*

The following questions are provided to help students determine whether someone else's involvement in alcohol or other drugs is causing problems for them.

Present a scenario in which a person's substance dependency is affecting others. Have students imagine that they are the ones being affected by the substance use in the scenario. Using the Rotating Reel strategy (see Appendix E), have students discuss the following questions and report a summary of their discussion to the class after a given time period.

#### NOTE TO TEACHER

Depending on the class situation, teachers may wish to use these questions with individual students rather than in a large-group situation.

The same questions could be applied to discussions regarding other addictive behaviour such as gambling.

### *Questions to Ask Yourself*

- Do you sometimes worry about what may happen when someone you care about is drinking or using other drugs?
- Do you avoid situations where a friend or family member may be using alcohol or other drugs?
- Do you try to control how much someone else uses substances? (For example, do you water down or hide liquor?)
- Do you sometimes feel hurt or angry because of the behaviour of a friend or family member who is using substances?

\* Source: Addictions Foundation of Manitoba. *When Someone Else's Drinking, Drug Use or Gambling Affects You*. Winnipeg, MB: AFM, 2006. Adapted with permission.

- Have you given up activities you enjoy to look after a friend or family member who is using substances?
- Do you sometimes feel embarrassed by someone else’s drinking or drug use?
- Do you worry that others might find out about a friend’s or family member’s drinking or drug use?
- Have special occasions been ruined by someone else’s drinking or drug use?
- Do you hide or lie about the drinking or drug use of someone you care about?
- Do you blame yourself when a friend or family member is drinking or using other drugs?

Encourage students to talk about these issues with someone who understands and can help them make sense of what seems like an overwhelming situation. Encourage students to contact counsellors at school or at AFM.

## REFERENCES



To contact an AFM counsellors closest to a school or community, refer to the contact information available on the following website:

Addictions Foundation of Manitoba. <[www.afm.mb.ca](http://www.afm.mb.ca)>.

For more suggestions on how friends can help, refer to the following resource:

O'Connor, Betsy. *A Guide for Teens: Does Your Friend Have an Alcohol or Other Drug Problem?* Boston, MA: Center for Health Communication, Harvard School of Public Health, 1994. Available online at <<http://ncadi.samhsa.gov/govpubs/phd688/>>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Background Information

### Student Use and Abuse of Alcohol and Other Drugs

Although the message to students is to abstain from using alcohol and other drugs, the statistics show that students are using legal and illegal substances.

- In Canada, “alcohol is by far the most common substance used by youth and binge drinking is common. Cannabis is the second most common substance—and the first among illicit drugs—used by Canadian youth. Cannabis use is now more common than cigarette smoking among students” (CCSA 7).
- According to a recent Manitoba survey, 80 percent of Grades 9 to 12 Manitoba students use alcohol and 42 percent use cannabis (Patton, Mackay, and Broszeit 13, 37).

Since alcohol is a commonly used drug in high school, students should learn when the use is becoming harmful to themselves or others.

## REFERENCES



For additional information, refer to the following reports:

The Canadian Centre on Substance Abuse (CCSA). *Substance Abuse in Canada: Youth in Focus*. Ottawa, ON: CCSA, September 2007. Available online at <[www.ccsa.ca/CCSA/EN/Research/Substance\\_Abuse\\_in\\_Canada/](http://www.ccsa.ca/CCSA/EN/Research/Substance_Abuse_in_Canada/)>.

Patton, David, Terri-Lynn Mackay, and Brian Broszeit. *Alcohol and Other Drug Use in Manitoba Students*. Winnipeg, MB: Addictions Foundation of Manitoba, May 2005. Available online at <[www.afm.mb.ca/pdf/](http://www.afm.mb.ca/pdf/)>.

For updated statistics, contact a local Regional Health Authority or refer to information on the following websites:

Addictions Foundation of Manitoba. <[www.afm.mb.ca](http://www.afm.mb.ca)>

Manitoba Addictions Awareness Week (MAAW) Committee. "High on Life: Everybody Wins!" *Manitoba Addictions Awareness Week: Resource Kit*. Winnipeg, MB: MAAW Committee, October 2007. Published annually. The kit is available online at <[www.afm.mb.ca/maaw/Resource\\_Kit/resource\\_kit.html](http://www.afm.mb.ca/maaw/Resource_Kit/resource_kit.html)>.

For website updates, please visit Websites to Support the Grades 11 and 12 Curriculum at <[www.edu.gov.mb.ca/k12/cur/physhlth/](http://www.edu.gov.mb.ca/k12/cur/physhlth/)>.



## Suggestion for Instruction / Assessment

### Are Alcohol or Other Drugs Causing Problems for You?\*

To help students think about the personal effects and consequences of using alcohol or other drugs, have them ask themselves the following questions:

- Have you ever had arguments with your parents/guardians about drug or alcohol use?
- Have you ever lied to friends or family to cover up your use?
- Has your relationship with friends or family changed because of your drug/alcohol use?
- Have you ever felt badly because of something you said or did while under the influence?
- Do you feel that people don't trust you any more?
- Have you stolen money, alcohol, or other things from family or friends?
- Do you have trouble concentrating or notice that your memory isn't as good as it was?
- Are you involved in illegal activity?

#### NOTE TO TEACHER

Depending on the class situation, teachers may wish to use these questions with individual students rather than in a large-group situation.

\* Source: Addictions Foundation of Manitoba. *Are Alcohol/Drugs Causing Problems for You?* Winnipeg, MB: AFM, 2006. Adapted with permission.



- Have your school grades dropped?
- Have you dropped activities that were once important to you?
- Do you use alcohol or other drugs to feel better? Or even to feel normal?
- Are old friends avoiding you? Do you now prefer a using crowd?
- Have you driven a car while under the influence of alcohol and/or other drugs?
- Have you ever thought about cutting down or quitting?

If students answered “yes” to any of these questions and are concerned about their use of alcohol or other drugs, encourage them to contact the school counsellor or the counsellors at AFM.



## Background Information

### Advocacy for Substance Use and Abuse Prevention

Engaging students in discussions, projects, debates, presentations, and media campaigns are all recommended strategies for promoting prevention of substance use and abuse. Teachers can increase the relevance of learning for students by getting them involved in learning strategies, having them analyze their own behaviours, and using information that will help them make more informed decisions.



## Suggestion for Instruction / Assessment

### Learning Advocacy Skills through Expert Testimony

The group project outlined in RM 10-SU provides students with an opportunity to research and present persuasive arguments (expert testimony) for their case on a selected drug-related topic.



Refer to RM 10-SU: Learning Advocacy Skills through Expert Testimony.

#### NOTE TO TEACHER

This group work may require more time than one lesson. This is an example of a choice that could be offered as part of the Flexible Delivery Component of this curriculum. Encourage students to use current, accurate, and local/Canadian information in their work.



## Suggestion for Instruction / Assessment

### Drug Prevention Presentation

Have students work in collaborative groups of four to six to create visual displays on a drug-related topic, as outlined in RM 11-SU. This creative learning activity gives students the opportunity to explore attitudes, beliefs, and behaviours with respect to drug-related themes and to develop prevention strategies through visual display projects that include oral and written components.



Refer to RM 11-SU: Drug Prevention Presentation.

---

## RM 10–SU: Learning Advocacy through Expert Testimony\*

### Purpose

This group research project is intended to help students develop knowledge and skills in advocacy by researching and presenting expert testimony on selected topics.

### Materials and Resources

For this research project, students may use video clips, newspaper and journal articles, statistics, and the Internet. Students may choose any individual or combination of presentation techniques (e.g., basic lecture, slide show using any presentation software). The teacher may choose to videotape the groups' presentations with the intention of simulating an actual expert testimony experience.

### Procedures

At the beginning of the module, place students into groups of five and offer them a choice of topics to research for their expert testimony. They may choose from a list of topics provided by the teacher or pick a controversial topic they are interested in as a group (see Expert Testimony: List of Topics and Project Guidelines at the end of RM 10-SU).

There are two parts to this project.

- **Part A:** Early in the project, each group must submit a two- to three-page paper describing their plans for conducting the expert testimony. The paper should include the following components:
  1. **Comprehensive plan:** Outline the group's "angle" or approach and key arguments on the selected research topic.
  2. **Proposed resources:** List resources (e.g., newspapers, journals, Internet, other media) and visual materials that the group will use.
  3. **Presentation format:** Identify the group's chosen presentation format (e.g., slide show, lecture).
  4. **Group responsibilities:** Provide a brief description of roles/duties of group members.

*Continued*

---

\* Source: Banerjee, Priya. "Learning Advocacy Skills through Expert Testimony." *American Journal of Health Education* 34.2 (Mar./Apr. 2003): 113–16. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.

## RM 10–SU: Learning Advocacy through Expert Testimony (*Continued*)

- **Part B:** Each group must prepare an expert testimony presentation. The presentation should last approximately 20 minutes, not including audience questions, and incorporate the following components:
  1. **Introduction:** Briefly introduce group members. (1 minute)
  2. **Description of issue:** Describe in some detail the problem/concern/controversial issue the group is going to address.
    - a. **Define the problem:** Explore the origins and extent or proliferation of the issue and prevalent trends. Inform the audience about where the problem started, the extent of the problem, and how it is currently being dealt with in communities. (3 minutes)
    - b. **Provide demographics:** Cite statistics at the local, provincial, national, and/or international level, as applicable. Inform the audience about who is affected and how many people are affected by the issue. (3 minutes).
    - c. **Provide impact analysis:** Describe economic, political, and social dimensions of the issue, as well as the future of the problem if it continues without correction. (5 minutes)
  3. **Proposed solution:** Provide a detailed description of a program or a plan to address or resolve the issue. This may be either a hypothetical or an existing program or plan. If applicable, call for the adoption of a new policy or legislation. Finally, describe how the solution will be (or is being) implemented and evaluated. (5 minutes)
  4. **Summation argument:** Summarize the main points of the issue presented. Present a plea to action, a description of what the audience needs to do to make a difference. (3 minutes)
  5. **Discussion:** Answer audience questions. (5 minutes)

### Assessment

Both the instructor and audience assess the expert testimony of each group. On the day of the expert testimony, the presenters' peer audience will be given roles to play. As each group presents its expert testimony on a topic, students in the audience will be asked to assume the roles of legislators, school officials, parents, or members of a particular community. They will be asking questions from their assigned position (e.g., a student acting as a parent will ask the presenting group a question from the perspective of a parent). Each audience member will play a role and must ask a question relevant to his or her role. This poses unique challenges for the presenting group. If their research is thorough, they will be able to answer the questions well enough to satisfy and educate their audience.

*Continued*

## RM 10–SU: Learning Advocacy through Expert Testimony (*Continued*)

Both the teacher and the audience will assess the group presentations (see Expert Testimony: Teacher and Peer-Audience Assessment at the end of RM 10-SU):

- **Teacher assessment:** The instructor will assess the group based on the comprehensiveness of the expert testimony.

The following rating scale might be used:

4 – Exemplary, 3 – Accomplished, 2 – Developed, 1 – Beginning, Ab – Absent (of particular component)

The teacher assessment criteria could include the following:

1. Thoroughness of background research regarding the problem.
2. Creativity of the proposed solution (if the group has come up with a solution) or thoroughness of the knowledge of the proposed solution.
3. Degree of persuasiveness.
4. Time management.

- **Peer-audience assessment:** The same rating scale can be used for the peer assessment of the group presentations:

4 – Exemplary, 3 – Accomplished, 2 – Developed, 1 – Beginning, Ab – Absent (of particular component)

The groups' peer audience will assess the presentation based on the following criteria:

1. Satisfactory answers. The audience must assess the extent to which the group answered their individual questions to their satisfaction.
2. Level of creativity. The audience must assess the extent to which the group captured and maintained their attention throughout the presentation.
3. Level of persuasiveness. The audience must assess the extent to which the group was able to convince them that their proposed solution to the problem was appropriate.
4. Extent to which new information was learned.
5. Extent to which the group appeared knowledgeable on the subject.

*Continued*

## RM 10–SU: Learning Advocacy through Expert Testimony (*Continued*)

### Expert Testimony: List of Topics and Project Guidelines

#### Topics for Expert Testimony

The following guidelines should be addressed in preparation for this project:

- Choose a topic for your group from the following list.  
You will be making a case for
  1. a Drug Education curriculum with a focus on substance abstinence
  2. a Drug Education curriculum with a focus on harm reduction
  3. mandatory universal drug testing
  4. drug abuse prevention programs
  5. mandatory teacher training in substance abuse detection and prevention
- Expert testimony should be effective/powerful and persuasive.
  - Your team should prepare a 20-minute presentation on your topic. You may use charts, graphs, and other visuals to support your verbal testimony. No reading will be allowed during the presentation.
  - Use whatever techniques you know to “persuade” and “hook” your audience. Use pertinent personal experience, case vignettes, and statistics. But above all, be informative: do your research well.

#### *Part A: Expert Testimony Draft*

The first part of the project involves writing a paper that describes the following:

- A comprehensive plan of your presentation (your angle, your key arguments).
- Proposed resources (e.g., newspapers, journals, Internet, other media) and a list of visual materials you will be using.
- Logistics (how the presentation will be done and any AV needs).

#### *Part B: Expert Testimony Presentation Outline*

The second part of the project involves giving a presentation of your research findings.

- **Introduction:** Briefly introduce yourselves.
- **Identification of Issue:** Describe the problem/concern/controversial issue you are going to talk about in some detail.
  - **Define the problem:** Explore the origins and extent of the issue and prevalent trends. (What is the problem? Where did the problem start? Who is doing what to curb/prevent the problem?)
  - **Provide demographics:** Give statistics at the local, provincial, national, and even international levels, as applicable. Who is affected by the issue?
  - **Describe the impact:** Analyze who or what is affected by the problem. Address economic, political, and social dimensions of the issue. Address the future impact of the problem if it continues without correction.
- **Proposed solution:** Propose a concrete plan or solution to address the issue (which is the title of your topic, and the main part of your presentation).
  - Describe the theory base of your plan or solution.
  - Describe the cost-effectiveness of the implementation of your proposed solution.
- **Summation argument:** In the closing statement, summarize the main points of the issue, why you are concerned, what could happen, what should be done (a plea to action).

*Continued*

## RM 10–SU: Learning Advocacy through Expert Testimony *(Continued)*

<b>Expert Testimony: Teacher and Peer-Audience Assessment</b>					
<b>Rating Scale</b>					
4 – Exemplary, 3 – Accomplished, 2 – Developed, 1 – Beginning, Ab - Absent (of particular component)					
<b>Teacher Assessment</b>					
Names of group members _____					
Topic _____					
Assessment Criteria	4	3	2	1	Ab
1. Thoroughness of background research regarding the problem. Extent of information on topic from current research/data (e.g., from Health Canada, Addictions Foundation of Manitoba, Canadian Centre on Substance Abuse, Centers for Disease Control and Prevention, National Institutes of Health, and/or other well-established, credible sources)					
2. Creativity of the proposed solution or thoroughness of the knowledge of the proposed solution					
a. Description of how each component of the solution addressed the issue at large					
b. Description of a tool to assess success of the solution					
c. Description of the theory base on the solution					
d. Description of the cost and cost-effectiveness of implementation					
3. Degree of persuasiveness					
4. Time management					
Total points _____					
<b>Peer-Audience Assessment</b>					
Topic _____					
Your question for the group _____					
Your agenda: Indicate whether you are a parent, school board member, local politician, or community member. _____					
Assessment Criteria	4	3	2	1	Ab
1. Did the group answer your question satisfactorily?					
2. Did the group hold your attention throughout their testimony?					
3. At the end of the group's testimony were you convinced that the group's point of view was valid and the "right" one even though it might be in conflict with your personal agenda/values?					
4. Did you learn something new from the group's testimony?					
5. Did the group appear knowledgeable on the subject?					
Total points _____					

## RM 11–SU: Drug Prevention Presentation\*

### Purpose

Through this cooperative group learning activity, students will learn to

1. identify personal and socio-cultural beliefs, attitudes, values, and behaviours regarding tobacco, alcohol, and other drug use, as well as strategies for prevention through a visual display project on a specific drug-related topic or theme
2. identify and access community resources/websites that deal with drug education (prevention, use, misuse, abuse, and public education) and incorporate this information into a visual display project
3. build teamwork skills that encourage collaborative work on a drug-related visual display, oral presentation, and written report

### Materials and Resources

For this project, each group of four to six students creates a visual display on a drug-related topic. Students are encouraged to create an imaginative display that may consist of magazine pictures, news articles, illustrations, and so on.

Establish the size of the display boards to be used. Students may use poster board or cardboard to create their three-dimensional displays. In addition to the display boards, students may wish to use other materials to present their visual displays.

### Procedure

This creative learning activity gives students the opportunity to explore their attitudes, beliefs, and behaviours with respect to drug-related themes. Designing a drug-related visual display is a four-part process.

#### ■ **Part A: Assign Drug-Related Topic for Collage, Oral Presentation, and Written Report**

Advise students that they will work in groups to design and present a visual display using art about a drug-related theme. In addition, they will give an oral presentation (15 to 20 minutes) to the class and submit a written paper (four to eight pages) on their respective topics. The oral presentation to the class must be interactive and engage the class. Students cannot lecture about their topics, and their presentation must advocate for a positive pathway regarding their theme.

*Continued*

---

\* Source: Bill, Debra E., and Tammy C. James. "Using Visual Displays as a Teaching Tool for Drug Prevention." *American Journal of Health Education* 34.5 (Sept./Oct. 2003): 288–90. Adapted with permission. Permission is granted by the American Association for Health Education/American Alliance for Health, Physical Education, Recreation and Dance which owns and publishes the *American Journal of Health Education*.



## RM 11–SU: Drug Prevention Presentation (*Continued*)

Have students form small groups of four to six and ask each group to choose a drug-related topic. Examples of drug-related topics are

- consequences of drinking and driving
- natural highs
- positive effects of not smoking
- wellness alternative to drinking
- peer education and refusal skills
- substance abuse prevention strategies

Students may also develop their own topics to encourage group ownership of the visual display.

- **Part B: Select and Research at Least Three Sub-Themes for the Visual Display and Compile Illustrations and Images for the Visual Display**

Students are encouraged to collect images representing their topics and display them in a creative manner as a visual display in the format of a collage or sculpture. The displays may include materials from magazines, newspaper stories, clip art, tables/graphs, cartoons, photographs, drawings, papers and borders of different colours, and other art or educational supplies. They are encouraged to be as creative as possible for this project. Students are free to choose their own shape, colours, design, and materials for their class displays.

Students are to design displays that have a strong visual impact and that will help other students in the class understand their topics. They must articulate three sub-themes and collect visual images on each of these themes. For example, if the topic is drinking and driving, the three sub-themes could be legal consequences, social consequences, and economic consequences.

- **Part C: Research Three Websites or Community Agencies on a Drug-Related Topic**

While they are compiling and collecting images for their displays, students need to research and describe three reputable websites that address the specific visual display topic and/or visit three community agencies that address the drug-related concern. Students share with the class a list of community-based drug agencies available in the local community. They must state why they chose the three selected websites and/or agencies and include their addresses for the class. Students are encouraged to collect and compile materials from these sources that can be used for the visual displays. Data from this research is presented in the oral and written reports.

*Continued*

## RM 11–SU: Drug Prevention Presentation (*Continued*)

### ■ Part D: Design and Produce the Interactive Visual Display

The small groups of students then design and create the visual displays on their respective drug-related topics. Students are given class time to design and assemble the displays. The emphasis of the interactive displays and oral presentations is to showcase the topics in a visually appealing, creative manner that actively involves other class members in a discussion of the respective topics.

### *Examples*

Two examples of visual displays are suggested below.

1. The first visual display entitled “Drinking and Driving” is divided into three sub-themes:
  - a. The beginning of the collage represents a typical Friday night at a high school, with the decision to drink being acted out in a role-play scenario.
  - b. Some students then decide to drive after drinking, with the middle of the collage representing the road. Classmates are asked to try on “Fatal Vision goggles” that they borrowed from the local health agency (representing various alcohol impairment blood levels) and are given the task of trying to stay on the correct side of the road wearing the goggles and using a lighted pointer (a difficult motor-sensory task).
  - c. The final part of the collage shows consequences of drinking and driving. Pictures and newspaper stories reveal tragic deaths and injuries of young people who chose to drink and drive.

Classmates are encouraged to share their attitudes and opinions about this topic.

2. The second visual display represents a sculpture entitled “Negative Effects of Smoking.” Students find a large box and fashion it into a large carton of cigarettes. Inside the carton are cigarettes that show diseases associated with smoking. Classmates are asked questions about symptoms associated with each disease and are rewarded with correct answers. They are also encouraged to discuss reasons not to smoke and where they can get help to quit smoking free of charge.

### *Visual Display, Oral Presentation, and Written Report*

At the end of the module, student groups display their collage/sculpture, explaining their topics and three sub-themes. They present a 15- to 20-minute oral presentation on the topic that actively involves classmates.

*Continued*

## RM 11–SU: Drug Prevention Presentation (*Continued*)

Each group also submits a short paper on the drug-related theme, which includes

- a brief description of the drug-related topic and three sub-themes
- at least three helpful websites and/or agencies that address the drug-related topic
- a description of the interactive class activity for visual display
- a reflection on the impact of the cooperative learning activity on the group

Students reflect on the group process and learning experience (favourable/unfavourable, why/why not) and discuss whether/how their attitudes have changed toward the topic as a result of this project.

### Conclusion

Students are encouraged early in this process to submit their ideas for the three sub-themes for the visual displays so that feedback can be given. Group sharing of this process during class time helps to build effective projects. Over the years, exemplary projects can be saved and presented.

In reflecting on the projects, students may mention that working as a group helps develop teamwork and fosters a sense of community in class. They may mention that they enjoy designing a visual display about drugs/drug prevention that emphasizes imagination and active class involvement in learning.

### Assessment

To assess student work, refer to the assessment criteria identified in the sample assessment checklist that follows. The checklist may be used in its entirety or adapted to fit individual needs.

The sample checklist for assessing this group project is composed of three components:

- Visual Display
- Oral Presentation
- Written Report

Use the following rating scale:

- + Above Expectations
- ✓ Meets Expectations
- Below Expectations

*Continued*

## RM 11–SU: Drug Prevention Presentation *(Continued)*

To be graded as **complete**, the student work would have to meet expectations in all identified components.

<b>Sample Assessment Checklist for Visual Display, Oral Presentation, and Written Report</b>
<p><b>Visual Display</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Design and organization—extent to which visual display is well designed, well organized, and illustrates topic.</li> <li><input type="checkbox"/> Display of three sub-themes—extent to which content of three sub-themes is well displayed and supports purpose.</li> <li><input type="checkbox"/> Creativity—extent to which visual display is creative (original and imaginative).</li> <li><input type="checkbox"/> Design for class involvement—extent to which display is designed to encourage active class involvement in topic.</li> </ul>
<p><b>Oral Presentation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Organization and content—extent to which report is well organized and well developed, has a clear introduction, incorporates presentation of three sub-themes, and has a clear conclusion, presented within a 10-minute time frame.</li> <li><input type="checkbox"/> Relevance to topic and class involvement—extent to which class members are actively involved in identifying and/or examining relevant personal and societal beliefs, attitudes, and behaviours toward the topic.</li> <li><input type="checkbox"/> Group process and communication skills—extent to which group members display cooperative teamwork, balanced presentation, and communication skills (poise, speaking skills, responsiveness to class questions).</li> </ul>
<p><b>Written Report</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Organization and content—extent to which report is thorough, well organized, and clear, and includes description of topic and three sub-themes and description of three websites/agencies that address drug-related topic.</li> <li><input type="checkbox"/> Group process lessons—extent to which report describes group process and teamwork, and any shift in beliefs, attitudes, or behaviours toward topic as a result of completing the project.</li> </ul>
<p><b>Comments</b></p>