• A DRUG PREVENTION PROGRAM FOR GRADES SEVEN AND EIGHT

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Curriculum Contents

Overview
Provides the teacher with information on the program’s fundamental underpinnings - its objectives and structure, the underlying pedagogy, and key teaching strategies.

Lesson One
Introduction to Project ALERT
Introduces Project ALERT to students, sets the tone for the program, clarifies reasons why people do and don’t use drugs.

Lesson Two
Consequences of Smoking Cigarettes* and Marijuana
Motivates students to resist drug use by having them identify immediate and later consequences of smoking cigarettes and marijuana; increases students’ perceptions that using cigarettes and marijuana impacts their daily lives and social relationships.

Lesson Three
Drinking Consequences and Alternatives
Identifies reasons why people drink alcohol; discusses consequences of drinking; demonstrates similarities between drinking and marijuana; presents how alcohol is used to cover feelings; and brainstorms alternatives to drinking.

Lesson Four
Introduction to Pressures
Marks the transition into the skill-building section of the curriculum; helps students resist pressures to use drugs by identifying what the different pressures are and where they come from; counters belief that “everyone uses” with survey information indicating that most teenagers do not use drugs.

Lesson Five
Social Pressures to Use Drugs
Provides the first example of the modeling, practice, and feedback strategy used throughout the curriculum; identifies social pressures to use drugs; teaches resistance skills and facilitates saying “no” in social situations.
Lesson Six
Resisting Internal and External Pressures to Use Drugs
   Identifies internal pressures to use drugs; students discuss and practice resistance
techniques for internal and external pressures.

Lesson Seven
Practicing Resistance Skills
   Facilitates practice of resisting external pressures to use drugs; presents additional
alternative ways to resist pressure; encourages students to openly express feelings of
being capable of resisting internal pressures.

Lesson Eight
Inhalant Abuse
   Introduces inhalants; shows students how to protect themselves from accidental inhalant
poisoning; discusses physical consequences of inhalant abuse; identifies ways to resist
pressure to try inhalants.

Alternate Lesson Eight
Prescription Opioids and Heroin
   Shows students how to properly use and protect themselves from misuse of prescription
pain medication and avoid use of heroin; discusses physical consequences of withdrawal
and addiction; presents information on how dopamine works in the brain and how to
promote brain health; identifies ways to resist pressures to try opioids.

Lesson Nine
Review and Practice Resistance Techniques
   Reinforces earlier lessons by reviewing resistance techniques and facilitating resistance
practice; introduces the concept of benefits from not using drugs.

Lesson Ten
Smoking Cessation*
   Identifies why it is hard to quit smoking; offers techniques for quitting and changing
general behavior.
Lesson Eleven

Benefits of Not Using Drugs

Reviews and reinforces negative consequences of using drugs; motivates resistance by reviewing benefits of not using drugs; elicits written commitments from students.

Booster Lessons

Booster Lesson One
Motivating Resistance to Drugs

Re-introduces Project ALERT; reviews consequences of using marijuana, alcohol, and cigarettes; reviews sources of pressure; introduces facts about crack and LSD and new prevalence rates.

Booster Lesson Two
Practice Resisting External and Internal Pressures

Reviews concept of external and internal pressures; students prepare and act out internal pressure skits.

Booster Lesson Three
Benefits of Resisting Drugs

Reviews the advantages of resistance and discusses how friends can help each other resist pressure.

*References to “cigarettes” throughout the lessons are intended to include the use of e-cigarettes/vaping.
The Project ALERT Curriculum

Core Curriculum

The Project ALERT Core Curriculum is organized into four parts, shown below. The lessons build on each other and should be taught in consecutive order. The concepts stressed in each lesson are:

1. Motivating nonuse (Lessons 1-3).
2. Identifying pressures to use drugs, learning to resist those pressures, and practicing resistance skills (Lessons 4-6).
3. Review of key concepts and resistance skills practice (Lessons 7, 9, 11).
4. Special issues: Inhalant Abuse (Lesson 8); Prescription Opioids and Heroin (Alternate Lesson 8); Smoking Cessation (Lesson 10).

Starting in Lesson 5, and repeated in 6, 7, and 9, Project ALERT focuses on building resistance skills - different ways to say “no.” A proven method in skills building, the model-practice-feedback approach is employed in the curriculum. Modeling is accomplished through viewing videos of older teens demonstrating effective ways to say “no.” Students are given several practice sessions where they role play their own ways to say “no.” The curriculum asks teachers to provide feedback by giving “resistance self-efficacy statements” immediately following each role play (Teaching Strategies).

In contrast to Project ALERT’s overall prevention focus, the lesson on smoking cessation is directed at a specific group - regular smokers. It helps motivate them to stop smoking and models successful quitting behavior. It also teaches nonsmokers how to help others quit and how to change unhealthy behavior.

Booster Lessons

The Project ALERT Booster Lessons are designed to extend the Core Curriculum’s positive effects. Research has shown that Booster Lessons are critical for maintaining early prevention gains. The three Booster Lessons build on both the Core Curriculum and each other and should be taught in consecutive order. The concepts stressed in each lesson are:

1. Motivating resistance to drugs (Booster Lesson 1).
2. Practice resisting internal and external pressures to use drugs (Booster Lesson 2).
3. Benefits of resisting drugs (Booster Lesson 3).

Both the Core Curriculum and the Booster Lessons offer a variety of activities, audiovisual materials, student handouts, and homework assignments.
Lesson Plan Format

Lesson plans begin in the next section, following this Introduction and Overview. Each lesson plan is organized into three sections: the lesson, Teacher Resources, and Student Handouts. And, each lesson is paginated using an internal decimal number system corresponding to the number of the lesson itself. On the first pages of each lesson, you will find an outline of goals and activities for that lesson, a summary description of what you hope to accomplish in the lesson, pre-class instruction on how to quickly prepare, and a checklist of materials needed.

Please note that the curriculum distinguishes between “posters” you can download and “visuals” (prepared by the teacher as instructed in the lesson plan).

Lesson Activities

Each lesson begins with an introductory activity to communicate the goal of the lesson and concludes with a “wrap-up” activity to acknowledge that the goal has been accomplished. The varied activities are designed to move at a quick pace to sustain students’ interest, and accommodate limited teaching schedules. The time suggestions are based upon classroom observation.

Please note the following special features:

- Information presented within two solid lines, as this text is, is essential to meeting the curriculum’s objectives. Concepts to be stressed are starred. It is important that you be familiar with those concepts and express them clearly to students.

- Italicized blue text within quotes are your speaking parts; they are meant to suggest a tone and approach for what you say; however, you need not use those exact words.
The Project ALERT Videos

Classroom videos support the lesson plans. Trigger videos help set up role play opportunities while candid interviews with older teens help seed discussion.

Trigger Videos

*Pot: The Party Crasher*
Lesson 2: Consequences of Smoking Cigarettes and Marijuana

*Lindsey’s Choice*
Lesson 5: Social Pressures to Use Drugs

*Pot or Not?*
Lesson 7: Practicing Resistance Skills

*Paul’s Fix*
Booster Lesson 2: Practice Resisting External and Internal Pressures

Documentary Comments from Older Teens

*Let’s Talk About Marijuana*
Lesson 1: Introduction to Project ALERT

*Clearing the Air*
Lesson 10: Smoking Cessation

*Saying “No” to Drugs*
Lesson 11: Benefits of Not Using Drugs

*Resisting Peer Pressure*
Booster Lesson 3: Benefits of Resisting Drugs

Other Project ALERT videos are available to assist you in sharing Project ALERT with colleagues, parents, and community groups. Or, to spark discussion of special topics like drinking and driving and prescription drug abuse.

*Project ALERT: A Guided Tour*

*Project ALERT: Substance Abuse Prevention That Works*

*No More Joy: Drinking and Driving*

*Let’s Talk About Prescription Drugs*
The Project ALERT Posters

Twelve classroom posters are part of the Project ALERT curriculum. They are designed to support the learning goals and reinforce visual learners.

Poster 1  Smiling Makes You Less Attractive  Lessons 2 and 11
Poster 2  Smoking Is Addicting  Lessons 2 and 11
Poster 3  Smoking Affects Your Heart and Lungs  Lessons 2 and 11
Poster 4  Marijuana Can Affect You Right Away  Lessons 2 and 11
Poster 5  Marijuana Can Damage You in the Long Run  Lessons 2 and 11
Poster 6  Alcohol Can Harm You Any Time You Drink  Lessons 3 and 11
Poster 7  Alcohol Can Damage You in the Long Run  Lessons 3 and 11
Poster 8  Drinking to Cover Feelings  Lesson 3
Poster 9  Ways to Say “No”  Lessons 5, 6, 7, 9, Alternate Lesson 8, and Booster Lessons 2 and 3
Poster 10  Pressures From Inside Yourself  Lessons 6 and 9
Poster 11  Toxic Chemicals Affect Your Body Right Away  Lessons 8 and 11
Poster 12  Danger! Cocaine! Meth! Heroin!  Alternate Lesson 8, Booster Lesson 1
Poster 13  Vaping Leads To...  Lessons 2 and 11
Program Philosophy

Middle grade students are a group vulnerable to social influences but not yet heavy users of alcohol, cigarettes, marijuana, or other drugs. The goal of Project ALERT is to reduce the use of those dangerous substances by keeping nonusers from trying them and by preventing nonusers and experimenters from becoming regular users.

Underlying Assumptions

Five assumptions undergird Project ALERT. Each is listed here, along with a description of how it is reflected in the curriculum.

Assumption 1: Adolescents start using drugs primarily because of social influences (peers, parents, siblings, media) and because they want to emulate behavior they view as mature and independent.

Implementation: The curriculum helps adolescents resist those social influences, by:

a. countering arguments that drug use is widespread and desirable (most people don’t smoke; drugs don’t make you mature, independent), and

b. teaching students specific resistance skills.

A unique feature of Project ALERT is its emphasis on helping students identify internal as well as external pressures to use drugs. Young adolescents frequently fail to recognize the subtle but powerful ways we put pressure on ourselves - even when no one is specifically trying to influence us (“I’ll be left out if I don’t act like the others.”). Short psychodramas graphically portray these “pressures from inside ourselves,” and role-playing exercises help students learn techniques for resisting them.

Assumption 2: Drug prevention programs must help students develop the motivation to resist using drugs. Teaching resistance skills alone is not enough.

Implementation: The curriculum motivates nonuse through appeals that:

a. relate directly to adolescents (stress immediate and social consequences of use),

b. make use of teenagers’ vulnerability to social norms (most teens don’t do it), and

c. are presented by credible communicators (older teenagers and helpful teachers).

Research on adolescents indicates that teenagers tend to discount long-term risks and overestimate drug use among their peers. To provide greater motivation, therefore, Project ALERT stresses how drugs can affect students now, in their daily lives and social
relationships. It also counters the belief that “everyone uses” with actual statistics showing that users are in the minority.

The structure of each lesson and the teaching process are designed to increase learning and motivation. Studies have shown that the following strategies help increase motivation and build resistance skills:

a. providing discrete or proximal goals that can be achieved in a single class lesson;

b. actively involving students in the learning process;

c. developing skills through demonstration and practice; and,

d. encouraging self-efficacy through positive and task-specific feedback.

These strategies are an integral part of the curriculum.

Assumption 3: Drug prevention programs should target substances that are used first and most widely by young people.

Implementation: Because adolescents typically start using alcohol, cigarettes, marijuana, and inhalants before they try other drugs, Project ALERT focuses on these four substances. It also provides material on e-cigarettes, heroin, opiates, cocaine, PCP, and other dangerous substances that middle grade students should be warned about.

Assumption 4: Much adolescent behavior stems from modeling the behavior of admired others - in particular, older teenagers who are close in age and, therefore, understand their concerns but have the authority of greater experience.

Implementation: Videos portray older teenagers discussing why they say “no” and displaying resistance skills. Teachers are encouraged to describe how they resist pressures to use.

Assumption 5: Adolescents are much more likely to absorb new information and learn new skills when they are actively involved in the learning process.

Implementation: The curriculum promotes student involvement by:

a. eliciting students’ responses rather than didactically explaining facts and values to them, and

b. using such techniques as role-playing, games, and small group discussion to foster student participation and reinforce skills.
Adolescent Thinking

Much psychological research indicates that adolescents think differently than adults. These differences make adolescents more vulnerable to taking risks with their health.

The following differences are most relevant to preventing substance use and promoting resistance self-efficacy.

1. Difficulty in considering the future consequences of current decisions.

2. Difficulty in applying information about risks and consequences to themselves; that is, they often believe themselves to be immune to negative events. Some psychologists refer to this belief as “the myth of personal immortality.”

3. Tendency to discount known risks (“Everyone in my family smokes, but no one has gotten lung cancer.”).

4. Difficulty in understanding probability and its meaning for their own lives and health.

5. Poor decision-making skills. Of particular note is the tendency to discount long-term consequences in making decisions and a general inability to weigh costs and benefits to produce rational decisions.

The Project ALERT curriculum is designed to be sensitive to these differences. For example, it stresses immediate and short-term consequences of substance use rather than long-term consequences whenever possible. It emphasizes the possibility of alcohol-related accidents and points out that some health consequences occur with certainty if a person smokes cigarettes or marijuana even when the dosage is small. Addiction/dependence is emphasized as a key health consequence of drug use because it may occur quickly and is quite likely to happen.

Among the short-term consequences, social consequences are of most concern to teenagers. Young people don’t want bad breath or yellow teeth, and they want very much to be in control. Indeed, the period of adolescence is in essence a struggle to gain such control. Physical and psychological addiction, as well as loss of control while high, are emotionally objectionable states to young people because they imply lack of control. Hence, these consequences are strongly emphasized in the curriculum.
Teaching Strategies

The methods used to teach Project ALERT are just as important as the material itself. The following strategies, drawn from research on effective learning and behavior change, are critical to successful program delivery and have been incorporated into the curriculum: How are they being implemented in your teaching setting?

Resistance Self-Efficacy

Self-efficacy, defined as an individual's belief that he or she has the capacity to accomplish a particular task, must be established before the adoption of new and difficult behavior. If we expect students to resist drugs, we must help them feel they can do so.

Project ALERT offers several ways to increase resistance self-efficacy, including modeling, practice, and feedback. It is critical that the teacher believes the students are capable of resisting. This belief should be communicated clearly and honestly in the form of specific feedback after resistance practice. Here are some examples:

“You really know how to say ‘no.’”
“That’s a good way to resist.”
“That sounded very convincing.”
“You looked and sounded like you meant what you said!”
“You sounded in charge.”
“I think you’ve got it!”
“You handled that well.”
“I like the way you worded that; I would have stopped pressuring you.”
“That sounded powerful.”
“That was a mature way of responding.”

Active Student Involvement and Practice

We've integrated activities for student participation into the Project ALERT curriculum whenever possible. Research demonstrates that people learn more, remember more, and feel more effective when they are actively involved in the learning process. Project ALERT activities encourage such participation by inviting students to: make lists of reasons; discuss videos; roleplay; rewrite alcohol, tobacco, e-cigarette, and marijuana ads; draft “saying 'no'” responses; and suggest alternative behaviors.

Modeling

Modeling is an important tool for teaching and increasing self-efficacy. In the Project ALERT videos, older teens act out typical scenarios and model resistance skills. By presenting these situations where
teens say “no” to substances, effective ways of resisting are illustrated. Eliciting feedback after the videos with questions like, “What do you think of the way they interacted with each other?” and “What else could they have said to resist?” can build on the concept of students modeling resistance behaviors

Reinforcement

Several techniques can be used to reinforce what students learn in Project ALERT. You can use verbal reinforcement methods, such as repeating or summarizing correct responses and solutions, elaborating on a student’s response and connecting it with other material, and providing positive feedback on what the student said or did. Honest, direct praise can be motivating. Some examples are:

“So, what I’m hearing you say is that you might do the following in this situation.”
(summary)

“Excellent answer! Several of you mentioned that you would respond in a similar way.”
(connecting w/other material)

“You’re on the right track. Can you think of any other ways?”

“That's a terrific way to say 'no.'”

“That's an interesting observation/point.”

“I like how you put that.”

“I never thought of that!”

“I've learned a lot from you.” (to the class)

“Good job!”

Nonverbal methods include classroom applause, smiling, nodding, or a thumbs-up sign.

Validation

Validation means acknowledging students’ feelings, sometimes even before the feelings are vocalized. Examples include acknowledging that (1) it is hard to identify and resist pressure, (2) advertising is powerful, and (3) students are not expected to know all the answers.

“Wow – those are some strong opinions, but very valuable for us to hear. Thanks.”

“That must have been a really difficult experience/time for you. I’m glad you felt comfortable sharing it with us.”

“Great suggestion. How easy or difficult would it be to do that?”

“Yes – good point. There are so many influences around us. Can you think of any others?”

“Consequences can have serious effects, can’t they? But they can also be great teachers. Can you think of a different response you might have next time?”
Proximal Goals

Each lesson begins with a statement of proximal goals, or what students will accomplish that day. Beginning Project ALERT lessons in this way helps prepare the student for the session. Further, research shows stating proximal goals promotes learning and self-efficacy. These goals are listed first in each lesson and should guide each activity. At the end of each lesson, the teacher reinforces the students’ abilities to achieve them.

Respect

Students who are treated with respect are more receptive and motivated. Respectful treatment includes listening carefully and acknowledging what students say. It also includes responding gently to a wrong answer by acknowledging any truth in it, validating the students’ feelings (e.g., “Many people think that.”), and presenting the correct answer. Teachers increase their credibility and contribute to a climate of respect by avoiding judgmental statements, acknowledging that the students ultimately make the decision about using drugs, and clarifying that no one can make them use drugs if they don’t want to.

Enthusiasm

Enthusiasm is infectious – if you’re excited about the Project ALERT curriculum, chances are, your students will be too! Enthusiasm primes students for engagement and success.

Parent/Guardian Involvement

As research has shown, parents are important stakeholders in substance use prevention efforts. As such, nearly all of the core lessons include a homework assignment designed to be completed with a parent. These collaborative assignments are best viewed as “home learning opportunities” that make it easier for parents to engage in conversations with their children about drugs and reinforce the learning that occurs in the classroom. Translated homework assignments are available for Spanish-speaking homes.

Sometimes Project ALERT teachers express concern or skepticism about parents’ willingness to collaborate in the home assignments. In these cases, another trusted adult, such as an extended family member, adult friend, or school staff, may be enlisted to provide that support. Others worry that the home assignments might be viewed as intrusive to family privacy. Teachers can reassure parents that the information will not be shared in class. One way to encourage positive home learning experiences is to provide a letter explaining the curriculum at the beginning of the Project ALERT course. A sample parent letter, located in Lesson One and available in both English and Spanish, can be sent home to parents with the first homework assignment. This letter can be downloaded and adapted to fit your specific needs.

The intent of the home assignments is to facilitate discussion about drugs with a parent or guardian, so the assignments cannot be graded in the traditional way. Instead, many teachers provide participation
points for completed assignments. A note signed by the parent verifies completion for those parents reluctant to return their responses to class.

Keep in mind how important these strategies are as you implement Project ALERT in your teaching settings. They are a crucial part of delivering the program in the way it was originally intended, with fidelity, and with the potential for facilitating the best results for your students.

We hope you enjoy teaching the curriculum!

Handling Difficult Issues

What should I say if students ask me if I have ever used drugs?

What to say when students ask, “Do you use drugs?” or “Have you ever used them?”

This is a very touchy issue. How you answer these questions depends on several factors:

- your teaching style;
- how accustomed you are to revealing personal information about yourself to students (obviously, you should never feel pressured to reveal information about yourself when you are uncomfortable doing so); and,
- your history of drug use.

Current use: It is assumed that teachers will not be current users of illegal substances and, if asked, they can point out the illegality of using these substances and refer to the school’s drug-free workplace policy. If you are a current user of legal drugs (tobacco and alcohol) and you wish to disclose this information, it is recommended that a health-enhancing message also be added. For example, you might say, “Yes, unfortunately I do smoke, but I am trying to quit. If I had had a program like this at your age, I probably wouldn’t have even started” or, “Yes, I have a drink on occasion, but I never drive after drinking.”

Past Use: It is important to discourage lengthy discussions about anyone’s personal use of legal or illegal drugs, including your own. Self-disclosure should be determined by how comfortable you are in revealing sensitive information about yourself.

What should I say when a student discloses drug use information about him or herself, a family member, or friend?

Occasionally, students want to tell war stories or talk about personal or other people’s drug use. Again, it is important to discourage lengthy discussion about anyone’s personal use of illegal drugs. You can refer to the confidentiality ground rule, which can be worded to prohibit the mentioning of anyone’s name when discussing sensitive issues.
How can I reassure students that what they say in the classroom will be treated confidentially?

It is important for you to know that Project ALERT activities are specifically designed to avoid personal disclosure of sensitive information. The Ground Rules developed in Lesson 1 should include the following: “no names or identifying descriptions (‘my parents’) should be used.” This rule applies to both the teacher and students. Students can be encouraged to share their story or issue, if relevant, by saying “someone I know....”

You should be aware of state and district reporting and confidentiality policies and tell students about those requirements. A place to do this is written into the curriculum in Lesson 1. You should also be prepared to direct students to appropriate school staff with whom they can talk confidentially.

What if I think or discover that one of my students has a drug problem?

First, remember that it is not a teacher’s role to diagnose or treat students’ behavioral problems. The teacher’s role is to facilitate getting help for the student. Sometimes a student will be forthright in his/her expression of the problem; often teachers have to rely on more subtle signs.

Once it has been determined that the student needs help, you need to make a referral to counseling. Know your referral process. Familiarize yourself with this process before you begin teaching Project ALERT, both as information for you and a heads up to counseling staff.

If you are approaching the student out of concern (versus the student coming to you with a stated problem), approach him/her discreetly. Describe the behaviors you are concerned about in neutral, broad terms. (Example: “I’ve noticed that you have had difficulty concentrating in class. And you haven’t taken as much care with your appearance as you usually do. I’m concerned that you seem to be having some difficulty that may be affecting your school performance.”)

Ask if the student would like some confidential help. If the answer is “no,” don’t probe or pressure. Remain positive and keep the door open, but follow up with the counselor. Let the counselor know of your concerns, describing specific behaviors. If the answer is “yes,” make prior contact with the counselor regarding the appropriate method for referral. Offer to accompany the student. Follow up with the student to see how he/she is doing. Make any positive observations you’ve noticed to reinforce the student’s progress.
Teaching Project ALERT With Fidelity

What Do We Mean By Fidelity?

The Project ALERT curriculum is like a recipe: to get the best results, you need to follow it. Teaching with fidelity means teaching Project ALERT as it is written - including all of the activities, and teaching them in the prescribed sequence.

The following Project ALERT teaching strategies, drawn from research on effective learning and behavior change, are described in detail in the introduction to the curriculum:

- Active student involvement and practice
- Modeling
- Resistance self-efficacy
- Proximal goals
- Reinforcement
- Respect
- Validation
- Enthusiasm

Using them is critical to maintaining fidelity and ensuring successful program delivery.

How It’s Taught is Very Important

Curriculum implementation research has shown that student outcomes are dependent on the quality of the curriculum and the way in which it is taught.

When Project ALERT was first evaluated, teachers were asked to teach the curriculum exactly as it was written. They were monitored for their appropriate use of the Project ALERT teaching strategies, so that any effects could be attributed to the curriculum itself and not to individual teaching methods. The evaluation demonstrated that Project ALERT, as it was taught in 30 different classrooms, was effective in preventing drug use.

Evaluation of other skills-based curricula has demonstrated that teachers who teach a high number of the curriculum activities as designed positively affect student health behaviors. Other research emphasizes the importance of teacher training in teaching the curriculum with fidelity. When teachers are asked why they fail to teach with fidelity, they attribute their implementation failures to lack of time and a greater emphasis on academic subject matters.

1 Connell, 1985; Resnicow, 1992
2 Perry et. al, 1990
3 Parcel et.al, 1989
Guidelines for Teaching with Fidelity

• Make sure enough time is scheduled to complete the curriculum. This means blocking out eleven class periods during the first year of the program and three class periods in the booster year. A weekly interval - one lesson per week - is recommended. However, teachers have successfully taught Project ALERT on a more compressed schedule - twice per week.

A schedule of eleven consecutive days is not recommended because of time needed for students to understand, practice, and integrate resistance skills.

• When time limitations require modifying the curriculum, make decisions that are consistent with Project ALERT teaching strategies. Student participation has been built into the curriculum whenever possible. Research indicates that people learn more, remember more, and feel more effective if they actually do something that involves them in the process.

A teacher who is short of time but also understands the principle of active involvement would have the students write down fewer reasons in an activity before switching to a lecture format or omitting the activity altogether.

Learning is enhanced through systematic repetition of material. Project ALERT presents information and concepts more than once and in different ways. For example, the six ways to say “no” are repeated in Lessons 5, 6, 7, and 9. In each lesson they are applied to different situations and should not be left out. The repeated material should not be left out. Teachers mind the repetition far more than the students, who need this repetition to learn.

• Make the most of your training experience by reviewing the Guided Tour and Overview videos. Teacher Demonstrations video, networking with other Project ALERT teachers in your area, visiting www.projectalert.com or calling 800-ALERT-10 whenever you have a question or need updated information.

Room for Creativity and Diversity

Keep the curriculum fresh by taking advantage of opportunities with the Project ALERT framework to exhibit your creativity. Expand the concept of resisting peer pressure to use drugs to other forms of antisocial behavior, such as shoplifting, cheating on tests, or cyber-bullying. Peer pressure is not always negative. Examine ways in which friends can put pressure on friends to stay drug-free, to get in shape, or to participate in school-sponsored events.

If you are artistic, use your talent in preparing the many visuals used in the curriculum.

Teachers may expand the curriculum to include current events, discussions about local drug issues, or projects that involve students in community-wide drug prevention initiatives. It may also be possible for students to work with the school on alcohol and other drug prevention policy development.

In the broad variety of environments in which Project ALERT was tested, the curriculum adapted easily to the diverse backgrounds and cultures of the students. Take advantage of the fact that the activities are participatory, and that they draw upon students’ experiences, concerns, and modes of expression.
Core Lesson 1

Introduction to Project ALERT
Contents

Lesson Outline
- Goals
- Summary of Activities
- Description
- Parent Involvement
- Preparation
- Materials Needed

Activities
- Introduce Program
- Develop Ground Rules
- Make Reasons List
- Compare Marijuana and Alcohol
- Show and Discuss Video: Let’s Talk About Marijuana
- Wrap-up

Teacher Reference
- Typical Student Quitting Lists
- Myths and Facts About Cigarettes (including E-cigarettes)
- Myths and Facts About Marijuana
- Myths and Facts About Alcohol
- Reasons Why People Use Drugs
- Reasons Not To Use Drugs
- Facts On Other Forms of Tobacco
- Sample Letter to Parent/Guardian

Student Handouts
- Test Your Drug IQ
- Answer Key
Lesson Outline

Goals

1. To set the tone and establish an open, supportive classroom environment
2. To motivate students and to convey the purposes of Project ALERT

Summary of Activities

1. Introduce Program (5 min.)
2. Develop Ground Rules (5 min.)
3. Make Reasons Lists (15 min.)
4. Compare Marijuana and Alcohol (5 min.)
5. Show and Discuss Video: Let’s Talk About Marijuana (10-15 min.)
6. Wrap-up (2 min.)

Description

This is the Project ALERT kick-off lesson. Activities 1 and 2 establish the tone and set the foundation for an open and supportive classroom environment. In Activity 3, students are motivated to want to resist pressure to use drugs by actively participating in small groups where they list and discuss the reasons why people do and do not use drugs. Teacher credibility is enhanced by providing this balanced view of drug use.

Comparisons between alcohol and marijuana (Activity 4) demonstrate the great similarity between the reasons for use and nonuse of marijuana and alcohol. The class discussion of the lists and the video Let’s Talk About Marijuana in Activity 5 allow for myths to be corrected and for additional information to be added.

This is a long lesson, so pacing is critical. While it is not essential that students know every reason for using or not using drugs, it is essential that wrong information be corrected from the lists.

Parent Involvement

Research has demonstrated the importance of including parents as partners in prevention efforts. Therefore, nearly all of the core lessons include a homework assignment designed to be completed with a parent. These assignments are best viewed as “home learning opportunities” that make it easier for
parents to engage in conversations with their children about drugs and reinforce the learning that occurs in the classroom.

Sometimes Project ALERT teachers express concern or skepticism about parents’ willingness to collaborate in the home assignments. In these cases, another trusted adult, such as an extended family member, adult friend, or school staff, may be enlisted to provide that support. Others worry that the home assignments might be viewed as intrusive to family privacy. Teachers can reassure parents that the information will not be shared in class. One way to encourage positive home learning experiences is to provide a letter explaining the curriculum at the beginning of the Project ALERT course. A sample parent letter is included with this document.

Preparation

• Review the Lesson Plan
• Read the following Teacher Reference material:
  Myths and Facts About Cigarettes
  Myths and Facts About Marijuana
  Myths and Facts About Alcohol
  Reasons Why People Use Drugs
  Reasons Not to Use Drugs
• Optional: you may find it helpful to prepare 3” x 5” reference cards listing reasons and myths for Activity 3. Myths and Facts sheets can be handed out to students at your discretion.
• Preview video: Let’s Talk About Marijuana
• Be familiar with Facts on Other Forms of Tobacco (Teacher Reference)
• Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:
• Video: Let’s Talk About Marijuana
• 6 thick, felt-tip, nontoxic markers (including 2 red and 2 blue), masking tape, poster board, chart paper, 3” x 5” index cards

Prepare the following materials:
• Partial visual (title only) on poster board: Ground Rules: Students
• Completed visual on poster board: *Ground Rules: Teacher* (Activity 2B)

• *Partial Reasons Lists (Activity 3)*, titles only, each on a separate sheet of chart paper
  
  Write each title on a separate sheet:
  
  *Reasons Why People Smoke Cigarettes* (blue marker)
  
  *Reasons Not to Smoke Cigarettes* (red marker)
  
  *Reasons Why People Use Marijuana* (blue marker)
  
  *Reasons Not to Use Marijuana* (red marker)

• Adapt and copy *Sample Letter to Parent/Guardian* (Student Handout) for each student

• Copy *Test Your Drug IQ* and *Answer Key* (Student Handout) for each student on colored paper
1. Introduce Program (5 min.)

   A. Write “Project ALERT” on the board or chart paper.
   B. Describe the program content.

   “This is the first session of Project ALERT. The program is basically about three things:
   1. Why some people use drugs and why most people don’t
   2. How to recognize the pressures on teenagers to use drugs
   3. How to resist these pressures.”

   “Project ALERT focuses on cigarettes, marijuana, inhalants, and alcohol because these
   are the substances that people your age are most likely to come in contact with. We will
   also talk about smokeless tobacco, crack, and other drugs.”

   “We’ll be meeting weekly for eleven weeks.”

   “The program will be fun and different. It will teach you important facts and skills. It
   includes videos, skits, and games. You will have homework.”

   C. Discuss Decision-Making.

   “You are now at an age when you are making more of your own decisions.”

   “What are some decisions that you are making now?” (what food to eat, how to spend
   money, what clothes to wear, whether to take drugs) Call on several students to respond.

   “The decision whether to use drugs is ultimately up to you. You need to know the health,
   legal, and social risks involved in using drugs so that your decisions can ensure a healthy,
   safe lifestyle.”

   “No one can make you use drugs if you don’t want to. Project ALERT will help find
   different ways to you say ‘no’ if you feel pressured to try drugs.”

   “Today we will talk about why some people use cigarettes, marijuana, inhalants,
   and alcohol, and also the reasons why most people have decided not to use these
   substances.”

2. Develop Ground Rules (5 min.)

   A. Develop ground rules for students.

   • Tape up the blank poster board visual: Ground Rules: Students
“We’ll be talking about smoking, drinking, and the use of other drugs in Project ALERT. It’s important to have some special (not regular classroom) ground rules so that we all can feel more comfortable talking.”

“What rules could we make that would help us all feel comfortable during Project ALERT?”

- Try to elicit the following:
  - No put-downs (respect)
  - Everyone try to participate (participation)
  - No personal identification of sensitive information; “Someone I know....” (confidentiality/privacy)

- If there is no response, try one of the following questions:
  “How would you feel if you said something personal about drugs and it got around school?”
  “How would you feel if other students laughed at your ideas?”

- Record students’ answers on the visual.
- Save the visual. Label it with the date and period, and keep it for subsequent lessons.

B. Display and read aloud: Ground Rules: Teacher.

Develop your own language for each of the following points. See references under each point.

### Ground Rules: Teacher

1. **Respect**
   
   “I will listen carefully to what you have to say and treat all responses with respect.”

2. **Inclusion**
   
   “I will encourage all students to participate in the program’s activities.”

3. **Confidentiality**
   
   “I will keep things I hear in class private unless ....” (go over district policy on reporting here)

3. **Make Reasons Lists (15 min.)**

   A. Tell the class they will be forming four groups.
B. “Each group will appoint a Recorder and will make one of the following lists.”

Group 1. Reasons Why People Smoke Cigarettes (blue marker)
Group 2. Reasons Not to Smoke Cigarettes (red marker)
Group 3. Reasons Why People Use Marijuana (blue marker)
Group 4. Reasons Not to Use Marijuana (red marker)

Each group should list at least five reasons on their sheet.” (for reference, see Typical Student Lists)

C. Divide the class into four groups. (Students may self-select or be assigned groupings. Groups should be of about equal size.)

D. Give each group a piece of titled chart paper and one blue or red marker.

E. Allow five minutes for brainstorming and writing.

F. Circulate, helping groups as needed.

G. Set up the video while students are making their lists.

H. Ask the Recorders to bring their completed lists to the front.

I. Reassemble the class.

J. Tape up the lists.

K. Ask each Recorder to read the group’s list, starting with one of the Reasons Why lists.

L. Reinforce students’ good reasons.

M. Add “peer pressure” to the Reasons Why lists if not already mentioned.

N. Correct any errors (for more information, see Teacher References). If the lists contain any of the myths below, circle and correct them, acknowledging the kernel of truth (that many people believe it or that some aspect of it is true). Do not discuss myths not mentioned by students.

Cigarettes

Myth 1: They help you think clearly.
Myth 2: They calm you down.
Myth 3: They keep you thin.
Myth 4: It’s easy to quit later.
Myth 5: E-cigarettes are safer than regular cigarettes.
Myth 6: E-cigarettes are a good way to quit smoking.

Marijuana

Myth 1: It takes away anxiety, anger, depression, problems.
Myth 2: It makes you creative, a better dancer, talker.
Myth 3: It is used for medical purposes so it must be safe.
4. Compare Marijuana and Alcohol (5 min.)

A. Point to the list of reasons why people use marijuana. Ask, “Which reasons are also true for alcohol?” Checkmark these reasons.

B. Point to the list of reasons not to use marijuana. Ask, “Which reasons for not using marijuana are true for alcohol?” Checkmark these reasons.

C. Sum up: “What do you notice about alcohol and marijuana? Right, people don’t drink and don’t use marijuana for a lot of the same reasons.” (Reinforce the idea that both alcohol and marijuana are drugs.)

D. SAVE the Reasons Why People Use Marijuana list for use in Lesson 3.

5. Show and Discuss Video: Let’s Talk About Marijuana (10-15 min.)

A. “Now we’ll see a video in which older teens talk about reasons why people smoke marijuana and why they do not. See if they come up with any reasons we haven’t.”

B. Show the Video

Video: Let’s Talk About Marijuana. Click here to play.
C. After showing the video, discuss it and tie in students’ reasons lists (Teacher Reference). Students’ lists need not contain all of the reasons shown.

Discussion Goals

1. To compare marijuana and alcohol so students will see that these substances often are used for the same reasons.
2. To clarify and reinforce reasons not to use marijuana and alcohol by showing how similar they are.

“What are some of the reasons those teens gave for why people start using marijuana?” After each reason, refer to it on the students’ marijuana list or write the new reason on the students’ list.

For each new reason ask, “Is this also true for drinking?”

“What are some of the reasons those teens gave for NOT using marijuana?” After each reason, refer to it on the relevant students’ list or write the new reason on the list.

For each new reason, ask, “Is this also true for drinking?”

Refer to the completed lists. Say, “You have done a good job listing the reasons why people smoke, drink, and use marijuana, and the reasons not to - and showing how similar many of these reasons are.”

“During Project ALERT, we’ll be talking more about reasons not to use drugs. We’ll also be learning skills that will help you resist the pressures to use them.”

6. Wrap-up (2 min.)

A. Homework:

1. Hand out Test Your Drug IQ. Say, “This is an opportunity to see how much you already know about drugs.”

   “Answer the questions from your own knowledge. You are not expected to know all the answers.”

   “After you have taken the test, ask your parent(s) or other trusted adult the questions. Put an ‘X’ by the answers your parents give.”

   “Then compare your answers together.”
“Bring your homework in tomorrow for credit. At that time, I’ll give you the answers to take home to correct and discuss your tests with your parents”.

“I’m also giving you a letter about Project ALERT that I want you to give to your parents before you ask them the questions in this week’s homework assignment. They will be involved in some other homework assignments, too, so it’s important that they know about these classes.”

Since the intent of the home assignments is to facilitate discussion about drugs with a parent, the assignments cannot be graded in the traditional way. Instead, many teachers provide participation points for completed assignments. A note signed by the parent verifies completion for those parents reluctant to return their responses to class.

If a parent or guardian is unable to complete the assignment with the student you may encourage the student to complete it with another trusted adult.

B. “At the next session we’ll talk about what really happens when you smoke marijuana and cigarettes.”

C. Praise students for knowledge, participation, and attention.
## Reasons Why People Smoke Cigarettes

1. Friends do it (peer pressure)
2. Cool, sophisticated
3. Rebellion
4. Parents smoke
5. Addiction
6. Think clearly
7. Curiosity
8. Nervous

## Reasons Why People Use Marijuana

- 1. Friends do it (peer pressure)
- 2. Cool, sophisticated
- 3. Rebellion
- 4. Parents use it
- 5. Escape problems, responsibility
- 6. Cope with emotions (insecure, angry)
- 7. Dependence/addiction
- 8. Curiosity
- 9. Medical prescription

## Reasons Not to Smoke Cigarettes

1. Hurts your health (lung cancer, lung disease, heart attacks, heart disease)
2. Do worse in sports
3. Breath, clothes, and hair smell bad
4. Addicting
5. Trouble with family, at school
6. Harms others
7. Yellow teeth

## Reasons Not to Use Marijuana

- 1. Hurts your health
- 2. Do worse in sports
- 3. Can’t think clearly
- 4. Lose control of actions, thoughts
- 5. Can’t drive safely
- 6. May cause dependence/addiction
- 7. Paranoid
- 8. Problems remain
- 9. Trouble with family, at school
- 10. Illegal

※ Also true for alcohol
Myths and Facts About Cigarettes (including e-cigarettes)

1. **Myth**: Cigarettes help you think clearly.
   **Fact**: It may seem like you are thinking more clearly, but smoking has no effect on the reasoning process. Nicotine is the substance in tobacco that is highly addictive. It is both a stimulant and a sedative to the central nervous system. The initial nicotine “kick,” which stimulates the central nervous system and causes a sudden release of glucose, is followed by depression and fatigue, leading the smoker to seek more nicotine.

2. **Myth**: Cigarettes calm you down.
   **Fact**: Many people believe this, but they really feel better only because they are addicted to nicotine. As with other addictive drugs, you begin to feel jittery if the level of nicotine in your body drops. If you are not addicted, cigarettes actually make you feel nervous.

3. **Myth**: Smoking keeps you thin.
   **Fact**: Smoking stimulates the central nervous system, which can suppress appetite, but it doesn’t change eating habits. It can also decrease the sensitivity of the taste buds and sense of smell making food less appetizing. Overall, this is not an effective way to lose weight as there are many negative consequences from smoking.

4. **Myth**: It’s easy to quit later.
   **Fact**: Only 3% of daily smokers in high school think they will be smoking in 5 years. But over 60% are still regular smokers up to 9 years later. Usually people make five to seven attempts before finally being able to quit.

5. **Myth**: E-cigarettes are safer than regular cigarettes.
   **Fact**: E-cigarettes contain many cancer-causing and other toxic chemicals - including nicotine, formaldehyde, arsenic, aluminum, and lead.

6. **Myth**: E-cigarettes are a good way to quit smoking.
   **Fact**: Research has shown that after a short time from switching to e-cigarettes, a person begins to use both traditional cigarettes and e-cigarettes, which introduces even more nicotine and harmful chemicals into their system.
Myths and Facts About Marijuana

1. **Myth**: Marijuana makes uncomfortable feelings go away (fear, anger, depression).
   
   **Fact**: You may feel less scared, angry, or depressed because marijuana may temporarily cover up feelings; it doesn’t make them go away. Some people actually get more depressed or anxious when they have used marijuana. Using marijuana may also bring on other problems such as legal consequences and physical dependency.

2. **Myth**: Marijuana makes you creative.
   
   **Fact**: Sometimes marijuana makes a person feel creative while high, but actual performance is not better and is often worse. Marijuana can’t make you become something you aren’t. After the marijuana wears off, people often say that what seemed creative when they were high no longer makes sense.

3. **Myth**: Marijuana makes your problems go away (trouble with parents, school, or friends).
   
   **Fact**: You may feel you have escaped your problems by getting high, but when the marijuana wears off, the problems are still there. Using marijuana may also bring on other problems such as legal consequences and physical dependency.

4. **Myth**: You can’t get addicted to marijuana.
   
   **Fact**: Increasingly, research is showing that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of cocaine, heroin, and alcohol. Chronic users can experience “withdrawal” symptoms (agitation, sleep problems) after stopping heavy use suddenly, as well as “tolerance” (needing larger doses of a drug to get the same desired effects once produced by smaller amounts). Many experts believe marijuana is addicting.

5. **Myth**: Marijuana makes you a better dancer, talker.
   
   **Fact**: Marijuana can create this illusion, which has been termed “magical thinking,” but it can’t make you be anything you aren’t. If anything, you become less competent because marijuana interferes with memory, perception and coordination.

6. **Myth**: It is safe to drive after using marijuana.
   
   **Fact**: Marijuana use makes driving more dangerous. It affects important skills needed for safe driving. The ability to concentrate diminishes and reflexes slow down, making it hard to respond to sudden, unexpected events. It also impairs coordination and the ability to judge distances and react to signals and sounds.

7. **Myth**: Since marijuana is “natural,” it is much safer than other drugs.
   
   **Fact**: Many “natural” substances also have toxic properties (poisonous mushrooms, mistletoe, tobacco). Prolonged or frequent use of marijuana can adversely affect hormones in both males and females. Young men can have delayed puberty and young women can find that the drug disturbs their monthly cycle (ovulation and menstrual period).
Myths and Facts About Alcohol

1. **Myth**: A can of beer will not have as much effect as a mixed drink (or a shot of liquor).
   **Fact**: A can of beer, a glass of wine, a mixed drink, and a shot of liquor all have about the same amount of alcohol and will have about the same effect.

2. **Myth**: Alcohol is not a drug.
   **Fact**: Alcohol is a drug that affects the brain. It slows down the brain area that controls judgment, thought, and muscular coordination. Mixing alcohol with other drugs can be extremely dangerous, causing nausea, vomiting, fainting, heart problems, difficulty breathing or even death.

3. **Myth**: Alcohol is not as dangerous as other drugs.
   **Fact**: Alcohol can be deadly. Drinking a quart of vodka in one sitting can kill you. Even one drink can affect your judgment and cause you to lose control. Auto crashes are the leading cause of death among teenagers, and of these fatalities, over one third are alcohol-related.

4. **Myth**: Black coffee and a cold shower can sober you up quickly.
   **Fact**: Only time sobers you. The liver needs one hour to burn up one ounce of pure alcohol (the amount contained in a can of beer, glass of wine, or mixed drink). Coffee and cold water may make a person less sleepy, but neither improves judgment or coordination.

5. **Myth**: Drinking makes your problems disappear.
   **Fact**: You may feel you have escaped your problems by drinking, but when you get sober, the problems are still there.

6. **Myth**: Drinking makes uncomfortable feelings go away (anger, shyness, loneliness, frustration).
   **Fact**: Alcohol may cover up uncomfortable feelings for a while, but they come back when you are sober again. Drinking isn’t always a reprieve from uncomfortable feelings. The fact is that alcohol just as often has the opposite effect and intensifies feelings with sometimes catastrophic results: sadness (poor choices, crying fits, suicide) or anger (domestic violence, rage).

7. **Myth**: Most teens drink alcohol.
   **Fact**: Most teens aren’t drinking alcohol. In 2018, according to Monitoring the Future, only 8.2% of 8th grade students consumed alcohol in the past 30 days.

8. **Myth**: Drinking alcohol when you are young helps prevent abuse later.
   **Fact**: Teens’ brains and bodies are still developing and alcohol use can cause learning problems or lead to adult alcoholism. People who begin drinking by age 15 are five times more likely to abuse or become dependent on alcohol than those who begin drinking after 20.
Reasons Why People Use Drugs
(Typical student answers, 2 pages)

All drugs

Friends do it (peer pressure).
   You don’t want to be different than your friends.
   Others at a party are smoking or drinking.
To look cool, older, sophisticated.
   To be more independent.
   To be more mature.
   To impress someone.
Parents say “Don’t do it” (rebellion).
Parents do it.
To relax.
   To relieve stress.
   To have fun.
Curiosity.
   Because you’re bored.
   Because it’s there.

Cigarettes (including e-cigarettes)

* To think clearly.
   You feel bad when you stop (addiction).
   Something to do with your hands (nervous).
* They calm you down.

Marijuana

* It makes uncomfortable feelings go away (fear, anger, depression).
* It makes you creative.
* It makes problems go away.
* It makes you a better dancer, talker.
   It makes you high.
   It makes things seem funny.
It helps you sleep.
To treat a medical condition.

Alcohol
* To make uncomfortable feelings go away (anger, shyness, loneliness, frustration).
  To get high/drunken.
* To make problems go away.
  Advertisements make drinking look cool, glamorous.
  It’s more accessible, seems more acceptable.
  It relaxes you.

* A widely held myth. The statement is untrue. See Myths and Facts for Cigarettes, Marijuana, and Alcohol
Reasons Not to Use Drugs
(Typical student answers, 2 Pages)

All Drugs

- It's bad for your health.
- You can’t play sports as well (cigarettes shorten breath, marijuana slows you down, alcohol interferes with coordination).
- You can get into trouble.
- It will hurt your parents (upset them).
- It’s a bad habit.
- It might get you into the wrong crowd.
- It’s expensive.

Cigarettes (including e-cigarettes)

- Your breath (clothes, hair) smells bad.
- Smoking causes cancer.
- It’s hard to stop once you start (cigarettes are addicting).
- Smoking causes heart attack, heart disease.
- Your teeth get yellow.
- Your skin gets wrinkled.
- Smoking harms others (secondhand smoke).
- It’s illegal for minors.

Marijuana

- It interferes with your ability to learn (makes it hard to remember something you just read or heard; reduces your ability to think clearly and concentrate).
- It can make you do things you wouldn’t do if you weren’t high (lose control).
- It slows you down, distorts your perceptions, and reduces your coordination (bad for driving; bad for sports).
- It can make you feel anxious or panicked.
- It’s illegal.
- It can impact your reproductive health.
- You can become dependent or addicted.
- You don’t really solve your problems (depression, anxiety) when you smoke. As soon as the marijuana wears off, you’re back where you started.
Alcohol

You can’t think clearly, might do something you don’t want to do.
You lose control, are out of it.
It slows driving reaction time and distorts perceptions.
You can become addicted.
It interferes with communication.
It doesn’t help solve your problems.
It’s illegal for minors.
You can overdose.

Facts on other forms of tobacco

E-cigarettes

• E-cigarettes are now used by teens more than traditional cigarettes.
• In most states, it is illegal to purchase or use e-cigs (or regular cigarettes), parts, and fluids if you are under 18.
• Just like traditional cigarettes, e-cigarettes contain many cancer-causing and other toxic chemicals - including nicotine, formaldehyde, arsenic, aluminum, and lead.
• Research has shown that many teens begin to use traditional cigarettes after they start using e-cigarettes; this introduces even more nicotine and harmful chemicals into their system.

Cigars

• People who smoke cigars (stogies) regularly get serious diseases and die from them. In fact, long-term cigar smoking doubles your chance of dying from heart disease. The risk of lung cancer and death from cancer of the esophagus is 2-5 times higher in cigar smokers than in nonsmokers; death from cancer of the oral cavity is 3-8 times more likely, and the risk of death from cancer of the larynx is 10 times higher.
• Cigar smoke contains more carbon monoxide, ammonia and nitrogen oxides than cigarette smoke. And, a stogie has as much nicotine as several cigarettes. (Nicotine is the drug found in tobacco that causes addiction.) When cigar smokers inhale, nicotine is absorbed as rapidly as it is with cigarettes. For those who don’t inhale, it is absorbed more rapidly through the lining of the lips and mouth, the tongue, and throat. Oral and esophageal cancer risks are similar among cigar smokers and cigarette smokers.
• Cigars are a major source of secondhand smoke and because of the kind of tobacco and the manufacturing process of cigars, many of the concentrations of carcinogens are higher than for cigarette smoke.
Consider that it can take as long as forty-five minutes to an hour to smoke a cigar, compared with just a few minutes for a cigarette. Now, the exposure to secondhand smoke both for the smoker and those around the smoker becomes very significant.

Secondhand smoke or environmental tobacco smoke

- Secondhand smoke, also known as passive smoking or environmental tobacco smoke, comes from two places: smoke breathed out by the person who smokes, and smoke from the end of a burning cigarette, cigar or pipe.
- More than 7,000 chemical compounds have been identified in tobacco and tobacco smoke. Tobacco smoke includes at least 70 cancer causing substances. Some of these compounds are tar, carbon monoxide, hydrogen cyanide, arsenic, ammonia, benzene, formaldehyde, phenols and nicotine.
- Nonsmokers who are exposed to secondhand smoke absorb all of these chemicals just as smokers do. Because they are unfiltered, the concentrations of carcinogens in secondhand smoke are up to 100 times higher than in smoke inhaled directly through cigarettes and cigars.
- Exposure to secondhand smoke causes over 41,000 deaths from lung cancer and heart disease among nonsmokers in the United States each year.
- Separating smokers and nonsmokers within the same air space may reduce, but does not eliminate, nonsmokers' exposure to secondhand smoke.
- The United States Surgeon General states that there is no risk-free level of exposure to secondhand smoke. Breathing even a little secondhand smoke can be harmful.

Smokeless tobacco

- Smokeless tobacco is chewed, sucked on or sometimes pinched in the nose. Its four primary forms are plug tobacco, loose-leaf tobacco, twist tobacco, and snuff.
- Smokeless tobacco users face an increased risk of cancers of the mouth, esophagus, lung, liver, and pancreas. They place themselves at higher risk for heart disease and diabetes than non-users.
- Nicotine is the drug in smokeless tobacco that causes addiction.
- All forms of smokeless tobacco are addictive.
- The physiological and psychological processes that determine nicotine addiction are similar to those that determine addiction to such drugs as heroin or cocaine.
- Smokeless tobacco products are not a safe alternative to cigarettes and in fact can provide a more efficient means for delivering certain cancer causing chemicals into the body through the bloodstream.
- Smokeless tobacco users experience higher rates of such dental problems as receding gums, tooth enamel erosion and discoloration, tooth decay, bad breath and loss of both the senses of taste and smell.
Sample Letter to Parent/Guardian

Dear Parent/Guardian:

Today we started a program called Project ALERT in your child’s class. Project ALERT is an age-appropriate substance abuse prevention curriculum proven effective in reducing experimentation among teens, and in reducing usage among teens who experiment.

Project ALERT contains eleven lessons in its initial year that focus on alcohol, tobacco (including e-cigarettes), and marijuana, and three booster lessons in its second year. Project ALERT’s focus is on motivating non-use, learning to recognize pressures to use, and on developing and practicing skills to resist these pressures.

Our school district is committed to providing the most effective approaches to preventing the use of alcohol, tobacco, and other drugs in our schools and communities. We know that prevention of drug use and abuse is most effective when it is a partnership between the community, the home, and the school.

Research consistently shows that teens who learn about the risks of drugs at home, from parents and from other caregivers, are up to 50% less likely to use drugs than teens who report learning nothing about the risks at home. However, getting the message across is not easy. According to a recent nationwide survey released by the Partnership for a Drug-Free America, 79% of parents reported talking to their kids at some point about drugs, but a significant percentage of kids don’t remember the conversation. Here is where the structured home learning opportunities within Project ALERT can help to focus discussion between you and your kids.

Your child will be bringing home five homework assignments. These activities are an opportunity for you to communicate with your child about these important issues, and will involve you in discussion, sharing responses, and listening to oral reports. These home learning opportunities will be part of lessons 1, 5, 6, 8, and 9.

Please be aware that these assignments should be returned to me, but they will not be shared in class. If for any reason you are not comfortable with returning your responses to me, I will accept a note from you confirming the assignment has been completed. If you have any questions, please contact me.

Sincerely,

Name

Date_________________________ Period ____________
TEST YOUR DRUG IQ

How much do you know about alcohol, cigarettes, and marijuana?

Circle the right answer to each question. If you think more than one answer is correct, circle all that apply. After you have completed the test, read it to your parents or another adult in your family. Put an “X” next to each of their answers.

1. Some people become dependent on marijuana or alcohol as a way to feel good or to escape their problems.
   True   False

2. Tobacco is a highly addictive drug, which means the body becomes physically dependent on it very quickly.
   True   False

3. It’s more dangerous to drive when you’re drunk than when you’re high on drugs.
   True   False

4. Teenagers who smoke often have “smoker’s breath” and yellow teeth.
   True   False

5. If someone offers you marijuana and you don’t want it, a good response is to:
   a. say, “No, thanks.”
   b. make a scene and put him or her down for smoking marijuana.
   c. say, “I don’t like what it does to me.”
   d. say, “Thanks a lot,” and take a hit.

6. People who smoke don’t become addicted to cigarettes until several years after they start smoking.
   True   False

7. Losing control when you are drunk or high means you may do something you wouldn’t do if you were not high.
   True   False

8. Of everyone who has lung cancer, over 85% got it from smoking.
   True   False

9. Alcohol can be deadly. If you drink enough alcohol at one time, it can kill you.
   True   False

10. Smoking just one cigarette a week can cause coughing, wheezing, and excessive phlegm production.
    True   False

11. Almost any drug, if used for a long time, causes physical or mental dependency.
    True   False
12. It is legal to sell cigarettes to any teenager.
   True   False

13. Marijuana damages your lungs.
   True   False

14. Heavy and chronic drinking can harm every organ and system in the body.
   True   False

15. Smoking relaxes you even when you've never tried cigarettes before.
   True   False

16. The main reason most teenagers continue to smoke cigarettes once they start is
   a. they think it makes them look cool.
   b. they like spending so much money on cigarettes each week.
   c. they like the way their breath smells.
   d. they are addicted.

17. Having a bad “high” on marijuana means you might feel anxious, scared, uptight, or even terrified.
   True   False

18. Advertisers try to make you believe that drinking alcohol will
   a. make you more popular.
   b. make you throw up.
   c. make you look glamorous, sexy, or macho.
   d. get you addicted.
   e. make you have a car crash.

19. More than four in five smokers want to quit. With a good smoking cessation program, 20-40% of the participants are able to quit and stay quit for at least one year.
   True   False

20. Marijuana smoke contains some of the same cancer causing and toxic substances as tobacco, sometimes in higher concentration.
   True   False

21. Marijuana is being cultivated to contain much higher THC content than it has when it grows in the wild. THC content is often as high as 20%.
   True   False

22. If a parent or other family member is an alcoholic, you are much more likely to become an alcoholic.
   True   False
23. People who smoke for many years are likely to develop
   a. bronchitis.
   b. lung cancer.
   c. heart disease.
   d. cancer of the mouth, larynx, esophagus, or bladder.

24. Because marijuana is a “natural” substance, it is a safe alternative to drugs.
   True    False

25. Teenagers start smoking because of
   a. pressure from peers.
   b. pressure from ads on TV and radio.
   c. pressure from themselves.
   d. curiosity.

26. Teenagers drink because
   a. their parents drink.
   b. they think it's less harmful than other drugs.
   c. advertising makes it tempting.
   d. they want to rebel.

27. E-cigarettes are safer than traditional cigarettes.
   True    False

28. E-cigarettes are used by teens more than traditional cigarettes.
   True    False

29. Switching from traditional cigarettes to e-cigarettes is a proven way for teens to quit smoking.
   True    False

30. Many e-cigarette liquids or “juice” contain including formaldehyde, arsenic, aluminum, and lead.
   True    False
**ANSWER KEY**
(To be distributed after students and parents complete Test Your Drug IQ.)

1. True
2. True
3. False. It is just as dangerous to drive when you're high.
4. True
5. a and c
6. False. One or two cigarettes each day for a week can make you addicted. Nearly one-third of people who try a single cigarette eventually develop dependence on tobacco.
7. True
8. True
9. True. Alcohol depresses the nerves that control involuntary actions such as breathing, heart beat, and the gag reflex that prevents choking. A fatal dose of alcohol (too high a level of blood alcohol content) will eventually stop these functions.
10. True. According to the Surgeon General, these symptoms can be triggered with your first cigarette.
11. True
12. False. In all states you must be 18 or older to legally purchase cigarettes.
13. True. Marijuana has been shown to damage the bronchial airways. In addition, the same cancer-causing tars in cigarettes are also in marijuana.
14. True
15. False. Each cigarette you smoke makes your body less relaxed. It increases your heart rate, constricts your blood vessels, and raises your blood pressure.
16. a and d
17. True
18. a and c
19. True
20. True
21. True
22. True. This is called genetic alcoholism.
23. a, b, c, and d
24. False. Marijuana is a drug. Many naturally occurring substances can be dangerous if ingested (poisonous mushrooms).
25. a, b, c, and d
26. a, b, c, and d
27. False
28. True
29. False
30. True
Core Lesson 2
Consequences of Smoking Cigarettes and Marijuana

PROJECT ALERT
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*All references to “cigarettes” throughout lesson 2 are intended to include the use of e-cigarettes/vaping.
Lesson Outline

Goals

1. To increase students' perception that using cigarettes or marijuana has serious consequences that can immediately affect their daily lives and social relationships
2. To motivate students to resist pressures to use cigarettes and marijuana by helping them identify the social, psychological, and physical consequences of using those substances

Summary of Activities

1. Introduce Lesson (4 min.)
2. Discuss Immediate and Later Consequences of Smoking Cigarettes (8 min.)
3. Compare Cigarettes and Smokeless Tobacco (1 min.)
4. Discuss Immediate and Later Consequences of Using Marijuana (8 min.)
5. Review Consequences (4 min.)
6. Show Video: Pot: The Party Crasher (9 min.)
7. Discuss Video (8 min.)
8. Wrap-up (3 min.)

Description

This lesson focuses on expanding students' understanding about smoking cigarettes and marijuana, and builds on information learned in Lesson 1. Activity 2 increases awareness that smoking cigarettes has serious immediate and later consequences, and Activity 3 compares cigarettes and other forms of tobacco. In Activity 4, students discuss immediate and later consequences of using marijuana. This lesson stresses information about short-term social, psychological and physical effects of smoking cigarettes and marijuana, and discusses issues related to attractiveness.

This participatory approach increases student motivation. The purpose of Pot: The Party Crasher (Activity 6) and the subsequent discussion (Activity 7) is to focus on the short-term consequences of smoking marijuana and challenge the perception that drugs at parties are fun. As in Lesson 1, information is elicited from students, not told to them.

In your wrap-up (Activity 8), you'll be given an opportunity to reinforce key information previously elicited from students. The homework assignment (What Teenagers Want to Know About Alcohol) is preparation for Lesson 3 and stresses both short-term (injuries) and long-term (alcoholism, dependence) problems.
Preparation

- Review the Lesson Plan
- Read Teacher Reference material:
  - Biggest Dangers with Cigarettes
  - Smoking Facts
  - Facts on Other Forms of Tobacco
  - Biggest Dangers with Marijuana
  - Marijuana Facts
- Optional: you may want to prepare 3” x 5” reference cards listing key effects for Activities 2, 3, and 4
- Preview video: Pot: The Party Crasher
- Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:

- Completed visual: Ground Rules: Students (saved from Lesson 1)
- Video: Pot: The Party Crasher
- Chart paper, masking tape, and thick, felt-tip, nontoxic markers (if using chart paper visuals versus writing on the board)
- Posters:
  - Poster 1: Smoking Makes You Less Attractive
  - Poster 2: Smoking Is Addicting
  - Poster 3: Smoking Affects Your Heart and Lungs
  - Poster 4: Marijuana Can Affect You Right Away
  - Poster 5: Marijuana Can Damage You in the Long Run
  - Poster 13: Vaping Leads To...

Prepare the following materials:

- Partial visuals (Activities 2 and 4) on chart paper or on the board (title with headings): What Can Happen to You When You Smoke Cigarettes? and What Can Happen to You When You Use Marijuana? The headings under each title are: “First Time,” “After a While,” and “After a Long Time,” with space between each (see sample visual, Teacher Reference).
- Copy What Teenagers Want to Know About Alcohol (Student Handout) for each student.
- Copy E-Cigarette and Marijuana Supplemental Guides for each student.
1. **Introduce Lesson** (4 min.)
   
   A. Display visual: *Ground Rules: Students.*
   
   B. “Today you’ll learn more about how cigarettes and marijuana affect people. We’ll talk about exactly what happens when you smoke a cigarette or a joint.”

2. **Discuss Immediate and Later Consequences of Smoking Cigarettes** (8 min.)
   
   A. Show visual or write on the board (title with headings): *What Can Happen to You When You Smoke Cigarettes?* Include the headings “First Time,” “After a While,” and “After a Long Time,” with space between each.
   
   B. Conduct a discussion of effects for each time period (see sample visual, Teacher Reference). Be sure the starred items shown in the sample visual are on the completed visual - use statistics at your discretion to amplify points. Include *Cigarette Smoking Consequences: Additional Questions* (Teacher Reference), asking starred questions first, and other questions as time permits.

1. “What can happen when you smoke a cigarette for the first time?”

2. Write in the correct student responses (cough, choke, heart beats faster, headache, breath smells) under the “First Time” heading. Write any longer-term responses (get cancer) under the appropriate headings.

3. “What can happen to you after you’ve smoked cigarettes for a while, like for a few weeks or months?”

4. Write in the correct student answers (addicted, can’t breathe as well, lung capacity decreases, smell all the time, teeth get yellow, cough more) under the appropriate headings (if “addicted” is mentioned, ask for a definition).

5. “What can happen after you’ve smoked a long time, such as several years?”

6. Write in the correct student responses (lung cancer, heart attacks, heart disease, respiratory diseases like bronchitis and emphysema, other cancers, wrinkles). Amplify as appropriate with statistics from the *Smoking Facts* sheet (Teacher Reference).

7. Ask students the starred questions (Cigarette Smoking Consequences: Additional Questions, Teacher Reference) now, if not asked earlier. If time permits, ask other questions.
3. Compare Cigarettes and Smokeless Tobacco
(see sample visual, Teacher Reference)

A. Point to students’ consequences of smoking list. Ask, “Which of these effects are also true for smokeless tobacco?” Check mark these effects on students’ list (see Teacher Reference).

4. Discuss Immediate and Later Consequences of Using Marijuana (8 min.)

A. Reinforce students’ knowledge of the effects of cigarettes. Say, “Now let’s try the same thing for marijuana.”

B. Show visual or write on the board: What Can Happen to You When You Use Marijuana? Include the headings “First Time,” “After a While,” and “After a Long Time,” with space between each heading (see sample visual, Teacher Reference).

(We will be talking about consequences of teen use here, not necessarily consequences for adults who may be using, although many can be the same.)

C. Conduct a discussion of effects for each time period, asking additional questions from Marijuana Consequences, as appropriate. Be sure the starred items from the sample visual are on the completed visual.

Remind students students that marijuana is a psychoactive drug, which means it affects the brain’s ability to think, learn, remember, and perceive reality (sometimes people don’t see things as they really are).

1. “What can happen when you use marijuana for the first time?”
2. Write in the correct student responses under the “First Time” heading (can’t concentrate, red eyes, slow down, feel anxious or panicked; hard to communicate; may get in trouble at home, school, or with law enforcement if caught in possession or high; can be detected in a drug test; may do something you could regret later; feelings of paranoia or fear; excessive eating; also negative impacts on judgment, motor functions, coordination, and reaction time, which is why an activity like driving a car while under the influence is very dangerous and illegal). Write longer-term responses (dependence, addiction) under the appropriate heading. Validate any incorrect responses (“Many people think that happens.”) and supply the correct information.
3. “What can happen after you’ve used marijuana for a while (regularly at parties)?”
4. Write in the correct student responses (trouble with parents, you have less money, dependence, anxiety and depression, don’t experience emotions, trouble with grades and school performance) under the appropriate heading.
5. “What can happen after you’ve used for a long time?”

6. Write in the correct student responses (dependence/addiction, loss of interest in activities except drug use, possible lung damage, impaired learning and memory, depression, anxiety, poorer school performance and increase risk of dropping out, chronic cough and trouble breathing, loss of motivation, and addiction). Remind students that consuming marijuana and alcohol can increase risk of many harmful effects and specifically brain function which controls the body and mind. (Concern about marijuana use is the number one reason youth in the U.S. seek substance abuse treatment.) Emphasize that psychological dependence, or cannabis use disorder, may be just as powerful as addiction. These conditions can cause a person to feel physical withdrawal symptoms, like nervousness or shakiness, when they are not using it. Risk of developing a dependency or cannabis use disorder increases the earlier one begins using, becomes more likely with longer-term and regular use, and in extreme cases can lead to addiction.

7. Ask students the additional Marijuana Consequences questions now, if not asked earlier.

5. Review Consequences (4 min).

A. Summarize the cigarette consequences, using the four cigarette posters: Smoking Makes You Less Attractive, Smoking Is Addicting, Smoking Affects Your Heart and Lungs, and Vaping Leads To...

B. Summarize the marijuana consequences, using the two marijuana posters: Marijuana Can Affect You Right Away and Marijuana Can Damage You in the Long Run.

6. Show Video: Pot: The Party Crasher (9 min.)

A. “Here’s a question that many young people ask: ‘Can marijuana hurt you if you use it just once?’ Now we’ll see a video that answers that question.”

B. Show the video.

Video: Pot: The Party Crasher. Click here to play.
7. Discuss Video (8 min.)

Discussion Goals

1. To emphasize immediate consequences of marijuana use
2. To reinforce the idea that using marijuana just once can have serious consequences

A. “How did Colleen look at the end of the video? Why? What do you think happened when her parents arrived home?”

B. “What did the video show about what can happen when you use marijuana just one time?” Or, “What happened when the kids at the party got high?” (lost control, broke things, acted stupid, couldn’t communicate, too high to drive, got the munchies, risked trouble with parents and/or the law)

C. “Who didn’t smoke marijuana in the video and what was their reason?” Rich (“No way. Besides, I’ve got to wake up early for practice.”), A.J. (“I’m not too into this.”), Angela
(“The trouble you could get into ...” and her uncle’s health.), Kim (“That’s not cool.”), Colleen, Lori, Kelley) “How did they say ‘no?’” (A.J. and Lori left the party, Rich gave a reason, Colleen, Angela and Kim tried to persuade others not to do it.)

D. “Why was Angela so upset when Frank took a hit?” (uncle became dependent on marijuana, not able to drive home)

E. “Why was Kim concerned about the marijuana?” (don’t know what’s in it)

F. “What did A.J. and Lori do after the marijuana was passed around?” (left) “What did Rich do?” (Said “no,” because of sports) “What about Jim?” (“You’re right. I don’t want to get kicked off the team.” Took a hit and then stopped.) “What do you think of how each reacted?”

G. “What could they have said or done that might have prevented what happened?”

8. Wrap-up (3 min.)

A. Reinforce students’ ideas. (“You really know what can happen when you smoke a cigarette or marijuana.”)

B. Tell students that in the next lesson they will talk about what happens when you drink.

C. Homework:

   1. “For the next lesson read What Teenagers Want to Know About Alcohol.” Hand out copies. “This information will help you in a game we’ll be playing in the next lesson.”
What Can Happen to You When You Smoke Cigarettes? (Sample visual)

**The first time**
- Heart beats faster/works harder
- Breath smells
- Coughing
- Dizziness
- Trouble at home or school

**Smokeless Tobacco**
- ✓

**After a while**
- Addicted
- Harder to breathe
- Yellow teeth
- Less money
- Expose others to your tobacco smoke

**After a long time**
- Death
  - As long as you smoke, each cigarette takes ten minutes off your life.

- Lung cancer, other cancers
  - Smoking is associated with cancers of the mouth, larynx, esophagus, pancreas, cervix, kidney and bladder.
  - Over 85% of lung cancers are caused by smoking.

- Heart disease
  - Smokers risk of heart attack is more than twice that of nonsmokers, and they are more likely to die as a result of the heart attack within the hour.

- Chronic Obstructive Pulmonary (Lung) Disease (COPD)
  - Primarily emphysema and chronic bronchitis
  - Approximately 80-90% of COPD is caused by smoking.
  - A smoker is 10 times more likely than a non-smoker to die of COPD.
  - Wrinkles
  - Can hurt others by exposing them to secondhand smoke

*Should be included on students’ lists.*
Cigarette Smoking Consequences (Additional questions)

1. **What is addiction?**
   - It is when the body physically needs nicotine to feel okay. If you smoke one or two cigarettes a day for four or five days in a row, you can become addicted. Nearly one-third of people who try a single cigarette eventually develop dependence on tobacco.

2. **Why does smoking cause your heart to beat faster?**
   - Nicotine is a stimulant - it elevates blood pressure, central nervous system functions, breathing and heart rate.

3. **Does it help to stop smoking?**
   - Yes - and right away.
     - At 24 hours after quitting: the chance of a heart attack decreases.
     - After 48 hours: nerve endings start regrowing. The ability to taste and smell is enhanced.
     - After 1-9 months: coughing, sinus congestion, fatigue and shortness of breath decrease.
     - After one year: risk of heart disease decreases to half that of a smoker.
     - After 5-15 years: stroke risk is reduced to that of people who have never smoked.
     - After 10 years: risk of lung cancer is half that of smokers.
     - After 15 years: risk of heart disease decreases to that of those who have never smoked.

4. **Is it harmful to be around people who smoke (secondhand smoke)?**
   - Yes. It causes lung cancer and heart disease. Young children are especially at risk.
   - It can cause respiratory and ear infections and make children with asthma and other breathing problems sicker.

5. **How can you tell if someone is addicted to cigarettes?**
   - He or she can’t get through a day without smoking a cigarette.

6. **Why does smoking make you dizzy?**
   - When you smoke, you inhale the carbon monoxide in the smoke. Carbon monoxide replaces oxygen in the blood. The blood then contains a lower level of oxygen, which is what makes you dizzy. This process is how people die in closed garages with a car engine running.

7. **Name two long-term respiratory problems caused by smoking.**
   - Chronic bronchitis and emphysema.

8. **What is emphysema?**
   - In a healthy lung, small bag-like clusters fill with air. Emphysema causes these bags to break down, so that your lungs cannot hold as much air.

*Ask these questions first.*
What Can Happen to You When You Use Marijuana? (Sample visual)

The first time

* Can’t concentrate, think
  * Can’t remember (loss of short-term memory)
  * Slow down
  * Can’t drive safely (it’s as dangerous as alcohol)
  * Do something you might regret
  * Feel anxious or panicked
  * Hard to communicate
  * Feel out of control
    Sick, dizzy
    Get in trouble with the law/parents
    Appetite increases
    Red eyes
    Nothing
    May see things that aren’t really there /hallucinate
    Laugh a lot or become emotional
In the U.S., since marijuana use is still illegal federally, any use or possession charges may threaten a teen’s ability to qualify for federal financial aid for college including grants and loans. Also some federal employment positions require that employees have never used marijuana and other drugs and many employers have drug-free policies and require drug testing as a condition of employment.

After a while

* Dependence (need marijuana to feel okay)
* Don’t experience emotions or solve problems
  Trouble with parents
  Have less money
  Trouble at school (grades go down, sent out of class)
  Decreased motivation
  Poor performance at school and on the job
  Chronic cough/respiratory ailments/illness
  Mental health issues like depression, anxiety, psychosis and schizophrenia
After a long time

Problems learning and remembering
Future high risk use of other drugs such as alcohol, tobacco
* Loss of interest in activities except drug use
  Mental health issues like depression, anxiety, psychosis and schizophrenia
* Severe dependence and addiction
* Possible lung damage (marijuana has many of the same lung-damaging substances as tobacco, and more of some of them)
  Possible damage to reproductive health (delay the onset of puberty, lower sperm production for males, disrupt menstrual cycle and affect ovulation for females)
  Damage to the immune system (cells that protect people from disease)

* Should be included on students’ lists.

Marijuana Consequences (Additional questions)

1. What is dependence?
   Dependence is a state in which a person needs a drug to cope with everyday life and continues using even when problems resulting from its use keep happening. It can, but does not have to, involve physical dependence (often called a cannabis use disorder, or addiction) where the user either has tolerance (needing more of a drug to achieve the same effects once achieved with less of the drug) or withdrawal symptoms.

2. Does marijuana make your problems go away?
   No. After the marijuana wears off, the problems are still there.

3. Is it safe to drive after using marijuana?
   No. Marijuana slows your reaction time, distorts your perception, and makes it difficult to respond safely to unexpected events.

4. How does using marijuana affect your mind?
   Marijuana makes concentration harder, slows down thinking, and makes it difficult to remember what happened a few minutes ago.

5. How can you tell what you’re getting when you use an illegal street drug like marijuana?
You can’t. There is no ingredient list on illegal drugs. Marijuana may be laced with PCP or other dangerous substances.

6. Is marijuana safer than drinking alcohol?
Both come with risks and both affect how you think and act. Both have short- and long-term health impacts; neither is safe.

Biggest Dangers with Cigarettes

Smoking cigarettes/vaping
1. Is addicting
2. Damages your heart
3. Damages your lungs
4. Over time, can cause
   • death
   • lung diseases
   • cancer
   • heart disease and stroke

Smoking cigarettes/vaping
1. **Is addicting**
   Nicotine, a substance found in cigarettes, is highly addicting. Even a few cigarettes every day for a week may make your body crave cigarettes. If you are addicted and a cigarette is not available, you may experience jitters, headaches, dizziness, and depression. Nicotine is toxic in large quantities.

2. **Damages your heart**
   Even if you smoke only one or two cigarettes, you will experience an increase in heart rate. Your blood pressure will rise, your blood vessels will constrict, and the bloodstream level of carbon monoxide increases.

3. **Damages your lungs**
   Each cigarette you smoke breaks down lung tissue and diminishes lung capacity. Smoking even one or two cigarettes causes lung tissue to break down. Even if you are a moderate smoker (less than a pack a day), your ability to breathe in deeply without hurting your lungs is greatly diminished.
4. **Over time, can cause**

- **Death**: Smoking is the number one preventable cause of death in the nation. According to the Centers for Disease Control and Prevention, it kills an estimated 480,000 Americans every year. More people die from cigarette smoking and related illness than die from AIDS, alcohol, traffic crashes, illicit drugs, murder, suicide, and fires combined.¹

  Each day, about 2,000 kids in the United States try their first cigarette; and about 300 additional kids under 18 years of age become new regular, daily smokers. More than 135,000 kids become new underage daily smokers in this country each year.²

- **Lung diseases**: Smokers are far more likely to get pneumonia, chronic bronchitis and emphysema. Between 80-90% of lung cancers are caused by smoking, and each year over 150,000 people die from lung cancer.³

- **Cancer**: In addition to being responsible for 80%-90% of lung cancers, smoking is also associated with cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterus, cervix, kidney, stomach, bladder, and some leukemias.⁴

- **Heart disease**: Smokers’ risk of heart attack is more than two times that of nonsmokers. Smokers who have a heart attack are more likely to die suddenly from that heart attack - within an hour - than nonsmokers. No cigarettes are safe. Scientists have found no evidence that smoking low-tar and low-nicotine cigarettes reduces the risk of coronary heart disease.

- **Wrinkles**: Smokers’ faces show more wrinkling at an earlier age than those of non-smokers. Researchers have found evidence that an underlying biochemical process interferes with the body’s ability to break down old skin and renew it.

- **Secondhand Smoke**: Exposing others to tobacco smoke places them at risk for many of the same diseases as the smoker including cancers, heart disease, lung disease and death. People with lung conditions such as asthma and bronchitis will experience more severe symptoms when exposed to cigarette smoke.

5. **Can get you into trouble**

All states have laws prohibiting the sale of tobacco to youth under the age of 18. Smoking at school violates school rules on most campuses.

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² [www.tobaccofreekids.org/us-resources/fact-sheet/smoking-and-kids](http://www.tobaccofreekids.org/us-resources/fact-sheet/smoking-and-kids)

³ [www.cdc.gov/cancer/lung/basic_info/mortality-infographic.htm](http://www.cdc.gov/cancer/lung/basic_info/mortality-infographic.htm)

⁴ [www.cdc.gov/cancer/lung/basic_info/risk_factors.htm](http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm)
Smoking Facts

Smoking is addictive and damaging

• More than a third of all kids who ever try smoking a cigarette will become regular, daily smokers before leaving high school. More than 90% of adult smokers started when they were teens.
• While only 3% of daily smokers in high school think that they will be smoking at all in 5 years, over 60% are still regular daily smokers 7-9 years later.
• Symptoms of addiction - such as having strong urges to smoke, feeling anxious or irritable, having unsuccessfully tried not to smoke - can appear in young kids within weeks or only days after occasional smoking first begins, and well before daily smoking has even started.
• Cigarette smoke is a collection of over 7,000 chemicals, including fingernail polish remover, cyanide (a poisonous gas), lead, formaldehyde (a chemical preservative), 400 poisons, and at least 70 distinct cancer causing chemicals. It also contains tar, a conglomeration of solid particles that combine to form a sticky brown substance that can stain teeth and clog lungs.6

Smokers die younger

• Smoking is the single most important preventable cause of premature death in the United States. More than 480,000 Americans die from tobacco related causes each year, most of who began smoking before the age of 18.1
• Smoking is responsible for one out of every five deaths in the United States.
• On average, someone who smokes a pack or more of cigarettes each day lives 7 years less than someone who never smoked.

Smokers die from cancer, heart attack and respiratory diseases

• Between 80%-90% of lung cancers are caused by smoking.3
• Tobacco is the single biggest cause of cancer and accounts for more than half of all cancer deaths in smokers.
• Smoking is the main cause of chronic obstructive pulmonary disease (COPD) which is both chronic bronchitis and emphysema.
• Smoking is also associated with cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterus, cervix, kidney and bladder.
• Smoking puts your friends and family at risk. Each year approximately 7,300 non-smokers die of lung cancer from secondhand smoke.5

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5 www.cdc.gov/tobacco/data_statistics/fact_sheets/secondhand_smoke/general_facts/index.htm
6 www.cdc.gov/cancer/lung/basic_info/risk_factors.htm
Smoking has immediate effects on your body

- It increases your pulse rate and makes your blood pressure rise.
- It lowers your skin temperature.
- It lowers your physical endurance.

Smokers’ babies weigh less and more of them die

- Smoking during pregnancy accounts for an estimated 20-30% of low-birth weight babies, up to 14% of pre-term deliveries, and 10% of all infant deaths.
- Even apparently healthy, full-term babies of smokers have been found to be born with narrowed airways and decreased lung function.
- Babies of parents who smoke have a greater chance of dying from sudden infant death syndrome (SIDS).

Smokers become disabled more often

- Smokers become ill more often and lose more days from work than do nonsmokers.
- Smokers are more apt than nonsmokers to suffer from chronic conditions that limit their activity.

The tobacco industry spends billions to get you to smoke

- The Campaign for Tobacco-Free Kids reports that annual tobacco industry spending on marketing its products nationwide has reached $9.1 billion or over $25 million each day.7

Smokers who quit get immediate health benefits

- The carbon monoxide level in the bloodstream declines within twelve hours.
- Headaches and stomach aches caused by smoking disappear.
- Stamina and vigor improve. Food tastes and smells better.

Smokers who quit get long-term health benefits

- Giving up cigarettes reduces the excess risk of dying prematurely.
- After about 10 years, the lung cancer death ratio is about half that of a person who is still smoking.
- Three years after quitting, the risk of death from heart attack is about the same as someone who has never smoked.
- Women who stop smoking before pregnancy or during the first three to four months of pregnancy reduce their risk of having low birthweight babies to that of women who never smoked.

7 www.tobaccofreekids.org/facts_issues/toll_us/
Facts on other forms of tobacco

E-cigarettes and vaping

- E-cigarettes/vaporizers are now used by teens more than traditional cigarettes.
- In most states, it is illegal to purchase or use e-cigs (or regular cigarettes), parts, and fluids if you are under 18.
- Just like traditional cigarettes, e-cigarettes contain many cancer-causing and other toxic chemicals - including nicotine, formaldehyde, arsenic, aluminum, and lead.
- Research has shown that many teens begin to use traditional cigarettes after they start using e-cigarettes/vaping; this introduces even more nicotine and harmful chemicals into their system.

Cigars

- People who smoke cigars (stogies) regularly get serious diseases and die from them. In fact, long term cigar smoking doubles your chance of dying from heart disease. The risk of lung cancer and death from cancer of the esophagus is 2-5 times higher in cigar smokers than in nonsmokers; death from cancer of the oral cavity is 3-8 times more likely, and the risk of death from cancer of the larynx is 10 times higher.
- Cigar smoke contains more carbon monoxide, ammonia and nitrogen oxides than cigarette smoke. And, a stogie has as much nicotine as several cigarettes. (Nicotine is the drug found in tobacco that causes addiction.) When cigar smokers inhale, nicotine is absorbed as rapidly as it is with cigarettes. For those who don’t inhale, it is absorbed more rapidly through the lining of the lips and mouth, the tongue, and throat. Oral and esophageal cancer risks are similar among cigar smokers and cigarette smokers.
- Cigars are a major source of secondhand smoke and because of the kind of tobacco and the manufacturing process of cigars, many of the concentrations of carcinogens are higher than for cigarette smoke.
- Consider that it can take as long as forty-five minutes to an hour to smoke a cigar, compared with just a few minutes for a cigarette. Now, the exposure to secondhand smoke both for the smoker and those around the smoker becomes very significant.

Secondhand smoke or environmental tobacco smoke

- Secondhand smoke, also known as passive smoking or environmental tobacco smoke, comes from two places: smoke breathed out by the person who smokes, and smoke from the end of a burning cigarette, cigar or pipe.
- More than 7,000 chemical compounds have been identified in tobacco and tobacco smoke. Tobacco smoke includes at least 70 cancer causing substances. Some of these compounds are tar, carbon monoxide, hydrogen cyanide, arsenic, ammonia, benzene, formaldehyde, phenols and nicotine.⁸
• Nonsmokers who are exposed to secondhand smoke absorb all of these chemicals just as smokers do. Because they are unfiltered, the concentrations of carcinogens in secondhand smoke are up to 100 times higher than in smoke inhaled directly through cigarettes and cigars.

• Exposure to secondhand smoke causes approximately 7,300 deaths from lung cancer among nonsmokers in the United States each year, and 46,000 die from related heart disease.\(^8\)

• Separating smokers and nonsmokers within the same air space may reduce, but does not eliminate, nonsmokers’ exposure to secondhand smoke.

• The United States Surgeon General states that there is no risk-free level of exposure to secondhand smoke. Breathing even a little secondhand smoke can be harmful.

Smokeless tobacco

• Smokeless tobacco is chewed, sucked on or sometimes pinched in the nose. Its four primary forms are plug tobacco, loose-leaf tobacco, twist tobacco, and snuff.

• Smokeless tobacco users face an increased risk of cancers of the mouth, esophagus, lung, liver, and pancreas. They place themselves at higher risk for heart disease and diabetes than non-users.

• Nicotine is the drug in smokeless tobacco that causes addiction.

• All forms of smokeless tobacco are addictive.

• The physiological and psychological processes that determine nicotine addiction are similar to those that determine addiction to such drugs as heroin or cocaine.

• Smokeless tobacco products are not a safe alternative to cigarettes and in fact can provide a more efficient means for delivering certain cancer causing chemicals into the body through the bloodstream.

• Smokeless tobacco users experience higher rates of such dental problems as receding gums, tooth enamel erosion and discoloration, tooth decay, bad breath, and loss of both the senses of taste and smell.

\(^8\) https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm
**Biggest Dangers with Marijuana**

**Using marijuana**

1. Increases risk of accidents
2. Causes loss of control (judgment, coordination)
3. Makes it hard to concentrate, learn, problem solve, and remember
4. Interferes with your ability to experience or cope with emotions
5. Interferes with communication
6. Over time, can cause
   - physical and psychological dependence
   - immune system damage
   - reproductive system problems
   - loss of interest in activities except drug use
   - lung damage

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1. **Increases risk of accidents**

   Because marijuana impairs both your judgment and your coordination, using marijuana increases the likelihood that you will get in an accident or cause one.

   Teenagers who are high on marijuana have drowned, died in automobile crashes and bicycle crashes, and accidentally set things on fire.

   Examples:

   - **Driving a car when stoned.** Marijuana use makes driving more dangerous because it affects many skills needed for safe driving. It slows thinking and reflexes, making it hard to respond to sudden, unexpected events. It makes it more difficult to stay in the driving lane, to maintain speed, and to keep the proper distance between cars. If you use both marijuana and alcohol, the risk of a crash increases greatly.

   - **Riding a bike or swimming when stoned.** Marijuana use makes bicycling and swimming more dangerous for the same reasons - it slows thinking and reaction time, makes you more likely to swim out too far or dive too deep, and makes it harder for you to track your movements.

   - **Accidentally causing a fire or getting into a car crash.** Teenagers who are high on marijuana have started fires without realizing it or caused other drivers to have a crash because they are trying to avoid the car driven by someone who is stoned.
2. **Causes loss of control (judgment, coordination)**

If you are high on marijuana, you might also do something you wouldn’t do if you had not been using.

Examples:

- Get in a car with a driver who is stoned or drunk
- Jump off a high wall or fence without thinking, accidentally fall out of a window
- Forget to be responsible (call home, be some place on time)
- Make a fool of yourself in front of your friends

3. **Makes it hard to concentrate, learn and remember**

Marijuana use interferes with learning, problem solving and short-term memory.

Examples:

- Getting stoned before taking a test and not being able to remember anything you studied
- Getting stoned and not remembering where you put your wallet
- Getting stoned and writing lyrics or verses you think are terrific until you look at them later and realize they don’t make any sense
- Getting stoned and forgetting you promised to go to the movies with your friends
- Getting stoned and being unable to think through steps to resolve otherwise simple problems in math or in a social situation such as a disagreement

4. **Interferes with your ability to experience or cope with emotions**

Examples:

- Getting stoned every time you feel bored (you don’t learn to handle boredom in your life)
- Getting stoned every time you feel angry with your friends or your parents (you don’t learn how to handle your anger or how to tell people you are angry with them)
- Getting stoned every time you feel nervous in a social situation - on dates, at parties (you don’t learn how to feel less nervous without marijuana). Marijuana doesn’t make uncomfortable feelings go away. In fact, marijuana tends to increase whatever feelings you had before you smoked it. So if you smoke it when you’re worried or anxious, getting high may make you more so. Even if your unpleasant feelings seem to go away, eventually they return. To learn how to get over these feelings, you have to
experience them. Marijuana doesn’t allow you to experience feelings, so you can’t learn how to cope with them.

Even if you use marijuana just when you feel good, you can become dependent on it and lose the ability to feel good or get high without marijuana. If you use marijuana to avoid feeling depressed or bad, those feelings are still there when you come down.

5. **Interferes with communication**
   - Since marijuana affects short-term memory, it is often difficult to maintain a conversation when you are stoned. You may not make sense or seem confused to others. You may forget what you are trying to say or what someone just said to you. You may have a bad “high” and withdraw. Then you don’t want to - or can’t - talk to anyone else.

6. **Over time, can cause**
   - **Physical and psychological dependence**: the need to use marijuana in order to feel okay. Increasingly, research is showing that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of cocaine, heroin and alcohol. Chronic users can experience “withdrawal symptoms” (agitation, irritability, sleep problems, drug craving) after stopping heavy use suddenly, as well as “tolerance” (needing larger doses of a drug to get the same desired effects once produced by smaller amounts).
   - **Immune system damage**: animal studies have found that THC (the active chemical in marijuana) can damage the cells and tissues that help protect people from disease.
   - **Reproductive system problems**: heavy use of marijuana can affect both male and female hormones. Young men can have delayed puberty and young women can find that the drug disturbs their monthly cycle (ovulation and menstrual periods).
   - **Lung damage**: marijuana smoking - like tobacco smoking - harms the lungs and respiratory system. Marijuana contains 50-70 percent more cancer causing chemicals than tobacco smoke. Smoking three to four marijuana cigarettes a day is associated with the same type of bronchitis and cell damage to the lungs as smoking twenty tobacco cigarettes.
   - **Heart**: marijuana increases heart rate by 20-100 percent shortly after smoking; this effect can last up to three hours. Marijuana can interfere with normal heart rhythms and increases the risk of heart attack.

7. **Other problems with marijuana**
   - Marijuana can get you into legal trouble: In all states, it is illegal for minors to possess or sell any amount of marijuana.
Some studies have found that babies born to marijuana smokers weighed less and had smaller head sizes than those born to mothers who did not use the drug.

Marijuana Facts*

Marijuana use affects your behavior

Right away
- It interferes with your ability to drive safely affecting alertness, concentration, coordination and reaction time.
- Driving under the influence of marijuana is especially dangerous. Marijuana impairs driving skills for at least four to six hours after smoking a single cigarette. When marijuana is used in combination with alcohol, driving skills become even more impaired.
- It interferes with your performance in sports (affects coordination, timing, and heart function).
- It slows down your reaction time.
- It impairs tracking ability (ability to follow a moving stimulus), which is important for driving, bike-riding, and flying.
- It impairs muscle coordination (decreases hand steadiness, increases body sway, and inhibits accuracy when executing movements).

Over time
- Regular use of marijuana may lead to lower achievement, increased tolerance of deviance, more deviant behavior, and greater rebelliousness.
- When people withdraw from heavy marijuana smoking, they may experience sleep problems, irritability, drug craving and anxiety that may verge on panic.

Marijuana use affects your mind

Right away
- It makes it hard to concentrate and to remember (impairs short-term memory).
- It makes learning and decision-making more difficult (impairs logical thinking, reading comprehension, and verbal and math skills).
- It interferes with communication. People who are high on marijuana often do not remember what they said a few minutes ago.
- It causes some users to panic and feel paranoid and other users to feel euphoric.
- It distorts the sense of time, making it seem to slow down.
- It reduces alertness (so that a person pays less attention and has a slower reaction time).
Over time

- People may become psychologically dependent upon marijuana.
- Heavy marijuana use may lead to a loss of interest in all activities except drug use. Heavy users may become unmotivated, slow moving, and apathetic.

Marijuana use affects your body

Right away

- It increases the heart rate by as much as 20 to 100 percent. Making the heart work harder is a threat to individuals with high blood pressure, coronary vessel disease, and cerebrovascular disease.
- It causes a feeling of hunger and stimulates the appetite, especially for sweets.
- It causes a decrease in peak exercise performance.
- It causes reddening of the eyes. (This is not an effect of the smoke.)

Over time

- Heavy marijuana smoking can cause addiction or create physical dependence (increased tolerance, withdrawal symptoms if use stops suddenly).
- Heavy marijuana smoking - like heavy tobacco smoking - harms the lungs and respiratory system. Smoking three to four marijuana cigarettes a day is associated with the same type of bronchitis and cell damage to the lungs as smoking twenty tobacco cigarettes.
- Regular marijuana use can obstruct both the large and small airways in the lungs.
- Its use by pregnant females may result in smaller and lower weight babies.
- In males, its use contributes to a decline in sperm concentration, count, and movement, and to lower testosterone levels (male sex hormone).
- In females, its use can lead to decreased hormone levels, which can disrupt the monthly ovulatory and menstrual cycle. However, these effects cannot be considered reliable birth control methods.

* The way marijuana affects each person depends on many factors including: user’s previous experience with marijuana, how much THC is in the marijuana, how marijuana is taken and whether the user is drinking alcohol or using other drugs.
WHAT TEENAGERS WANT TO KNOW ABOUT ALCOHOL

Did you know?
  • Alcohol can be deadly. If you drink a quart of vodka at one sitting, it can kill you (drinking games where large amounts of alcohol are ingested over a short period of time, including beer pong, chugging, or super charging).
  • Alcohol is a powerful depressant. It slows breathing and heart rate and lowers blood pressure.
  • Once you drink, nothing sores you up but time, at least one hour for each ounce of alcohol consumed (whether a mixed drink, a can of beer, or a glass of wine).
  • Alcohol-related car crashes are a leading cause of death to teenagers.

What happens when a person drinks alcohol?
The first thing that happens is loss of judgment (this can happen with only one drink). It could mean:
  • Drinking and deciding to drive, or getting into a car with someone who has been drinking.
  • Drinking and deciding to do something you later regret (have sex, do something physically dangerous, steal).

The next thing that happens when you drink is loss of coordination (this can happen with two or three beers). It could mean:
  • Getting into a car crash and hurting yourself or other people.
  • Losing your balance and falling, or going swimming and drowning.

If you drink regularly (like partying on weekends), drinking may interfere with your ability to cope with emotions. This means:
  • Drinking every time you feel nervous in social situations (party, date). Result: you don’t learn how to feel less nervous without drinking.
  • Drinking every time you feel angry, depressed, bored, or lonely. Result: you don’t learn how to cope with these feelings without the aid of alcohol.
  • Drinking under the age of 21 is against the law. Penalties include not getting a driver’s license on time, having the license taken away, losing a job or college scholarship.

What can happen if you drink regularly over time?
  • Addiction. Alcohol is mentally and physically addicting. This means that you need to drink in order to feel okay. Alcoholism is the word used for addiction to alcohol.
  • Teen brains are still developing. Research shows that heavy drinking in teens can cause long-lasting harm to thinking abilities.
  • Liver damage, nerve damage, brain damage.
  • Death.
Who drinks? Who becomes an alcoholic?

- Many adults don’t drink alcohol at all.
- Of the adults who drink alcohol, three out of every ten drink regularly and one out of ten will become an alcoholic.
- The more a teenager drinks over time, the more likely it is that he or she will become an alcoholic. The younger you are when you start drinking the greater the chance of addiction; 4 in 10 people who begin drinking before age 15 eventually become an alcoholic.
- Even if you are not an alcoholic, heavy drinking can hurt your family, your life at school, and your friendships.
- Teenagers who come from families in which a family member is an alcoholic are twice as likely to become alcoholics themselves. However, most of teens in this situation do not become alcoholics.

What are the signs that a teenager could be dependent on alcohol?

- Drinking every day.
- Drinking regularly to relieve shyness, anger, fear.
- Drinking in the morning.
- Drinking alone regularly.
- Needing a drink at a certain time every day.
- Having a loss of memory during or after drinking.
- Becoming more moody or irritable after drinking.
- Depending on alcohol to deal with difficult or uncomfortable situations or feelings (stress, conflict, disappointment, loss)
- Craving – a strong need or urge to drink
- Loss of control, not being able to stop or cut down drinking
- Not feeling well after drinking: upset stomach, headaches, sweating, shakiness or nervousness
- Neglecting activities; cutting back or giving up on other activities
- Continuing to drink even though alcohol is causing problems

Even if only one of these signs applies to you, you could be in danger of becoming alcohol dependent.
Posters
Smoking Makes You

LESS ATTRACTIVE

- Wrinkles
- Ashtray breath
- Hair and clothes smell bad
- Yellow teeth
Smoking is ADDICTING
Smoking Affects Your HEART and LUNGS
MARIJUANA
Can Affect You Right Away

- Makes it HARD TO THINK AND REMEMBER
- Causes you to LOSE CONTROL
- INTERFERES WITH COMMUNICATION
- Makes it HARD TO COPE WITH FEELINGS
MARIJUANA
Can Damage You in the Long Run

- You Can Become DEPENDENT
- It can DAMAGE YOUR LUNGS
VAPING LEADS TO

- NICOTINE ADDICTION
- RECEDING GUMLINE
- SWOLLEN EYES
- ACNE & RASHES
- THROAT IRRITATION
- LIP SORES
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- Make List of Reasons Why People Drink
- Make List of Consequences
- Discuss How Alcohol Is Used to Cover Feelings
- Discuss Alternatives to Drinking
- Play the Alcohol Facts Game
- Wrap-up

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Posters
- Poster 6: Alcohol Can Harm You Any Time You Drink
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- Poster 8: Drinking to Cover Feelings
Goals

1. To demonstrate the similarities between using marijuana and alcohol
2. To increase students' perception that drinking alcohol has serious consequences that can immediately affect their daily lives and social relationships
3. To motivate students to resist drinking alcohol by helping them identify the social, psychological, and physical consequences
4. To present alternatives to drinking

Summary of Activities

1. Introduce Lesson (1 min.)
2. Make List of Reasons Why People Drink (5 min.)
3. Make List of Consequences of Drinking (9 min.)
4. Discuss How Alcohol Is Used to Cover Feelings (8 min.)
5. Discuss Alternatives to Drinking (5 min.)
6. Play the Alcohol Facts Game (14 min.)
7. Wrap-up (3 min.)

Description

In this lesson, Activities 2 and 3 ask students to make lists of reasons and consequences for alcohol use that are similar to lists they made for cigarette and marijuana use in Lessons 1 and 2. Similar consequences between drinking and smoking marijuana are identified.

In Activity 4, discussion allows the teacher to point out that any time you consume alcohol you are in danger of using the substance as a “quick fix,” to avoid problems or cover up feelings rather than learning how to deal with them.

Activity 5 helps students find alternatives to drinking - activities they can engage in rather than drinking when negative feelings arise. The Alcohol Facts Game (Activity 6) reinforces information learned about alcohol and teaches new facts.

Preparation

- Review Lesson Plan
- Be familiar with the Alcohol Facts Game (Student Handout)
Game materials are supported by *Alcohol Facts Game: Follow-Up Information* (Teacher Reference)

- Review:
  - Lesson 2 homework reading assignment: *What Teenagers Want to Know About Alcohol*  
  - *Myths and Facts About Alcohol*  
  - *Biggest Dangers with Alcohol*  
  - *Alcohol Facts*
- Collect and prepare materials, as indicated below

### Materials Needed

Assemble the following materials:

- Completed visual: *Ground Rules: Students* (saved from Lesson 1)
- Completed visual: *Reasons Why People Use Marijuana* (saved from Lesson 1)
- Posters:
  - Poster 6: *Alcohol Can Harm You Any Time You Drink*
  - Poster 7: *Alcohol Can Damage You in the Long Run*
  - Poster 8: *Drinking to Cover Feelings*
- Paper (8 1/2” x 11”) and thick, felt-tip, nontoxic markers for *Alcohol Facts Game*

Prepare the following materials:

- Partial visual (*Activity 3*) on chart paper or on the board: What Can Happen to You When You Drink Alcohol? (title, with space to record students’ responses)
- Copy *Alternatives to Drinking* (Student Handout) for each student
- 6 copies of *Alcohol Facts Game* (Student Handout), cut into strips, each with one fact listed
1. **Introduce Lesson** (1 min.)
   
   A. Display visual: *Ground Rules: Students.*
   
   B. “Today, we are going to talk about drinking alcohol - why people drink, and what happens to you when you drink. Then we’re going to play a game reviewing some facts about alcohol.”

2. **Make List of Reasons Why People Drink** (5 min.)
   
   A. Display visual from Lesson 1: *Reasons Why People Use Marijuana.* “These are the reasons that you listed in Lesson 1 for why people use marijuana. The ones that are checked are also true for alcohol.” Read the checked items.
   
   B. “Are there any other reasons why people might drink?” Be sure to elicit “escaping uncomfortable feelings or problems” by asking, “What feelings might make young people want to drink?” (shyness, anger, loneliness, boredom). Write new reasons on the students’ list. Reinforce students’ reasons and praise their good work.
   
   C. Refer to the sample visual to make sure the discussion has focused on key reasons. Add the starred reasons shown before you draw the discussion to a close, if students have not already mentioned them.

3. **Make List of Consequences of Drinking** (9 min.)
   
   A. Display visual: *What Can Happen to You When You Drink Alcohol?* Include the headings “Any Time” and “Regular or Heavy Drinking,” leaving space between. (See sample visual, Teacher Reference)
   
   B. “Now let’s talk about what happens to you when you drink alcohol.” Refer to the sample visual and conduct a discussion of the effects for each time category.
   
   1. “Why might someone decide not to drink at a party? What can happen when someone drinks - even just once?” Write students’ answers (lose control, get into a car crash) on the visual, under the “Any Time” heading. Write any longer-term responses under the appropriate heading. It is important to stress the immediate dangers of drinking (drinking and driving, overdose, trauma, impaired judgment).
2. “What can happen to people who drink regularly?” Write students’ answers (alcoholism; depression; suicidal feelings; trouble at school, home or in relationships) on the visual, under the “Regular or Heavy Drinking” heading.

3. Be sure that starred items from the sample visual (Teacher Reference) are included on the completed visual.

4. Display the poster Alcohol Can Harm You Any Time You Drink and summarize by saying that alcohol, like marijuana, can be dangerous even if used just once.

5. Display the poster Alcohol Can Damage You in the Long Run and summarize alcohol consequences as shown.

Consequences of Drinking Alcohol

1. Even one drink can make you feel out of control and affect your coordination and judgment. You may do things that you later regret.

2. Drinking alcohol is related to many problems, including car crashes, violence, suicide, unwanted sex, drowning, and fire deaths.

3. Chugging large quantities of alcohol in a short period of time puts you at risk for coma and even death.

4. After a while, you can become addicted to alcohol.

C. Praise students for knowing so much about the problems of drinking.

4. Discuss How Alcohol Is Used to Cover Feelings (8 min.)

A. Display poster: Drinking to Cover Feelings.

B. For two or three of the emotions on the poster (sadness, anger, insecurity, boredom, stress, loneliness), ask students for an example of when someone might feel that way. If students have trouble identifying examples of emotions, ask them how they would feel if “they got a bad grade,” “their school lost the championship,” or “they were grounded on a Saturday night.”

C. “Now here you are, you’re feeling sad, and you think you might drink a beer.”

D. “What happens when the beer wears off?” (You still feel depressed.)

E. Using typical student (or your own) examples of when uncomfortable feelings might occur, discuss the idea that using alcohol to cover feelings means you never learn how to deal with those feelings. For example:

1. “Jane felt insecure and shy at a party, so she drank a beer. The beer made her
feel better for a little while, so every time she went to a party she had a beer. Now Jane is twenty years old, and she’s afraid to go to a party and talk to people unless she has a drink. Why is drinking not a good way to cope with insecure feelings?”

2. “Every time Rob gets mad at his parents, he goes out drinking. Does drinking help Rob work things out with his parents?” (No. He needs to stay and work out their problems.)

Discussion Points

1. Alcohol seems to make uncomfortable feelings go away, but it only masks them for a little while.
2. When teens drink to get rid of uncomfortable feelings,
   • they don’t learn how to cope with those feelings.
   • they may become dependent on alcohol to feel good.
3. Part of growing up is learning to cope with your emotions.

F. Summarize by saying, “One of the things about growing up is learning to cope with uncomfortable feelings. When you use alcohol to cover up feelings, you don’t learn how to deal with your problems.”

5. Discuss Alternatives to Drinking (5 min.)

A. Distribute the Alternatives to Drinking sheet (Student Handout).
B. Read aloud each category of feelings, and ask students to write down one thing the person could do instead of drinking to feel better. Allow a minute or two for students to write alternatives.
C. For each category, ask two students to suggest an alternative (shoot some baskets, contact a friend, listen to music, talk about the problem).
D. “Many of the same things work for different problems. For example, talking to someone can help you work out anger or frustration.”
E. Praise students for their good ideas, and ask them to complete the handout for homework.
6. Play the Alcohol Facts Game (14 min.)

A. “Now we are going to play a game about alcohol facts.” Explain that the Alcohol Facts Game will reinforce what was taught in this lesson.

B. Explain the rules:
   1. “We will separate into teams of equal size.”
   2. “Each team will select an Illustrator. The Illustrator will be given a fact about alcohol, which will include some illustration ideas about how to draw it. You can use your own ideas, too.”
   3. “Only the Illustrator sees the alcohol fact. When I say ‘go,’ the Illustrator will draw a picture to illustrate the fact. The other team members have to guess the fact from the picture. If they guess it, the Illustrator will write the fact on the picture.”
   4. “Illustrators should work quickly - you’ll only have two or three minutes to do it. Don’t try to create a great work of art. Try to communicate the idea, not the exact words. You can help your teammates by acting the illustration out, and you can take shortcuts like writing numbers, or labels and signs.”
   5. “All teams will be working on the same fact so work closely and quickly with your team.”
   6. “When I call ‘time’s up,’ each team should hold up its picture.”
   7. “Each team that has guessed and recorded the fact will get points.”
   8. “A new Illustrator and Recorder must be chosen from the team to draw and record each new fact.”

C. “First, let’s all agree on a few symbols you will need for the game.”

D. Ask students how they might represent the following:
   - Alcohol (beer can or wine glass)
   - Addiction (chains)
   - Sober (happy face)
   - Unhappy feelings (sad face)

Draw their suggested pictures on the board. Tell students that for some small words, or if they really get stuck on one word, it’s okay to write it out.

E. Divide the class into teams. The number of teams depends on class size. Each team should have about six students.

F. Ask each team to choose its first Illustrator. You act as Scorekeeper. Students don’t need to guess the fact exactly, the point is to get the information across. You can determine if what they have come up with is close enough to accept. Remind them to think back over the lesson, that all the facts in the game will come from what they’ve just learned.
G. Provide each Illustrator with paper to draw on, a marker, and the strip of paper listing Fact 1. (Option: distribute different facts to different groups. In this case, de-emphasize scoring or students might claim that “the other groups had easier facts than we did.”)

H. Say, “Ready, set, go!” Allow two or three minutes for each drawing. Call, “Time’s up!” Ask team a team member to say the fact.

I. On the board, record points for each team. Add appropriate comments about the fact, using the Follow-up Information provided (Teacher Reference).

J. Distribute the strips with Fact 2, and proceed as before. You may vary the game by making a related statement before handing out a new fact. For example, ask, “How long before you’re not high anymore after a can of beer?” (at least one hour), and then hand out Fact 3.

K. Continue playing the game until three minutes before the end of the class period.

L. At the end of the game, add up the scores and declare that all teams did a great job.

7. **Wrap-up (3 min.)**

A. Reassemble the class.

B. “Today we have discussed why people might want to drink and what can happen to you if you do drink.”

C. “You’ve come up with good alternatives to drinking and have been very creative in showing your team members some facts about alcohol.”

D. “In next week’s lesson we will have a chance to see how advertisers create pressures to use drugs.”

E. Homework:
   1. Complete the *Alternatives to Drinking* sheet.
What Teenagers Want to Know About Alcohol

Did you know?

- Alcohol can be deadly. If you drink a quart of vodka at one sitting, it can kill you (drinking games where large amounts of alcohol are ingested over a short period of time, including beer pong, chugging, or super charging).
- Alcohol is a powerful depressant. It slows breathing and heart rate and lowers blood pressure.
- Once you drink, nothing sobers you up but time, at least one hour for each ounce of alcohol consumed (whether a mixed drink, a can of beer, or a glass of wine).
- Alcohol-related car crashes are a leading cause of death to teenagers.

What happens when a person drinks alcohol?

- The first thing that happens is loss of judgment (this can happen with only one drink). It could mean:
  - Drinking and deciding to drive, or getting into a car with someone who has been drinking.
  - Drinking and deciding to do something you later regret (have sex, do something physically dangerous, steal).
- The next thing that happens when you drink is loss of coordination (this can happen with two or three beers). It could mean:
  - Getting into a car crash and hurting yourself or other people.
  - Losing your balance and falling, or going swimming and drowning.
- If you drink regularly (like partying on weekends), drinking may interfere with your ability to cope with emotions. This means:
  - Drinking every time you feel nervous in social situations (party, date).
  - Result: you don’t learn how to feel less nervous without drinking.
  - Drinking every time you feel angry, depressed, bored, or lonely.
  - Result: you don’t learn how to cope with these feelings without the aid of alcohol.
- Drinking under the age of 21 is against the law. Penalties include not getting a driver’s license on time, having the license taken away, losing a job or college scholarship.
What can happen if you drink regularly over time?

- Addiction. Alcohol is mentally and physically addicting. This means that you need to drink in order to feel okay. Alcoholism is the word used for addiction to alcohol.
- Teen brains are still developing. Research shows that heavy drinking in teens can cause long-lasting harm to thinking abilities.
- Liver damage, nerve damage, brain damage.
- Death.

Who drinks? Who becomes an alcoholic?

- Many adults don't drink alcohol at all.
- Of the adults who drink alcohol, three out of every ten drink regularly and one out of ten will become an alcoholic.
- The more a teenager drinks over time, the more likely it is that he or she will become an alcoholic. The younger you are when you start drinking the greater the chance of addiction; 4 in 10 people who begin drinking before age 15 eventually become an alcoholic.
- Even if you are not an alcoholic, heavy drinking can hurt your family, your life at school, and your friendships.
- Teenagers who come from families in which a family member is an alcoholic are twice as likely to become alcoholics themselves. However, most of teens in this situation do not become alcoholics.

What are the signs that a teenager could be dependent on alcohol?

- Drinking every day.
- Drinking regularly to relieve shyness, anger, fear.
- Drinking in the morning.
- Drinking alone regularly.
- Needing a drink at a certain time every day.
- Having a loss of memory during or after drinking.
- Becoming more moody or irritable after drinking.
- Depending on alcohol to deal with difficult or uncomfortable situations or feelings (stress, conflict, disappointment, loss)
- Craving – a strong need or urge to drink
- Loss of control, not being able to stop or cut down drinking
- Not feeling well after drinking: upset stomach, headaches, sweating, shakiness or nervousness
- Neglecting activities; cutting back or giving up on other activities
- Continuing to drink even though alcohol is causing problems

Even if only one of these signs applies to you, you could be in danger of becoming alcohol dependent.
Reasons Why People Drink
(to add to students' list saved from Lesson 1)

* Friends do it
  Cool, sophisticated
  Rebellion
  Parents drink
  To escape problems, responsibility
* To escape feelings: depression, shyness, loneliness, nervousness, anger, boredom
  Think it’s less harmful than marijuana or other drugs (but it’s not)
  Like the feeling of getting high
  Curiosity, to experiment
  Think it tastes good
  Ads and social media make it seem fun, sexy
  Alcohol is easy to get
  Seems more legal than marijuana (but is not legal for teenagers)

* Should be included on students' list
What Can Happen to You When You Drink Alcohol? (Sample visual)

Any time
* Do something you might regret (loss of judgment, ride with driver who has been drinking, sex, vandalism, violence)
* Can’t drive safely (Car crashes are the leading cause of death among teenagers, and of these fatalities, one-third are alcohol related.)
* Lose control (poor coordination, dizzy, bump into things, fall down)
  Get into other accidents (drown, fall off roof)
  Drunk, act silly
  Slurred speech (can’t speak clearly)
  Throw up
  Pass out
  Hangover

Regular or heavy drinking
* Addiction, alcoholism (Body needs alcohol to feel "normal"; 10% of all drinkers become alcoholics.)
* Lose interest in school, friends, life
* Suicidal feelings/depression (More than half of teenagers who attempt or commit suicide are involved with alcohol or other drugs.)
* Death
  Brain damage (wet brain)
  Nerve damage
  Liver damage

* Should be included on students’ list
Alcohol Facts Game: Follow-up Information

1. **A can of beer = a glass of wine = a shot of liquor = a mixed drink.**
   All have about the same amount of alcohol.

2. **Alcohol can be poisonous.**
   Alcohol can kill you. If you drink a large amount of alcohol at once (for example, a quart of vodka, but the exact amount varies for each person), your body can’t process it fast enough and you could pass out, go into a coma, and die.

3. **Coffee and cold showers do not make you sober. Only time makes you sober.**
   In general, it takes approximately one hour for one standard drink (5 ounces of wine, 1.5 ounces of liquor, 12 ounces of beer) to be processed by the liver.

4. **When alcohol wears off, uncomfortable feelings and problems are still there.**

5. **Drinking and driving don’t mix.**
   Even one drink can affect your ability to drive safely.

6. **If a parent is an alcoholic, the child might become one, too.**
   If somebody in your family is an alcoholic, there is a higher risk that you could become an alcoholic, too.

7. **Alcohol can be addicting.**

8. **Alcohol can affect your judgment.**
   You might do something you will regret later.

9. **Alcohol is as dangerous as marijuana.**

10. **Alcohol can make you pass out.**

11. **If a pregnant woman drinks, her unborn baby is drinking, too.**

12. **One out of every ten drinkers in the U.S. will become an alcoholic.**
Myths and Facts About Alcohol

1. **Myth:** A can of beer will not have as much effect as a mixed drink (or a shot of liquor).
   **Fact:** A can of beer, a glass of wine, a mixed drink, and a shot of liquor all have about the same amount of alcohol and will have about the same effect.

2. **Myth:** Black coffee and a cold shower can sober you up quickly.
   **Fact:** Only time sobers you. The liver needs one hour to burn up one ounce of pure alcohol (the amount contained in a can of beer, glass of wine, or mixed drink). Coffee and cold water may make a person less sleepy, but neither improves judgment or coordination, or lessens the effects of alcohol.

3. **Myth:** Alcohol is not a drug.
   **Fact:** Alcohol is a drug that affects the brain. It slows down the brain area that controls judgment, thought, and muscular coordination.

4. **Myth:** Drinking makes your problems disappear.
   **Fact:** You may feel you have escaped your problems by drinking, but when you get sober, the problems are still there.

5. **Myth:** Drinking makes uncomfortable feelings go away (anger, shyness, loneliness, frustration).
   **Fact:** Alcohol may cover up uncomfortable feelings for a while, but they come back when you are sober again. Drinking isn’t always a reprieve from uncomfortable feelings. The fact is that alcohol just as often has the opposite effect and intensifies feelings with sometimes catastrophic results: sadness (poor choices, uncontrolled crying, suicide) or anger (domestic violence, rage).

6. **Myth:** Alcohol is not as dangerous as other drugs.
   **Fact:** Alcohol can be deadly. Drinking a quart of vodka in one sitting can kill you. Even one drink can affect your judgment and cause you to lose control. Auto crashes are the leading cause of death among teenagers, and of these fatalities, over one-third are alcohol-related.
Biggest Dangers with Alcohol

Drinking alcohol
1. Increases risk of death or injury from accidents, homicide, or suicide

Alcohol is a major factor in the three leading causes of teenage deaths: motor vehicle crashes, homicide, and suicide.

2. Causes loss of judgment

After only one or two drinks, you might agree to do something you would not agree to do if you had not been drinking.

Examples:
- Drinking and agreeing to drive a car
- Drinking and agreeing to go driving with another person who has been drinking
- Drinking and going swimming (risk of drowning)
- Drinking and forgetting to be responsible (call home, be some place on time)
- Drinking and sexual activity
- Mixing alcohol with another drug (like sleeping pills, pain medication, muscle relaxers) increases the risk of overdose and death

3. Causes loss of coordination

Three or four drinks cause unsteady walk, slurred speech, and slowed reaction time.

Examples:
- Getting into a car crash while driving. Statistics show that about 41% of all fatal
crashes are alcohol-related, resulting in over 16,000 lost lives and about 600,000 injuries every year.

- Losing your balance and falling
- Drowning

4. Interferes with your ability to cope with emotions

Drinking to escape feelings makes it harder for you to learn how to cope with them.

Examples:

- Drinking every time you feel nervous in a social situation - on a date, at a party (you don’t learn how to feel less nervous without the aid of alcohol)
- Drinking every time you feel angry with your friends or your parents (you don’t learn how to handle your anger or how to tell people you are angry with them)
- Drinking every time you feel bored (you don’t learn how to handle boredom in your life)
- Drinking every time you feel tense or uptight in general. Drinking alcohol may block out uncomfortable feelings (anxiety, anger) for the moment. As soon as the alcohol wears off, however, you are left with these same feelings. Alcohol is a depressant. If you drink to escape feeling depressed and keep on drinking, eventually the alcohol itself will make you feel depressed. Even if you drink just to feel good at parties, you can become dependent on alcohol. Over time, you can lose the ability to feel good without drinking.

5. Over time, can cause

- **Dependence**: Feeling that you must have a drink in order to feel okay and drinking to avoid physical withdrawal symptoms (exhibited in the most severe form as the D.T.’s, or delirium tremens). Teenagers who are addicted to alcohol will most likely not be doing well in school, and may drop out of school. Dependence can cause antisocial behavior, such as violence and paranoia, and can lead to depression with serious results (suicide, personal injury). Indications of teenage alcohol dependence include needing to drink before going out of the house or before a social event, needing alcohol to feel able to function at school or with friends, feeling depressed and fearful when alcohol is not available, and continuing to drink even when problems from drinking have occurred.

- **Liver damage**: The liver processes over 90% of the alcohol you drink. Drinking heavily or drinking over a long period of time may result in alcoholic hepatitis and cirrhosis of the liver.

- **Brain damage**: Brain damage, or wet brain, is a result of long-term drinking. In some cases, the brain injury causes permanent mental retardation.

- **Death**: Brain or liver damage, heart attack, car crash, homicide or suicide.
6. Other dangers of alcohol

- You can get into legal trouble when you drink. In all 50 states it is illegal to buy alcohol for use by someone under 21 years of age. All states have zero-tolerance laws that make it illegal for youth under 21 to drive with any measurable amount of alcohol in their system.

- Drinking can contribute to the following problems:
  - Ulcers and gastritis
  - Throat and mouth cancer
  - Heart attack
  - Family problems (divorce, child abuse, family violence, child neglect)
  - Criminal behavior
  - Suicide

- Dangers during pregnancy: For pregnant women, any drinking may be risky. A high number of congenital heart defects in newborns result from the mother drinking alcohol during pregnancy. Drinking during pregnancy may cause the babies to have low birth weight, mental retardation, and deformities. There is no known safe level of alcohol use for pregnant women.

- Children who grow up in families in which one or both parents are alcoholics have a far greater risk of becoming alcoholics themselves. However, most children of alcoholic parents do not become alcoholics themselves.
Alcohol Facts

Alcohol is addictive and damaging

- Alcohol abuse contributes to 100,000 deaths annually, making it the third leading cause of preventable death after tobacco and diet/activity patterns in the United States.
- Alcohol is addictive. Alcoholics are psychologically and physically addicted to alcohol, cannot control their drinking, and depend on alcohol to function.
- If you use alcohol before the age of 15, you are more likely to have problems with heavy alcohol and other drug use later in life than someone who doesn’t.
- Many people (about one-third of the population) won’t drink at all. About 10% of the people who drink will become alcoholics. Another 10% will become alcohol abusers whose health or social relationships suffer because of drinking.
- Alcohol is lethal. It can permanently harm and eventually kill brain cells.
- It is against the law in all fifty states to purchase alcohol for use by persons under age twenty-one.

Alcohol affects your brain and body right away

- Alcohol use can be more dangerous for teenagers than for adults because a teenager’s body and brain are still growing and developing.
- Alcohol is absorbed directly into the bloodstream and is carried throughout the body, affecting body systems immediately. It is not digested by the body, as food and non-alcoholic beverages are.
- When alcohol first reaches the brain, it begins to depress brain cell activity. The drinker tends to feel relaxed and uninhibited.
- As more alcohol reaches the brain, brain cell function is altered further. The drinker exhibits clumsiness, slurred speech, numbness, blurred vision, dizziness, and lack of motor control. The result may be loss of balance and coordination.
- Heavy drinking may bring loss of memory - a blackout about what happened the night before.
- When alcohol is consumed in heavy doses, it can cause unconsciousness and even death.

Drinking and driving is dangerous

- Drinking impairs judgment and slows your reflexes. If you drink and drive, you are at risk of getting into a car crash.
- Alcohol related car crashes are the number one killer of teens. Alcohol use is also
associated with homicides, suicides, and drownings - the next three leading causes of death among youth.

- About 3 in 10 Americans will be in an alcohol-related car crash at some time during their lifetime.
- Zero-tolerance laws, in all states, make it illegal for youth under age 21 years to drive with any measurable amount of alcohol in their system.

Drinking may damage your body over time

- Too much drinking may do irreversible damage to the brain, the central nervous system, the heart, lungs, pancreas, and liver.
- Too much drinking may lead to malnutrition, lowered resistance to infections, and the increased risk of cancers of the mouth, throat, and liver.
- Moderate drinking for adults is defined as no more than one drink per day for women and no more than two drinks per day for men.
- About one-quarter of all persons admitted to general hospitals have alcohol problems or are undiagnosed alcoholics being treated for the consequences of their drinking.
- Although there has been some research into the possibility that drinking a glass of red wine a day decreases risk of heart attack for adults, doctors do not generally advise adult patients to drink wine for this purpose, and red wine does nothing to reduce the risk of heart attack for youth. Teenagers rarely have heart attacks that are not induced by inhalants or cocaine or birth defects. And even for adults, more than one ounce of alcohol daily - wine, beer, or distilled liquor - raises blood pressure and can produce arrhythmias (irregular heart beat), leading to stroke and heart attack.

Alcohol abuse is one of our most serious social and health problems

- The cost of alcohol abuse to the nation reached $249 billion in 2010.¹
- The total cost of alcohol use by youth - including traffic crashes, violent crimes, burns, drownings, suicide attempts, fetal alcohol syndrome, alcohol poisonings, and treatment - is more than $53 billion per year.
- Use of alcohol at an early age is an indicator of future alcohol or drug problems.
- When a pregnant woman drinks, her fetus drinks, too. Many babies born to mothers who drink frequently or heavily have lower birth weights. Fetal alcohol syndrome (FAS) is one of the top three causes of birth defects and a major cause of mental retardation.
- Children in families with alcoholic parents are three to five times more likely to become alcoholics themselves. However, most children with alcoholic parents do not become alcoholics themselves.

¹ https://www.cdc.gov/features/costsofdrinking/index.html
**ALTERNATIVES TO DRINKING**

**Lonely, sad, depressed**

If a person feels lonely, sad, or depressed, instead of drinking he or she can:

1. 
2. 
3. 

**Angry**

If a person feels angry, instead of drinking he or she can:

1. 
2. 
3. 

**Insecure, shy, nervous**

If a person feels insecure, shy, or nervous, instead of drinking he or she can:

1. 
2. 
3. 

**Bored**

If a person feels bored, instead of drinking he or she can:

1. 
2. 
3.
ALCOHOL FACTS GAME - SHEET 1

Duplicate or print out Alcohol Facts Game sheets and cut into strips for Activity 6. Each team is given the same fact to draw for each round of the game.

1. A can of beer = a glass of wine = a shot of liquor = a mixed drink.

   Beer = Glass of wine = Shot of liquor = Martini glass

2. Too much alcohol can poison you.

   “Definitely too much...”

   Can

3. Coffee and cold showers do not get you sober. Time sobers you.

   Won’t work!

   Yes!

4. When alcohol wears off, uncomfortable feelings are still there.

   Sad faces
5. Drinking and driving don’t mix.

6. If a parent is an alcoholic, the child is at higher risk of becoming one, too.

7. Alcohol can be addicting.

8. Alcohol can affect your judgment.
9. Alcohol is as dangerous as marijuana.

10. Alcohol can make you pass out.

11. If a pregnant woman drinks, her unborn baby is drinking, too.

12. One out of every 10 drinkers in the U.S. will become an alcoholic.
ALCOHOL
Can Harm You Any Time You Drink

- Get into a car crash
- Lose control
- Pass out, throw up
- Do something you might regret
- Alcohol poisoning

WHY DID WE THINK IT WAS SO COOL TO LET MONICA DRIVE?
WE ARE SOOO LUCKY WE WEREN'T KILLED!
I’LL NEVER GET INTO A CAR AGAIN WITH SOMEONE WHO’S BEEN DRINKING!
ALCOHOL
Can Damage You in the Long Run

- Regular drinking can cause dependency
- Heavy drinking can cause brain damage, liver damage, death
DRINKING to Cover Feelings
Doesn’t Solve Your Problems

- Loneliness
- Sadness
- Shyness
- Boredom
- Anger
- Stress
- Nervousness
Core Lesson 4

Introduction to Pressures

PROJECT ALERT
www.ProjectALERT.com
Contents

Lesson Outline
- Goals
- Summary of Activities
- Description
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- Materials Needed

Activities
- Introduce Lesson
- Introduce Pressures
- Discuss Prevalence of Substance Abuse
- Discuss Substance Marketing and Advertising
- Identify Ad Messages
- Rewrite Substance Ads
- Wrap-up

Teacher Reference
- Where Does Pressure to Use Drugs Come From?
- The Prevalence of Substance Use Activity

Student Handouts
- Advertisement Count Sheet
- Let's Clear the Air: Straight Talk About Teenagers and Smoking
Lesson Outline

Goals

1. To help students resist drugs by showing them how to identify different pressures to use drugs
2. To motivate resistance by showing students that most teenagers do not use drugs
3. To help students resist media pressure by learning how to counter marketing

Summary of Activities

1. Introduce Lesson (2 min.)
2. Introduce Pressures (12 min.)
3. Discuss Prevalence of Substance Use (10 min.)
4. Discuss Substance Marketing and Advertising (5 min.)
5. Identify Ad Messages (3 min.)
6. Rewrite Substance Ads (11 min.)
7. Wrap-up (2 min.)

Description

This lesson marks a transition from building information (Lessons 1-3) to practicing resistance skills (Lessons 5-7 and 9). However, before students can resist pressure, they must first learn how to identify it. While students certainly have experienced pressure, they are not always able to articulate it (sometimes the word influence instead of pressure works better with students). This lesson focuses on two forms of social pressure before focusing on examples of interpersonal pressuring in subsequent lessons.

Using the sample visuals Where Does Pressure to Use Drugs Come From? (Lesson Plan) and Typical Student Responses (Teacher Reference), you will lead a discussion in Activity 2 that helps students identify both internal and external sources of pressure. In Activity 3 (Discuss Prevalence of Substance Use), you will talk about social pressure and the pressure we put on ourselves (internal) to live up to “social norms.” You’ll have the opportunity to enlighten your class about a common misperception that “everybody is doing it” (using drugs).

A second form of social pressure, substance marketing (external), is challenged in marketing message identification and rewrite exercises in Activities 4-6. Students are asked to bring in examples of current marketing campaigns and advertisements, identify their messages, and rewrite them to tell the truth.
Preparation

- Review Lesson Plan
- Read: *The Prevalence of Substance Use Activity* (Teacher Reference)
- Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:

- Completed visual: *Ground Rules: Students* (saved from Lesson 1)
- Ten ads for tobacco, e-cigarettes, alcohol, and medical marijuana gathered from the Internet or periodicals (or see ads included in Lesson 4 materials at [www.projectalert.com](http://www.projectalert.com))
- Chart paper, masking tape, and thick, felt-tip, nontoxic markers (6 blue or black, 1 red)

Prepare the following materials:

- Partial chart paper visuals:
  
  *Where Does Pressure to Use Drugs Come From?* (Write title on top and draw illustration in center - word “friends” doesn’t go on visual until class time. See Activity 2C. Note: this visual must be done on paper and not on the board, as it will be saved to use again in a future lesson.)
  
  *Drug Use Estimates* (Write title and headings, leave space to record students’ estimates. See Activity 3B.)

- Copy *Advertisement Count Sheet* (Student Handout) for each student
- Copy *Let’s Clear the Air: Straight Talk About Teenagers and Smoking* (Student Handout) for each student
Activities

1. Introduce Lesson (2 min.)
   A. Display visual: Ground Rules: Students.
   B. Have students turn in their homework: Alternatives to Drinking.
   C. “Today we’re going to talk about pressures to use drugs. We’ll also learn some ways to resist these pressures.”

2. Introduce Pressures (12 min.)
   A. Display partial chart paper visual: Where Does Pressure to Use Drugs Come From?
   B. “In our first Project ALERT lesson we talked about reasons why some people use drugs. One of the reasons many of you mentioned was ‘because my friends do.’”
   C. Write the word “Friends” on the visual, and draw an arrow to the illustration.

Where Does Pressure to Use Drugs Come From?

Friends

D. Ask, “Where else do pressures come from?”

Refer to your Typical Student Responses for Where Does Pressure to Use Drugs Come From?. Listen for (probe for) the headings “Friends,” “Adults/Family,” “Ads/Media,” and “Yourself.” Leave room under each heading for examples you’ll be asking for in a few minutes. As students name each additional source of pressure, write it in on your
illustration visual and draw an arrow to the illustration. Remind students to think about pressures that may be unique to their community. If students say “school,” ask, “Who at school pressures you to use drugs?,” probing for “friends.”

E. After the four sources of pressure are named, ask students to give an example for each, ending with “Yourself.” “What would (pressure source) say to pressure you? Give me a sentence.” Write these in.

F. Save the completed visual Where Do Pressures to Use Drugs Come From? for use in Lesson 9.

3. Discuss Prevalence of Substance Use (10 min.)

A. Point to the “Yourself” category. Say, “Many of us put pressure on ourselves because we think everyone else is smoking, drinking, or using marijuana. Let’s find out just how many teenagers actually do use these drugs.”

B. Display the Drug Use Estimates visual you have prepared on chart paper or on the board (sample below):

<table>
<thead>
<tr>
<th>Substance</th>
<th>% that did</th>
<th>% that didn’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoked Cigarettes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used E-cigarettes/Vaped</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Alcohol</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. “Guess what percentage of 8th graders in the U.S. smoked cigarettes in the last month. What percentage used marijuana in the last month? What percentage used alcohol?”

D. With a red marker, record at least four students’ estimates for each substance under the substance name. As you do, concretely portray some of these percentages. (“X students in this class,” “four out of five students in this class,” “two out of three students”).

E. “A recent study surveyed eighth graders throughout the United States. These are the percentages that were found.”

F. Above the substance name, write and circle the correct percentages in large numbers. The correct percentages for 2018 are:

• 2.2% smoked cigarettes in the last month*
• 10.4% used e-cigarettes/vaped in the last month*
• 5.6% used marijuana in the last month*
• 8.2% used alcohol in the last month.*
• 1.8% used inhalants in the last month.*

G. Use the example of alcohol to portray what the correct percentage means: 8.2% means about one out of 12. Count off every twelfth student and have him or her stay seated (they represent the smokers). Have the rest of the class stand up.

Say, “The students standing up represent the proportion of past-month non-drinkers among 8th graders.”

H. Repeat for marijuana, cigarettes, and vaping. Count off every 18th student for marijuana, every 45th student for cigarettes, and every 10th student for vaping. If the class isn’t big enough to count off every 45th student, discuss how it’s rare to find a smoker in middle school nowadays (you would need to borrow kids from another classroom to show the percentage this way). In 2018, you’re more likely to find an e-cigarette user in middle school, but the past month prevalence is still quite low.

I. Discuss the prevalence data.

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Discussion Goals

1. To help students realize that although it sometimes seems like “everyone is smoking and drinking,” it’s not true. It seems that way because we repeatedly see the same people using these drugs.

2. To help students understand that teens who are not using drugs are often less obvious.

3. To help students recognize that some people exaggerate.

---

If student estimates exceed the actual percentages, say, “Most of us estimated that more students use drugs than actually do. But not as many students smoke cigarettes, use marijuana, and drink as we thought.” If the estimates approximate the actual percentage, reinforce students’ knowledge that “not everyone’s doing it.”

“Can you think of any reasons why we might have guessed too high?” Ask the following questions as needed.

1. “Do the smokers (drinkers, marijuana users) hang out together? Are they more obvious?”

2. “Do the smokers have a certain place at or near school where they get together?”

3. “Do nonsmokers hang out in the same way? Are they less obvious?”

4. “Do people who drink at parties talk about it?”

5. “Do nondrinkers talk about not drinking?”
J. “You may find yourself feeling out of it because you think you’re the only one not drinking or using other drugs. But remember, nationally most people your age don’t use these drugs.”

4. Discuss Substance Marketing and Advertising (5 min.)

A. Refer to the Pressures visual. Say, “Now we’re going to focus on another kind of pressure. This one is big business in America - advertising. We’ll learn how to identify and resist the messages advertisers put out.”

B. Display one tobacco ad and one alcohol ad.

C. Ask students:
   1. “How much do you think this ad costs?” (In 2017, a single-page ad in one issue of Time Magazine may cost as much as $500,000; and in 2019, a 30-second television commercial during the Superbowl cost over $5 million.)
   2. “Why would a tobacco (or alcohol) company spend so much?”
   3. “What do the advertisers get if they are successful at persuading us?” (money and higher sales)

D. “How do ads work?” Stress the following important points sometime during your discussion.

How Ads Work

1. Ads are very powerful. Advertisers use many sophisticated techniques to get us to drink or to smoke cigarettes. It’s not easy to resist these messages. They make drinking or smoking look very appealing. Huge amounts of money are spent to convince us.

2. Cigarette ads link smoking with things we all want. Cigarette ads suggest that smoking helps you be popular, happy and sexy and live in a wholesome, clean environment. For men, they link smoking with being tough, macho. For women, they link smoking with being independent, liberated. But it’s not true.

3. Alcohol ads link alcohol with happy times, and being sexy and rich. But alcohol doesn’t make you popular or rich. It makes you drunk.

4. Medical marijuana ads suggest health and wellness, freedom of choice, and independence. Like other ads, they do not link substance use with its risks and consequences.
5. Identify Ad Messages (3 min.)
   A. Select 2-3 of the ads you collected. Try to present a variety, including cigarette (regular and electronic), smokeless tobacco, beer/malt liquor/hard liquor, and medical marijuana.
   B. Hold up each in turn and read it aloud. Describe its setting, and restate its key slogan.
   C. For each ad ask, “What is this ad trying to make us believe about this product?”

6. Rewrite Substance Ads (11 min.)
   A. Demonstrate ad rewriting.
      1. Tape two ads to the board or chart paper.
      2. “Pretend there is a new law requiring all tobacco and liquor companies to tell the truth about their products. How could we rewrite this ad so it says what is really true?”
         Examples:
         a. Ad: “It’s a woman thing.”
            Truth: “It’s an unhealthy thing.”
         b. Ad: “Alive with pleasure!”
            Truth: “Dead with cancer!”
      3. List next to each ad the rewrites from one or two students.
   B. “Now we are going to rewrite ads in groups as the whole class just did. I will give each group one ad to rewrite. Pick a Recorder for your group. Tape your ad to the chart paper or board. The Recorder should write on the chart paper or board what the group thinks the ad is really saying. You’ll have 5 minutes to rewrite your ad, so start immediately.”
   C. Divide the class into five or six groups. Provide each group with one ad that lends itself to rewriting, a sheet of chart paper and a marker.
   D. Circulate as needed.
   E. Ask the Recorders to bring their ads to the front. Read and praise each of the rewrites. The ad rewrites will vary in level of creativity. Since the purpose is to teach resistance skills, any act of resistance, however simple, should be reinforced.
   F. Summarize: “Ads try to link drugs to things we want, like money, friends, good times, glamour. But drinking or smoking are not how you get those things.”
7. Wrap-up (2 min.)

A. Praise students for their good ideas. Indicate how well they have learned to identify and resist pressures in ads.

B. Homework:
   1. Hand out Advertisement Count Sheet. “Between now and the next Project ALERT lesson, make a list of the slogans of all the ads for alcohol and cigarettes you see or hear on radio, billboards, magazines, television, or Internet/websites. Look for places these products are promoted (car races, sporting events, on clothing). See if you can find any anti-smoking or anti-drinking messages. Bring the list to the next Project ALERT class. If you need more room, write on the back or use plain paper.”
   2. Hand out Let’s Clear the Air: Straight Talk About Teenagers and Smoking and tell students to read it.

C. Refer to the Pressures visual. Say, “In the next lesson you will learn how to identify and resist pressures from friends and other students at school.”
Where Does Pressure to Use Drugs Come From?  *(Typical student responses)*

**Friends/Students at school**
- “Come on. It won't hurt you to try.”
- “I got these drugs just for us.”
- “All the kids are drinking.”
- “The coolest kids smoke.”

**Adults/Family**
- “We forbid you to smoke marijuana.”  *(rebellion)*
  When parents use drugs (smoke, drink), teens may feel it's okay to do it, too.  *(parental modeling)*
- “Do you want a sip?”

**Ads/Media**
- “Drinking will make you look sexy.”
- “Smoking is glamorous.”
- “Smoking makes you tougher.”  *(macho, empowered, independent)*

**Yourself**
- “I'll feel out of it if I don't smoke.”
- “I'm bored. Maybe I'll get drunk.”
The Prevalence of Substance Use Activity

The Prevalence of Substance Use activity is in the Introduction to Pressures lesson because researchers have found that perceived drug use norms are powerful influences on the onset of drug use behavior. If students think everyone is doing it - using tobacco, marijuana, alcohol or inhalants - they will feel more pressure to use them, too.

When students overestimate how many peers are involved in drug use, they are less likely to perceive social support for refusing offers to use drugs. This is why teaching resistance skills alone is not enough. Hansen and Graham\(^1\) found that establishing conservative drug use norms is critical to the success of any drug prevention effort.

In this activity, we ask students to guess the percent of 8th graders in the United States who have used cigarettes, marijuana and alcohol in the last month. Virtually all students overestimate (by a significant amount).

Common guesses for 30-day prevalence of alcohol use among 8th graders are: 100%, 80% and 60%. Students are genuinely surprised to hear the actual percentage: \textbf{8.2\% in 2018} (MTF, 2019).

Keys to success

There are several teaching techniques that help this activity have a powerful impact on students:

- \textbf{Know the latest prevalence data}

To make sure you always have current prevalence rates, we provide you with data from the University of Michigan’s \textit{Monitoring the Future} study every year. Funded by the National Institute of Drug Abuse (NIDA), this study has been tracking high school students (10th and 12th graders) since 1975. More recently, the study has included 8th graders. The value of this particular study is that data is always current. Annual prevalence rates are released every December from a survey conducted in the Spring. They are posted on the Project ALERT web site (www.projectalert.com) or you can visit www.monitoringthefuture.org. Project ALERT uses 30-day prevalence statistics because they are a good indicator of regular use, whereas annual prevalence rates include one-time-only experimenters.

If you can access it, local data can be very persuasive, also. Just make sure it has been collected using methods that ensure representativeness and validity.

• **Demonstrate the percentages**

Many students often need help in understanding the concept of a percentage. In this activity, teachers are asked to have the appropriate number of students stand up to represent the proportion of nonsmokers, and then the nondrinkers in the class. The visual impact of the students standing translates the teacher’s comment, “The students standing up represent the proportion of nonsmokers among 8th graders” into something they can believe. The concept of “majority” is also demonstrated in this way. This concept is crucial to the establishment of conservative drug use norms, as demonstrated in Lesson 4.

• **Don’t argue with students about the data**

Because the actual prevalence statistics are usually substantially lower than the students’ guesses, some students will challenge the data by saying that the kids in the surveys lied. The discussion questions outlined in this activity are designed to diffuse or prevent this challenge. You are asked to help the class recognize that some people exaggerate and lead them into a discussion by asking, “Can you think of any reasons why we might have guessed too high?” They'll probably think of some obvious reasons on their own, and the lesson plan offers acceptable reasons about why their guesses were so off the mark:

- Do the smokers (drinkers, marijuana users) hang out together? Are they more obvious?
- Do nonsmokers hang out in the same way? Are they less obvious?

It is wise to prepare a response in case a student challenges the validity of the substance use statistics (“Those kids lied.”). Any response should be delivered in a nondefensive, matter-of-fact way. This is also a good place to practice validation (“Yes, I know it may seem as though students lied because the numbers are so different. However...” Or, “That’s possible, but the people who conducted the survey promised confidentiality and made sure parents and teachers would not see students’ answers, and many surveys found similar results - so we’re pretty confident in these statistics.”)

• **Impress upon students the meaning of “majority”**

The activity wraps up with the teacher respecting and recognizing students’ perceived realities. “You may find yourself feeling out of it because you think you’re the only one not drinking or using other drugs.” This is meant to reinforce the idea that “feeling out of it” is an example of an internal pressure. The next statement, “But actually, most people your age don’t use these drugs,” is a reminder of the actual prevalence data. Because sixth/seventh graders are concrete thinkers, for the most part, it wouldn’t hurt to remind them of the visual representation of the data by saying, “Just think of all the students who stood up in this class to represent the percentage of kids who don’t smoke or drink. Remember, nonusers are in the majority.”
Student Handouts
**ADVERTISEMENT COUNT SHEET**

Fill in with ads you see or hear that promote cigarette or alcohol use or ads that discourage use. Use back of sheet or additional sheets of paper if you are seeing/hearing lots of ads.

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<th>Ad I saw or heard: (Name of Product)</th>
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Let's Clear the Air: Straight Talk About Teenagers and Smoking

Everyone knows cigarettes and smoking are bad for you, but many teenagers ask, “How bad?” Here is what really happens when you smoke:

The first time

Here is what happens when you smoke a cigarette for the first time:

- Your heart beats faster and has to work harder.
- Your breath smells bad.
- It is likely you will start coughing.
- You may feel dizzy.
- You may get in trouble with parents or at school.

After a while

Here is what happens when you smoke regularly:

- You become addicted to nicotine. If you smoke only a few cigarettes every day for a week, you can get hooked. Your body physically needs a cigarette to feel okay.
- It is harder to breathe. You can't perform as well in sports, and you are more likely to get infections in your lungs.
- You smell bad overall and have a nasty taste in your mouth along with bad breath.
- Your teeth start turning yellow.
- You have less money. Being addicted to cigarettes is expensive!

After a long time

Here is what can happen if you smoke for a long period of time:

- Lung cancer and other cancers: When you start to smoke before you are fifteen years old, you have a four times greater chance of getting lung cancer (almost everyone who gets lung cancer has smoked cigarettes).
- Heart disease: Smokers have more heart attacks.
- Lung disease: Smokers get other lung diseases, like emphysema. Some of these diseases can kill you.
- Wrinkles: Smoking causes the skin on your face to wrinkle.
- Death: As long as you smoke, each cigarette takes ten minutes off your life.
- Secondhand smoke: You expose others to all the risks of smoking.
• If smoking is so bad for you, why do teenagers do it?
  Teenagers start smoking for different reasons:
  • Because their friends smoke
  • To look cool or sophisticated
  • Rebellion
  They keep smoking because they are addicted.

• Is it bad to be around people who smoke even if you don’t?
  Yes. Secondhand or passive smoke (smoke from other people’s cigarettes) increases your chance of getting cancer and lung diseases. The risk of death from lung cancer and heart disease is increased 30% among those regularly exposed to secondhand smoke at home.

• I’ve heard that if you chew tobacco it is not dangerous.
  Wrong. Smokeless tobacco (chew, dip, snuff) still contains nicotine, so you can become addicted just as with smoking cigarettes. Here are some problems associated with smokeless tobacco:
  • Bad breath and a nasty taste in your mouth
  • Stained teeth
  • Cancer: You can get cancer of the mouth, gums, larynx (voice box), and esophagus.
  • Addiction

• I’ve heard that e-cigarettes are safer than regular cigarettes.
  Wrong. E-cigs still contain nicotine, so you can become addicted just as with smoking regular cigarettes. Here are some problems associated with e-cigarettes:
  • Research shows that teens are more likely to start smoking regular cigarettes once they become addicted to e-cigs in order to continue receiving their nicotine fix
  • The nicotine in e-cigarette liquid increases heart rate and blood pressure, causes lung irritation, and can make asthma worse.
  • E-cigarette liquids contain many cancer-causing and other toxic chemicals, including formaldehyde, arsenic, aluminum, and lead.

• If you are already smoking, does it help to quit?
  Yes. This is the good news: when you quit, your lungs begin to repair themselves very soon. After a while, your risk of having a heart attack or getting lung cancer or other respiratory diseases goes way down.
  When you quit, your breath smells good, your teeth get white again, and you have more money to spend on things other than cigarettes. You also feel good about yourself because you accomplished a difficult thing that you wanted to do.
Core Lesson 5
Social Pressures to Use Drugs

PROJECT ALERT
www.ProjectALERT.com
Contents

Lesson Outline
- Goals
- Summary of Activities
- Description
- Preparation
- Materials Needed

Activities
- Review Homework and Introduce Lesson
- Show Partial Video: Lindsey’s Choice (Problem)
- Prepare Skits
- Act Out Skits
- Show Rest of Video: Lindsey’s Choice (Solution)
- Discuss Video Solutions
- Wrap-up

Teacher Reference
- Way’s to Say “No”
- Role Play and Critique Tips

Student Handouts
- Skit Preparation Sheet
- Parent/Adult Interview: Peer Pressure

Posters
- Poster 9: Ways to Say “No”
Lesson Outline

Goals

1. To help students understand and identify social pressures to use drugs
2. To provide examples of how to resist social pressures to use drugs
3. To give students practice in resisting social pressures

Summary of Activities

1. Review Homework and Introduce Lesson (3 min.)
2. Show Partial Video: Lindsey’s Choice (Problem) (7 min.)
3. Prepare Skits (10 min.)
4. Act Out Skits (10 min.)
5. Show Rest of Video: Lindsey’s Choice (Solutions) (2 min.)
6. Discuss Video Solutions (8 min.)
7. Wrap-up (5 min.)

Description

This is the first in a series of lessons designed to give students practice in saying “no.” The theory behind this is that people who have rehearsed a particular behavior will be more likely to successfully engage in that behavior at a later time.

Project ALERT uses “trigger” videos that set up problem situations in which students can role play. In Activity 2, groups of students are asked to role play ways to say “no” after viewing the first part of the video Lindsey’s Choice. After all groups have prepared and performed skits in Activities 3 and 4, the trigger video resumes in Activity 5, where it reinforces student responses by modeling three possible ways to say “no.” When teachers recap each skit in Activity 6, they build student self-efficacy by highlighting and reinforcing students’ resistance methods. The Role Play and Critique Tips section may be helpful in these activities.

The homework assignment in Lesson 5 asks students to interview their parents or other trusted adults about peer pressure. The purpose of this activity is to stimulate home discussion of peer pressure to use drugs, and to involve parents or an adult who might be a guardian or mentor for students receiving Project ALERT.
Preparation

- Review Lesson Plan
- Preview video: *Lindsey’s Choice*
- Be familiar with *Ways to Say “No”* (Teacher Reference)
- Collect and prepare materials, as indicated below
- Optional: you may want to prepare in advance some 3” x 5” cards listing discussion questions for Activity 6
- Optional: you may want to make a chart paper or board visual to reinforce the important starred points in Activity 7

Materials Needed

Assemble the following materials:

- Completed visual: *Ground Rules: Students* (saved from Lesson 1)
- Video: *Lindsey’s Choice*
- Poster 9: *Ways to Say “No”*
- Chart paper, 2 thick, felt-tip, nontoxic markers (different colors), and masking tape (if you choose to put your visuals on the board, you’ll still need tape to display the *Ground Rules*)

Prepare the following materials:

- Completed visual on chart paper or on the board: *Lindsey’s Choice: Cast of Characters* (See Activity 3A)
- Partial visual (title only) on chart paper or on the board: *Lindsey’s Choice: Solutions*
- Copy *Skit Preparation Sheet* (Student Handout) for each group
- Copy *Parent/Adult Interview: Peer Pressure* (Student Handout) for each student
Activities

1. Review Homework and Introduce Lesson (3 min.)
   
   A. Display visual: Ground Rules: Students.
   
   B. Ask about homework:
      1. “How many ads did you notice for beer, wine, or cigarettes?”
      2. “What were they trying to get you to believe?”
   
   C. Have students hand in their ad lists.

2. Show Partial Video: Lindsey’s Choice (Problem) (7 min.)
   
   A. “Today we will learn how to identify pressures from friends. We’ll also learn some ways to resist these pressures. In order to resist pressures, we need to know how to say ‘no.’”
   
   B. “Now we’ll see a video situation with no ending. It’s about a girl, Lindsey, who has a decision to make. Watch carefully. You’ll be coming up with endings yourselves - ways that Lindsey can say ‘no.’”
   
   C. Show video: Lindsey’s Choice (Problem). Stop before the solutions. (During the video, you can review Role Play and Critique Tips for Activity 3.)

Video: Lindsey’s Choice (Problem). Click here to play.
3. Prepare Skits (10 min.)

A. Display the completed chart paper or board visual:

**Lindsey’s Choice: Cast of Characters**

- Lindsey, girl with a decision to make
- Diane, Lindsey’s friend
- Eric, boy Lindsey likes
- Mike, Eric’s friend

B. Introduce the skits.

1. “We’ll be doing skits called One Way Lindsey Can Say ‘No.’ In a minute we’ll divide into groups to develop the skits.”
2. “Each group’s job is to come up with a skit that shows Lindsey saying ‘no’ and feeling okay about herself. Try different ways in your group before deciding on one for your skit.”
3. Display and read the Ways to Say “No” poster. “These are some ways to say ‘no’ that you may use in your skits.”
4. “After we break into groups, each group should choose a Director, who will assign parts and be responsible for getting people to work together. There is one Lindsey, Diane, Eric, and Mike for each skit. Each group should also assign a Recorder to write down your group’s solution and who plays each part.”
5. “You will have five minutes to plan and rehearse your skit.”

C. Have the class divide into four or five groups. Students may self-select or be assigned groupings. Gender grouping is okay. Hand each Recorder a **Skit Preparation Sheet** on which to note roles and solution.

D. Circulate, helping groups as needed. If a group is not making progress, suggest that they do the following:

1. Assign parts.
2. Try out different solutions.
3. Decide on one and rehearse it.

E. Give a warning signal (“You have two more minutes.”). Collect the Skit Preparation Sheet from each group, and confirm the group’s solution.
4. **Act Out Skits** (10 min.)
   A. Reassemble the class and put up the partial visual *Lindsey’s Choice: Solutions*.
   B. Give specific skit instructions:
      1. Speak up.
      2. Face the class.
      3. Director introduces skit and characters.
      4. Audience is quiet - no more planning.
   C. Hand the *Skit Preparation Sheet* to the Director of the group that is acting. Each Director announces the parts, and then the group presents its skit to the class.
   D. After each skit, lead applause and praise students. Repeat the solution. Using students’ words, write a three- to five-word summary of each solution on the chart paper or board visual: *Lindsey’s Choice: Solutions*. If the solution is complex, try to capture some of the complexity in your summary.
   E. Comment on how the student playing Lindsey appeared when she said “no.” Give a resistance self-efficacy statement. Note the importance of body language and voice tone in communicating resistance.
   F. Refer to the *Ways to Say “No”* poster and say, “You came up with many of these ways to say ‘no.’” Note how students’ solutions fit with the *Ways to Say “No”* poster.

5. **Show Rest of Video: Lindsey’s Choice (Solutions)** (2 min.)
   A. “Now we’ll see the solutions on the video and compare them with the ones we came up with.”
   B. Show the rest of the video.

Video: *Lindsey’s Choice (Solutions)*. Click here to play.
Video Solutions

1. “Mmm, no thanks. Why don’t we get something to drink, instead?” (Give an alternative.)
2. “No, thanks, I’m on the track team, so I don’t smoke.” (Give a reason.)
3. “I really don’t want a cigarette.” (Stand up to pressure.)

6. Discuss Video Solutions (8 min.)

A. Discuss Lindsey’s solutions, using the discussion questions below.

Discussion Goals

1. To help students understand different ways to say “no”
2. To help students understand that they can say “no” without losing social opportunities or friends
3. To help students understand that standing up for yourself can feel good

Discussion Questions:

Solution 1: Give an alternative.

a. “What did Lindsey do in the first solution?”
b. “How many of you thought this solution was a good one?” (show of hands)
c. Ask a student who has a raised hand, “What did you like about it?”
d. “How do you think Lindsey felt about saying ‘no’?”
e. “How did Eric feel when Lindsey said, ‘No, thanks. Why don’t we get something to drink instead’?” (He felt okay and was not angry. If students think Eric will feel angry, note that simply saying “no” usually does not make the other person feel angry. He said “Sure, sounds great,” and inquired if she was going to go to the game, as they continued their conversation.)

Solution 2: Give a reason.

a. “What did Lindsey do in the second solution?”
b. “How many of you thought this solution was a good one?” (show of hands)
c. Ask a student who has a raised hand, “What did you like about it?”
d. “What did Eric say after Lindsey said she was on the track team?” (He said, “I know what you mean.” He was thinking about quitting, too, because he’s on the soccer team. He was not at all hostile.)

e. “If Lindsey had taken the cigarette, how would she have felt?”

**Solution 3: Stand up to pressure.**

a. “What did Lindsey do in the third solution?”

b. “How many of you thought this solution was a good one?” (show of hands)

c. Ask a student who has a raised hand, “What did you like about it?”

d. “How did Lindsey feel when she said, ‘I really don’t want a cigarette’?” Be sure to elicit some positive feelings or deliver them yourself. (She felt good about sticking to her values.) Give positive personal or student examples.

e. “How did Lindsey feel about Eric after he pressured her to smoke?” (She was less certain about whether she liked him.)

7. **Wrap-up (5 min.)**

A. Reinforce the benefits of resistance. (Students may want to discuss the issue of Eric pressuring Lindsey and what that says about respect, or the possibility of other types of pressure.)

1. “In this lesson we have seen, talked about, and tried out different ways to handle a pressure situation without agreeing to smoke. But saying ‘no’ isn’t always easy.”

2. Review the following points:

* Remember that you have a right to say “no.”
* You can say “no” in many different ways.
* Sticking to your own values makes you feel better about yourself.

3. “In the next lesson we’ll see and try out more ways to resist pressures.”

B. Praise students for their skit efforts and knowledge. Tell them how well they have learned to resist pressures from friends.

C. **Homework:**

1. Hand out Parent/Adult Interview: Peer Pressure

2. “This is a short interview that you are to conduct with your parent or other trusted adult.”
3. “Ask the questions, just like a reporter, and write the answers in the spaces provided.”

4. “Do not have your parent or other adult write in the answers. You must ask the questions and write what he or she says.”

5. “Your answers do not have to be in complete sentences.”

6. “Try not to let your parent or other adult get away with ‘I can’t remember.’”

Note: you will not be reviewing this assignment in the next lesson. The homework is designed to provide another opportunity for home discussion.
Ways to Say “No”

Goals

In helping students learn how to say “no,” Project ALERT

• validates their feelings that it’s hard to resist the pressures to use drugs.
• hopes to convince them they have the right to say “no.”
• helps them believe they can say “no” without suffering rejection or embarrassment.
• gives them several different ways of saying “no.”

Following are descriptions of six different ways to say “no,” and examples of responses. Most of these methods are dramatized in the video solutions and all are depicted on the Ways to Say “No” poster.

1. Simply say “no”

Often the easiest of the six resistance strategies, simply saying “no” helps avoid arguments. Students frequently believe, however, that such a brief reply won’t work and that the offerer will continue to pressure them. Thus, it’s very important to help them see the viability of this response.

“No, I’d rather not.”
“No, thanks.”
“Thanks, but no thanks.”
“Not me.”
“No way.”
“Not now (today, tonight).”
“Nah.”
“Forget it.”

2. Give a reason

Stress the use of “I” statements (saying it for yourself) as an integral part of this technique. Such statements take the preachy or judgmental tone out of the refusal (“I don’t like the taste” rather than “You jerk, how can you stand the way you smell?”). Giving a reason may also include excuses (“My dad’s picking me up soon.”).
“I don’t like the taste.”
“I don’t want to ruin my lungs.”
“I don’t feel like it.”
“I don’t do drugs (smoke, drink, use marijuana).”
“I don’t like the feeling of being high. I don’t want to lose control.”
“I want to know what’s happening.”
“I can get high without it.”
“I don’t want to get dependent on it.”
“It’s illegal.”
“I’ll get red eyes and my parents will find out.” (marijuana)
“We might get caught.”
“My parents would ground me.”
“Beer makes me feel sick.”
“I’m on the (track) team, so I don’t (smoke, drink).”
“It gives me the munchies, and I’m trying to lose weight.”
“I don’t want to forget stuff.”
“It wipes me out.”
“I don’t want to feel out of it.”

3. **Give an alternative**

The approach of giving an alternative can be particularly effective when the other person offers the cigarette, drink, or joint as a way to make conversation, be friendly, or show that he or she is a good host. Young people who smoke, drink, or use marijuana may offer these substances simply to be friendly and to avoid excluding the other person. They often don’t care if the offer is accepted or not. Others, particularly experimenters, may offer drugs to look cool. They may be relieved when the other person says “no.” The alternatives listed below make it clear that the drug is being rejected, not the person who offered it. Hence, they are less likely to generate hostility.

“No, but I’d sure like a soda.”
“No, but let’s go outside and talk.”
“No, but I’m going to the mall if you want to come along.”
“No, but I would like to spend some time/talk with you.”
“No, but let’s dance instead.”
4. **Stand up to pressure**

Students’ concerns that a friend or acquaintance might really pressure them with taunts to make them feel they’re spoiling things, out of it, a baby, or stupid, need to be validated. They also need help asking what they really think about a friend who acts that way. ("What’s wrong with them that they need to make someone else do what they do? Maybe they’re insecure.") To deal with this kind of pressure, students need to know that they don’t have to give a reason if they don’t want to. They may just repeat, “I’d rather not, I really don’t want to,” like a broken record. Or students may use any of the other saying “no” strategies.

- “I already said ‘no.’”
- “I just don’t feel like it.”
- “I really meant it when I said ‘no.’”

5. **Leave the scene**

Sometimes the pressure is very difficult to resist. If so, it may be easier to leave the scene. This doesn’t necessarily mean leaving the party or the game. Sometimes it’s possible to join another group or to walk into another room. Other times it may be easier to get away from the whole scene even though it may make you feel lonely or isolated. It helps to have figured out who to call or rely on for a ride home before the situation arises. One may leave gracefully by saying:

- “No.”
- “I’ve got to go now.”
- “I have to be home in fifteen minutes.”

6. **Avoid the scene**

Sometimes the wisest strategy is to avoid situations in which resistance is likely to be needed. Young people almost always know where these places are (particular bathrooms at school, local restaurants, garages, alleys, certain parties). Avoiding such places saves them from pressures. However, such a strategy may again bring feelings of isolation that should be acknowledged in class. These negative feelings may be countered to some extent by reminding students that:

a. resistance can make you feel good because you are showing that you’re strong.

b. people who reject you because you don’t use drugs are not very good friends in the first place.
Role Play and Critique Tips

Project ALERT uses role plays to model and give students practice in ways to say “no.” Lessons 5, 7, and 9 use this method, and the lesson plans give clear instructions on how to set up an effective role play. Here are a few extra tips:

**Role play tips**

- Give clear directions; write out if necessary.
- Choose a group that will set a good example to go first.
- Expect some noise.
- Float among groups during planning time to help groups focus.
- Encourage those who do not like to participate by suggesting they play a non-speaking role at first.
- Motivate with enthusiasm any reluctant students ("You’ll be great," “I’ve seen some really terrific skits in other classes, and I’m sure you can come up with some great ideas, too.").
- Simple responses are fine! Role-plays are often very short; a simple “no thanks” may be the solution. This is fine, since students should be encouraged to be as realistic as possible.
- The same students should not always play the pressuring roles.
- Remind students to put “themselves” (language, community) into skits.
- Listen to group discussion before intervening with help.

**Critique tips**

- Your summary of the skit should be short and to the point. Its purpose is to highlight and reinforce the solution.
- If the solution is hostile, say, “You’re saying ‘no’ to a cigarette/joint/drink, not to a friend. Could you try another take that won’t make your friend mad?”
- Using a Hollywood movie theme for the skits helps keep it light. By saying “Take two!” teachers can re-do skits that are inappropriate (student says “yes,” response is silly or hostile) or not organized the first time around.
- Every skit should be generously praised, because even if it is simple, students need a lot of reinforcement and chances to build resistance self-efficacy.
SKIT PREPARATION SHEET

Cast

Lindsey

Eric

Mike

Diane

Director

Solution

---

Cast

Lindsey

Eric

Mike

Diane

Director

Solution
PARENT/ADULT INTERVIEW: PEER PRESSURE

Interview your parent or other trusted adult. Write answers in the space provided.

1. When you were a teenager, was there peer pressure? In what areas? (school, clothes, drinking, dating)

2. At what age do you remember being most worried about what your friends thought of you?

3. How did you resist peer pressure when you were a teenager?

4. What was your most embarrassing moment when you were a teenager?
Posters
Ways to Say NO

- Simply say, “No.”
- Give a reason
- Leave the scene
- Stand up to pressure
- Offer an alternative
- Avoid the scene
Core Lesson 6

Resisting Internal and External Pressures to Use Drugs
Lesson Outline

Goals

1. To help students learn how to resist external pressures to use drugs
2. To help students understand the concept of internal pressures
3. To help students learn how to resist internal pressures

Summary of Activities

1. Introduce Lesson (3 min.)
2. Review and Practice Saying “No” to External Pressures (13 min.)
3. Introduce Ways to Say “No” to Internal Pressures (10 min.)
4. Practice Saying “No” to Internal Pressures (11 min.)
5. Generalize Pressures and Resistance Techniques (5 min.)
6. Wrap-up (3 min.)

Description

A unique feature of the Project ALERT curriculum is that it not only addresses external pressures, it also addresses the internal pressures felt by adolescents. While teenagers are highly susceptible to pressures from inside themselves, middle grade students rarely recognize the ways in which they put pressure on themselves to use drugs.

In this lesson, you will first review external pressures and provide resistance practice by acting as a pressurer (Activity 2). You can use your own dialogue in this exercise, or use examples of pressure statements from the script in the Teacher Reference. The student being pressured responds with a way to say “no.”

When students are clear about what external pressure is, it is easier for them to grasp the concept of internal pressure. In Activity 3, you will use a script (Teacher Reference, Teacher Script: Internal Pressure Scenarios) to model two settings where students might encounter internal pressure: first, in a social situation and second, alone. Students then practice saying “no” in Activity 4, using individual worksheets that ask for their personal responses to pressure scenarios in both types of settings.

Finally, in Activity 5 students are asked to think of other types of pressures they experience so they will recognize that pressure may be felt and successfully resisted in many situations.
Preparation

• Review Lesson Plan
• Be familiar with:
  - *Direct Pressure Script* (Teacher Reference)
  - *Dealing with Internal Pressures* (Teacher Reference)
  - *Teacher Script: Internal Pressure Scenarios* (Teacher Reference)
  - *Internal Pressure Scenarios, Sheets A-D* (Student Handout)
• Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:
• Completed visual: Ground Rules: Students (saved from Lesson 1)
• Posters:
  - Poster 9: *Ways to Say “No”*
  - Poster 10: *Pressures From Inside Yourself*
• *Direct Pressure Script* (Teacher Reference)

Prepare the following materials:
• 10 copies of *Internal Pressure Scenarios, Sheets A-D* (Student Handout), each sheet duplicated on a different color of paper, if possible
1. **Introduce Lesson** (3 min.)
   A. Display visual: *Ground Rules: Students.*
   B. “*Today we will focus more on pressure from friends. We’ll also learn to recognize pressure from inside ourselves. Then we’ll practice resisting these pressures.*”
   C. Collect homework: *Parent/Adult Interview: Peer Pressure.*

2. **Review and Practice Saying “No” to External Pressures** (13 min.)
   A. Display the *Ways to Say “No”* poster and review the categories.
   B. “*We always have a choice. We can always say ‘no.’ Practicing saying ‘no’ will help us resist pressures to use drugs.*”
   C. “*A lot of pressure to use drugs comes from other people, like if you’re at a party and someone offers you marijuana.*”
   D. Give personal or typical student examples about direct-pressure situations.
   E. Refer to the *Ways to Say “No”* poster. Say, “*Now I’m going to give you a chance to feel these pressures and to practice saying ‘no’ in this kind of situation.*”
   F. “*I’m going to try to get you to agree to use drugs. Using the techniques on the poster, you are going to refuse my offer. Be realistic. Try to imagine you are really being offered a cigarette or a joint and respond in a way that feels right to you. Don’t give in if I put the pressure on.*”
   G. Pressure students to use marijuana, cigarettes (including e-cigarettes), alcohol and other drugs (cocaine, crack). Using the script in the Teacher Reference, add details to make it realistic (“*I’m your best friend and...*”).
   H. After each student’s response, repeat what the student said. Give specific reinforcement (“*That was really strong. I wouldn’t try to pressure you again after that.*”)
   I. Remind students that they won’t have to resist forever. It won’t take long before others see them as nonusers and let up. Tell students who weren’t called on that they will have other chances to practice resisting pressures.
3. Introduce Ways to Say “No” to Internal Pressures (10 min.)

A. “We just practiced resisting pressures that you feel when someone offers you drugs - like a cigarette, e-cigarette, marijuana, or a beer.”

B. “Sometimes no one says anything to you but you still feel pressure, like when people at a party are smoking marijuana or vaping or drinking. No one pressures you or even asks you if you want marijuana or a drink, but you still feel like you should do it. Or, you are feeling out of it and you think, ‘Maybe I should have a beer - all the cool kids do.’”

C. “In both these situations, you feel real pressure; anyone would. It may seem as if there’s a voice inside your head telling you to smoke a cigarette, vape, take a drink, or do drugs.”

D. “Now I need two volunteers for a non-speaking role to help me demonstrate this kind of pressure. Each of you will be the ‘thinker’ who will feel the pressure from inside yourself. I will act as the thoughts that are pressuring you.”

E. Have a solitary situation in mind. (See Teacher Reference, Teacher Script: Internal Pressure Scenarios, for ideas. If you adapt one of these scenarios for demonstration purposes, omit the question at the end of the scenario.) Ask for the first volunteer to come up to the front of class.

Stand behind the student and portray two sets of voices, one that urges use and one that urges nonuse (resistance). End the demonstration with a “resisting” voice. Alternate your position behind the student each time you switch from “pressuring” voice to “resisting” voice.

F. Have a social situation in mind. Ask for a second volunteer to come up to the front of class (try to choose the opposite gender of the first volunteer). Repeat the above process, using social situation examples from the Script.

G. Display poster: Pressures From Inside Yourself.

H. Point in turn to each quote and say, “Suppose you feel this pressure. What could you say or do so that you wouldn’t use drugs?”

I. Elicit at least one student response for each pressure. Try to include the following categories, offering examples yourself, if necessary.

1. Say “No, I won’t” to yourself.
2. Say “No” to yourself and give a reason.
3. Leave or avoid the scene.
4. Do something else (exercise, listen to music, call a friend, watch television, read a book).

J. Refer to the Ways to Say “No” poster. Explain how students may use the same ways to say “no” for internal pressures.
4. Practice Saying “No” to Internal Pressures (11 min.)

A. “Now you can practice resisting pressures from inside yourself.”

B. Hand out one sheet of Internal Pressure Scenarios to each student. Distribute equal numbers of Sheets A, B, C, and D. Use different colors of paper for each scenario, if possible.

C. Instruct students:
   1. “Look at the first situation on your sheet.”
   2. “Imagine that you feel this pressure.”
   3. “On the sheet write at least three things you could say to yourself or do to resist the pressure.”

D. Allow three to five minutes for students to write their responses.

E. Read aloud the first pressure situation from Teacher Script: Internal Pressure Scenarios (Teacher Reference). Read dramatically, use students’ names, and set the scene to increase interest.

F. Ask students who have Sheet A to raise their hands.

G. Have each student with Sheet A read or act out one answer to the first situation. Praise each student’s answers.

H. Read aloud the first situation from the remaining scenario Sheets B-D. After each situation is read, ask for responses from students who have that situation sheet. Praise them.

I. If time permits, have students fill out answers to the second situation on their sheets. Ask for responses from several students. (The third situation is for homework.)

J. Summarize the exercise, using the Ways to Say “No” poster:
   1. “You’ve come up with some really good ways to say ‘no’ to internal pressures.”
   2. “You really can resist pressures from inside yourself.”
   3. “These ways to say ‘no’ can be used to resist pressures from other people and pressures from inside yourself.”

K. Homework: Tell students to complete their Internal Pressure Scenarios sheets for homework and to show them to their parent(s) or other trusted adult.
5. Generalize Pressures and Resistance Techniques (5 min.)

A. Discuss other pressures and how to resist them, using the questions below.

Discussion Goals

1. To help students recognize that pressures may be felt in many situations
2. To help students understand that such pressures may be resisted successfully

B. Discussion questions:

1. “What other pressures do teenagers feel besides pressures to smoke, vape, drink, and use other drugs?” (cheating, stealing, lying, skipping school)
2. Use one situation mentioned to ask, “What could you do if you feel these pressures?”
3. If students say, “Give in,” ask, “How could you have said ‘no’?” If students report successful resistance, praise them and ask, “What are some other ways to say ‘no’ in that situation?”

C. Continue the discussion about pressures if time allows, using:

1. additional situations students mention
2. personal examples of pressures, and
3. examples of successful resistance.

6. Wrap-up (3 min.)

A. “We have talked about and practiced many ways to resist pressures to use drugs.”

* Point out that everyone experiences pressure, particularly at this age. If we want to resist pressures and to make our own choices, it is important to be able to recognize when we do feel pressure.

B. Reinforce students, using “I” and “you” statements. Examples:

1. “I’ve really enjoyed this.”
2. “You’re really good at recognizing pressures.”
3. “You really know how to say ‘no’ to pressures from others and from yourself.”

C. “Next week we’ll see another video like Lindsey’s Choice, the video we saw last time.”

D. Homework:

1. Remind students to complete their Internal Pressure Scenarios sheets and to show them to their parent(s) or other trusted adult.
Direct Pressure Script

Combine the following statements as you wish, or use your own.

First offer

“Do you want some?”
“Would you like some?”
“Let’s party.”
“How about it?”
“Here, take a hit.”
“Here, have one.”
“Want one?”
“Have a beer.”
“Let’s do some (weed/coke/speed).”
“I’ve got some great (weed/coke/speed). Want to join us and do some?”
“Here!”
“Try one of these - it’s great stuff.”
“Want a hit?”
“Want to get high?”
“Want to get loaded?”
(Nonverbal offer: Just pass it.)

Follow-ups after a first refusal

“What’s the matter with you?”
“Don’t you smoke weed?”
“I thought you smoked.”
“Just one hit won’t hurt you.”
“Come on, have one.”
“What are you afraid of?”
“Don’t you drink?”
“Haven’t you ever smoked weed?”
“What’s with you?”
“You’re the only one who’s not drinking.”
“You’re not being very cool.”
“Are you out of it?”
“Why are you here if you don’t want to drink?”
“Everyone is drinking!”
“Don’t you want to party?”
“Don’t you know how?”

More pressure
In response to different resistance techniques, you may increase the pressure occasionally, using some of the following lines:

“How told you that, your mom?”
“You’re not going to get cancer.”
“Vaping is totally safe.”
“You’re not going to fit in if you don’t get high.”
“What’s wrong with a couple beers?”
“You’re going to ruin it for the rest of us if you don’t smoke.”
“One or two hits isn’t going to hurt you.”
“Do you really think smoking weed will make any difference?”
“The girls [guys] will think you’re strange if you don’t drink.”
“Are you going to make me smoke alone?”
“I just bought a new vape. Wanna check it out?”
“Why don’t you just stop breathing if you’re so scared of hurting your lungs?”
“Don’t you know how to do it?”
“This party will be boring if you don’t get high.”
“Are you afraid to let go?”
Dealing with Internal Pressures

Material on internal pressures is included in the curriculum because students often say, “No one pressures me,” yet they may still feel pressure to get involved with drugs.

The concept of internal pressures is important precisely because young people may not recognize or understand them. Although internal pressures are felt as coming from inside ourselves, they are not something we make up. They are a result of external experience and are felt by everyone at one time or another.

Internal pressures have three components:

1. They are generated by an environment created by other teenagers, teenage culture, the media, and a society that uses drugs.
2. They are nonverbal (teens feel these pressures without anyone saying anything).
3. They are powerful (the pressures we put on ourselves are subtle, but they are very real and very strong).

Objectives for the internal pressure exercises in Lessons 6 and 9:

1. To generate or increase awareness that internal pressures exist and are commonly experienced.
2. To help students identify situations in which they experience internal pressures.
3. To help students feel capable of resisting internal pressures.
4. To provide students with means of resisting internal pressures by being able to say “no” to themselves (“I don’t have to smoke or vape or drink to fit in.”), and by doing something else (dancing instead of using marijuana).
Teacher Script:
Internal Pressure Scenarios

Make 10 copies of the four *Internal Pressure Scenarios* sheets (Student Handout). If possible, use four different colors of paper, one for each different scenario sheet.

**A-1. Alcohol - party**

It’s Friday night. You and your friends are planning to go to the movies. When you get to your best friend’s house, the group has already decided to skip the movies and have a party instead. Someone has brought beer, and several people are drinking. No one pressures you to drink or even offers you anything, but you feel like maybe you should drink.

What could you do, say, or think in order not to drink?

**B-1. Marijuana - alone and bored**

It’s Saturday afternoon, and you’re alone with nothing to do. Suddenly, you remember that your older brother, who is away at college, left a stash of marijuana in his room. You think, “Getting high will certainly make the afternoon less boring.”

What could you do, say, or think so that you won’t smoke marijuana?

**C-1. Cigarettes - older teens**

You are at home alone with your older sister. There’s a knock at the door. You open it and find two of your sister’s friends standing there.

They come in and start talking to your sister. You want to be included but feel left out. One of them pulls out some cigarettes, and they all light up. No one offers you any. You think, “Maybe if I smoked, they would include me in their conversation.”

What could you do, say, or think so that you would not need to smoke?

**D-1. Alcohol - fight with parents**

It’s Friday night, and there’s a great party about to happen. You just had a fight with your parents. They have given you a really early curfew, and they won’t let you stay out even an extra half hour. You are really angry!

When you get to the party, you think, “Maybe I’ll just get smashed and show them.” No one pressures you to drink, but you are angry and hurt and you think, “Getting smashed might make things better.”

What could you do, say, or think in order not to drink?
A-2. **E-cigarettes/vaping - curiosity**

It's a rainy day. You and your friend are both disappointed that the game you were going to was called off. You're bored and go into the kitchen to see what there is to eat. You notice an e-cigarette in a drawer. You begin to wonder what it's like to vape.

What could you do, say, or think in order not to smoke/vape?

B-2. **Cigarettes - encounter**

You are at an outdoor concert, looking around. Some of your friends are there too and text you to come hang out with them. When you get near, you see that they are smoking cigarettes. No one offers you a cigarette, but you begin to feel left out. You think, "Maybe I should ask one of them for a cigarette so that I'll feel more a part of the group."

What could you do, say, or think in order not to smoke?

C-2. **Alcohol - alone and bored**

It's the weekend; it's raining, and you're stuck in the house. Your parents and sister are out for the afternoon. You're bored.

You think, "Maybe I should have a beer. Getting buzzed would make this day less boring."

What could you do, say, or think so that you won't drink?

D-2. **Marijuana - party**

You are online with several friends and everyone decides to meet at the park. It sounds like it will be a lot of fun. Suddenly, people start talking about bringing weed and getting high.

You think that you will be pressured to smoke marijuana, if you go. No one has offered you any, but you think to yourself, "Maybe I should just go and try it."

What could you do, say, or think to feel okay about not smoking marijuana?
Student Handouts
INTERNAL PRESSURE SCENARIOS A

CLASSWORK

A1. It’s Friday night. You and your friends are planning to go to the movies. When you get to your best friend’s house, the group has already decided to skip the movies and have a party instead.

Someone has brought beer, and several people are drinking. No one pressures you to drink or even offers you anything, but you feel like maybe you should drink.

What could you do, say, or think in order not to drink?
   a. 
   b. 
   c.

A2. It’s a rainy day. You and your friend are both disappointed that the game you were going to was called off. You’re bored and go into the kitchen to see what there is to eat. You notice some cigarettes in a drawer. You begin to wonder what it’s like to smoke a cigarette.

What could you do, say, or think in order not to smoke?
   a. 
   b. 
   c.

HOMEWORK

A3. You are online with several friends and everyone decides to meet at the park. It sounds like it will be a lot of fun. Suddenly, people start talking about bringing weed and getting high.

You think that you will be pressured to smoke marijuana if you go. No one has offered you any, but you think to yourself, “Maybe I should just go and try it.”

What could you do, say, or think to feel okay about not smoking marijuana?
   a. 
   b. 
   c.
INTERNAL PRESSURE SCENARIOS B

CLASSWORK

B1. It’s Saturday afternoon, and you’re alone with nothing to do. Suddenly, you remember that your older brother, who is away at college, left a stash of marijuana in his room. You think, “Getting high will certainly make the afternoon less boring.”

What could you do, say, or think so that you won’t smoke marijuana?

   a. 
   b. 
   c. 

B2. You are at an outdoor concert, looking around. Some of your friends are there too and text you to come hang out with them. When you get near, you see that someone is smoking an e-cigarette. No one offers you anything, but you begin to feel left out. You think, “Maybe I should ask if I could smoke with them so that I’ll feel more a part of the group.”

What could you do, say, or think in order not to smoke?

   a. 
   b. 
   c. 

HOMEWORK

B3. It’s Friday night. You and your friends are planning to go to the movies. When you get to your best friend’s house, the group has already decided to skip the movies and have a party instead.

Someone has brought beer, and several people are drinking. No one pressures you to drink or even offers you anything, but you feel like maybe you should drink.

What could you do, say, or think in order not to drink?

   a. 
   b. 
   c. 
INTERNAL PRESSURE SCENARIOS C

CLASSWORK

C1. You are at home alone with your older sister. There’s a knock at the door. You open it and find two of your sister’s friends standing there.

They come in and start talking to your sister. You want to be included but feel left out. One of them pulls out some cigarettes, and they all light up. No one offers you any. You think, “Maybe if I smoked, they would include me in their conversation.”

What could you do, say, or think so that you would not need to smoke?

a. 

b. 

c. 

C2. It’s the weekend; it’s raining, and you’re stuck in the house. Your parents and sister are out for the afternoon. You’re bored.

You think, “Maybe I should have a beer. Getting buzzed would make this day less boring.”

What could you do, say, or think so that you won’t drink?

a. 

b. 

c. 

HOMEWORK

C3. You and your friends are at a picnic and ball game in the park. It’s turning into a really good party. Suddenly, you notice out of the corner of your eye that a few in the group are smoking weed.

You think that in a few minutes more of your friends will be smoking marijuana. No one has offered you any, but you think to yourself, “Maybe I should try it.”

What could you do, say, or think to feel okay about not smoking marijuana?

a. 

b. 

c. 

INTERNAL PRESSURE SCENARIOS D

**CLASSWORK**

**D1.** It’s Friday night, and there’s a great party about to happen. You just had a fight with your parents. They have given you a really early curfew, and they won’t let you stay out even an extra half hour. You are really angry!

When you get to the party, you think, “Maybe I’ll just get smashed and show them.” No one pressures you to drink, but you are angry and hurt and you think, “Getting smashed might make things better.”

What could you do, say, or think in order not to drink?

a. 

b. 

c.

**D2.** You are online with several friends and everyone decides to meet at the park. It sounds like it will be a lot of fun. Suddenly, people start talking about bringing weed and getting high.

You think that you will be pressured to smoke marijuana, if you go. No one has offered you any, but you think to yourself, “Maybe I should just go and try it.”

What could you do, say, or think to feel okay about not smoking marijuana?

a. 

b. 

c.

**HOMEWORK**

**D3.** You are at home alone with your older sister. There’s a knock at the door. You open it and find two of your sister’s friends standing there.

They come in and start talking to your sister. You want to be included but feel left out. They all pull out their e-cigs and start vaping. No one offers you any. You think, “Maybe if I smoked, they would include me in their conversation.”

What could you do, say, or think so that you would not need to smoke?

a. 

b. 

c.
Posters
Ways to Say NO

- Simply say, “No.”
- Give a reason
- Leave the scene
- Stand up to pressure
- Offer an alternative
- Avoid the scene
PRESSURES From Inside Yourself

- The person I like drinks
- I don’t want to be left out
- I feel uptight, I need to relax
- I’m bored
- I’ll look older if I smoke
Contents

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Lesson Outline

Goals

1. To provide students with practice resisting pressures from others
2. To present alternative ways of resisting pressures
3. To help students feel capable of resisting internal pressures through discussion and practice

Summary of Activities

1. Introduce Lesson (3 min.)
2. Show Partial Video: Pot or Not? (Problem) (6 min.)
3. Prepare Skits (10 min.)
4. Act Out Skits (10 min.)
5. Show and Discuss Rest of Video: Pot or Not? (Solutions) (9 min.)
6. Review Parent/Adult Interview: Peer Pressure (5 min.)
7. Wrap-up (2 min.)

Description

The structure of this lesson is similar to that of Lesson 5, and similar teaching strategies apply. Whereas in the Lesson 5 video a girl resists cigarettes, in Lesson 7 a boy resists marijuana.

In Activities 2 and 3 of this lesson, students first watch the trigger video and then develop skits. Acting out those skits in Activity 4 gives them an opportunity to practice the resistance skills they’ve been learning in Project ALERT classes.

When you recap each skit in Activity 5, highlighting and reinforcing the students’ resistance method, they will build student self-efficacy. The Role Play and Critique Tips you used in Lesson 5 have been reprinted for you in this lesson.
Preparation

- Review Lesson Plan
- Preview video: *Pot or Not?*
- Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:
- Completed visual: *Ground Rules: Students* (saved from Lesson 1)
- Video: *Pot or Not?*
- Poster 9: *Ways to Say “No”*
- Chart paper, masking tape, thick, felt-tip, nontoxic marker (if using chart paper visuals)

Prepare the following materials:
- Completed visual on chart paper or on the board: *Pot or Not?: Cast of Characters* *(Activity 2B)*
- Partial visual (title only) on chart paper or on the board: *Pot or Not?: Solutions* *(Activity 5)*
- Copy *Skit Preparation Sheet*, one for each group (Student Handout, two skits per page)
- Copy *What’s the Real Story? Teenagers Want the Truth About Marijuana* for each student (Student Handout)
1. **Introduce Lesson** (3 min.)

   A. Display visual: Ground Rules: Students.

   B. “We’ve covered quite a bit of material in Project ALERT, and you’ve been learning a lot. Can someone tell me what you’ve learned in Project ALERT so far?”

      1. Reinforce responses.

      2. If saying “no” comes up, go directly to Activity 1C. If it does not, bring it up yourself as a lead-in to Activity 1C.

   C. “Today we’re going to learn more about saying ‘no.’ First, we’ll see a video like Lindsey’s Choice, the video you saw in Lesson 5. This video is called Pot or Not? It’s about two tenth-grade boys, Tom and Jeff, who are forced by some older teens to make a decision. As in Lindsey’s Choice, you will get a chance to act out your own solutions for Tom and Jeff. Then we’ll see what Tom and Jeff do in the video.”

2. **Show Partial Video: Pot or Not? (Problem)** (6 min.)

   A. Show the video: Pot or Not? Wait to show the “Pot or Not: Solutions” video (part 2).

   Video: Pot or Not? (Problem). Click here to play.
B. While the video is playing, set up the visual, *Pot or Not?: Cast of Characters*, and, if necessary, review *Role Play and Critique Tips* (Teacher Reference).

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**Pot or Not?: Cast of Characters**

Tom, a tenth grader with a decision to make

Jeff, Tom’s friend who supports him

Dave, an older guy who pressures Tom and Jeff

Carl, Dave’s friend

Larry, Dave’s friend

---

3. **Prepare Skits** (10 min.)

A. Introduce the skits.

1. “Now we’ll be doing skits called One Way Tom and Jeff Can Say ‘No.’ In a minute we’ll divide into groups to develop the skits.”

2. Display the *Ways to Say “No”* poster, and tell students they may refer to it when planning their skits.

3. “Each group’s job will be to come up with a skit that shows Tom and Jeff saying ‘no’ to the joint and not feeling uncomfortable. In coming up with a skit, try different solutions.”

4. “After we break into groups, each group will choose a Director, who will assign parts. There is one Tom, Jeff, Dave, Carl, and Larry for each skit. Each group also should assign a Recorder, who will write down who plays what parts and your group’s solution on a Skit Preparation Sheet.”

5. “You will have six minutes to plan and rehearse your group’s skit.”

6. “Pick realistic solutions, ones you would really use.”

B. Divide the class into four or five groups.

1. Provide each Recorder with a *Skit Preparation Sheet*. Ask each Recorder to note assignments and solution on the sheet.

2. Tell one or two of the groups to pretend that Tom and Jeff are offered a beer instead of marijuana, and have them resist the offer.

C. Circulate, helping the groups as needed. If a group is not making progress, suggest that they:
1. Assign parts.
2. Try different solutions.
3. Decide on one solution and rehearse it.
4. Give a warning signal ("You have two more minutes."). Collect the Skit Preparation Sheets from each group, and confirm the group’s solution.

4. Act Out Skits (10 min.)

A. Reassemble the class and put up the partial visual Pot or Not?: Solutions.
B. Give specific skit instructions:
   1. Speak up.
   2. Face the class.
   3. Director introduces the skit and characters.
   4. Audience is quiet - no more planning.
C. The Director announces the parts, and then the group acts out its solution before the class.
D. When each skit is finished, initiate applause and praise students. Repeat the solution, or ask the audience to describe the solution. Emphasize the resistance part of each skit. If the solution is complex, try to capture some of the complexity in your summary.
E. Comment on how the students playing Tom and Jeff appeared when they said "no." Give a resistance self-efficacy statement. Note the importance of body language and tone of voice in communicating resistance.
F. Use students' words to write a three- to five-word summary of each solution on the visual Pot or Not?: Solutions.

5. Show and Discuss Rest of Video: Pot or Not? (Solutions) (9 min.)

A. “Now we’ll see the solutions on the video and compare them with the ones we came up with.”
B. Show the rest of the video.

Video: Pot or Not? (Solutions): Click here to play.
Video Solutions

1. “Nah.” Conversation continues with no comment on refusal. (Simply say “no.”)

2. “I just don’t like the way it makes me feel.” (Give a reason.)

3. “Naw, I’m not into that kind of thing. That stuff can mess you up.” When pressured: “I just don’t need to smoke pot to have a good time! Come on, Jeff, let’s go.” (Stand up to pressure/leave the scene.)

C. Lead a discussion, using the solutions and questions that follow these discussion goals:

Discussion Goals

1. To help students see that there are many different ways to say “no”
2. To help students understand that offers of a drug are not necessarily meant to put pressure on them
3. To introduce students to the idea that support from friends can make resistance easier
4. To help students understand that there are nonviolent and nonhostile ways to say “no” firmly
5. To help students understand that a person can say “no” and not feel like a jerk
Solution 1: Simply say “no.”

a. “What did Tom do in Solution 1? What did Jeff do?”
b. “Did anyone create a scene when Tom just passed the joint?” (No, the conversation simply continued.)
c. “How do you think Tom felt about refusing the joint?”
d. “How did Jeff feel when he passed the joint on without smoking? How did Tom’s refusal affect him?” (It probably made it easier to say “no.”)
e. “If you had been one of the older boys (Dave, Larry, or Carl), how would you have felt when Tom said ‘no’?”

Solution 2: Give a reason.

a. “What did Tom and Jeff do to say ‘no’ in the second solution?”
b. “Did anyone notice Carl in that solution? What did he do? What did he say?” (He passed the joint on - said, “I know what you mean. I’ve been smoking too much. It’s been hurting my game.”)
c. “What do you think caused Carl to refuse the joint?”
d. “How do you think the older boys felt about Carl when he said ‘no’?”

Solution 3: Stand up to pressure/leave the scene.

a. “How about the third solution; what happened there?” (pressure from older boys)
b. “How did Tom and Jeff stand up to the pressure?”
c. “How did they feel when they stood up to the pressure?” (felt good, strong; felt in control)
d. Be sure to elicit some positive feelings from the class or deliver them yourself. (“They felt good about standing up to Dave.” “Tom, Jeff and Carl supported each others’ decision to say ‘no.’”)

Other questions:

a. If wimps are mentioned: “Can you say ‘no’ and not be a wimp? How would you do it?”
b. If tough or violent ways come up: “Do you have to act really tough to resist successfully?”
c. “Have any of you ever had to deal with pressures like the ones experienced by
Tom and Jeff? What did you do? Were you with a friend? If so, did that make it easier?” Give a concrete example of someone helping a friend resist pressure.

6. Review Parent/Adult Interviews: Peer Pressure (5 min.)

A. Reassemble the class.

B. Have students take out their Parent/Adult Interview homework assignments from Lesson 5. Discuss the homework, focusing on the goals shown below.

Discussion Goals

1. To help students recognize that parents/adults faced similar pressures when they were growing up
2. To help students identify successful techniques that parents/adults used to resist pressures

C. “When you interviewed your parent or other trusted adult, what did they tell you about resisting peer pressure? What kind of pressure experiences did they have?”

D. “How did they resist peer pressure?”

E. “Did you like doing this interview? Why or why not?”

7. Wrap-up (2 min.)

A. “In Lesson 9 you will have a chance to review ways to say ‘no’ to cigarettes, marijuana, alcohol, and other drugs. In next week’s lesson, we will be learning about the dangers of inhalants.”

B. Reinforce students’ enthusiasm, interest, and other appropriate behavior.

C. Homework:

1. Hand out What’s the Real Story? Teenagers Want the Truth About Marijuana. “You will need the information in this handout for a game later in Project ALERT.”
Role Play and Critique Tips

Project ALERT uses role plays to model and give students practice in ways to say “no.” Lessons 5, 7, and 9 use this method, and the lesson plans give clear instructions on how to set up an effective role play. Here are a few extra tips:

Role play tips

• Give clear directions; write out if necessary.
• Choose a group that will set a good example to go first.
• Expect some noise.
• Float among groups during planning time to help groups focus.
• Encourage those who do not like to participate by suggesting they play a non-speaking role at first.
• Motivate with enthusiasm any reluctant students (“You’ll be great,” “I’ve seen some really terrific skits in other classes, and I’m sure you can come up with some great ideas, too.”).
• Simple responses are fine! Role-plays are often very short; a simple “no thanks” may be the solution. This is fine, since students should be encouraged to be as realistic as possible.
• The same students should not always play the pressuring roles.
• Remind students to put “themselves” (language, community) into skits.
• Listen to group discussion before intervening with help.

Critique tips

• Your summary of the skit should be short and to the point. Its purpose is to highlight and reinforce the solution.
• If the solution is hostile, say, “You’re saying ‘no’ to a cigarette/joint/drink, not to a friend. Could you try another take that won’t make your friend mad?”
• Using a Hollywood movie theme for the skits helps keep it light. By saying “Take two!” teachers can re-do skits that are inappropriate (student says “yes,” response is silly or hostile) or not organized the first time around.
• Every skit should be generously praised, because even if it is simple, students need a lot of reinforcement and chances to build resistance self-efficacy.
SKIT PREPARATION SHEET

Cast

Tom

Jeff

Dave

Carl

Larry

Director

Solution
WHAT'S THE REAL STORY?
TEENAGERS WANT THE TRUTH ABOUT MARIJUANA

★ MOST TEENAGERS ALREADY KNOW THAT:

• Marijuana use is illegal in most states and that in a few states it is legal for recreational use for people age 21 and over
• Marijuana comes from the dried cannabis plant
• Marijuana is smoked in a rolled form like a cigarette (called a joint or a blunt), in a pipe, bong, or hookah, or it can be eaten
• Smoking or consuming marijuana makes people feel high as the psychoactive component, delta-9-tetrahydro-cannabinol, or THC, affects different parts of the brain
• Some U.S. states have passed legislation allowing the use of medical marijuana, as prescribed by a licensed physician

★ BUT WHAT MANY TEENS DON'T KNOW IS:

• Marijuana is still illegal at the federal level and some employers have adopted a zero-tolerance policy for illegal drug use including marijuana (even in states where recreational use is legal)
• Marijuana is much stronger today—and more dangerous—than it was in the 70s. Today, there is, on average, 7 times more THC (the chemical that makes you high) in marijuana.
• Smoking marijuana makes it hard to concentrate and remember
• People who are stoned may remember their names, but not what their friends just said
• It is just as dangerous to drive a car stoned as it is to drive when you have been drinking
• Smoking marijuana slows down your reaction time and interferes with your coordination
• Employers can require regular drug testing as a condition of employment. In fact, even posting seemingly “innocent” drug references on social media sites like Facebook or Instagram or posting photos where you appear to be using marijuana can affect an employer’s decision to consider a job applicant, a coach’s decision to put you on a team, or your chances of getting into a college.
• THC—the psychoactive (or mind-altering) component in marijuana—can stay in your body for days, weeks, or months after using it, depending on how fast your body breaks it down and how much you have smoked. This means you can test positive even if it has been several weeks since you first used the drug.
• Regular, long-term regular use of marijuana—starting in the teen years—may interfere with brain development (which isn't complete until around age 25) and may lower one's IQ, which means the brain may not reach its full potential.
• Certain ways that marijuana is used are extremely unsafe. Smoking dabs (or “dabbing”) requires using a blowtorch to heat up the drug to inhale the vapor, and the risks of sudden explosions, house fires, and severe burns are very serious. In recent years, among some users, it has become a popular form of marijuana, and it is very dangerous.

• Marijuana carries the potential for dependency and addiction; regular users who try to quit using it can experience withdrawal symptoms

**IS IT DANGEROUS TO GET STONED JUST ONCE?**

Using drugs is a serious decision and should not be done without careful consideration of the possible consequences. Even using it once comes with risks, and occasional use increases those risks. There is no way to predict exactly what will happen if you get high on marijuana. It depends on the kind of person you are, where you are, and the strength of the marijuana.

Here are some risks of getting stoned once:

• Unsafe driving
• Other accidents (drowning, falling, causing a fire)
• Doing things you might regret (taking dangerous risks)
• Feeling anxious
• Feeling panic
• Losing control of yourself
• Failing a drug test

**CAN YOU BECOME DEPENDENT ON MARIJUANA?**

Yes, you can become both physically (cannabis use disorder, addiction) and mentally dependent on marijuana.

Here are some signs of dependence:

• Needing to get stoned before going out with friends
• Feeling like the party is not fun unless you are stoned
• Getting stoned if you feel nervous, angry, lonely, or depressed
• Using more marijuana than you intended to
• Needing more marijuana to get the same effect
• Inability to stop or reduce marijuana use
• Giving up or cutting down on important activities because of marijuana use
• Spending a lot of time getting marijuana, using it, or recovering from using it
**WHAT CAN HAPPEN TO PEOPLE WHO SMOKE MARIJUANA FOR A LONG TIME?**

- Single Focus: Losing interest in everything (school, grades, friends, family), except getting stoned
- Dependence: Feeling that you must smoke marijuana to feel okay
- Lung Damage: Marijuana has many of the same cancer-causing tars that cigarettes do
- Changes in the reproductive system
- Impaired memory and learning
- Impaired brain development
- Mental health issues like depression, panic attacks, and anxiety

**CAN GETTING STONED HELP YOU FEEL BETTER ABOUT YOUR PROBLEMS?**

- Sometimes, smoking marijuana blocks uncomfortable feelings such as nervousness, anger, or loneliness for a while, but the problem that caused those feelings is still there when the marijuana wears off
- When you feel nervous, angry, or lonely, smoking marijuana can make you feel worse or cause you to put off a situation or a feeling that should be dealt with sooner
- Using marijuana to cope with feelings doesn't work. It makes it harder, not easier, to handle your problems
Posters
Ways to Say No

- Simply say, “No.”
- Give a reason
- Leave the scene
- Stand up to pressure
- Offer an alternative
- Avoid the scene
Core Lesson 8

Inhalant Abuse

PROJECT ALERT
www.ProjectALERT.com
Contents

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- Our Family’s Guidelines for Using Household Chemicals

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- Our Family’s Guidelines for Using Household Chemicals

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Lesson Outline

Goals

1. To show students how to protect themselves from accidental inhalant poisoning
2. To motivate students not to use inhalants intentionally
3. To motivate experimenters to quit

Summary of Activities

1. Introduce Lesson (1 min.)
2. Introduce Concept of Body Pollution (3 min.)
3. Reinforce Oxygen's Importance to the Body (6 min.)
4. Distinguish Between Inhaling Nonpoisonous Substances vs. Toxic Chemicals (2 min.)
5. Discuss Poisoning by Breathing Chemical Fumes (7 min.)
6. Discuss Protection From Toxic Chemicals in Inhalants (4 min.)
7. Discuss How Toxic Chemicals Can Harm the Body (5 min.)
8. Reasons Not to Inhale Toxic Fumes (12 min.)
9. Wrap-up (3 min.)

Description

Lesson 8 responds to the growing concern about pre-teens and teenagers experimenting with inhalants. It is designed to:

- differentiate toxic inhalants from other nonpoisonous substances
- help students learn how to protect themselves when using toxic chemicals
- inform students of the physical consequences of experimentation with or abuse of inhalants.

There is strong evidence that these chemicals are poisonous to the body, even when inhaled for the first time. In this lesson, motivation not to experiment relies on information about physical consequences.

Activities 2-4 teach the importance of breathing “clean” air and how our bodies use oxygen. Activities 5-6 discuss how to protect ourselves from accidental poisoning by chemical fumes, and Activity 7 introduces the subject of intentional inhalant abuse by teenagers.

Students brainstorm and write reasons (physical consequences) not to inhale toxic fumes in an exercise that asks them to talk to some friends about it (Activity 8).
The skills for resisting internal and external (peer) pressure taught throughout the curriculum are applicable to inhalants as well. For many teachers, this lesson contains new information. Teacher Reference material on inhalants has been carefully selected to provide a solid background in this subject.

Preparation

- Review Lesson Plan
- Review information on inhalants and inhalant abuse:
  - *Biggest Dangers with Inhalants* (Teacher Reference)
  - *Inhalants* (Teacher Reference)
  - *Health Effects of Inhalants* (Teacher Reference)
- Optional: before class you may want to prepare a 3” x 5” reference card listing key health effects
- Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:

- Completed visual: *Ground Rules: Students* (saved from Lesson 1)
- Poster 11: *Toxic Chemicals Affect Your Body Right Away* (Activity 5)
- Masking tape and thick, felt-tip, nontoxic markers for partial and completed chart paper visuals, below

Prepare the following materials:

- Partial Visuals:
  - *How to Protect Yourself From Toxic Chemicals* (title only, Activity 6)
  - 5-6 pieces of chart paper titled *Reasons Not to Inhale Toxic Fumes* (Activity 8)
- Completed Visuals:
  - *How Toxic Chemicals Can Kill You* (Activity 7), title and three ways written on chart paper or on the board
  - *Scenario* (Activity 8A), written on chart paper or on the board
- Copy *Our Family’s Guidelines for Using Household Chemicals* for each student for Activity 9
Activities

1. **Introduce Lesson (2 min.)**
   
   A. Display visual: Ground Rules: Students.
   
   B. “We have talked about resisting peer pressure to use alcohol, cigarettes, and other drugs. Today we are going to talk about protecting ourselves from toxic (poisonous) fumes.”

2. **Introduce Concept of Body Pollution (3 min.)**
   
   A. Ask students to raise their hands if they are concerned about air pollution. Look around the room and verbally note that most of the class is concerned.
   
   B. Ask students to raise their hands if they are concerned about water pollution. Again, verbally note that most of the class is concerned.
   
   C. Now ask students to raise their hands if they are concerned about “body pollution.” Look at the class and note that many hands are not raised. Remind students that if our air and water are polluted, our bodies will become polluted as well.
   
   D. “Today we are going to discuss ways to prevent body pollution.”

3. **Reinforce Oxygen’s Importance to the Body (6 min.)**
   
   A. “Oxygen is our body’s primary fuel. Let’s think about what happens when your body doesn’t have oxygen.”
   
   B. “Imagine we are on a spaceship bound for another planet. After the ship lands, you prepare to walk on the planet’s surface. What should you be wearing before you step out of your ship?” (spacesuit, helmet, oxygen tank) “Would it be safe to go without your helmet and oxygen tank?” (No.) “What would happen?” (Because other planets’ atmospheric gases do not contain oxygen, you would quickly die without your oxygen tank.)
   
   C. “Why must you have oxygen to live?” (Without oxygen, cells stop functioning properly and quickly die.)
   
   D. “Can’t your body use other gases found on the planet? Maybe hydrogen or argon, for instance?” (No.) “Why not?” (Your body is designed to use a specific gas: oxygen.)
   
   E. “Now, think of a car. If you run out of gas, can you fill the tank with water, milk, or orange
“juice?” (No) “The car is designed to run on only gasoline, so it won’t work if the gas tank is filled with something else. In fact, these other liquids could permanently damage the car. Your body can’t change fuels, either. Breathing in poisonous fumes and gases damages your body, just as the wrong liquids can damage a car.”

4. Distinguish Between Inhaling Nonpoisonous Substances vs. Toxic Chemicals (2 min.)

A. “What does the word ‘inhale’ mean?” (Breathing in) “We all breathe in a lot of things - oxygen in fresh air, the aroma of flowers, the smell of freshly baked cookies, medicine for asthma. BUT, many products are dangerous if you inhale their fumes (vapors).”

B. “How many of you have been in a room that has been freshly painted, or used spray paint, glue, or fingernail polish remover for a long time? How did you start to feel?” (dizzy, nauseated, had a headache) “Your body was reacting to the toxic ingredients in these products. They are important warning signs that you shouldn’t ignore.”

5. Discuss Poisoning by Breathing Chemical Fumes (7 min.)

A. “Is it safe to drink gasoline or hairspray?” (No, they are poisonous.) “What about breathing in gasoline or hairspray fumes? That’s very dangerous, also. When the fumes from these products are inhaled, the same chemicals enter the body, just as if they were swallowed. Poisonous chemicals are contained in the products’ fumes and these chemicals can pollute/damage your body.”

B. “Let’s trace the path of fumes as they enter and then circulate throughout the body.”

C. Display poster: **Toxic Chemicals Affect Your Body Right Away**.

D. Have a student read the sentence next to #1. (“Toxic chemicals go in the nose and mouth.”)

E. “Then they go to the lungs and air sacs. There they enter the bloodstream through the tiny air sacs.”

F. Have a student read the sentence next to #2. (“They travel immediately throughout the bloodstream.”)

G. Have a student read the sentence next to #3. (“In seconds, they settle in the brain, heart, liver, and muscles.”)

H. “Now we can understand how inhaling poisonous fumes quickly affects first the brain, then the heart, then other vital organs and cells in the body.”
6. Discuss Protection From Toxic Chemicals in Inhalants (4 min.)

A. Show partial visual: How to Protect Yourself From Toxic Chemicals (sample below).

B. "The good news is that you can protect yourself from the dangerous effects of these chemicals. If you are using a product such as spray paint, glue, or fingernail polish, what can you do to protect yourself from breathing in toxic fumes?" (There is no legislation requiring products to be nontoxic, but many manufacturers are voluntarily making markers, correction fluid, and other products in a nontoxic form. In addition, some products that are highly toxic can only be purchased by persons age 18 or older.)

C. Solicit student answers and write them on the visual. (Students often fail to mention "open windows." Be sure to get them thinking about opening windows themselves.)

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How to Protect Yourself From Toxic Chemicals (sample visual)

1. Read and follow directions on product labels
2. Buy nontoxic products, when possible
3. Do the project outside, if possible
4. Do not put your face too close to the product or project
5. Open windows, turn on fan
6. Take fresh air breaks
7. Wear a safety mask

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D. "You have come up with some good ways of protecting yourself when toxic chemicals are being used at home or on a school project. It's also important not to inhale these chemicals on purpose to get intoxicated."

7. Discuss How Toxic Chemicals Can Harm the Body (5 min.)

A. "We have always known that toxic chemicals can kill or cause permanent damage. But we're now learning how many youth are dying from intentionally inhaling toxic chemicals. Most people who inhale toxic chemicals don't know they can die from them." If students ask how many people have died from inhalants, indicate that it is hard to get an accurate count because the cause of death is usually written as accident or heart attack. But we do know that death from inhalant abuse is on the rise today among adolescents and it is not an infrequent occurrence; about 200 deaths each year.
B. Display visual: *How Toxic Chemicals Can Kill You* and review the three ways:

1. **Heart Stops**
   
   “This can occur after a sudden fright while the person is intoxicated. This fright, combined with the effects of these chemicals, can cause the heart to stop. This can happen to people of all ages, including pre-teens and teens.”

2. **Accidents**
   
   “Toxic chemicals can affect your thinking and coordination. They can also cause people to see things that aren’t there. This has led to fatal accidents, such as getting burned, car crashes, falling off buildings, and drowning.”

3. **Suffocation**
   
   “This occurs when someone who is intoxicated passes out, throws up, and then chokes on his or her vomit.”

C. “Toxic chemicals can kill you fast (heart stops) or they can kill you slowly (brain damage). Either way, they are killers.”

D. “Even if they don’t kill you, many teenagers have become permanently injured when their heart stops from nerve and kidney damage or from accidents after inhaling toxic fumes. They are permanently paralyzed or shake uncontrollably, have irreversible brain damage, or lose bladder control so that they need to wear a diaper.”

8. **Reasons Not to Inhale Toxic Fumes** (12 min.)

A. Display the following scenario (chart paper or board):

   “Two of your very good friends come to you and tell you they want to try sniffing because they heard that it makes you feel good. You are worried and want to convince them NOT to. What would you say? Be convincing.”

B. Divide the class into groups of 5-6.

C. Give each group a piece of chart paper titled *Reasons Not to Inhale Toxic Fumes*.

D. Have each group appoint both a Recorder and a Reporter. Have the Recorder list at least four reasons not to try sniffing. Remind them they don’t want to disrespect their friends, but they want to tell them the truth about toxic chemicals.

E. Allow six minutes for brainstorming and writing.

F. Circulate among groups as needed.

G. Ask Reporters to bring completed lists up front.

H. Tape up the lists.

I. Reassemble the class.
J. Ask each Reporter to read the group’s list.
K. Reinforce students’ suitable reasons.

9. **Wrap-up (3 min.)**

A. “Today you learned some important information about toxic fumes.

1. Chemicals are all around you. You use them at school and at home.
2. When you use chemicals, you should try to select nontoxic products when possible, and take precautions to protect your body from being polluted by toxic chemicals.
3. Inhaling toxic chemicals can kill or permanently injure. It is very important to let people know how dangerous they really are.
4. Although inhalant abuse is most common in younger teens, by far most do not inhale chemicals to get high.”

B. Homework:

1. Pass out *Our Family’s Guidelines for Using Household Chemicals*. If time permits, run through the checklist to remind students of the safety guidelines they’ve just learned.

   “Work with your parent(s) or trusted adult to develop guidelines that will work for you and your family.”
Biggest Dangers with Inhalants

1. Using inhalants even one time can cause
   • sudden death (cardiac arrest); aka “sudden sniffing death”
   • suffocation/respiratory arrest
   • visual hallucinations and severe mood swings
   • numbness and tingling of the hands and feet
   • slurred speech
   • lack of coordination

2. With any use you are likely to experience
   • heart palpitations or other heart beat irregularities
   • breathing difficulty
   • dizziness or light-headedness
   • headaches and drowsiness

3. Right away or over time, inhalants can cause
   • nausea and nosebleeds
   • decrease or loss of sense of smell
   • abdominal pain
   • muscle weakness
   • violent behaviors
   • irregular heartbeat
   • dangerous chemical imbalances in the body
   • nervous system damage
   • irreversible brain damage and death
   • liver, lung, and kidney impairment
   • involuntary passing of urine and feces
   • damage to vision or hearing

Remember, using inhalants, even one time, can kill you. Death occurs from

• asphyxia - solvent gases can significantly limit available oxygen in the lungs, causing breathing to stop
• suffocation - typically seen with inhalant users who use bags to trap substances
• choking on vomit
• careless behaviors in potentially dangerous settings
• sudden sniffing death syndrome from cardiac arrest
Inhalants

This material is intended for teacher background information only. A discussion of inhalant types or methods of use are specifically avoided in the curriculum. This section has been adapted with permission from material prepared by the International Institute on Inhalant Abuse, with contributions from Isabel Burk, M.S., CPP, CHES.

How inhalants work

To understand how dangerous inhalants are, let’s compare them to drugs and alcohol. When a person swallows a pill or alcoholic drink, it goes to the stomach where it is diluted and broken down by gastric juices, then sent to the small intestine. More enzymes break down the pill/alcohol in the small intestine, and what is left enters the bloodstream, going first to the liver. The liver filters the blood, removing some of the toxicity. Then the blood takes the residue all around the body to every cell.

In contrast, breathing toxic fumes brings them into the lungs where they enter the bloodstream directly, without filtering or dilution. The blood carrying toxic vapors then travels first to the brain, then to the heart and all around the body (Activity 5 and the poster Toxic Chemicals Affect Your Body Right Away will help you explain this graphically to your class). Huffing or sniffing product vapors delivers undiluted toxins directly to brain cells! That is what makes this practice so very, very dangerous.

The fumes and gases that cause the high can damage the brain and can cause sudden heart and respiratory failure. After six months of chronic, persistent use, inhalant abusers will inevitably suffer some form of brain damage and this damage may not be reversible. Youth who abuse inhalants tend to drop out of school, use multiple drugs, and suffer severe health problems, including irreversible brain damage, more often than youth who abuse other substances. Inhalant abuse is highest among eighth graders and many of these youth started abusing before they were ten years old.

What is inhalant abuse?

Inhalant abuse is the inhalation of volatile substances for the express purpose of attaining a high. Spray paint, correction fluid, gasoline, dry erase markers, glue, butane, freon, and propane - these are some of the substances youth are abusing.

Many volatile substances are quickly absorbed by the lungs and can cause changes in mood, altered states of consciousness, hallucinations, lack or coordination and slurred speech. There are chemicals in products such as glue, paint, and nail polish that produce a high when used improperly. The products containing these chemicals were never meant to be abused to achieve a high, and when used improperly become very dangerous to one’s health.

The largest number of youth who begin using inhalants do so during their middle school years. In fact, in 2018, 8.7% of eighth graders had tried inhalants and 1.8% had used in the last 30 days. By 10th grade, the 30-day prevalence rate had dropped to 1.0%. Among new users ages 12-15, the most commonly abused inhalants are glue, shoe polish, spray paints, gasoline, and lighter fluid.

Across America, children and teens are willfully inhaling everyday household and industrial products for the purpose of getting high. This intoxication is short-lived (about 2-4 minutes), yet can be devastating with lifetime effects.
Categories of inhalants

There are over 1,400 inhalable products on the market in these four categories: solvents, aerosols, gases and nitrites.

**Solvents**
- paint
- glue
- paint thinners or removers
- toxic markers
- toluene
- gasoline/kerosene/benzene
- lighter fluid
- nail polish remover
- carburetor cleaner
- grease/spot remover
- correction fluid
- halon

**Aerosols**
- spray paint
- hair spray
- deodorant
- fabric protector
- room fresheners
- vegetable cooking spray
- computer cleaning products

**Gases**
- butane lighters
- propane tanks
- nitrous oxide whipping cream dispensers
- helium gas cylinders
- freon or refrigerant from air conditioners or coolers

**Nitrites**
- amyl
- butyl

It is important to keep in mind that there are many different products in each of these categories, many of which have euphoric and toxic effects. Many commonly-abused products represent complex mixtures of solvents, and the individual makeup of each product varies widely. Typically, these products are found in the home or can be purchased at most neighborhood stores, making them easily accessible.

Why are people turning to inhalants?

Several reasons can be cited for the increasing use of inhalants:
- the public, including teens, is generally uninformed of the dangers
- inhalants are generally inexpensive
- inhalants are extremely accessible and readily available in most homes
- abusers do not need special contacts and do not have to “hit the streets” to obtain inhalants
- inhalants are generally legal to buy
- some states do not have enforceable inhalant abuse laws
Reasons given by youth for using inhalants

In recent surveys, youth have reported several reasons they inhale toxic and volatile chemicals. Some of these reasons include:

- hallucinations that occur during some inhaling episodes
- a perception that the high of inhalants is better than that of LSD or other drugs
- an enjoyment of the dizziness and "out there" feeling of the high
- a belief that the high can be controlled and has a low risk for harm
- instant gratification, or a rapid progression to the high
- ease of concealment of most inhalants
- a perception that police won’t do anything about inhalant abuse

THE AVERAGE AGE OF AN INHALANT ABUSER IS 14 YEARS OLD.

Inhalant abuse is at least partially attributable to the increasing quantity of abusable products on the market. It is impossible to control or ban the over 1,400 legal products.

Very few people understand the devastating health effects of inhalant abuse. And, frighteningly, many youth do not believe inhalant abuse can be lethal. Without education, many people will continue to abuse inhalants to achieve a cheap, accessible, and attractive high, with deadly consequences.

Understanding the high: the inhalant abuse problem

While low price and accessibility of inhalants make them attractive substances for many people, the quality of the high is often the deciding factor for abusers. Inhalant abusers report the high is very intense and is sometimes accompanied by hallucinations. Moods, thoughts, and colors can appear enhanced. Because of the desirability of these occurrences, even those who can afford other drugs often choose to abuse inhalants.

An inhalant abuser exhibits symptoms similar to those exhibited with alcohol intoxication, but these symptoms occur much quicker. Observation of these individuals reveals several of the following symptoms: initial excitation turning to drowsiness, slurred speech, disinhibition, light-headedness, and agitation. With increasing intoxication, individuals may develop dizziness, disorientation, and ataxia, which is the total or partial inability to coordinate voluntary bodily movements, such as walking. Further intoxication may result in sleeplessness, general muscle weakness, dysarthria, nystagmus, and occasionally, hallucinations or disruptive behavior. With extreme intoxication, progressive loss of consciousness, even coma or death, may ensue.

Chronic abuse is associated with more serious complications, including weight loss, muscle weakness, general disorientation, inattentiveness, and lack of coordination. Volatile organic compounds are usually inhaled and absorbed by the lungs, where they are transported by the blood stream to other parts of the body.
How the chemical enters the body makes a difference in the type of effect it will have. For example, putting the substance into a small plastic sandwich bag, sealing the bag over the nose and mouth to exclude oxygen, and inhaling deeply will create a more intense effect than sniffing small amounts.

Some of the effects of inhaling can be attributed to cerebral hypoxia, which is a lessened amount of oxygen getting to the brain.

Methods of inhalation

Products are inhaled because of the speed and effectiveness of absorption. Chemicals are sprayed in or on each of the following types of paraphernalia. Each item traps the chemical and allows the fumes to be easily inhaled out of the container or off the cloth. Again, the high can be controlled by the method of inhalation:

- Bagging - substance is placed in a soda can or plastic or paper bag that is placed over the nose and mouth. The fumes are inhaled with quick, short, rapid breaths. Therefore, the high can range from short- to long-term, light to intense.
- Huffing - substance is inhaled directly from the container, or placed onto a cloth, such as a rag or sock, which is put over the nose and mouth or in the mouth or nose.
- Contents are sprayed directly into the mouth and/or nose.
- Substances (halon, butane, photo lens cleaner) are placed directly over the nose and mouth.
- A large plastic bag is placed over the head and shoulders, and the product is sprayed into the bag, then inhaled.
- Balloons and a cracker are sometimes used with nitrous oxide and other gases. The cracker has a pin to puncture the nitrous container. The balloon is placed over the end of the cracker, and then the gas from the balloon is inhaled.
- Amyl nitrite is found in small thin glass ampules. The abuser crushes the tube and inhales the gas immediately.
- Butyl nitrite comes in a small bottle and is inhaled directly from the container. Butyl nitrite is now illegal, but video head cleaner has been substituted for and sold as butyl nitrite.
- Substances (such as glue) are heated, then inhaled.
- Small, confined areas are filled with a gas (such as propane), while abusers breathe normally.
Slang terminology for methods of inhalation

- huffing
- snorting
- glading
- bagging
- spraying
- hacking
- sniffing

Paraphernalia

- soda cans
- balloons
- aerosol spray cans
- apparatus for nitrous
- plastic bags/paper bags
- butane lighters
- socks/rags
- canisters
- thin glass capsules/ampules
- crackers

Signs and symptoms of inhalant abuse

- slurred speech
- poor memory
- acute confusion
- dazed or dizzy look
- fatigue
- intoxicated appearance
- less concern about appearance
- stains on clothing/skin
- chemical smell on breath or clothing
- sores/rash around mouth/nose
- sores in the mouth and at the back of throat
- nausea and vomiting
- abdominal pain
- decrease in appetite
- weight loss
- hand tremors
- headaches
- seizures
- chronic cough
- chest pain
- shortness of breath
- ataxia
- sullen/lethargic moods
- agitation
- aggression/irritability
- hysteria
- violence
Health Effects of Inhalants

Health concerns and risks

Reports of death from inhalants cross every socio-economic boundary. Some of the most common forms of inhalant-related death are:

- sudden death (cardiac arrhythmia and arrest)
- burns (flammable chemicals)
- poisoning
- suffocation and asphyxiation (pulmonary)
- injury (such as trauma from a car accident)
- convulsions or seizures
- coma
- choking

After as short a time as six months of chronic abuse, inhalant abusers may suffer some form of irreparable brain damage. They will likely develop other health problems. Some of the health concerns that may develop include:

- burns
- permanent neurologic damage (cognitive, motor control, visual and/or hearing loss)
- liver damage
- heart damage
- poor breathing
- bone marrow damage
- gastroenteritis

Compulsive use and a mild withdrawal syndrome can occur with long-term inhalant abuse.

Volatile organic compounds

Inhalable compounds, called volatile organic compounds, or VOCs, are highly lipophilic (Latin: to like fat). This explains their distribution to organs rich in lipids, such as the brain and liver. After being distributed to these fatty tissues, VOCs are usually metabolized by the liver to water soluble compounds and then eliminated through the kidneys.

The adverse health effects of both acute and chronic inhalant abuse are numerous. They can include acute effects on the heart, lungs, kidneys, and muscles, and severe chronic effects on the brain and other parts of the nervous system.
VOCs can produce cardiac arrhythmias (disturbances of heart rhythm) resulting in sudden death. A sudden fright, exertion, or other source of stress causing the release of adrenaline may also cause sudden death.

Certain VOCs, such as solvents, may cause a dangerous lowering of the body’s potassium through their effects on the kidneys. Extremely low levels of potassium may result in muscle damage, kidney failure, and cardiac arrhythmias.

**Neurologic effects**

The neurologic effects of chronic inhalant abuse can also be devastating. Severe brain damage occurs with continued abuse, and is largely irreversible. The types of substances inhaled, the method of inhalation, and the frequency of the inhalation dramatically impact the amount of harm done to the brain, bones, and internal organs.

Neurologic effects result from damage to the white matter (the area of the brain with the highest fatty content) and include:

- memory disturbances
- cognitive problems
- loss of coordination
- ataxia
- visual impairment
- hearing impairment
- nerve fiber destruction
Our Family’s Guidelines for Using Household Chemicals

We think breathing chemical fumes is dangerous because

✓ Check with an adult
✓ Read labels
✓ Follow instructions on product labels
✓ Buy nontoxic products when possible
✓ Don’t leave containers open
✓ Keep eyes, nose, and mouth away
✓ Take frequent fresh air breaks
✓ Keep products off skin
✓ Wear a safety mask
✓ Open windows, turn on fan
✓ Do project outside, if possible
✓ Clean or dispose of sponges, brushes, rags, and containers as directed after use

Images courtesy of Fotolia/Igor Mozjes and Fotolia/Alina. Used by permission.
OUR FAMILY’S GUIDELINES FOR USING HOUSEHOLD CHEMICALS

We think breathing chemical fumes is dangerous because

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OUR SAFETY GUIDELINES - WHAT WE CAN DO TO PREVENT ACCIDENTAL POISONING FROM CHEMICALS

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Posters
TOXIC CHEMICALS
Affect Your Body Right Away

1. toxic chemicals go in nose and mouth
2. they travel immediately throughout the bloodstream
3. in seconds, they settle in the brain, heart, liver and muscles
Alternate Core Lesson 8
Prescription Opioids and Heroin

For more information: www.ProjectALERT.com
Dear Project ALERT Instructor:

As opioid misuse has been designated as an epidemic in the United States, you may find that this lesson may be relevant for your students. You may opt to present a shortened form of another lesson in order to address the material in this lesson. Specifically, the lesson on Inhalants (Lesson 8) may be shortened or removed to accommodate this additional material. It is at the discretion of the instructor or guiding authorities within the school system.

If time is a factor and this lesson cannot be integrated into the teaching schedule, we strongly recommend disseminating the “Prescription Opioids and Heroin” student supplemental guide (there are both teacher- and student-specific versions) as well as the Student Handouts at the end of this lesson so that students will have some take-home materials that focus on this concern.

This alternate core lesson was pilot-tested during the 2017-2018 academic year in several classrooms in California as an addition to Project ALERT. Though not part of the original evidence-based curriculum, it has been reviewed by a staff of behavioral research professionals with expertise in areas of substance use prevention, adolescent health, program evaluation, research methods, and implementation science. Despite this, it should be noted that this lesson has not been tested in a randomized controlled trial, which is the gold standard for rigorous evaluation. The original Project ALERT curriculum has been supported by randomized controlled trials. Yet, due to the urgency of drug misuse by youth and the increasing number of cases or opioid use disorder and related deaths we believe it is prudent and most responsible to include a lesson addressing opioids at this time. The staff at Project ALERT believe prevention is critically important for youth to avoid the development of problematic drug use.

Note that there is a web page for Prescription Opioids and Heroin, which holds this lesson and all supplemental materials: the accompanying slide deck, the supplemental guide, the infographic, and the student handouts, but there is no online facilitator training for the lesson as there are for the original core and booster lessons. In the Preparation section, we recommend several ways to prepare in advance for presenting the material.

Finally, the same approach, strategies, and techniques taught in other Project ALERT lessons, along with the use of roleplays, practicing resistance skills, and group work are all key components of this lesson.

Special thanks to the following for their support and participation in the development of this lesson: Ventura County Office of Education, Kern County Superintendent of Schools, Orange County Department of Education, Stanislaus County Office of Education, Alameda County Office of Education and San Leandro Unified School District.

We thank all our program partners for all you do to make sure youth stay healthy and drug-free. We consider your part in teaching to be the most critical part of making the Project ALERT program a success. Please contact us if we can support you further.

Eric R. Pedersen, Ph.D.
Director, Project ALERT
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Lesson Outline

Goals

1. To describe opioids, their addictive properties, and their serious physical and social consequences for teens
2. To teach students how to differentiate between prescription opioids\(^1\) and illegal substances such as heroin, and explain how legitimate use of opioids, such as prescription pain medication, can turn into addiction and illicit use of opioids and heroin
3. To motivate students to be cautious of prescribed opioids, and provide students with resistance skills to refuse to use opioids other than those prescribed to them by a medical professional/physician

Summary of Activities

Have students read the *Prescription Opioids and Heroin* student supplemental guide prior to the lesson. Note that the student guide is a simplified, condensed version of the teacher's supplemental guide, *Heroin and Other Opioids*.

1. Introduce Lesson (1 min.)
2. Introduce Opioids and Heroin (2 min.)
3. Normative Data on Opioids and Heroin (5 min.)
4. What Do You Know about Opioids and Heroin? (10 min.)
5. Reinforcing Risk of Addiction/Case Study (14 min.)
6. The Brain and Addiction (6 min.)
7. Roleplays: Reasons Not to Use and Ways to Say No (11 min.)
8. Safety Precautions to Avoid Addiction (3 min.)
9. Homework (1 min.)
10. Wrap-Up (1 min.)

Description

Alternate Core Lesson 8 responds to the growing concern about the use of opioids and the increasing risk placed on pre-teens and teenagers to use and misuse prescription opioids and heroin. While Lessons 1-3 focus on building information and Lessons 5-7 and 9 emphasize the practice of resistance skills, this lesson combines both elements and is highly interactive.

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\(^1\) The term “opioids” applies to both natural and synthetic forms of heroin and opiates. In this lesson, when referring to prescribed medication, we use the terms “prescription pain medication” and “prescription opioids” and they all fall under the category of “opioids.”
It is designed to:

• inform students of the physical consequences of experimentation with heroin and other opioids
• help students learn how to protect themselves from becoming addicted to heroin and other opioids

**Activity 2** - introduces opioids and heroin and asks students what they may already know about these substances.

**Activity 3** - elicits student feedback about perceived norms and presents actual normative use data for opioids and heroin.

**Activity 4** - using the student version of the supplemental guide Prescription Opioids and Heroin, students will devise lists of characteristics of opioids and heroin.

**Activity 5** - students recall the most commonly used addictive substances reviewed in earlier lessons and the characteristics of addiction. The interactive case study gives students a practical way to think about the dangers of opioids and heroin and learn how these substances are related. Students make determinations about what safe and healthy choices can be made at decision points in the story.

**Activity 6** - focuses on dopamine and how opioids affect the brain. An optional brief activity elicits responses about what positive activities students can do to promote brain health.

**Activity 7** - emphasizes resistance-building skills to encourage non-use and safe use of prescription opioids using student roleplays.

**Activity 8** - students read aloud the guidelines for the safe use of opioids, which also serves as the homework assignment to be reviewed with a parent or other trusted adult.

**Preparation**

• Review Lesson Plan
• Read supplemental teacher guide “Heroin and Other Opioids” and condensed student guide, “Prescription Opioids and Heroin”
• Read article from the Fall 2018 ALERT Educator, Why Should We Tell Kids About the Opiate Epidemic?
• Review (and during Activity 6, display) Power Point slide deck
• Collect and prepare materials, as indicated below
• Review other resources in the Teacher Resources section

Optional: View the FBI and Drug Enforcement Agency film, Chasing the Dragon, and the NOVA film, Addiction. These films will provide you with more detailed and explicit information about opioid addiction and educate you further on impact on individual, and
families and illustrate how the brain responds to opioids, Although not specifically recommended for young student viewing, it insightful and a useful resource for educators and parents.

Materials Needed

Assemble the following materials:

• Completed visual: Ground Rules: Students (saved from Lesson 1)
• Power Point slides to display for Activity 6 (available at www.projectalert.com/account under Lesson Plans > Alternate Core Lesson 8)
• Print and display Poster 12: Danger! Cocaine! Meth! Heroin! (Activity 5)
• Print and display Poster 9: Ways to Say No (Activity 7)
• Duplicate the following handouts
  – Student version of "Prescription Opioids and Heroin" supplemental guide (Activity 4)
  – Student version of case study worksheet (Activity 5)
  – "Benefiting the Brain" informational handout (optional for Activity 6)
  – Roleplays worksheet (Activity 7)
  – "Be Smart, Be Safe: Guidelines for Prescription Opioids" handout (Activity 8 and homework)

Prepare the following materials (see example in Teacher Reference section)

• Visual for students: Create a sample chart for students to follow in Activity 4, What Do You Know about Opioids and Heroin? Under the page header "What do we know about…", write two columns - one labeled "Prescription Opioids" and one labeled "Heroin."
Activities

1. Introduce Lesson (1 min.)
   
   A. Display visual from previous lessons: Ground Rules: Students.
   
   B. Confirm that students have read the supplemental guide, *Prescription Opioids and Heroin*.
   
   C. Say, “Today we are going to talk about a group of drugs called opioids (pr: ō’pē-oids), how they affect the body and brain, and why they can be so addicting. Opioids can be prescribed by a doctor for pain management, but there are also illegal forms of opioids such as heroin. We will also discuss how you can protect yourself from the dangers of opioids.”

2. Introduce Opioids and Heroin (2 min.)

   A. Ask students, “Who has heard the word ‘opioids’ before this lesson? (show of hands). Ask: “Who has heard of Oxycontin or ‘Oxy’?” (show of hands). Then ask: “Who has heard of heroin?” (show of hands). These drugs are known as opioids. Prescription opioids are sometimes called, “prescription painkillers,” or “pain meds.” We will be talking about the similarities and differences between prescription pain meds and heroin.”

   B. Ask students, "Does anyone know what prescription opioids are primarily used for?" (To treat pain.) "Sometimes teens are prescribed pain medication for severe or moderate pain, like a broken arm or tooth pain or sports injury."

3. Presentation of Normative Data (5 min.)

   Activity Goals
   
   1. To present normative data for prescription opioid misuse and heroin use.
   
   2. To emphasize the low prevalence of use among youth.
Say to students, “A few lessons ago, we talked about the average number of 8th graders that had used substances like alcohol, tobacco, e-cigarettes/vaping, and marijuana in the past month. If we had a gym with 100 8th graders in it, we found that:2

(Write out abbreviated forms of the following data on board.)

- About 2 in 100 smoked cigarettes in the last month
- About 10 in 100 used e-cigarettes/vaped in the last month
- About 5 in 100 used marijuana in the last month
- About 8 in 100 used alcohol in the last month”

★ Teaching tip: Take a clear cylinder or other container and fill it with 100 items such as marbles; take 2 of the items out to show the number who smoked cigarettes, put those two items back in; take 10 out to show the number who used e-cigs/vaped, put the 10 back in; take 5 out to show the number who used marijuana and put those 5 back; then take 8 out to show the number who used alcohol and put them back.

"Let's move on to slightly older teens."

Ask students, "How many out of 100 kids aged 12-17 do you think have used prescription pain medication illegally in the last month? (Elicit a few student responses.) It's about 1.3 (Write abbreviated info on board.)

"How many do you think have used heroin in the last year? (Elicit a few student responses.) It's much, much lower - it's less than one-tenth of 1%. If there were a thousand kids in a gym, less than 1 of those kids have used heroin." 4 (Write abbreviated info on board.)

★ Teaching tip: "So if I have ten jars full of 100 marbles each (1,000 total marbles) only one marble is taken out to show the number who have ever tried heroin."

"What do you think about these numbers? Are kids using these substances very much?" (Elicit feedback.)

"Let's take out your supplemental guides."

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3 Source: https://www.samhsa.gov/data/report/2017-nsduh-annual-national-report (2017 use data, which is the most current as of 2019)

4 Ibid.
★ Teaching tip: If students have not read this before as homework, take the time to have them read it now so they can have the information needed to complete the upcoming activities.

4. What Do You Know About Opioids and Heroin? (10 min.)

A. Distribute a piece of chart paper to each group. Say, "I want you to get in your groups and on a piece of chart paper, write the following at the top: “What do we know about…” Under that header, make two columns - one labeled 'Prescription Opioids' and the other 'Heroin.' (Draw or display the visual you created as an example for students to use as a guide. See sample visual, Teacher Reference).

B. "Using your supplemental guides as your source of information, write down in each column at least 4 things you learned about these drugs. They may have things in common, so it’s ok for some things you learned to appear in both columns (for example, both are addictive). Afterwards a reporter will share what your group came up with and display the chart on the wall."

★ Teaching Tip: You will need to have the student version of the “Prescription Opioids and Heroin” supplemental guide available for each group to use as a reference while they brainstorm. For larger groups, more copies will be needed. If students are working on a mobile device, they could go to the link and read the supplement online.

C. Compare and contrast prescription opioids and heroin.

Tell students: “Ok, let’s compare prescription opioids and heroin. Looking at your charts we see that they have some similarities.”

Similarities: (make sure those that are bolded below are stated on the chart; if not, point them out)

- Both are opioids/opiates (can be natural or man-made/synthetic)
- Both are highly addictive and create a tolerance (define tolerance as the need to keep taking more of the drug to feel the effects of it. If taken often enough, some people develop such a tolerance that they need the drug to function, like to help them wake up or fall asleep)
- Both can kill you (overdose)
- Mixing prescription opioids or heroin with alcohol or other drugs can cause severe bodily harm or be fatal (this is the most common form of misuse and extremely dangerous)
- Illegal prescription opioids may have other harmful unknown substances mixed into them (the slang or street term for "mix with" is "laced with" or
“cut with”), like Fentanyl, an opioid that can be up to 50 times stronger than heroin

- **Most people, and especially teens, do not use or abuse these drugs**
- May be used to relieve pain
- If found in possession of heroin or illegal possession or distribution of opioids, one can get in trouble with law enforcement and possibly charged with a felony and be incarcerated. This affects the ability to get a job/work/driving license; also, the possibility of getting expelled from school and loss of friends

"Now what are the differences? Raise your hand if you know of something that is different between prescription opioids and heroin." (Also refer to the charts that the students just made for ideas; make sure the following are mentioned.)

Differences: (make sure those that are bolded below are stated on the chart)

- **Heroin is illegal** in the U.S. and has no medical use (note that although prescription opioids are legal, if not used as prescribed by the person it is prescribed for, it is illegal and considered abuse)
- **Heroin is usually snorted or injected;** it can also be smoked or inhaled (prescription opioids are often in pill form are most often swallowed)
- **Heroin users are at high risk of contracting diseases and infection such as hepatitis and HIV** due to sharing needles that have been used by someone else
- **Heroin may have other harmful unknown substances mixed into it (or "cut with").** Like sugar, baking soda, baby powder, or rat poison
- **Prescription opioids can be prescribed** by a doctor
- Prescription opioids are made in an approved lab (if students say this, make sure to note that it does not mean they cannot harm you; some do not come from proper sources, can be tainted, or fake)

* Summarize: "You can see that these drugs are both opioids, are highly addictive, and can lead to addiction and severe consequences; even death.

**Great job on your lists, everyone! Let’s review what we’ve learned from past lessons about the symptoms of addiction.”
5. Reinforcing Risk of Addiction/Case Study (14 min.)

A. Ask students: “What do you remember about the symptoms of addiction from our earlier sessions?” Elicit feedback. (Students can also refer to Poster 12: Danger! Cocaine! Meth! Heroin! for ideas.) Make sure students say, or teacher includes, the following.

- When your body craves something, and needs it just to function or not feel bad
- A drug you need more of or crave to feel the high (tolerance) and can’t stop using for very long
- Always thinking about using (becomes a constant thought)
- When stopping, a person has a very strong craving and experiences “withdrawal” symptoms (almost like flu symptoms but much worse - sweats, chills, shaking, nausea, vomiting, cramping - which is common for opioid addiction)
- A person continues to take the drug (loss of control) even when it causes problems with family (parents), friends, school, job, reputation, and other parts of his/her life

Summarize: “I am glad to see you understand and remember what addiction is - you really understand this danger. Basically, addiction is, “When someone needs or depends on the drug to function, they must have it or they will go into withdrawals.”

B. Case Study Activity: From Prescribed Use of Opioids to Their Illicit Use and Illegal Use of Heroin

This activity is designed to give students a practical application of dangers associated with using these substances, and their relationship to one another by describing a realistic case scenario, beginning with the prescribed use of opioids and advancing to the illegal use of opioids and heroin. This part of the lesson represents the key approach to educating students about the consequences of misusing opioids and using heroin.

It is important to illustrate that there are various decision points along the path of drug use, where a person can take a positive action to avoid becoming addicted (i.e., substance abuse disorder). This case reinforces earlier lessons that address a person using a drug to deal with an emotion such as sadness, anger, or frustration, and the need to reach out for help if they are troubled and having a hard time handling difficult feelings and situations.

See Student Handout section for the student version of the case study.
Activity Goals

1. To show the relationship between prescription opioids and heroin.
2. To present a realistic situation to help students make the connection between legitimate use of prescription opioids, misuse of opioids, and illicit use of heroin.

Students will stay in their groups, appoint a recorder, and review the case study based on a student athlete's injury. Ask students to review the case study and at each "decision point," the students in their groups are to choose an action that the boy can take to keep him healthy and safe.

Once the group completes all the decision points (about 5 minutes), the teacher will review the case with the entire class, asking the groups to share the actions they came up with as the teacher progresses through the case.

Distribute Case Study Activity (student version) to each group. Say, "As we’ve figured out so far, prescription opioids and heroin have a lot of similarities. Let's learn more about what they have in common with each other by looking at the Case Study worksheet. This story is about a boy named Ollie and is very much like real life. There are 5 "decision points" in the story, and each one is an important part of the story where Ollie can choose an action to stay safe and healthy.

Appoint a recorder. For each decision point, your group should discuss and write in something Ollie could do before going further down the path towards misuse and addiction. I want your group to come up with actions Ollie can take that will keep him safe and healthy. Ok, begin."

Walk around/observe groups as they deliberate, praise those responses that keep Ollie safe and healthy. When students are finished (after about 5 minutes), lead a discussion that reviews each decision point, elicit feedback.

Teacher reads case study, stopping at each decision point to elicit response from the groups.

Decision Point #1: Ollie goes to the doctor and she tells him he must keep his arm in a sling and also says she is going to prescribe something for the pain called oxycodone.

(Decision to make - whether to take oxycodone, a prescription opioid)
Elicit feedback.

Note: Recognize that using prescribed opioids can be helpful, but that it’s important to:

1) know the risks and take medications with caution
2) take them only under a physician’s guidance, and
3) take them no longer than necessary.

In some cases, non-opioid pain relievers can be a better option.

Say to students, "Why might Ollie want to take a non-opioid pain reliever like Tylenol or Advil instead?"

Possible responses if not already stated:
- Safer and may manage pain better
- Fewer side effects
- Less chance of addiction

Elicit feedback. Say to students, "What might happen if Ollie starts taking oxycodone? Think about what we learned from your supplemental guides about how prescription opioids can affect you."

Possible responses if not already stated:
- Might help the pain
- Greater chance of addiction compared to using a non-prescription medication like Tylenol or Advil

Decision Point #2: Ollie goes to watch his team play and feels sad because he can’t be on the field. Each time he goes to a game he feels worse because his doctor said he can’t play for at least 4 more weeks and his arm still hurts a little.

(Decision to make - how to cope with feelings of sadness and mild pain)

Elicit feedback. Say to students, "What could/should Ollie do to handle his sadness and the mild pain?"

Possible responses if not already stated:
- Talk to coach about helpful things he can do for the team until he is cleared to play
- Start an exercise program to keep his legs strong and not lose fitness
- Talk to parents, coach or counselor about his feelings
Elicit feedback. Say to students, "What might happen if Ollie chooses to spend most of his time by himself instead of being with the team?"

Possible prompts:
- Might become disinterested in many of the activities he used to enjoy
- Might get more sad or become depressed
- Might be tempted to use more medication than he needs

Decision Point #3: Ollie realizes when he takes oxycodone he feels less emotional and not as sad, even though his pain is only mild now.

(Decision to make - to take oxy when it’s either not necessary or for something they weren’t prescribed for, like sadness or depression)

Elicit feedback. Say to students, "What other ways could Ollie manage his pain instead of using oxycodone?"

Possible responses if not already stated:
- Use a non-opioid pain reliever such as Tylenol or Advil since the pain is mild
- Exercise to help keep fit and make him feel better
- Live with some pain as his body heals
- Talk to his doctor and see a counselor to talk about his feelings

Elicit feedback. Say to students, "What might happen if Ollie chooses to keep taking oxycodone when he doesn’t really need it? How might his misuse impact his family?"

Possible responses if not already stated:
- Might develop an addiction
- When he runs out of oxycodone, he might try other drugs
- Family will become disrupted and hurt by his misuse and addiction

Decision Point #4: Since he renewed his prescription, Ollie finds that he has lots of pills left over, but his arm does not hurt anymore.

(Decision to make - whether or not to misuse opioids)

Elicit feedback. Say to students, "What should Ollie do with the pills since he no longer needs them for pain? If he keeps them around, do you think he (or someone else) might get tempted to use them when he does not need them?"
Possible responses if not already stated:

- Find out the safest way to get rid of them
- Tells doctor, parent, or other trusted adult that he does not need them and to get rid of them
- If Ollie is still having problems with feelings, see a counselor to get help

Elicit feedback. Say to students, "What might happen if Ollie chooses to keep taking oxycodone when he doesn't really need it as much? Think back to lists we made earlier."

Possible responses if not already stated:

- Might develop an addiction
- When he runs out of oxycodone, he might turn to other drugs to satisfy the craving, as he is becoming addicted—this is also known as a 'substance abuse disorder'

**Decision Point #5:** After taking the pills over 3-4 weeks, he wants more, but his doctor will not renew his prescription. Ollie feels anxious, irritated, and sick.

At the park, Ollie runs into “JJ,” who is a sort-of friend of his older cousin. He tells Ollie that heroin will make him feel just like oxy makes him feel, and that it’s cheap and easy to get and offers to get him some.

(Decision to make - whether or not to use heroin)

Elicit feedback. Say to students, "Why is JJ suggesting heroin? Think back to the list of similarities and differences we created earlier

Possible response if not already stated:

- JJ knows that heroin and oxycodone can affect you in similar ways
- JJ tells Ollie it will make him feel better (JJ is acting as a “drug dealer” which is illegal and a felony)

Elicit feedback. Say to students, "What might happen if Ollie chooses to use heroin?"

What about his family?

Possible responses if not already stated:

- Trouble with law enforcement since it's illegal
- Might be cut with something like salt, rat poison, or even stronger opioid drugs like fentanyl
- Likely to become addicted and put much stress on his family and those who care for him
- Tolerance worsens - withdrawals, shaking, vomiting, death
"Great job on the case study, everyone. Do you see how opioids and heroin are related and have similar effects on the body? It is very easy to become addicted to these substances, even when a doctor prescribes an opioid to help you with pain. You all are now a lot smarter and can make good decisions to keep yourself healthy and safe!"

"We've looked at different ways these substances can affect you. Now let's look at how they work."

6. The Brain and Addiction (mini-lecture; 6 min.)

A. Mini-lecture (display Power Point slides while speaking)

Research shows that information about the brain has a significant impact on adolescent learning and decision making about substance use.

Activity Goals

1. To explain why people want to use opioids.
2. To show that the brain is still developing up to age 25.
3. To present how vulnerable the brain is to drug effects.

(Slide 1 - Your Brain: Your Body's "Control Center"): “The human brain is very complex and controls our movement and thoughts and our bodily functions---it is our body's control center or "computer" and it takes a long time to fully mature. It isn’t fully developed until around age 25. A part of the brain known as the pleasure and reward center controls when we feel good, like when you are really excited or happy about something. (Advance slide.)

(Slide 2 – What Is Dopamine and What Does It Do?): Dopamine is a chemical in the brain is released naturally when we do something that we truly enjoy - such as listening to music, being physically active or exercising, dancing, accomplishing a difficult task, laughing, being with a person we love, or even enjoying a creative hobby such as drawing, painting, or playing a game. Simply, prescription opioids cause more dopamine to be released than what occurs naturally.

At first, this may seem like a good thing, and that is often the reason why people want to use the drug again. BUT, eventually their bodies want more to feel good--also known as tolerance--because their own body stops doing this naturally. That means the things
you used to do that make you feel good may no longer make you feel good. Only the drug makes you feel good for a while. (Advance slide.)

(Slide 3 – Addiction): We know this as ADDICTION. As users fall deeper into addiction, the drug does not give them the good feeling anymore, but they still need it to function - like to fall asleep, or to stay awake, or to stop some of those intense withdrawal symptoms we discussed like shaking or vomiting.

The addiction process with opioids is particularly strong and happens even when a person has used for a short time. In teens, the process of addiction is quicker because the brain is still developing, and is thus more prone to addiction." (Advance slide.)

END OF MINI-Lecture. Do not advance to slide 4 yet. This slide should be displayed during Activity 8.

B. Follow-up questions about the mini-lecture. Ask students to think of two things they have learned about the brain and call upon several who raise their hands—making a point to emphasize that the brain is developing until about age 25 and thus more vulnerable to addictions of all kinds, especially drugs.

- Optional mini-lecture follow-up section: Motivational questions about how students can facilitate the natural production of dopamine.
  - Ask: "What are some of the positive things can we do to keep our brains healthy?" Ask some leading questions if needed.
    - How about diet? Yes, eating right.
    - How about exercise? Yes, exercise helps release dopamine and make us feel good.
    - Using your brain keeps it "in shape." How can we keep our brains in shape? Study, read, memorize, learn new things, learn a new language, learn a new skill, solve problems, think.
    - How about hobbies? Right. Doing the things we enjoy.
    - How about friendships? How might that help your brain? Part of doing things you love to do; naturally releases dopamine.
    - How about turning off your brain regularly? Rest, sleep, turn off electronic devices.
Tell students, “Great job, everyone. You’re already remembering a lot about opioids. You’re getting informed about these substances and will be much smarter about how to avoid using.”

“Ok, let’s do some roleplays and practice some ways to say no.”

7. Roleplays: Reasons Not to Use and Ways to Say No (11 min.)

Activity Goals

1. To present and practice resistance.
2. To reinforce and validate students’ skill-building.

A. Say to students: “Take out your Roleplay activity sheets. In your Project ALERT groups, come up with: 1) Two reasons not to use opioids, 2) Two different verbal responses you could give to someone who is trying to get you to use opioids illegally (prescription pain medication or heroin). I want you to write the actual words you could use – you can refer to the ‘Ways to Say No’ poster for ideas.”

Note: The only reason to use opioids is when a doctor prescribes them for moderate to severe pain typically caused by injury, surgery, or long-term disease such as cancer. There is no legitimate reason to use heroin.

Once students are done, begin the roleplays.

**Roleplay**

Teacher plays the role of someone at a party offering a prescription opioid, and a student volunteer from each group practices refusal skills. Have the student act out one of the Ways to Say No responses their group came up with.

Provide some positive feedback to promote self-efficacy. Elicit feedback.

“Great job, everyone! Let’s give a hand to our actors.”
8. Safety Precautions to Avoid Addiction and Stay Healthy (3 min.)

A. Tell students: “You can protect yourself from becoming addicted to opioids by using the ways you have learned to say no; however, if a doctor writes you a prescription for opioids, use these Be Smart, Be Safe guidelines to avoid becoming addicted.”

Display Be Smart, Be Safe slide. Distribute Be Smart, Be Safe: Guidelines for Prescription Opioids student handout. Have a different student read each of them out loud.

1. If your doctor recommends that you take opioids, ask about non-opioid options.
2. Ask your doctor about possible dangers and side effects.
3. Tell your doctor about any other medications you’re taking, including vitamins and supplements.
4. Follow your doctor’s orders, monitor your feelings, and report any concerns.
5. Do not mix medications with alcohol or other drugs.
6. Do not share medication with family or friends.
7. When finished with your prescription, dispose of remaining medication properly. (https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm)

9. Homework (1 min.)

A. Refer to the Be Smart/Be Safe homework sheet. Say, “Using the ‘Be Smart Be Safe’ handout, go home and give a brief 3-4-minute oral report on this topic to your parent or other trusted adult. Once complete, have one of them sign the bottom of the form and return to me as homework.”

10. Wrap-up (1 min.)

A. Say, “Today we learned what opioid drugs are, how they affect the brain and can quickly cause addiction in teens. We also learned how to protect ourselves from becoming addicted to opioids and to resist the pressures to use them if they are not prescribed for us.”
Visual (student version - to use for "What Do You Know about Opioids and Heroin?" - Activity 4)

What do we know about...

<table>
<thead>
<tr>
<th>Prescription Opioids</th>
<th>Heroin</th>
</tr>
</thead>
</table>

Online Resources

Mind Matters: The Body's Response to Opioids
https://teens.drugabuse.gov/teachers/mind-over-matter/opioids

Drugs, Brains, and Behavior: The Science of Addiction
https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drugs-brain

National Institute on Drug Abuse site for Parents and Teachers
https://www.drugabuse.gov/parents-educators

Opioid (Narcotic) Pain Medications
http://www.webmd.com/pain-management/guide/narcotic-pain-medications#1

Fall 2018 ALERT Educator article
Why Should We Tell Kids About the Opiate Epidemic?

Video Links

FBI/DEA film, “Chasing the Dragon,” available at:

NOVA film, “Addiction,” available at:
https://www.pbs.org/wgbh/nova/video/addiction
In your group, read the case study and, at each "decision point," your group should come up with an action that Ollie can take to keep him healthy and safe. Have a recorder write the action in the space provided.

Student recorder reads decision points and questions.

"Ollie is one of the best soccer players at school. It looks like he will make varsity this year, something for which he has worked very hard to achieve.

It's the week before the season starts. While Ollie is at a skate park, he takes a bad fall on the half-pipe and breaks his arm. He wants to keep playing on the soccer team, but his arm hurts a lot, and his coach will not let him play."

**Decision Point #1:** Ollie goes to the doctor and she tells him he must keep his arm in a sling and also says she is going to prescribe an opioid called oxycodone.

**Decision to make:** Whether or not to take oxycodone, a prescription opioid

What action can Ollie take to help keep him healthy and safe?

**Decision Point #2:** Ollie goes to watch his team play and feels sad because he can't be on the field. Each time he goes to a game he feels worse because his doctor said he can't play for at least 4 more weeks and his arm still hurts a little.

**Decision to make:** How to cope with feelings of sadness and mild pain

What action can Ollie take to help keep him healthy and safe?
**Decision Point #3:** Ollie realizes when he takes oxycodone he feels less emotional and better even though his pain is only mild now.

**Decision to make:** Whether or not to take "oxy" when it's either not necessary, or for something it is not prescribed for, like sadness or depression

What action can Ollie take to help keep him healthy and safe?

**Decision Point #4:** Since he renewed his prescription, Ollie finds that he has lots of pills left over, but his arm does not hurt anymore.

**Decision to make:** Whether or not to misuse opioids

What action can Ollie take to help keep him healthy and safe?

**Decision Point #5:** After taking the pills over 3-4 weeks, he wants more, but his doctor will not renew his prescription. Ollie feels anxious, irritated, and sick.

At the skate park, Ollie runs into "JJ," who is a sort-of friend of his older cousin. He tells Ollie that heroin will make him feel just like oxy makes him feel, and that it's cheap and easy to get and offers to get him some.

**Decision to make:** Whether or not to use heroin

What action can Ollie take to help keep him healthy and safe?
Prescription Opioids and Heroin
Student Supplement

Information and Facts for Educators and Youth

*Part of the exemplary Project ALERT curriculum developed by RAND*

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Prescription Opioids

What Are Prescription Opioids?

Prescription opioids are drugs that are used to treat pain and discomfort. They are legal, man-made medications that are usually manufactured in an approved lab. They should only be used when you are under a doctor's care. The most popular opioids are in pill form, and include names like Vicodin, OxyContin (or Oxy), Percocet, and codeine. Many prescription cough syrups also contain codeine.

How Do Prescription Opioids Make People “High”?

Prescription opioids go right to the brain. They tell the brain to prevent the body from experiencing pain. Painful feelings are replaced with pleasant feelings or what is sometimes called a “high.” When you keep taking the drug over a long period of time, you need more and more of it to feel the same effects and to function normally.

Why Do Teens Use Prescription Opioids?

Sometimes doctors prescribe these medicines for teens to help them with physical pain. Athletes may use them before games to help with the pain of a sports injury. Teenagers may also use them for the pain of migraines or menstrual cramps. While most people do not use prescription opioids, some teens will use them just to feel their effects, even though they're not in any pain.

Why Is It Dangerous to Take Opioids That Are Not Prescribed for You?

The most important reason for not using prescription opioids that aren’t prescribed for you is that the drugs can be deadly. An overdose can cut off your breathing and result in brain damage and death, even with only one dose. And, unfortunately, it is easy to overdose.

These drugs come in many forms and strengths, and the correct dosage is different for every person, and teens often have no idea what they are really taking. Many teens do not even know what the drugs are for, or which pills are more powerful than others. They also don’t know what dosages are dangerous and how these drugs react when combined with other drugs, such as alcohol, marijuana, or Ritalin. Combining drugs is extremely dangerous and can affect coordination and doing simple tasks, or can cause death from stroke, heart attack, or respiratory failure (inability to breathe). Sometimes, these drugs are made in illegal labs. Opioids that are purchased "on the street" or from a friend are considered illegal; and they can be very dangerous, since it's not known where they came from or what is actually in them. The only opioids you should ever take should be prescribed by your doctor, purchased from a pharmacy, and taken according to your doctor's instructions while you are under his or her care.
Are There Other Effects Besides Pain Relief or A "High"?
Yes. Prescription opioids can slow down your breathing, make you tired, and cause nausea.

Are Prescription Opioids Addictive?
Using prescription opioids to treat pain from a minor injury can lead to addiction very quickly. The more often teenagers use these drugs, the larger the dose they need the next time to get the same effect. Because of this, doctors are very careful when prescribing these drugs and only prescribe a dose that will work for a specific patient and for a short period of time. If they are used in a way that is different from these restrictions, it is considered illegal.

Continued use of these drugs produces both mental and physical cravings. When teens become dependent on these drugs, finding and using them becomes the main focus of life. Mental symptoms of taking the drug away include depression and anxiety. Physical symptoms include stomach cramps, aches, sweating, chills, nausea, shaking, and trouble sleeping. Even after treatment for addiction, it is very difficult for the user to stay away from the drug.

Heroin

What Is Heroin?
Heroin is a very addictive, illegal drug made from opium poppy plants. It is grown in Asia, Mexico, and South America. It is usually sold as a white or brownish powder. Most people do not use heroin, but sometimes when a person can't get a prescription for opioids anymore, they may start using heroin for pain.

Street names for heroin include smack, junk, H, black tar, and horse. Slang phrases for using it include skagging and chasing the dragon. Heroin can be injected, snorted, sniffed, or smoked. After taking it, the user goes through times of feeling very sleepy and then feeling wide awake. Heroin is often mixed with (or "cut or laced with") other substances (like sugar, baking soda, and baby powder), so a user has no idea what they are really putting into their body. All forms of heroin are very dangerous and very addictive.

How Does Heroin Make People “High”?
Heroin goes right to your brain. It works by telling the brain to prevent the body from experiencing pain or discomfort. Painful feelings are replaced with pleasant feelings or what's
called a “high.” When you keep taking heroin over a long period of time, you need more and more of it to feel the same effects and to function normally. This can cause many physical problems, including breathing difficulty and problems with physical coordination, and lead to overdose and death.

Does Heroin Affect Everyone in the Same Way?
No. Since everyone’s body is different, the effect you might feel can be different from what someone else might feel. Using it just one time is dangerous enough to cause an overdose or death. Any heroin user can become addicted to it, and some people will become addicted much faster than others.

Are There Other Effects Besides a “High”?
Yes. Heroin’s strongest effects last about 15 minutes, but it can continue to affect your body for up to 5 hours. Heroin can cause things like speech, thinking, and movement to slow down; simple things like tying your shoe or walking may take longer to do. Over time, the body and brain start to need heroin to do these basic functions.

Are There Long-term Effects of Using Heroin?
Heroin affects the brain’s ability to help you think clearly and control your actions. It can affect your memory, and your ability to make decisions. Using heroin for a long time can cause you to need larger doses to keep you feeling the same way. This can turn into an endless cycle of wanting more and more of the drug, causing you to do things you never thought you would do in order to get it.

Heroin addiction, like addiction to other drugs, causes things like severe sweating and anxiety, shaking, difficulty in breathing, frequent relapses (quitting for a time, then using again), and the strong urge to keep using the drug without thinking about what might happen to you. The only way to recover from heroin addiction is by getting help from a doctor. Long-term users, especially those that share injection needles, are also at risk for many different infections, such as hepatitis B, HIV, and bacterial infections of the heart.

Signs of a heroin overdose include slowed breathing; blue lips and fingernails; cold, damp skin; vomiting; and shaking. A heroin overdose can cause you to stop breathing and prevent oxygen from reaching your brain, and can lead to coma, permanent brain damage, or death.

Is Heroin Legal for Teens?
In all states, it is illegal to purchase or use heroin whether you are a teen or an adult. If you are found in possession of heroin, it can result in expulsion from school, the loss of friends, the ability to get a job or driver's license, trouble with law enforcement, and possibly getting charged with a felony and facing jail time.
Reasons not to use

1.

2.

Ways to say no if someone other than your doctor offers you pills

1.

2.
BE SMART, BE SAFE:
GUIDELINES FOR PRESCRIPTION OPIOIDS

There can be medical benefits to prescription pain medications (prescription opioids), but only when closely monitored by a doctor and used by the person for which they are prescribed. Use the information below to give a 5- to 10-minute oral report to your parent or guardian. Then return the signed form to class.

Actions to take if you are prescribed opioids:

1. If your doctor recommends that you take opioids, ask about non-opioid options
2. Ask your doctor about possible dangers and side effects
3. Tell your doctor about any other medications you’re taking, including vitamins and supplements
4. Follow your doctor’s orders, monitor how you’re feeling, and report back concerns immediately
5. Do not mix medications with alcohol or drugs
6. Do not share medication with family or friends
7. When finished with your prescription, dispose of remaining medication properly (https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm)

Prescription pain medications (opioids) can be extremely addicting. Taking them for even minor pain can lead to addiction very quickly. Over time, people who use these drugs need more and more (this is called “tolerance”) because this can happen, doctors have a responsibility to be very careful when prescribing these drugs: 1) to only prescribe a dose that will work for a specific patient, and 2) to prescribe the medicine for only a limited period of time. But the patient also has an equally important responsibility: to take only what is needed to manage the pain.

Continued use of opioids can cause both mental and physical cravings. When teenagers become addicted to these drugs, finding and using the drug becomes the main focus of life. Taking the drug away causes depression and anxiety and other feelings from “withdrawal,” including muscle cramps, aches, sweating, chills, nausea, shaking, and sleeplessness. Even after getting treatment for addiction, the chance of becoming addicted again, or "relapsing," is very high.

Abusing prescription opioids can have permanent effects on the brain, including loss of interest in everything except the drug, loss of memory, inability to enjoy normal pleasures, depression, impaired brain functioning, and can lead to abuse of other substances, like illegal pain medications and heroin.

Parent or Guardian: Sign if your child reviewed this with you - ____________________________

Student Name ____________________________

Date _________________ Period _____

Project ALERT Alternate Core Lesson 8

Student Handouts
BENEFITING YOUR BRAIN
6 TIPS FOR KEEPING A HEALTHY HEAD

Our brain finally matures around age 25. During this developmental time, it is very important to keep our brain healthy and drug-free. What are some of the things we can do to keep our brains healthy?

**DIET**
Eating right. Cut back on sugar; load up on fresh veggies; cut back on fast food.

**EXERCISE**
Play soccer, work out, hike, or just take a walk. Exercise helps the brain to release dopamine and other healthy chemicals that make you feel good.

**LEARN**
We can think of our brain as a giant muscle in our bodies. How can we flex our brain muscle? Study, read, memorize, learn new things, learn a new language, learn a new skill. All these things will help keep your brain in shape.

**FRIENDSHIPS**
Hanging out with people you like and enjoy being with also helps the brain to release the happy, healthy chemicals that make you feel good.

**HOBBIES**
Doing healthy things we enjoy is important for brain health. Listen to music, sing, dance, paint, play an instrument, volunteer somewhere.

**RE-CHARGE**
Turn off your brain regularly. Getting 8-10 hours of sleep each night is important to both physical and mental health.
LET'S CROSS THE STREET, OKAY?

NO, LET'S GET SOME FOOD INSTEAD.

NO, AND WE REALLY MEAN IT!

NO THANKS!

HERE, TRY IT!

Ways to Say NO

- Simply say, “No.”
- Give a reason
- Leave the scene
- Stand up to pressure
- Offer an alternative
- Avoid the scene
DANGER! COCAINE! METH! HEROIN!

- Addiction
- Heart attack
- Seizure
- Stroke
- Coma
- Death
Review and Practice Resistance Techniques
Contents

Lesson Outline
- Goals
- Summary of Activities
- Description
- Preparation
- Materials Needed

Activities
- Introduce Lesson
- Review Pressures
- Prepare Resistance Skits
- Act Out Resistance Skits
- Play the Benefits Game
- Wrap-up

Teacher Reference
- Ways to Say “No”
- Dealing with Internal Pressures
- Benefits of Not Using Drugs
- Role Play and Critique Tips

Student Handouts
- Skit Preparation Sheet
- Ten Question Teenagers Ask Most About Drugs - and Their Answers
- Oral Report on Drugs - Student
- Oral Report on Drugs - Family Response Form

Posters
- Poster 9: Ways to Say “No”
- Poster 10: Pressures From Inside Yourself
Lesson Outline

Goals

1. To review and practice ways of resisting pressures to use drugs
2. To help students feel capable of resisting when faced with a real-life pressure situation
3. To help students become aware of the benefits of not using drugs

Summary of Activities

1. Introduce Lesson (2 min.)
2. Review Pressures (4 min.)
3. Prepare Resistance Skits (10 min.)
4. Act Out Resistance Skits (10 min.)
5. Play the Benefits Game (16 min.)
6. Wrap-up (3 min.)

Description

Lesson 9 is a resistance practice lesson and provides important reinforcement. Instead of responding to a trigger video, as in previous lessons, students produce original skits based on their own concerns and what they’ve learned in Project ALERT.

After reviewing the visual about where pressures come from (Activity 2), students are instructed to prepare and then act out a skit that shows resistance to any type of drug or other common pressure (Activities 3 and 4). Teachers should encourage a wide variety of skits.

The benefits of not using alcohol and marijuana are linked in this lesson (Benefits Game, Activity 5) in contrast to Lesson 2 where the negative consequences of alcohol and marijuana are linked. The focus on benefits strikes a positive note and is a critical part of the learning and review process.

Preparation

- Review Lesson Plan
- Review the following Teacher Reference material:
  - Ways to Say “No”
  - Dealing with Internal Pressures
Benefits of Not Using Drugs
- Optional: you may want to keep a copy of the benefits close at hand for Activity 5

Role Play and Critique Tips
- Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:
- Completed visual: *Ground Rules: Students* (saved from Lesson 1)
- Completed visual: *Where Does Pressure to Use Drugs Come From?* (saved from Lesson 4)
- Posters:
  - Poster 9: *Ways to Say “No”*
  - Poster 10: *Pressures From Inside Yourself*
- Chart paper, masking tape, 5 thick, felt-tip, nontoxic markers

Prepare the following materials:
- Copy *Skit Preparation Sheet* (Student Handout, two skits per page) for each group
- Chart paper for the *Benefits Game* (Activity 5). You may want to pre-title three newsprint sheets “Tobacco” and three sheets “Marijuana and Alcohol,” listing numbers 1-8 on each.
- Copy *Ten Questions Teenagers Ask Most About Drugs - and Their Answers* (Student Handout) for each student, on colored paper
- Copy *Oral Report on Drugs* (Student Handout) for each student
- Copy *Oral Report on Drugs: Family Response Form* (Student Handout) for each student
Activities

1. Introduce Lesson (2 min.)
   A. Display visual: *Ground Rules: Students.*
   B. “Today we will be reviewing pressures to use drugs. Then we will act out our own solutions to pressure situations.”
   C. “After that, we will talk a little about some of the good things we get from saying ‘no’ to drugs.”

2. Review Pressures (4 min.)
   A. “First, let’s review where pressures come from.” Display visual: *Where Does Pressure to Use Drugs Come From?* Briefly review the pressures to use drugs. End with the “Yourself” category.
   B. “The pressures inside yourself are often hard to identify, but they are important because, in the end, it all comes down to you. You make the decision to use drugs or not. Let’s see how you can resist these internal pressures.”
   C. Display the *Pressures From Inside Yourself* poster. Elicit resistance responses from students for two or more of the pressures. “What could you say, think, or do if you were feeling bored and you didn’t want to drink?”

3. Prepare Resistance Skits (10 min.)
   A. “We’ve been learning how to spot pressures and how to avoid using drugs by resisting these pressures. Today we’ll get more practice resisting pressure. The more we practice, the easier it will be to say ‘no’ in a real situation.”
   B. “To practice, we’ll be doing skits in which you make up the pressure situation and the solution.”
   C. “What are some situations in which you sometimes feel pressure from yourself or others to do something you’re not sure you want to do?” Elicit three or four examples - get students thinking about prescription drugs, inhalants, LSD, and nondrug pressure situations (to skip class, shoplift, lie to parents, cheat on homework). For each example, ask “What could you do to resist?”
   D. Show the *Ways to Say “No”* poster and note that these are some good ways to say “no.” Reinforce students’ responses during the discussion by referring to the poster.
E. Introduce the skits.
   1. “In a minute I’m going to divide the class into groups. Each group’s job will be to come up with a pressure situation and a saying ‘no’ solution, rehearse the whole skit, and act it out.”
   2. “Remember that your skits may be about internal or external pressures.”
   3. “You may use the Ways to Say ‘No’ poster and your own ideas to come up with a solution.”
   4. “Remember, the people who say ‘no’ are the main characters in the skit, so really emphasize their parts.” Acknowledge that it may be fun to act out the pressurer’s part but that the resister’s part is the most important and the focus of the skit.
   5. “Each group will have six minutes to come up with and rehearse its skit.”
   6. “Each group will select a Director, who will be responsible for getting everyone to work together. Each group will select a Recorder, who will write on their Skit Preparation Sheet the pressure situation and solutions and who plays what part.”
   7. Encourage students to make up realistic skits, situations that might really happen at their school or in their neighborhood.

F. Divide the class into four or five groups.

G. Circulate, offering help as needed. Try to steer skits away from hostile or indecisive solutions.

H. Reassemble the class.

4. Act Out Resistance Skits (10 min.)

A. Give specific skit instructions:
   1. Speak up.
   2. Face the class.
   3. Director introduces skit and characters.
   4. Audience is quiet - no more planning.

B. Each Director announces the parts, and then each group presents its skit to the class. Lead the applause.

C. After each skit, ask the audience to describe the solution. Point out how it works, and praise some aspect of it. The key is to convey your belief that the group has really mastered resistance skills. (“The way you said ‘no’ sounded very strong. I wouldn’t want to mess with you.”)

D. Note that these or similar solutions could be used in other kinds of pressure situations. Mention shoplifting, skipping school, and cheating, if appropriate.
5. **Play the Benefits Game** (16 min.)

   A. “Today we’ve talked about some of the pressures to use drugs, and we’ve practiced resisting them. Now let’s talk about the good things you get from resisting - from not using tobacco/vaping, alcohol, or marijuana.”

   B. “In a minute we’re going to divide into three groups. I’ll give each group two sheets of chart paper and one marker. Each group will select a Recorder.”

**Tobacco**

   C. “We’re going to see which group can be the first to come up with eight benefits of not using tobacco - cigarettes, smokeless tobacco, cigars, and e-cigarettes/vaping.”

   D. Divide the class into three groups, and hand out a sheet of paper and a marker to each group. If the answer sheets are not already prepared, ask each Recorder to list the numbers 1 to 8 on one sheet and to title it “Tobacco.” (If time is short, have each group come up with 4-6 benefits for each sheet.)

   E. Remind students that not using tobacco results in good things in terms of health, how we feel about ourselves, what people think of us, and what we don’t have to worry about.

   F. Tell the groups not to start yet: “Hold your markers in the air.”

   G. Tell the groups they are to write one benefit of not using tobacco by each number on the list.

   H. “Let’s see which group can complete its list first. When your group is done, the Recorder should bring the list up front and tape it to the board. You’re not done until your list is taped up and the rest of your group is seated and quiet.”

   I. “Ready? Begin!”

   J. Circulate. Encourage varied benefits. You can make this a game by assigning points to teams finishing first, second, etc.

   K. When all groups have finished, have the Recorders read each list.

   L. Reinforce the groups’ ideas. “You really know what good things you get from not using tobacco and vaping.”

**Marijuana and Alcohol**

   M. Distribute a second sheet of paper. If the answer sheets are not already prepared, ask each Recorder to list the numbers 1 to 8 on the sheet and to title it “Marijuana and Alcohol.”

   N. Tell the groups they are to write by each number on the list one benefit of not using marijuana or alcohol. “Let’s see which group can finish first. When your group is done, the Recorder should bring your list up front and tape it to the board.”
O. “Ready? Begin!”

P. When all the groups have finished, have the Recorders read each list.

Q. Reinforce the groups’ ideas.

Review the Lists

R. Reassemble the class.

S. Review each set of lists, and praise students for coming up with so many benefits of resisting.

T. If students have not listed any benefits that describe feeling good about yourself, elicit them. (“When you resist drug pressures, how do you feel about yourself?”)

6. Wrap-up (3 min.)

A. Tell students you are impressed with how well they have learned to resist pressures to use drugs.

B. Say, “In the next lesson we’ll be talking about ways to help people quit smoking.”

C. Homework:

1. Hand out one copy of the following sheets to each student (if time permits, review the handouts briefly):
   - *Ten Questions Teenagers Ask Most About Drugs - And Their Answers*
   - *Oral Report on Drugs*
   - *Oral Report on Drugs: Family Response Form*

2. Tell students to use the information from the *Ten Questions* handout to complete the oral report sheet and to make oral reports to their families. In addition to encouraging family discussion, it prepares them for the *Information Review Game* in Lesson 11. One member of their family should complete the *Family Response Form*. 
Ways to Say “No”

Goals
In helping students learn how to say “no,” Project ALERT

• validates their feelings that it’s hard to resist the pressures to use drugs.
• hopes to convince them they have the right to say “no.”
• helps them believe they can say “no” without suffering rejection or embarrassment.
• gives them several different ways of saying “no.”

Following are descriptions of six different ways to say “no,” and examples of responses. Most of these methods are dramatized in the video solutions and all are depicted on the Ways to Say “No” poster.

1. Simply say “no”

Often the easiest of the six resistance strategies, simply saying “no” helps avoid arguments. Students frequently believe, however, that such a brief reply won’t work and that the offerer will continue to pressure them. Thus, it’s very important to help them see the viability of this response.

“No, I’d rather not.”
“No, thanks.”
“Thanks, but no thanks.”
“Not me.”
“No way.”
“Not now (today, tonight).”
“Nah.”
“Forget it.”

2. Give a reason

Stress the use of “I” statements (saying it for yourself) as an integral part of this technique. Such statements take the preachy or judgmental tone out of the refusal (“I don’t like the taste” rather than “You jerk, how can you stand the way you smell?”). Giving a reason may also include excuses (“My dad’s picking me up soon.”).

“I don’t like the taste.”
“I don’t want to ruin my lungs.”
“I don’t feel like it.”
“I don’t do drugs (smoke, vape, drink, use marijuana).”
“I don’t like the feeling of being high. I don’t want to lose control.”
“I want to know what’s happening.”
“I can get high without it.”
“I don’t want to get dependent on it.”
“It’s illegal.”
“I’ll get red eyes and my parents will find out.” (marijuana)
“We might get caught.”
“My parents would ground me.”
“Beer makes me feel sick.”
“I’m on the (track) team, so I don’t (smoke, vape, drink).”
“It gives me the munchies, and I’m trying to lose weight.”
“I don’t want to forget stuff.”
“It wipes me out.”
“I don’t want to feel out of it.”

3. **Give an alternative**

The approach of giving an alternative can be particularly effective when the other person offers the cigarette, drink, or marijuana as a way to make conversation, be friendly, or show that he or she is a good host. Young people who smoke, drink, or use marijuana may offer these substances simply to be friendly and to avoid excluding the other person. They often don’t care if the offer is accepted or not. Others, particularly experimenters, may offer drugs to look cool. They may be relieved when the other person says “no.” The alternatives listed below make it clear that the drug is being rejected, not the person who offered it. Hence, they are less likely to generate hostility.

“No, but I’d sure like a soda.”
“No, but let’s go outside and talk.”
“No, but I’m going to the mall if you want to come along.”
“No, but I would like to spend some time/talk with you.”
“No, but let’s dance instead.”
4. **Stand up to pressure**

Students’ concerns that a friend or acquaintance might really pressure them with taunts to make them feel they’re spoiling things, out of it, a baby, or stupid, need to be validated. They also need help asking what they really think about a friend who acts that way. (“What’s wrong with them that they need to make someone else do what they do? Maybe they’re insecure.”) To deal with this kind of pressure, students need to know that they don’t have to give a reason if they don’t want to. They may just repeat, “I’d rather not, I really don’t want to,” like a broken record. Or students may use any of the other saying “no” strategies.

“I already said ‘no.’”

“I just don’t feel like it.”

“I really meant it when I said ‘no.’”

5. **Leave the scene**

Sometimes the pressure is very difficult to resist. If so, it may be easier to leave the scene. This doesn’t necessarily mean leaving the party or the game. Sometimes it’s possible to join another group or to walk into another room. Other times it may be easier to get away from the whole scene even though it may make you feel lonely or isolated. It helps to have figured out whom to call or rely on for a ride home before the situation arises. One may leave gracefully by saying:

“No.”

“I’ve got to go now.”

“I have to be home in fifteen minutes.”

6. **Avoid the scene**

Sometimes the wisest strategy is to avoid situations in which resistance is likely to be needed. Young people almost always know where these places are (particular bathrooms at school, local restaurants, garages, alleys, certain parties). Avoiding such places saves them from pressures. However, such a strategy may again bring feelings of isolation that should be acknowledged in class. These negative feelings may be countered to some extent by reminding students that:

- resistance can make you feel good because you are showing that you’re strong.
- people who reject you because you don’t use drugs are not very good friends in the first place.
Dealing with Internal Pressures

Material on internal pressures is included in the curriculum because students often say ‘No one pressures me,” yet they may still feel pressure to get involved with drugs.

The concept of internal pressures is important precisely because young people may not recognize or understand them. Although internal pressures are felt as coming from inside ourselves, they are not something we make up. They are a result of external experience and are felt by everyone at one time or another.

Internal pressures have three components:

1. They are generated by an environment created by other teenagers, teenage culture, the media, and a society that uses drugs.
2. They are nonverbal (teens feel these pressures without anyone saying anything).
3. They are powerful (the pressures we put on ourselves are subtle, but they are very real and very strong).

Objectives for the internal pressure exercises in Lessons 6 and 9:

1. To generate or increase awareness that internal pressures exist and are commonly experienced.
2. To help students identify situations in which they experience internal pressures.
3. To help students feel capable of resisting internal pressures.
4. To provide students with means of resisting internal pressures by being able to say “no” to themselves (“I don’t have to smoke or drink to fit in.”), and by doing something else (dancing instead of using marijuana).
Benefits of Not Using Drugs

<table>
<thead>
<tr>
<th>Tobacco</th>
<th>Marijuana and Alcohol</th>
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<tbody>
<tr>
<td><strong>Looking good</strong></td>
<td><strong>Doing your best</strong></td>
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<tr>
<td>*Whiter teeth</td>
<td>*Remembering things</td>
</tr>
<tr>
<td>*Fewer wrinkles</td>
<td>*Being able to communicate</td>
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<tr>
<td>Feeling good, staying healthy</td>
<td>*Being in control</td>
</tr>
<tr>
<td>*Healthier</td>
<td>*No trouble from drugs (problems in school, at home, at work)</td>
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<tr>
<td>*Physically fit</td>
<td>*Fewer regrets about poor judgment</td>
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<tr>
<td>Fewer colds</td>
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<tr>
<td>Better breathing</td>
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<td>No cough</td>
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<td>No bad breath</td>
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<td>Live longer</td>
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<td>Healthier gums and teeth</td>
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<tr>
<td><strong>Feeling good about yourself</strong></td>
<td><strong>Feeling good about yourself</strong></td>
</tr>
<tr>
<td>*Making your own decisions</td>
<td>*Experiencing and coping with emotions</td>
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<tr>
<td>Being your own person</td>
<td>*Making your own decisions</td>
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<tr>
<td>*Sticking to your values</td>
<td>Being your own person</td>
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<tr>
<td>Being in control</td>
<td>*Sticking to your values</td>
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<tr>
<td>*Free from dependence on chemicals</td>
<td>Being in control</td>
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<tr>
<td>*Don’t have to lie</td>
<td>*Free from dependence on chemicals</td>
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<tr>
<td>*Respect from others</td>
<td>*Don’t have to lie</td>
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<tr>
<td><strong>Saving money</strong></td>
<td>*Respect from others</td>
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*Most important points
Role Play and Critique Tips

Project ALERT uses role plays to model and give students practice in ways to say “no.” Lessons 5, 7, and 9 use this method, and the lesson plans give clear instructions on how to set up an effective role play. Here are a few extra tips:

Role play tips

• Give clear directions; write out if necessary.
• Choose a group that will set a good example to go first.
• Expect some noise.
• Float among groups during planning time to help groups focus.
• Encourage those who do not like to participate by suggesting they play a non-speaking role at first.
• Motivate with enthusiasm any reluctant students (“You’ll be great,” “I’ve seen some really terrific skits in other classes, and I’m sure you can come up with some great ideas, too.”).
• Simple responses are fine! Role-plays are often very short; a simple “no thanks” may be the solution. This is fine, since students should be encouraged to be as realistic as possible.
• The same students should not always play the pressuring roles.
• Remind students to put “themselves” (language, community) into skits.
• Listen to group discussion before intervening with help.

Critique tips

• Your summary of the skit should be short and to the point. Its purpose is to highlight and reinforce the solution.
• If the solution is hostile, say, “You’re saying ‘no’ to a cigarette/marijuana/drink/vaping, not to a friend. Could you try another take that won’t make your friend mad?”
• Using a Hollywood movie theme for the skits helps keep it light. By saying “Take two!” teachers can re-do skits that are inappropriate (student says “yes,” response is silly or hostile) or not organized the first time around.
• Every skit should be generously praised, because even if it is simple, students need a lot of reinforcement and chances to build resistance self-efficacy.
Student Handouts
## SKIT PREPARATION SHEET

### Scenario

<table>
<thead>
<tr>
<th>Situation</th>
<th>Pressurer</th>
<th>Resister</th>
<th>Director</th>
<th>Solution</th>
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### Scenario

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1. **How can you be sure that an illegal drug is pure?**
   
   You can't. That's what is scary. One drug may be mixed with another drug or even with things like Ajax or rat poison. You have no way of knowing what might have been added or how it was made.

2. **Can you die from cocaine, crack or meth?**
   
   Yes. Each of these drugs constricts blood vessels and increases the heart rate, breathing rate, and blood pressure. People may die because cocaine, crack, and meth force the heart and respiratory system to overwork. A single dose can cause a heart attack, stroke, or seizure.

3. **Do most teenagers use drugs?**
   
   Most teenagers really don't use drugs. A nationwide study of middle grade through tenth grade students shows that most do not use tobacco, alcohol, marijuana, or any form of illegal drugs.* 
   
   Teenagers say the reason they don't use alcohol and other drugs is because these substances are hard on their health. Teens say they can't perform in sports or school as well when they do drugs regularly - or even once in a while. They are also concerned about the legal consequences and the trouble they would get into at home and in school.

   *National Household Survey on Drug Abuse, conducted by the National Institute on Drug Abuse (NIDA).

4. **What happens when you mix alcohol with marijuana, sedatives, or prescription painkillers?**
   
   Any time you mix two drugs, it is dangerous. The most dangerous combination is alcohol and sleeping pills or prescription painkillers. A person taking these drugs may stop breathing or have heart failure, or may choke to death on his or her own vomit. Alcohol and marijuana taken together can cause a person to become very disoriented and to have an even slower reaction time than if either drug were taken alone.

5. **What is ecstasy?**
   
   Ecstasy is both a stimulant and a mild hallucinogen (seeing things that aren't really there). Because ecstasy provides a surge of energy and suppresses thirst, it can raise body temperature and put a person at risk for seriously overheating their body (called hyperthermia), especially when using ecstasy at a dance club or all-night dance party. Body temperatures higher than 105º are a medical emergency and can cause death.

6. **Which drugs are the most dangerous?**
   
   Drugs are dangerous in different ways:
   
   - **Alcohol** is dangerous because it makes your judgment poor and can cause alcohol poisoning. Drinking and driving don't mix. Even one drink can affect your ability to drive safely.
Marijuana is dangerous because it is psychologically addictive, distorts perceptions, and contributes to memory loss. It also impairs driving ability.

Nicotine is dangerous because it is addictive. Smoking cigarettes and vaping can cause cancer, heart attack, or death. Secondhand smoke is also damaging to others.

Hallucinogens are dangerous because they distort reality. A person taking LSD or other hallucinogens may decide to do something dangerous or risky causing injury to themselves or others.

Sedatives (prescription painkillers, heroin, sleeping pills, tranquilizers, and opium) are dangerous because too much of any of these drugs may cause coma or death. Mixing sedatives with each other or with alcohol is particularly deadly.

Steroids are dangerous because they can lead to depression and even suicide when people stop using them.

Stimulants (methamphetamine, cocaine, ecstasy, and prescription stimulants like Ritalin) are dangerous because they can cause stroke, seizure, heart attack, or death. Over time, people who take stimulants that weren't prescribed for them can suffer from malnutrition and become paranoid.

7. **What can happen when you use drugs at a dance club or dance party?**

   - Overheating: Because ecstasy both raises body temperature and suppresses thirst, it can cause your body to overheat (hyperthermia). Overheating destroys the body’s temperature sensor. As a result, users' bodies don’t recognize they are overheated and do not “turn on” ways to keep cool, such as sweating. A body temperature higher than 105º is a medical emergency.

   - Over-hydration: Ecstasy users often drink a lot of liquids to prevent dehydration. However, they can drink too much, causing over-hydration, which dilutes the salt in the body to dangerous levels. This can cause brain failure, paralysis, and death.

   - Impaired judgment: Ecstasy and meth can make you feel powerful and less inhibited. But these feelings can make you vulnerable to sexual attack.

   - Deadly combinations: Illegal drugs often contain other ingredients such as rat poison or additional drugs. Users can't know exactly what they're taking, even if they get the pills from their “regular” source or use the “same” brand. Not knowing exactly what's in a club drug makes mixing them with alcohol or other drugs especially dangerous.

8. **Why are toxic fumes so dangerous to inhale?**

   The fumes from toxic chemicals can kill you fast (heart stops, suffocation, accidents) or slowly (brain damage). They can also cause permanent injuries such as nerve or kidney damage, permanent paralysis or shaking, brain damage, and loss of bladder control.

9. **How can you tell whether a person is an alcoholic?**

   Alcoholism is a disease. A person who has it must have alcohol to feel mentally and physically okay. A person is an alcoholic if drinking interferes with his or her family, school, work, or social life. Of all the people who drink alcohol, one out of every ten will become an alcoholic.
No one knows for sure who is likely to become an alcoholic, but studies show that if you have a family member who is an alcoholic, you are more likely to become one yourself. However, most children of alcoholics do not become alcoholics. Following are some signs that a person is addicted to alcohol:

- Drinking regularly to relieve shyness, fear, or anger.
- Drinking first thing in the morning.
- Drinking alone regularly.
- Having problems with school or work due to drinking.
- Needing a drink at a definite time every day.
- Having a loss of memory during or after drinking.
- Becoming more moody or irritable after drinking.
- Depending on alcohol to deal with difficult or uncomfortable situations or feelings.

10. **Are any drugs legal?**

Almost all drugs that are not prescribed by doctors or available over the counter are illegal for teenagers. This includes alcohol, cigarettes, and marijuana. In all states, alcohol is illegal for anyone under 21 years of age. It is also illegal in most states for teenagers under the age of 18 to buy cigarettes and other tobacco products, including e-cigarettes/vaporizers. In some states and other locales, the age has risen to 19 and 21. In a few states it legal for adults over 21 to use marijuana recreationally, and several states allow the medical use of marijuana with a doctor's prescription. This does not mean marijuana is safe - there are still short- and long term-health consequences. It is also illegal to possess cocaine, methamphetamine, ecstasy, LSD, heroin, or opium. However, some forms of opiates are in certain medically prescribed drugs.

Sleeping pills, steroids, stimulants, and painkillers are legal by prescription only. Using drugs that are prescribed for someone else is like flipping a chemical coin - you don't know how much of the drug is in them or how your body and mind will react. Never take someone else's prescribed medications.

Smoking cigarettes, vaping, or taking drugs violates rules in most schools and can have serious consequences.

Inhalants are not drugs. They are toxic substances that are legal when used for the purposes for which they were intended. When toxic chemicals are put up to your nose or mouth and inhaled to get high, they act like drugs, but are poisonous.
ORAL REPORT ON DRUGS

Student: Use the information from Ten Questions Teenagers Ask Most About Drugs - And Their Answers to fill in the information below. Then present this information orally to your family. Finally, have someone else in your family fill in the Family Response Form.

1. What’s harmful about cocaine and crack?

2. Do most teenagers use drugs?

3. How are the following drugs dangerous?
   
   A. Stimulants:
   
   B. Sedatives:
   
   C. Hallucinogens:
   
   D. Inhalants:
   
   E. Steroids

4. How can teenagers resist pressures to use drugs? (Use what you’ve learned from Project ALERT.)
**ORAL REPORT ON DRUGS**

**FAMILY RESPONSE FORM**

Family member: Please briefly answer the questions below after the student gives the oral report.

1. How many adults and children heard this presentation on drugs?

2. What were the most interesting points made during this presentation?

3. In your opinion, what is most important for young people to know about drinking and drug use?

4. Did the presentation encourage family discussion about drugs?

5. Additional comments:
Posters
Ways to Say NO

- Simply say, “No.”
- Give a reason
- Leave the scene
- Stand up to pressure
- Offer an alternative
- Avoid the scene
PRESSURES From Inside Yourself

- The person I like drinks
- I don’t want to be left out
- I feel uptight, I need to relax
- I’m bored
- I’ll look older if I smoke
Core Lesson 10
Smoking Cessation
Contents

Lesson Outline
- Goals
- Summary of Activities
- Description
- Preparation
- Materials Needed

Activities
- Introduce Lesson
- Complete Visual: Why It’s Hard to Quit Smoking
- Show and Discuss Video: Clearing the Air
- Make Quitting Lists
- Prepare Making Changes in My Life Sheets
- Wrap-up

Teacher Reference
- Typical Student Quitting Lists

Student Handouts
- Making Changes in My Life
Lesson Outline

Goals

1. To acknowledge that it’s hard to quit smoking, but it can be done and it’s worth it
2. To identify actions students can take to quit smoking/vaping

Summary of Activities

1. Introduce Lesson (2 min.)
2. Complete Visual: Why It’s Hard to Quit Smoking (7 min.)
3. Show and Discuss Video: Clearing the Air (14 min.)
4. Make Quitting Lists (15 min.)
5. Prepare Making Changes in My Life Sheets (5 min.)
6. Wrap-up (2 min.)

Description

This lesson was written to validate the experience of teenagers who may have already started smoking and/or vaping and to help them devise ways to quit. Nonsmokers learn why it’s better not to start, and how to help friends or relatives quit smoking.

The lesson emphasizes that quitting is difficult, takes courage, and can be done. In Activity 2, students create a list of reasons it’s hard to quit, and watch a video in Activity 3 that shows why and how other teenagers have quit. Students then work in small groups in Activity 4, coming up with reasons for quitting, how to do it, what the benefits are, and how to help others quit.

In the final exercise of this lesson, students write down a behavior (not necessarily smoking) that they want to change, and prepare a personal plan called Making Changes in My Life. This allows nonsmokers to participate, helps smokers realize that they are not alone in having behaviors that are hard to change, and reinforces the belief that anyone is capable of making changes in his or her life.

Preparation

- Review Lesson Plan
- Review video: Clearing the Air
- Collect and prepare materials, as indicated below
Materials Needed

Assemble the following materials:

- Completed visual: *Ground Rules: Students* (saved from Lesson 1)
- Video: *Clearing the Air*
- Chart paper, masking tape, thick, felt-tip, nontoxic markers

Prepare the following materials:

- Partial visual on chart paper or board: *Why It’s Hard to Quit Smoking* (title only, Activity 2)
- Partial quitting lists on chart paper (titles only, Activity 4):
  
  - What gets people to quit?
  - How do people quit?
  - What are the good things you get from quitting?
  - How can you help a friend or parent who’s trying to quit?
- Copy of *Making Changes in My Life* sheet for each student for Activity 5
Activities

1. Introduce Lesson (2 min.)
   A. Display visual: Ground Rules: Students.
   B. “In our Project ALERT classes we have been talking about resisting pressure to use drugs. Today we are going to talk about people who have already tried or started smoking and vaping - why it’s hard for them to quit, and how to help them stop. We’ll also see a video of teenagers talking about smoking and quitting. Remember that whenever we talk about smoking, we also mean vaping, since more teens use e-cigarettes than regular cigarettes.”
   C. “Does anyone know an adult who smokes? Does anyone know a friend who smokes?” (show of hands)
   D. “Even if you don’t smoke, people you care about may be smoking and it has an impact on your life.”

2. Complete Visual: Why It’s Hard to Quit Smoking (7 min.)
   A. Display visual: (or write on the board) Why It’s Hard to Quit Smoking.
   B. “If people are already smoking, why is it hard for them to stop?” Write students’ reasons on the visual.

   Why It’s Hard to Quit Smoking - Typical Student Responses
   - Addiction
   - Friends smoke
   - A habit, used to it
   - Peer pressure
   - Something to do in social situations

   C. Add “addiction” to the list if not already mentioned.
      1. “What is addiction to smoking?” (You need a cigarette to feel mentally and physically okay.)
      2. “Can you stop smoking if you’re addicted to cigarettes?” (Yes.) “You have to want to quit. After you stop, the bad effects of addiction (craving cigarettes, feeling jittery) go away.”
3. **“What happens to your lungs when you quit smoking?”** (Lungs damaged by smoking become healthier.)

D. If any of the following myths are mentioned, acknowledge the kernel of truth and correct the myth. Otherwise, do not bring them up.

1. **Myth:** Cigarettes calm you down/relieve stress.  
   **Fact:** Smoking appears to calm you down because when people are addicted to nicotine and don’t have it, they feel irritable and can even get withdrawal symptoms. When they begin to smoke another cigarette, the withdrawal symptoms and irritable feelings go away until the nicotine level drops again and the irritable feelings return.

2. **Myth:** Smoking keeps you thin.  
   **Fact:** Smoking stimulates the central nervous system, which may suppress appetite, and it numbs your taste buds so eating is not as pleasurable. It doesn’t change eating habits, though, and overall it is not an effective way to lose weight and has many negative health consequences.

3. **Myth:** E-cigarettes are safer than regular cigarettes.  
   **Fact:** This has not been proven. Research has shown that after a short time from switching to e-cigarettes, a person begins to use both traditional cigarettes and e-cigarettes, which introduces even more nicotine and dangerous chemicals into their system.

3. **Show and Discuss Video: Clearing the Air (14 min.)**

   A. **“Now we’ll see a video that shows students who have quit smoking. They talk about why they started, why it was hard to quit, and how they quit.”**

   B. Show the video.

Video: Clearing the Air. Click here to play.
C. “What were the reasons the students gave for quitting?” (out of breath, tired, friends don’t like it, cost, got caught, not attractive, didn’t like feeling addicted)

D. “How did they quit?” (cold turkey, friends quit together, boyfriend or girlfriend helped, tried several times, quit hanging out with same people, chewed on straws/gum)

4. Make Quitting Lists (15 min.)

A. Introduce the activity.
   1. “Now we are going to do an activity in which you come up with your own suggestions about quitting.”
   2. “I’m going to divide the class into four groups. Each group will get a sheet with a question about quitting. Your job is to write at least four answers to the question. The questions are:
      a. What gets people to quit?
      b. How do people quit?
      c. What are the good things you get from quitting?
      d. How can you help a friend or parent who is trying to quit?”
   3. “Choose a Recorder and a Reporter. You’ll have five minutes. When you’re finished, bring your lists to the front of the class.”
   4. “You can use what the students in the video said, and add your own ideas, too.”

B. Divide the class into four groups. Give each group one of the titled sheets and a marker.

C. Circulate, helping groups as needed.

D. Tape up the completed sheets in the order shown in the Teacher Reference section (Typical Student Quitting Lists).

E. Reassemble the class.

F. Ask the Reporter to read his or her list. As each list is read, ask the class for additional ideas.

G. When reviewing their list about helping a friend or parent quit (#4):
   1. Elicit the importance of providing moral support if they have not mentioned it. (“If you were trying to quit smoking, how would you like your friends to react?”)
   2. If the list includes throwing out or discarding their cigarettes, mention that this might work for some people but might make other people angry.
   3. If the list includes using e-cigarettes instead of regular cigarettes as an effective way of quitting, let students know this has not been proven. Inform students that highly addictive nicotine is still present in e-cigarettes. Also, research has shown that after a short time from switching to e-cigarettes, a person begins to use both
traditional cigarettes and e-cigarettes, which introduces even more nicotine into their system. Some studies have looked at e-cigarettes as a way for adults to quit smoking, but there is no research proving that e-cigs help teens quit smoking. In fact, some studies show the opposite effect: teens that use e-cigarettes are more likely to start smoking regular cigarettes.

5. Prepare Making Changes in My Life Sheets (5 min.)

A. “In the video, students were talking about something they didn’t want to do. All of us do things we wish we didn’t do. What are some of the other habits teenagers have that they might want to change?” (watching too much TV, not exercising enough, overeating, eating too much junk food, biting nails, fighting with parents, talking on the phone or texting too much)

B. “Everyone in this room is capable of making changes in his or her life. Now you’re going to think about changes you may want to make in your own life. If you are smoking, that might be what you want to change.”

C. Distribute Making Changes in My Life sheets to each student and give an example of how to fill out the sheet.

D. “This sheet is for your eyes only. Fill in one or two changes you would like to see in your life. Next, write the first step you could take in order to change, and then write a date for taking this step.” Allow two or three minutes for students to fill in their sheets.

E. “This sheet is for you to take home. You may want to put it in a place where you will see it every day. It may help you stay on track. Share it with your support person. It may help you make the changes you want.”

F. Reinforce students. “It takes courage to quit smoking and to make other kinds of changes, but if you really want to you can do it.”

6. Wrap-up (2 min.)

A. “Today we talked about why it’s hard to quit smoking, how to help people you care about quit smoking, and what kind of changes you might want to make in your own life.”

B. “Remember, addiction to either traditional cigarettes or e-cigarettes is very powerful. It’s not easy to quit, and it takes courage. But there are many benefits to quitting: your lungs get healthier, you breathe more easily, cigarettes no longer control you, you have more money, and you feel like you’re in control of your life.”
### 1. What gets people to quit?
- They can’t do sports as well
- They feel sick
- They lose good friends
- People they care about stop
- They don’t like feeling that smoking controls their lives (addicted)
- Friends want them to stop

### 2. How do people quit?
- Cold turkey
- Parents/friends help them
- Friends quit together
- Treatment
- Do other things when they feel the urge to smoke (eat, exercise, talk to friends, breathe deeply)
- Slow down and then stop
- Try several times before succeeding

### 3. What are the good things you get from quitting?
- Breathe better
- Better health
- Better at sports
- Whiter teeth
- Don’t smell
- Don’t lose friends
- Not nervous
- Happy family
- Save money

### 4. How can you help a friend or parent who is trying to quit?
- Moral support or encouragement, showing that you care
- Tell him or her what it does to the body
- Tell him or her about treatment programs
- Say you love him or her and are afraid he or she will die
MAKING CHANGES IN MY LIFE

1. What I am doing now that I would like to change:

2. First step I can take in order to change:

3. When I will take this step:

4. Who will support my change?
Core Lesson 11

Benefits of Not Using Drugs
Contents

Lesson Outline
- Goals
- Summary of Activities
- Description
- Preparation
- Materials Needed

Activities
- Introduce Lesson
- Play the Information Review Game
- Show and Discuss Video: Saying “No” to Drugs
- Write and Discuss Commitments to Choose A Healthy Lifestyle Free From Drugs
- Wrap-up

Teacher Reference
- Information Review Game
- Myths and Facts About Cigarettes
- Myths and Facts About Marijuana
- Myths and Facts About Alcohol
- Alcohol Facts
- Smoking Facts
- Marijuana Facts

Student Handouts
- Information Review Game - Answer Sheet
- Commitment Certificate

Posters
- Poster 1: Smoking Makes You Less Attractive
- Poster 2: Smoking is Addicting
- Poster 3: Smoking Affects Your Heart and Lungs
- Poster 4: Marijuana Can Affect You Right Away
- Poster 5: Marijuana Can Damage You in the Long Run
- Poster 6: Alcohol Can Harm You Any Time You Drink
- Poster 7: Alcohol Can Damage You in the Long Run
- Poster 11: Toxic Chemicals Affect Your Body Right Away
- Poster 13: Vaping Leads To...
Lesson Outline

Goals

1. To review and reinforce negative consequences of using drugs, particularly cigarettes, marijuana, inhalants, and alcohol
2. To motivate and reinforce resistance by reminding students of the benefits of nonuse
3. To reinforce resistance by eliciting a written commitment

Summary of Activities

1. Introduce Lesson (2 min.)
2. Play the Information Review Game (15 min.)
3. Show and Discuss Video: Saying “No” to Drugs (8 min.)
4. Write and Discuss Commitments to Choose a Healthy Lifestyle Free From Drugs (15 min.)
5. Wrap-up (5 min.)

Description

Lesson 11 reviews the drug information you taught in Lessons 1 through 10. In Activity 2, you will once again display the graphic posters from those lessons as you review students’ answers in the Information Review Game. Emphasis is placed on information from the Lesson 2 and 3 posters.

In Activity 3, the video Saying “No” to Drugs provides additional modeling of non-drug-use behavior by older teens. After viewing the video, students are asked in Activity 4 to make a written commitment to choose a healthy lifestyle free from drugs. Several of these written statements are read aloud (anonymously). Such public commitments help students express their feelings through writing, increase behavior change, and provide an appropriate closure activity for the curriculum.

Preparation

• Review Lesson Plan
• Preview video: Saying “No” to Drugs
• Be familiar with Information Review Game (Activity 2, and Teacher Reference)
• Review the following Teacher Reference material:
Myths and Facts about Cigarettes
Myths and Facts about Marijuana
Myths and Facts about Alcohol
Alcohol Facts
Smoking Facts
Marijuana Facts

• To save time, hang posters for Activity 2 in sequence at the beginning of class with a cover (chart paper) over the front until it's time to display them.
• Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:
• Completed visual: Ground Rules: Students (saved from Lesson 1)
• Video: Saying “No” to Drugs
• Posters:
  Poster 1: Smoking Makes You Less Attractive
  Poster 2: Smoking Is Addicting
  Poster 3: Smoking Affects Your Heart and Lungs
  Poster 4: Marijuana Can Affect You Right Away
  Poster 5: Marijuana Can Damage You in the Long Run
  Poster 6: Alcohol Can Harm You Any Time You Drink
  Poster 7: Alcohol Can Damage You in the Long Run
  Poster 11: Toxic Chemicals Affect Your Body Right Away
  Poster 13: Vaping Leads To...

Prepare the following materials:
• Copy Information Review Game - Answer Sheet (Student Handout), one set (4 sheets) per group (class is divided in equal groups) - or just have 4 sheets of blank 8 1/2" x 11" paper per group (see Student Handouts for an example if you have students draw their own). You can cut the amount of paper needed in half by using both sides.
• Commitment Certificate, copied in color for each student
Activities

1. **Introduce Lesson** (2 min.)
   A. Display visual: *Ground Rules: Students*.
   B. Collect the homework from Lesson 9: *Oral Report on Drugs* and *Oral Report on Drugs: Family Response Form*.
   C. Remind students that this is the last lesson of Project ALERT.
   D. Outline the day’s activities:
      1. “First we’re going to play a game that reviews what we’ve learned in Project ALERT.”
      2. “Then we’ll learn about what some high school students think about using drugs.”
      3. “After that, you’ll have a chance to write how you feel about drugs.”

2. **Play the Information Review Game** (15 min.)
   A. “Now we’re going to play the game. The answers come from the earlier lessons and from some of the handouts I’ve given you. Let’s see how much you remember.” (Remind students not to confer with members of other teams or to look at others’ answers.)
   B. Introduce the game.
      1. “We will have four (five) teams.”
      2. “I’ll ask a question. Each team has to come up with a single answer to each question. The answer has to be written down. If it isn’t, the team is disqualified on that round.”
      3. “Teams must work quickly and hold up the answer when I say, ‘Time’s up.’”
      4. “Any team that gives a correct answer gets one point.”
      5. “Each team must pick one person to give the answer.”
   C. Divide the class into four or five groups.
   D. Ask each team to select a Recorder. You select a Scorekeeper. Students may alternate being Recorders.
   E. Provide each Recorder with one set (4) of answer sheets.
   F. Tell the teams to number 1 to 16 in the small box of each quadrant (and to draw the lines if given blank paper). The Recorder should write the team’s answer in the square with the same question number.
G. Ask game questions #1 - 16 (Teacher Reference). At the end of each series of questions, display and review the relevant poster, as indicated.

H. Ask more questions from the list if there is time. At the end of the game, have the Scorekeeper add up the scores. Announce that all teams did a great job.

3. Show and Discuss Video: Saying “No” to Drugs (8 min.)

A. “Now we’ll learn what some high school students have to say about using drugs. Look for reasons they had for resisting.”

B. Show the video.

Video: Saying “No” to Drugs. Click here to play.

C. Lead a discussion of the video.

Discussion Goals

1. To validate students’ own concerns about drugs
2. To clarify the benefits of nonuse
3. To emphasize that nonusers often don’t talk about not using
1. “What did the high school students on the video say that is similar to some of the things you think about drugs?”
2. “What are some other things those high school students said about not using drugs?”
3. “Have you ever heard older students say things like what was said on the video?”
4. If students say they have not heard such talk, ask if they have any idea why not.

4. Write and Discuss Commitments to Choose a Healthy Lifestyle Free From Drugs (15 min.)

   A. “One thing that helps people stick to their decisions is to write them down as commitments. How do you think commitments help you?” (Some prompts to elicit discussion are “Is it ever tough sticking to a decision?” or “How may a written commitment help you if you’re trying to stick to a decision and it gets tough?”) “The certificates I will be handing out are a chance for you to write, in your own words, why you have made the decision to choose a healthy lifestyle free from drugs. I want to remind you that tobacco, alcohol, and marijuana are drugs.”

   B. Hand out the blank certificates.

   C. “Take a few minutes now to write down your own thoughts. Be honest. There are no right or wrong commitments. Your statement may be long or short.”

   D. Tell students you want to collect the certificates and read some of their statements. No names will be read aloud. Ask, “How might it help to share our commitments with others?”

   E. Allow five minutes for students to write. Ask students to raise their hands as they finish. Collect the certificates and quickly skim for content.

   F. Summarize the responses without identifying students.

   G. Praise students generously for their statements.

   H. Keep the certificates with you at the front of the class. Some teachers like to keep certificates until the end of the semester. At that time they distribute them to students as a reminder of their commitment to stay drug-free.

5. Wrap-up (5 min.)

   A. “I’ve noticed some things about you and saying ‘no.’”

   1. “You now know how to resist pressures to use drugs. I hope you will use these skills.”
2. “You can use these skills in other pressure situations (skipping school, dating, cheating on exams).”

3. “It’s not easy to resist these pressures, but it does pay off. It also gets easier the more you do it.”

4. “You can always choose to say ‘no’ when you feel pressured.”

B. Reinforce students’ achievements. “You were great. You really learned a lot. I think you will find it easier to resist all kinds of pressures in the future.”

C. “I hope you remember ways to say ‘no’ and what you learned during Project ALERT. (If you will be handing out certificates now, proceed; otherwise, let them know you’ll be returning the certificate at the end of the semester as a reminder of their commitment.) When your name is called, please come forward. I will return your commitment statement, which is a kind of Project ALERT graduation certificate.”

D. Read off each name. Shake hands. Lead applause.

E. Encourage students to share their certificates with their parents/guardians.
Information Review Game

(Questions and Answers)

**Smoking cigarettes - immediate effects**

Q1. *True or False: Teenagers who smoke can’t have yellow teeth or smoker’s breath because they’re too young.*

Answer: False.

Q2. *How does smoking affect your athletic performance?*

Answer: Reduces stamina, shortens breath.

**Display posters and review answers:**

- Smoking Makes You Less Attractive
- Smoking Affects Your Heart and Lungs
- Vaping Leads To...

**Marijuana - immediate effects**

Q3. *An emotion is a feeling people have inside, like happiness or sadness. Name two emotions or feelings teenagers may have when they have a bad “high” on marijuana.*

Answer: Fear, anxiety, stress, terror.

Q4. *If you go to school “high,” there is a good possibility you will forget which of the following: (a) your birth date, or (b) the answers to a history test.*

Answer: Choice (b) is correct. Marijuana impairs short-term memory.

**Display poster:**

- Marijuana Can Affect You Right Away

**Alcohol effects - any time you drink**

Q5. *When you drink, what is affected? Your judgment, your coordination, or both?*

Answer: Both.

Q6. *How many drinks can you have and still drive safely?*

Answer: None. Even one drink can put you at risk for an accident.
Display poster:

*Alcohol Can Harm You Any Time You Drink*

**Smoking cigarettes - physical effects**

Q7. *What does smoking do to your lungs each time you smoke?*
   
   Answer: Destroys lung tissue and diminishes lung capacity.

Q8. *True or False: It takes at least a year or two after you start smoking to become addicted to cigarettes.*

   Answer: False. If you smoke a few cigarettes a day for four or five days in a row, you can become addicted.

Display poster:

*Smoking Is Addicting*

**Marijuana - long-term effects**

Q9. *Name one consequence of smoking marijuana for a long time.*

   Answer: Addiction, dependence, loss of interest in activities except drug use; possible damage to lungs, immune system, and reproductive system; learning and memory problems, mental health issues, trouble with law enforcement, parents, employment, and school; increase risk of using other drugs.

Q10. *True or False: People can become addicted to marijuana.*

   Answer: True. When a user begins to feel that he or she needs to take the drug to cope with everyday life, that person is said to be dependent on the drug. Addicted users are physically, as well as mentally, dependent on marijuana, which means that they need more marijuana to experience the same effects they used to feel with less marijuana or that they have withdrawal symptoms (sleeping problems, agitation) if they stop using suddenly.

Display poster:

*Marijuana Can Damage You in the Long Run*

**Alcohol - long-term effects**

Q11. *If you're an alcoholic, who do you hurt (two examples)?*

   Answer: Yourself, your family, people at work or at school, friends.

Q12. *List two ways that alcohol can hurt you in the long run.*

   Answer: Liver damage, nerve/brain damage, heart damage, stomach damage, and death.
General drug questions

Q13. True or False: E-cigs don’t contain nicotine, so they are considered safer than regular cigarettes.
Answer: False. E-cigarette fluid does contain nicotine.

Q14. In most states, how old do you have to be to purchase e-cigs, parts, and fluid?
Answer: 18.

Q15. More teens use e-cigarettes more than regular cigarettes.
Answer: True.

Q16. Besides nicotine, what are some of the other cancer-causing substances found in e-cigarettes?
Answer: Formaldehyde, arsenic, aluminum, nickel, cadmium, lead.

Q17. True or False: Teens who use e-cigarettes have a lesser chance of using regular cigarettes.
Answer: False. Research shows they have a much greater chance of using regular cigarettes, and taking on all the risks associated with traditional smoking.

Q18. What are the most commonly abused drugs in the United States?
Answer: Alcohol and cigarettes - more people die from using these drugs than from all the others combined.

Q19. True or False: Breathing in toxic chemicals pollutes the body by reducing the amount of hydrogen in the bloodstream.
Answer: False.

Q20. Name two ways the body is harmed when toxic chemicals are inhaled.
Answer: Heart stops, suffocation, liver damage, permanent brain damage.

Q21. True or False: Even if it is the first time you try them, it is possible to die from sniffing inhalants.
Answer: True.

Display poster:

Toxic Chemicals Can Affect Your Body Right Away

Q22. Name two reasons why people use drugs.
Answers: Peer pressure
Belonging/acceptance
Escape problems
Pleasure
Relaxation
Medical need
Curiosity/experimentation
Rebellion
Parents do it
Addiction

Q23. Can you die from cocaine or crack?
Answer: Yes. Cocaine or crack can cause heart attack, seizure, and stroke.

Q24. Name two ways that hallucinogens like LSD and shrooms (psychedelic mushrooms) can hurt you.
Answer: Make you do dangerous things; cause flashbacks; make you see and hear things that aren’t there.

Q25. Name three sources of pressure to smoke or drink.
Answer: Parents, friends or peers, siblings, media, yourself.

Q26. How can you be sure a street drug is pure?
Answer: You can’t. Street drugs are often mixed with other substances.

Q27. True or False: Ecstasy slows you down.
Answer: False. Ecstasy is a stimulant. People who use it to get more energy for dancing can get seriously overheated, need emergency treatment and, if they are not treated in time, may die.

Q28. True or False: Regular use of marijuana can delay the onset of puberty in males and disrupt the menstrual cycle in women.
Answer: True. Regular use can reduce sperm production in males and inhibit ovulation in women.

Q29. In every state you must be how old to drink legally?
Answer: Twenty-one years.

Q30. True or False. Crack is a form of cocaine that is smoked. It is very easy to get addicted to crack.
Answer: True.

Q31. True or False. Alcohol is not as dangerous as marijuana.
Answer: False.
Q32. **What is the problem with teenagers always using drugs to cover emotions?**  
Answer: They don’t learn how to cope with the emotions without drugs.

Q33. **True or False: Smoking a cigar is not as harmful as smoking a cigarette.**  
Answer: False. As with cigarette smoking, cigar smoking can cause cancer of the lungs, esophagus, oral cavity, and larynx. Cigars are also addictive.

Q34. **How long can marijuana stay in the body after being smoked?**  
Answer: Up to a month.

Q35. **What are some of the health problems you can experience from using nicotine?**  
Answer: Increased heart rate and blood pressure; lung irritation; aggravates asthma; dependency and addiction.

Q36. **Name one health problem associated with tobacco chewing.**  
Answer: Cancer of the mouth, gums, esophagus.

Q37. **What can cigarettes do to your heart if you smoke for a long time?**  
Answer: Heart disease, heart attack, irregular heart rhythm.

Q38. **What can cigarettes do to your lungs if you smoke for a long time?**  
Answer: Emphysema, lung cancer, respiratory diseases, chronic bronchitis.

Q39. **Is there any health risk for pregnant women and their babies if the mother smokes?**  
Answer: Yes. Pregnant women who smoke have a higher rate of spontaneous abortion (miscarriage) and babies weighing below average at birth. Because low birth weight increases the risk of disease or death, more of their babies die soon after birth than do those of nonsmoking mothers.

Q40. **What are secondhand smoke and passive smoking?**  
Answer: Secondhand smoke is smoke from other people’s cigarettes, pipes or cigars. Passive smoking is inhaling smoke from other people’s cigarettes, pipes or cigars.

Q41. **Are secondhand smoke and passive smoking hazardous?**  
Answer: Yes. The Surgeon General has concluded that involuntary smoking, or second-hand smoking, is a significant health danger. It can cause cancer and respiratory illnesses.

Q42. **True or False: Giving up cigarettes reduces the risk of dying early.**  
Answer: True.
Myths and Facts About Cigarettes

1. **Myth**: Cigarettes help you think clearly.
   **Fact**: It may seem like you are thinking more clearly, but smoking has no effect on the reasoning process. Nicotine is the substance in tobacco that is highly addictive. It is both a stimulant and a sedative to the central nervous system. The initial nicotine “kick,” which stimulates the central nervous system and causes a sudden release of glucose, is followed by depression and fatigue, leading the smoker to seek more nicotine.

2. **Myth**: Cigarettes calm you down.
   **Fact**: Many people believe this, but they really feel better only because they are addicted to nicotine. As with other addictive drugs, you begin to feel jittery if the level of nicotine in your body drops. If you are not addicted, cigarettes actually make you feel nervous.

3. **Myth**: Smoking keeps you thin.
   **Fact**: Smoking stimulates the central nervous system, which can suppress appetite, but it doesn’t change eating habits. It can also decrease the sensitivity of the taste buds and sense of smell making food less appetizing. Overall, this is not an effective way to lose weight as there are many negative consequences from smoking.

4. **Myth**: It’s easy to quit later.
   **Fact**: Only 3% of daily smokers in high school think they will be smoking in 5 years. But over 60% are still regular smokers up to 9 years later. Usually people make five to seven attempts before finally being able to quit.

Myths and Facts About Marijuana

1. **Myth**: Marijuana makes uncomfortable feelings go away (fear, anger, depression).
   **Fact**: You may feel less scared, angry, or depressed because marijuana may temporarily cover up feelings; it doesn’t make them go away. Some people actually get more depressed or anxious when they have used marijuana. Using marijuana may also bring on other problems such as legal consequences and physical dependency.

2. **Myth**: Marijuana makes you creative.
   **Fact**: Sometimes marijuana makes a person feel creative while high, but actual performance is not better and is often worse. Marijuana can’t make you become something you aren’t. After the marijuana wears off, people often say that what seemed creative when they were high no longer makes sense.

3. **Myth**: Marijuana makes your problems go away (trouble with parents, school, or friends).
   **Fact**: You may feel you have escaped your problems by getting high, but when the marijuana wears off, the problems are still there. Using marijuana may also bring on other problems such as legal consequences and physical dependency.
4. **Myth**: You can’t get addicted to marijuana.

   **Fact**: Increasingly, research is showing that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of cocaine, heroin, and alcohol. Chronic users can develop a “cannabis use disorder” and experience “withdrawal” symptoms (agitation, sleep problems) after stopping heavy use suddenly, as well as “tolerance” (needing larger doses of a drug to get the same desired effects once produced by smaller amounts). Many experts believe marijuana is addicting.

5. **Myth**: Marijuana makes you a better dancer, talker.

   **Fact**: Marijuana can create this illusion, which has been termed “magical thinking,” but it can’t make you be anything you aren’t. If anything, you become less competent because marijuana interferes with memory, perception, and coordination.

6. **Myth**: It is safe to drive after using marijuana.

   **Fact**: Marijuana use makes driving more dangerous. It affects important skills needed for safe driving. The ability to concentrate diminishes and reflexes slow down, making it hard to respond to sudden, unexpected events. It also impairs coordination and the ability to judge distances and react to signals and sounds.

7. **Myth**: Since marijuana is “natural,” it is much safer than other drugs.

   **Fact**: Many “natural” substances also have toxic properties (poisonous mushrooms, mistletoe, tobacco). Prolonged or frequent use of marijuana can adversely affect hormones in both males and females. Young men can have delayed puberty and young women can find that the drug disturbs their monthly cycle (ovulation and menstrual period).

### Myths and Facts About Alcohol

1. **Myth**: A can of beer will not have as much effect as a mixed drink (or a shot of liquor).

   **Fact**: A can of beer, a glass of wine, a mixed drink, and a shot of liquor all have about the same amount of alcohol and will have about the same effect.

2. **Myth**: Alcohol is not a drug.

   **Fact**: Alcohol is a drug that affects the brain. It slows down the brain area that controls judgment, thought, and muscular coordination. Mixing alcohol with other drugs can be extremely dangerous, causing nausea, vomiting, fainting, heart problems, difficulty breathing, coma, or even death.

3. **Myth**: Alcohol is not as dangerous as other drugs.

   **Fact**: Alcohol can be deadly. Drinking a quart of vodka in one sitting can kill you. Even one drink can affect your judgment and cause you to lose control. Auto crashes are the leading cause of death among teenagers, and of these fatalities, over one-third are alcohol-related.
4. **Myth:** Black coffee and a cold shower can sober you up quickly.
   **Fact:** Only time sobers you. The liver needs one hour to burn up one ounce of pure alcohol (the amount contained in a can of beer, glass of wine, or mixed drink). Coffee and cold water may make a person less sleepy, but neither improves judgment or coordination.

5. **Myth:** Drinking makes your problems disappear.
   **Fact:** You may feel you have escaped your problems by drinking, but when you get sober, the problems are still there.

6. **Myth:** Drinking makes uncomfortable feelings go away (anger, shyness, loneliness, frustration).
   **Fact:** Alcohol may cover up uncomfortable feelings for a while, but they come back when you are sober again. Drinking isn’t always a reprieve from uncomfortable feelings. The fact is that alcohol just as often has the opposite effect and intensifies feelings with sometimes catastrophic results: sadness (poor choices, crying jags, suicide) or anger (domestic violence, rage).

7. **Myth:** Most teens drink alcohol.
   **Fact:** Most teens aren’t drinking alcohol. According to data from Monitoring the Future’s 2018 study, only 8.2% of 8th grade students consumed alcohol in the past 30 days.

8. **Myth:** Drinking alcohol when you are young helps prevent abuse later.
   **Fact:** Teens’ brains and bodies are still developing and alcohol use can cause learning problems or lead to adult alcoholism. People who begin drinking by age 15 are five times more likely to abuse or become dependent on alcohol than those who begin drinking after 20.

**Alcohol Facts**

**Alcohol is addictive and damaging**

- Alcohol abuse contributes to 100,000 deaths annually, making it the third leading cause of preventable death after tobacco and diet/activity patterns in the United States.
- Alcohol is addictive. Alcoholics are psychologically and physically addicted to alcohol, cannot control their drinking, and depend on alcohol to function.
- If you use alcohol before the age of 15, you are more likely to have problems with heavy alcohol and other drug use later in life than someone who doesn’t.
- Many people (about one-third of the population) won’t drink at all. About 10% of the people who drink will become alcoholics. Another 10% will become alcohol abusers whose health or social relationships suffer because of drinking.
• Alcohol is lethal. It can permanently harm and eventually kill brain cells.
• It is against the law in all fifty states to purchase alcohol for use by persons under age 21.

Alcohol affects your brain and body right away
• Alcohol use can be more dangerous for teenagers than for adults because a teenager’s body and brain are still growing and developing.
• Alcohol is absorbed directly into the bloodstream and is carried throughout the body, affecting body systems immediately. It is not digested by the body, as food and non-alcoholic beverages are.
• When alcohol first reaches the brain, it begins to depress brain cell activity. The drinker tends to feel relaxed and uninhibited.
• As more alcohol reaches the brain, brain cell function is altered further. The drinker exhibits clumsiness, slurred speech, numbness, blurred vision, dizziness, and lack of motor control. The result may be loss of balance and coordination.
• Heavy drinking may bring loss of memory - for example, a blackout about what happened the night before.
• When alcohol is consumed in heavy doses, it can cause unconsciousness, coma, and even death.

Drinking and driving is dangerous
• Drinking impairs judgment and slows your reflexes. If you drink and drive, you are at risk of getting into a car crash.
• Alcohol-related car crashes are the number one killer of teens. Alcohol use is also associated with homicides, suicides and drownings - the next three leading causes of death among youth.
• About 3 in 10 Americans will be in an alcohol-related car crash at some time during their lifetime.
• Zero-tolerance laws, in all states, make it illegal for youth under age 21 years to drive with any measurable amount of alcohol in their system.

Drinking may damage your body over time
• Too much drinking may do irreversible damage to the brain, the central nervous system, the heart, lungs, pancreas, and liver.
• Too much drinking may lead to malnutrition, lowered resistance to infections, and the increased risk of cancers of the mouth, throat, and liver.
• Moderate drinking for adults is defined as no more than one drink per day for women and
no more than two drinks per day for men.

- About one quarter of all persons admitted to general hospitals have alcohol problems or are undiagnosed alcoholics being treated for the consequences of their drinking.
- Although there has been some research into the possibility that drinking a glass of red wine a day decreases risk of heart attack for adults, doctors do not generally advise adult patients to drink wine for this purpose, and red wine does nothing to reduce the risk of heart attack for youth. Teenagers rarely have heart attacks that are not induced by inhalants or cocaine or birth defects. And even for adults, more than one ounce of alcohol daily - wine, beer, or distilled liquor - raises blood pressure and can produce arrhythmias (irregular heart beat), leading to stroke and heart attack.

Alcohol abuse is one of our most serious social and health problems

- The cost of alcohol abuse to the nation is estimated at over $225 billion a year.
- The total cost of alcohol use by youth - including traffic crashes, violent crimes, burns, drownings, suicide attempts, fetal alcohol syndrome, alcohol poisonings, and treatment - is more than $53 billion per year.
- Use of alcohol at an early age is an indicator of future alcohol or drug problems.
- When a pregnant woman drinks, her fetus drinks, too. Many babies born to mothers who drink frequently or heavily have lower birth weights. Fetal alcohol syndrome (FAS) is one of the top three causes of birth defects and a major cause of mental retardation.
- Children in families with alcoholic parents are three to five times more likely to become alcoholics themselves. However, most children with alcoholic parents do not become alcoholics themselves.

Smoking Facts

Smoking is addictive and damaging

- More than a third of all kids who ever try smoking a cigarette will become regular, daily smokers before leaving high school. More than 90% of adult smokers started when they were teens.
- While only 3% of daily smokers in high school think that they will be smoking at all in 5 years, over 60% are still regular daily smokers 7-9 years later.
- Symptoms of addiction—such as having strong urges to smoke, feeling anxious or irritable, having unsuccessfully tried not to smoke—can appear in young kids within weeks or only days after occasional smoking first begins, and well before daily smoking has even started.
• Cigarette smoke is a collection of over 4,000 chemicals, including fingernail polish remover, cyanide (a poisonous gas), lead, formaldehyde (a chemical preservative), 400 poisons, and at least 60 distinct cancer-causing chemicals. It also contains tar, a conglomeration of solid particles that combine to form a sticky brown substance that can stain teeth and clog lungs.

Smokers die younger
• Smoking is the single most important preventable cause of premature death in the United States. More than 480,000 Americans die from tobacco-related causes each year, most of who began smoking before the age of 18.
• Smoking is responsible for one out of every five deaths in the United States.
• On average, someone who smokes a pack or more of cigarettes each day lives 7 years less than someone who never smoked.

Smokers die from cancer, heart attack and respiratory diseases
• About 87% of lung cancers are caused by smoking.
• Tobacco is the single biggest cause of cancer and accounts for more than half of all cancer deaths in smokers.
• Smoking is the main cause of chronic obstructive pulmonary disease (COPD) which is both chronic bronchitis and emphysema.
• Smoking is also associated with cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterus, cervix, kidney, and bladder.
• Smoking puts your friends and family at risk. Each year approximately 7,000 non-smokers die of lung cancer from secondhand smoke.

Smoking has immediate effects on your body
• It increases your pulse rate and makes your blood pressure rise.
• It lowers your skin temperature.
• It lowers your physical endurance.

Smokers’ babies weigh less and more of them die
• Smoking during pregnancy accounts for an estimated 20-30% of low-birth weight babies, up to 14% of pre-term deliveries, and 10% of all infant deaths.
• Even apparently healthy, full-term babies of smokers have been found to be born with narrowed airways and decreased lung function.
• Babies of parents who smoke have a greater chance of dying from sudden infant death syndrome (SIDS).

Smokers become disabled more often
• Smokers become ill more often and lose more days from work than do nonsmokers.
• Smokers are more apt than nonsmokers to suffer from chronic conditions that limit their activity.

The tobacco industry spends billions to get you to smoke
• The Campaign for Tobacco-Free Kids reports that annual tobacco industry spending on marketing its products nationwide has reached $9.5 billion or over $25 million each day.

Smokers who quit get immediate health benefits
• The carbon monoxide level in the bloodstream declines within twelve hours.
• Headaches and stomach aches caused by smoking disappear.
• Stamina and vigor improve. Food tastes and smells better.

Smokers who quit get long-term health benefits
• Giving up cigarettes reduces the excess risk of dying prematurely.
• After about 10 years, the lung cancer death ratio is about half that of a person who is still smoking.
• Three years after quitting, the risk of death from heart attack is about the same as someone who has never smoked.
• Women who stop smoking before pregnancy or during the first three to four months of pregnancy reduce their risk of having low birthweight babies to that of women who never smoked.

Marijuana Facts*

Marijuana use affects your behavior

Right away
• It interferes with your ability to drive safely affecting alertness, concentration, coordination, and reaction time.
• Driving under the influence of marijuana is especially dangerous. Marijuana impairs
driving skills for at least four to six hours after smoking a single cigarette. When marijuana is used in combination with alcohol, driving skills become even more impaired.

- It interferes with your performance in sports (affects coordination, timing, and heart function).
- It slows down your reaction time.
- It impairs tracking ability (ability to follow a moving stimulus), which is important for activities like driving and bike-riding.
- It impairs muscle coordination (decreases hand steadiness, increases body sway, and inhibits accuracy when executing movements).

**Over time**

- Regular use of marijuana may lead to lower achievement, increased tolerance of deviance, more deviant behavior, and greater rebelliousness.
- When people withdraw from heavy marijuana smoking, they may experience sleep problems, irritability, drug craving, and anxiety that may verge on panic.

Marijuana use affects your mind

**Right away**

- It makes it hard to concentrate and to remember (impairs short-term memory).
- It makes learning and decision-making more difficult (impairs logical thinking, reading comprehension, and verbal and math skills).
- It interferes with communication. People who are high on marijuana often do not remember what they said a few minutes ago.
- It causes some users to panic and feel paranoid and other users to feel euphoric.
- It distorts the sense of time, making it seem to slow down.
- It reduces alertness (so that a person pays less attention and has a slower reaction time).
- Is associated with mental health issues like depression, anxiety, psychosis, and schizophrenia.

**Over time**

- Increases risk of lower grades and school drop-out.
- People may become psychologically dependent upon marijuana.
- Heavy marijuana use may lead to a loss of interest in all activities except drug use. Heavy users may become unmotivated, slow moving, and apathetic.
Marijuana use affects your body

Right away

• It increases the heart rate by as much as 20 to 100 percent. Making the heart work harder is a threat to individuals with high blood pressure, coronary vessel disease, and cerebrovascular disease.
• It causes a feeling of hunger and stimulates the appetite, especially for sweets.
• It causes a decrease in peak exercise performance.
• It causes reddening of the eyes. (This is not an effect of the smoke.)
• THC is stored in the body’s fatty tissues and can be detected by drug tests for days or weeks, depending on strength.

Over time

• Heavy marijuana smoking can lead to physical dependence (increased tolerance, withdrawal symptoms if use stops suddenly), a cannabis use disorder, or addiction.
• Heavy marijuana smoking—like heavy tobacco smoking—harms the lungs and respiratory system. Smoking three to four marijuana cigarettes a day is associated with the same type of bronchitis and cell damage to the lungs as smoking twenty tobacco cigarettes.
• Regular marijuana use can obstruct both the large and small airways in the lungs.
• Its use by pregnant females may result in smaller and lower-weight babies.
• In males, its use contributes to a decline in sperm concentration, count, and movement, and to lower testosterone levels (male sex hormone).
• In females, its use can lead to decreased hormone levels, which can disrupt the monthly ovulatory and menstrual cycle. However, these effects cannot be considered reliable birth control methods.
• Increase risk of using other drugs.

* The way marijuana affects each person depends on many factors including: user’s previous experience with the drug, how much THC is in the marijuana, how the drug is taken and whether the user is drinking alcohol or using other drugs.
Recommended Resources

Here are a few resources we recommend for teachers and other educators to review in order to gain a more complete understanding of the impacts of marijuana:


We also recommend these resources for youth:

Why I have made the decision to choose
a healthy lifestyle free from drugs:

Name
Date
Period

PROJECT ALERT
Posters
Smoking Makes You LESS ATTRACTIVE

- Wrinkles
- Ashtray breath
- Hair and clothes smell bad
- Yellow teeth
Smoking is ADDICTING
Smoking Affects
Your HEART and LUNGS
danger
MARIJUANA
Can Affect You Right Away

- Makes it HARD TO THINK AND REMEMBER
- Causes you to LOSE CONTROL
- INTERFERES WITH COMMUNICATION
- Makes it HARD TO COPE WITH FEELINGS
MARIJUANA
Can Damage You in the Long Run

- You Can Become DEPENDENT
- It can DAMAGE YOUR LUNGS
ALCOHOL
Can Harm You Any Time You Drink

- Get into a car crash
- Lose control
- Pass out, throw up
- Do something you might regret
- Alcohol poisoning

WHY DID WE THINK IT WAS SO COOL TO LET MONICA DRIVE?

WE ARE SOOO LUCKY WE WEREN'T KILLED!

I’LL NEVER GET INTO A CAR AGAIN WITH SOMEONE WHO’S BEEN DRINKING!
ALCOHOL
Can Damage You in the Long Run

- Regular drinking can cause dependency
- Heavy drinking can cause brain damage, liver damage, death
TOXIC CHEMICALS
Affect Your Body Right Away

1. toxic chemicals go in nose and mouth

2. they travel immediately throughout the bloodstream

3. in seconds, they settle in the brain, heart, liver and muscles
Vaping leads to:

- Nicotine addiction
- Receding gums
- Swollen eyes
- Acne & rashes
- Throat irritation
- Lip sores
Lesson Outline
- Goals
- Summary of Activities
- Description
- Preparation
- Materials Needed

Activities
- Introduce Curriculum and Lesson
- Discuss Problems with Cigarettes/Vaping
- Discuss Problems with Marijuana and Alcohol
- Review Sources of Pressure to Use Drugs
- Play Resisting Pressure Lines Game
- Discuss Other Drug Facts and Prevalence of Drug Use
- Wrap-up

Teacher Reference
- Problems with Cigarettes/Vaping
- Myths and Facts About Cigarettes/Vaping
- Problems with Marijuana and Alcohol
- Myths and Facts About Marijuana
- Myths and Facts About Alcohol
- Resisting Pressure Lines Game
- Myths and facts About Cocaine and Crack
- Cigarette Facts
- Important Information About Smokers
- Facts on Other Forms of Tobacco
- Marijuana facts
- Short- and Long-Term Effects of Marijuana Use
- Alcohol facts
- Short- and Long-Term Effects of Alcohol Use
- Cocaine and Crack Facts
- Understanding Cocaine and Crack
- Facts about LSD
Student Handouts
- Test Your Drug IQ
- Answer Key
- Frequently Asked Questions About Cocaine and Methamphetamine
- What Teenagers Want to Know About Prescription Drugs and Cough Medicines

Posters
- Poster 12: Danger! Cocaine! Meth! Heroin!
Lesson Outline

Goals

1. To remind students of the consequences of drug use as a means of motivating resistance
2. To increase resistance self-efficacy by helping students understand the nature and variety of pressures to use drugs and by providing practice in resisting them
3. To motivate resistance by presenting new information about problems with drugs

Summary of Activities

1. Introduce Curriculum and Lesson (5 min.)
2. Discuss Problems with Cigarettes/Vaping (5 min.)
3. Discuss Problems with Marijuana and Alcohol (5 min.)
4. Review Sources of Pressure to Use Drugs (8 min.)
5. Play *Resisting Pressure Lines* Game (15 min.)
6. Discuss Other Drug Facts and Prevalence of Drug Use (5 min.)
7. Wrap-up (2 min.)

Description

Booster lessons reinforce material learned the previous year. While the core and booster lessons share identical goals and similar activities, new audiovisual materials, handouts and activities keep the material fresh. The interactive booster lessons address the students’ greater maturity, exposure to new situations and potential for more pressure. Games and skits, such as internal pressure scenarios, reflect how their “self-talk” may have changed between seventh and eighth grades.

This lesson starts out by having you ask students to talk about how they are different this year and how pressures may have increased. In Activities 2, 3, and 4, the consequences of drug use are reviewed along with the sources of pressure. In Activity 5, the *Resisting Pressure Lines Game* strives to give students a sense of self-efficacy as they respond to pressure situations. Activity 6 reminds students that current prevalence of use statistics are still heavily in favor of the nonuser.

*All references to “cigarettes” throughout booster lesson 1 are intended to include the use of e-cigarettes/vaping.*
Preparation

- Review the Lesson Plan
- Read Student Handout, *What Teenagers Want to Know About Prescription Drugs and Cough Medicines*
- Be familiar with the following Teacher Reference materials, which address the issues most likely to come up during discussion:
  - *Problems with Cigarettes/Vaping*
  - *Myths and Facts About Cigarettes*
  - *Problems with Marijuana and Alcohol*
  - *Myths and Facts About Marijuana*
  - *Myths and Facts About Alcohol*
  - *Resisting Pressure Lines Game*
  - *Myths and Facts About Cocaine and Crack*
  - *Supplemental Resource Manual*

Optional: you may want to keep these materials close at hand for Activities 2 and 3.

- The following Teacher References provide additional background information on the drugs discussed in this lesson:

  **Cigarette Facts**
  - Biggest Dangers with Cigarettes/Vaping
  - Important Information About Smokers
  - Other Forms of Tobacco

  **Marijuana Facts**
  - Biggest Dangers with Marijuana
  - Short- and Long-Term Effects of Marijuana Use

  **Alcohol Facts**
  - Biggest Dangers with Alcohol
  - Short- and Long-Term Effects of Alcohol Use

  **Cocaine and Crack Facts**
  - Biggest Dangers with Cocaine
  - Understanding Cocaine and Crack

  **Facts About LSD**
  - Biggest Dangers with LSD
• Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:
• Poster 12: Danger! Cocaine! Meth! Heroin!
• 24 sheets of chart paper for Resisting Pressure Lines Game
• Masking tape, 5 thick, felt-tip, nontoxic markers (one a different color than the others), additional paper if using chart paper visuals

Prepare the following materials:
• Completed visual on poster board: Ground Rules (Activity 1B)
  • Partial visuals on chart paper or board:
  • Problems with Cigarettes/Vaping (title only)
  • Problems with Marijuana and Alcohol (title only)
  • Where Does Pressure to Use Drugs Come From? (title and illustration)
• Copy Test Your Drug IQ - Advanced Quiz and Answer Key (Student Handout) for each student (Homework, Activity 7)
• Copy Frequently Asked Questions About Cocaine and Methamphetamine (Student Handout) for each student (Homework, Activity 7)
• Copy What Teenagers Want to Know About Prescription Drugs and Cough Medicines (Student Handout) for each student (Homework, Activity 7)
Activities

1. Introduce Curriculum and Lesson (5 min.)

A. Briefly introduce Project ALERT.
   1. “Last year many of you completed the Project ALERT core program. This year there are three new lessons.”
   2. “How are eighth (seventh) graders different from seventh (sixth) graders?” Briefly probe for greater maturity and new decisions made by eighth (seventh) graders (activities, clothes, allowance).
      “Now that you are eighth (seventh) graders, you are more mature and have more decisions to make. Some of those decisions may involve drugs. This year we’ll be talking more about drugs and how to avoid using them.”
   3. “The decision to use drugs is ultimately up to you. You need to know the health, legal, and social risks involved in using drugs so that your decisions can ensure a healthy, safe lifestyle.”
   4. “No one can make you use drugs if you don’t want to. This program will help you say ‘no’ if you feel pressured to use drugs.”

B. “Before we begin our activities, I want to discuss how we’ll run our classes. You may remember that last year there was a set of ground rules for the Project ALERT class. We’ve taken the rules that worked well from all the Project ALERT classes and made a set to use this year.” Display and read the Ground Rules visual.

Ground Rules

1. No put downs (respect)
2. Everyone try to participate (participation)
3. No personal identification of sensitive information; “Someone I know...” (confidentiality) Remind students of district policy on student reporting.

C. “Today we’re going to review some of the problems with smoking cigarettes and using marijuana and see which are also problems for alcohol. Then we’ll play a game about resisting pressures and talk about some other drug information.”
2. Discuss Problems with Cigarettes (5 min.)
   
   A. “Last year you discussed problems with using tobacco, e-cigarettes, alcohol, and marijuana. Even if you didn’t have Project ALERT, you are probably aware of the problems. Let’s begin by reviewing the reasons why a person would not want to smoke cigarettes.”

   B. Put up the chart paper visuals or write on the board Problems with Cigarettes and Problems with Marijuana and Alcohol.

   C. Begin with the cigarettes visual. Ask, “Who can name one problem with smoking?” The problems need not be listed in any particular order. Write students’ answers on the visuals. (See Teacher Reference, Problems with Cigarettes)

   Probes that may be used to elicit student response:
   - “What can happen to your health?”
   - “What about how you look?”
   - “What about how you do in sports?”

   D. Reinforce responses, using additional facts from the Teacher Reference, as appropriate. For example, if a student says “lung cancer,” reply, “Right! Over 85 percent of all lung cancers occur in smokers.”

   E. Ask for additional problems. Be sure that the consequences listed in the Teacher Reference are included. If not, add them yourself.

   F. Correct any myths, acknowledging the kernel of truth. Use Myths and Facts About Cigarettes (Teacher Reference), as appropriate.

3. Discuss Problems with Marijuana and Alcohol (5 min.)

   A. Point to the marijuana visual. Ask, “What could happen any time you use marijuana?” As students respond, write their answers on the visual.

   Probes that may be used to elicit student response:
   - “What would it be like talking with a friend who’s high?” (poor concentration, limited communication)
   - “How can marijuana affect someone’s driving ability?” (slow reactions, poor decisions)
   - “What about coordination?” (poor coordination)
   - “What about school?” (trouble with teachers and administrators, short-term memory problems)
   - “What about judgment?” (make a poor decision, do something you regret later, have a panic or anxiety attack that causes you to do something dangerous)
   - “Does marijuana help solve problems?” (temporary escape, but problems remain)
B. Reinforce responses, using additional facts, as appropriate.

C. Refer to *Problems with Marijuana and Alcohol* (Teacher Reference). Ask, “What happens if marijuana is used for a long time?” Probe for dependence, addiction, loss of interest in activities except drug use, physical problems.

D. Ask for additional problems. Be sure the starred items from *Problems with Marijuana and Alcohol* are included on students’ list. If not, add them yourself. Correct any myths, acknowledging the kernel of truth. Use *Myths and Facts About Marijuana* (Teacher Reference), as appropriate.

E. Reinforce students’ responses: “You remembered a lot. Very good list!”

F. “Which of these problems are also true for alcohol?” Indicate them with a checkmark on the students’ list. Mention that alcohol causes liver and brain damage instead of the lung damage caused by marijuana.

G. Refer to their list. Say, “As your lists show, getting drunk or high even one time can be dangerous.”

4. **Review Sources of Pressure to Use Drugs** (8 min.)

A. Refer to their lists. Say, “You’ve thought of many good reasons not to use drugs.”

B. “But there are also many pressures to use them. Now we’re going to talk about where the pressures to use drugs come from.”

C. Display the chart paper visual or write the title on the board: *Where Does Pressure to Use Drugs Come From?* Draw a simple illustration below it. “Last year you came up with four sources of pressure to use drugs. Can anyone remember one of them?”

D. Write the response on the visual. Ask for the remaining three sources of pressure, writing each on the visual.

---

**Where Does Pressure to Use Drugs Come From?**

- Ads/Media
- Friends
- Yourself
- Adults/Family
E. “Now, let’s see what the pressures sound like. I’d like you to give me a pressure line or message that a friend might say.” Elicit lines by asking, “What might it sound like if a friend pressured you to smoke a joint?” Write the line on the visual under “Friends.” For each line, ask students for a way to resist that pressure and still feel okay about themselves. Repeat the line and the resistance response. Praise responses.

F. Ask for one or two additional lines from the “Friends” and “Yourself” categories, specifying a substance each time. (“If you were putting pressure on yourself to smoke, what might you be thinking?”) Write each line on the visual. Ask for resistance responses to each line. Praise responses.

5. Play Resisting Pressure Lines Game (15 min.)

A. Refer to Resisting Pressure Lines Game (Teacher Reference). Say, “These are good resistance responses. Now you’ll be coming up with ways to resist pressure lines, just as you’ve been doing, only you’ll be working in teams.”

B. “After we separate into teams, I will give each team four pieces of paper. Each team will choose a Recorder and a Reporter.”

C. “I’m going to give you a line from one of these pressure sources. Each team will have thirty seconds to think of a way to say ‘no’ to that line. Try to think of something you would really say. The Recorder should write the team’s response on a separate sheet of the paper I’m handing out. As soon as your group has a way to say ‘no,’ hold up your hands. Write big!”

D. Divide the class into six groups.

E. Give each group four pieces of blank chart paper and one marker.

F. Quote a pressure line from the list in the Teacher Reference, and ask for a counter response.

G. Circulate, encouraging active participation.

H. When all hands are up, ask each Reporter to read aloud his or her team’s way to say “no” and display the written response.

I. Praise each contribution, and identify a unique aspect, if possible. (“Good. Your way to say ‘no’ shows you are really thinking about the consequences of using marijuana.”)

J. Continue, providing at least one line from each different pressure source and ask for counter responses.

K. Ask students to take their regular seats.

L. Reinforce students’ sense of self-efficacy by praising their game responses. (“Those were good responses. You really know how to resist the pressures to use drugs.”)
6. Discuss Other Drug Facts and Prevalence of Drug Use (5 min.)

A. “There are a number of other drugs you might be hearing about. Let’s talk about them now.” Conduct discussion, asking the questions below.

1. **Cocaine/Crack.** “Cocaine is a stimulant. It makes your body speed up. Crack is a crystallized form of cocaine that is smoked. Since crack is a form of cocaine, it affects you in the same way, but crack goes to your brain faster and wears off faster.”
   a. “Can you get addicted to cocaine or crack?”
      Yes! Cocaine and crack are both addictive, but people typically become addicted to crack faster. After cocaine or crack wears off, the person feels very depressed and usually wants to get high again immediately. In this way, people can become addicted very quickly. Some teenagers say they became addicted to crack the first time they tried it.
   b. “Can you die from cocaine or crack?”
      Yes! Cocaine and crack users have died when their heart stops and from strokes. Cocaine and crack speed up the heart to a point at which it can overload. It also raises blood pressure and can cause blood vessels in the brain to burst.
   c. “What other things can cocaine and crack do to you?”
      Both cocaine and crack can cause seizures, convulsions, feelings of paranoia, severe anxiety attacks, violent behavior, depression, and hallucinations.
   d. “Over time, people who are addicted to cocaine or crack care only about getting high and getting money to support their habit. Nothing else matters - not friends, family, school, or health.”

2. **Methamphetamine.** “Methamphetamine is also a stimulant that speeds you up. It makes people feel powerful, which can cause them to want more and more of the drug.”
   a. “Can you get addicted to meth?”
      Yes.
   b. “How does methamphetamine affect your brain?”
      It can damage nerve cells that produce important brain chemicals - permanently. And it can change the way you think and act forever. Long term use can lead to mood problems, violent behavior, anxiety and confusion.
   c. Display and review the poster: Danger! Cocaine! Meth! Heroin!
Point out the similar dangers. Remind students that crack is a type of cocaine. Praise students for their knowledge of cocaine, crack and methamphetamine.

3. **Club Drugs.** “Club Drugs got that name because of their use at dance clubs and all-night dance parties. The most common are ecstasy, GHB, meth and LSD. Ecstasy is a stimulant (and a mild hallucinogen) that makes people feel they can dance all night. GHB is a sedative that can make you unconscious and unable to move. Meth is also a stimulant that is highly addictive. LSD is an hallucinogen with serious and unpredictable side effects, including delusions, confusion and flashbacks.”

   a. “Why have many teens been rushed to emergency after taking ecstasy at a rave?”

      Because ecstasy both raises body temperature and suppresses thirst, it can cause overheating (hyperthermia). A body temperature of higher than 105º is a medical emergency and can quickly lead to death. In addition, ecstasy users often drink a lot of liquids to prevent dehydration. However, they can drink too much, causing over-hydration and seizures.

   b. “Why is GHB known as a Date Rape Drug?”

      You can’t taste or smell GHB, so someone can put it in your drink without your knowing it. If you become unconscious or unable to move, you cannot call out for help or get away if someone tries to attack you.

   c. “What can you do to avoid having GHB or some other harmful substance put into your drink at a dance club or party?”

      Carry your own water bottle and don’t put it down. Don’t drink from a punch bowl or open glass that someone brings you. Never leave your bottle or glass where someone else can get to it.

4. **Prescription Drugs.** “Some people use drugs that were prescribed for someone else, thinking it’s safe because the drugs were made in a laboratory or are for medical use.”

   a. “Is using drugs that were prescribed for someone else ever really safe?”

      No. When you take a medicine prescribed for someone else, you have no idea how your body and brain will react. You could be taking many times the amount that a doctor would prescribe for you, or you might be taking something that a doctor would never prescribe for you because it would do you more harm than good, or because it is meant to treat a problem you don’t have.

   b. “Can using OxyContin (a prescription painkiller) just once kill you?”

      Yes. If you take someone else’s prescription of OxyContin - especially if
you mix it with another drug - even one dose can make you stop breathing. Prescription painkillers like OxyContin and Vicodin come in many different strengths. You don't know what strength might be too much for you and how your body might react.

B. Prevalence of Drug Use.
1. “Now for some good news. Most teenagers don’t use drugs.” A nationwide study of middle grade through tenth grade students shows that most do not use tobacco, alcohol, marijuana or any form of illicit drugs.*
2. “Why do you think most teenagers don’t use drugs?”
3. Probe for correct answers (because of concerns about their health, because there is more peer disapproval). Validate incorrect responses by acknowledging the kernel of truth.

*Source: National Institute on Drug Abuse (NIDA), Monitoring the Future. For more details visit www.monitoringthefuture.org

7. Wrap-up (2 min.)
A. “Today we’ve reviewed some of the many reasons not to use alcohol, tobacco, and marijuana, and you have practiced resisting pressures to use these drugs. We’ve also talked about the problems with cocaine, crack, methamphetamine, LSD, and other drugs.”
B. “In the next lesson we’ll see a video and practice saying ‘no’ to pressures to use drugs.”
C. Reinforce students’ work.
D. Homework:
1. Hand out Test Your Drug IQ - Advanced Quiz. “Take the test, and then check your answers. Some of the questions are review, and some are new. You are not expected to know all the answers. When you have completed the test, see me for the Answer Key.”
2. Hand out Frequently Asked Questions About Cocaine and Methamphetamine. “This handout will give you more information about cocaine/crack and methamphetamine.”
3. Hand out What Teenagers Want to Know About Prescription Drugs and Cough Medicines. “This handout will give you more information about the misuse of prescription drugs and cough medicines.”

Optional: students can review these handouts with parents.
Problems with Cigarettes/Vaping

Early consequences
1. Heart beats faster/works harder
2. Breath smells
3. Addiction (one or two cigarettes a day for four or five days may cause addiction)
4. Harder to breathe
5. Yellow teeth
6. Do poorly in sports
7. Get in trouble with parents or school
8. Coughing
9. Swollen eyes
10. Throat irritation

Long-term consequences
1. Lung cancer, other cancers
   - over 85% of lung cancers are caused by smoking
   - starting to smoke before age 15 quadruples the risk of lung cancer
2. Heart disease
   - smokers’ risk of heart attack is more than twice that of nonsmokers, and they are more likely to die within the hour from that heart attack
3. Respiratory (lung) disease
   - emphysema, chronic bronchitis, worsens asthma
4. Wrinkles
   - once smokers reach their 40th birthday, they can expect to have more wrinkles than nonsmokers
5. Death
   - tobacco use significantly contributes to nearly one in five deaths in the United States
Myths and Facts About Cigarettes

1. **Myth:** Cigarettes help you think clearly.
   **Fact:** It may seem like you are thinking more clearly, but smoking has no effect on the reasoning process. Nicotine is the substance in tobacco that is highly addictive. It is both a stimulant and a sedative to the central nervous system. The initial nicotine “kick,” which stimulates the central nervous system and causes a sudden release of glucose, is followed by depression and fatigue, leading the smoker to seek more nicotine.

2. **Myth:** Cigarettes calm you down.
   **Fact:** Many people believe this, but they really feel better only because they are addicted to nicotine. As with other addictive drugs, you begin to feel jittery if the level of nicotine in your body drops. If you are not addicted, cigarettes actually make you feel nervous.

3. **Myth:** Smoking keeps you thin.
   **Fact:** Smoking stimulates the central nervous system, which can suppress appetite, but it doesn't change eating habits. It can also decrease the sensitivity of the taste buds and sense of smell making food less appetizing. Overall, this is not an effective way to lose weight as there are many negative consequences from smoking.

4. **Myth:** It's easy to quit later.
   **Fact:** Only 3% of daily smokers in high school think they will be smoking in 5 years. But over 60% are still regular smokers up to 9 years later. Usually people make five to seven attempts before finally being able to quit.

5. **Myth:** E-cigarettes and vaping are safer than regular cigarettes.
   **Fact:** E-cigarette fluid or “juice” contains many cancer-causing and other toxic chemicals - including nicotine, formaldehyde, arsenic, aluminum, and lead.
### Problems with Marijuana and Alcohol

<table>
<thead>
<tr>
<th>Marijuana</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>* 1. Unable to concentrate, think</td>
<td>✓</td>
</tr>
<tr>
<td>* 2. Slower reactions</td>
<td>✓</td>
</tr>
<tr>
<td>* 3. Unable to drive safely</td>
<td>✓</td>
</tr>
<tr>
<td>* 4. Do something you might regret</td>
<td>✓</td>
</tr>
<tr>
<td>* 5. Increased anxiety, panic</td>
<td>✓</td>
</tr>
<tr>
<td>* 6. Hard to communicate</td>
<td>✓</td>
</tr>
<tr>
<td>* 7. Don't experience emotions, problems come back</td>
<td>✓</td>
</tr>
<tr>
<td>8. Feel sick</td>
<td>✓</td>
</tr>
<tr>
<td>9. Get in trouble at school</td>
<td>✓</td>
</tr>
<tr>
<td>10. Get in trouble with the law/parents</td>
<td>✓</td>
</tr>
<tr>
<td>11. Feel dizzy</td>
<td>✓</td>
</tr>
<tr>
<td>12. Headache</td>
<td>✓</td>
</tr>
<tr>
<td>13. Make parents or friends angry</td>
<td>✓</td>
</tr>
</tbody>
</table>

#### With frequent use

| * 1. Mental and/or physical dependence | ✓ |
| * 2. Loss of interest in activities except drug use | ✓ |
| * 3. Probable lung damage - heavy or long-term use. Marijuana has many of the same lung-damaging substances as tobacco, and many more of some of them. Inhaling deeply may increase problems. | ✓ |
| * 4. Probable long-term memory loss - heavy or long-term use | ✓ |
| 5. Decreases motivation | ✓ |
| * Should be included on students' list. |

Motor vehicle crashes are the leading cause of death for 16- to 20-year-olds; one-quarter of teen drivers who died in the crashes had alcohol in their blood.
Myths and Facts About Marijuana

1. **Myth**: Marijuana makes uncomfortable feelings go away (fear, anger, depression).
   **Fact**: You may feel less scared, angry, or depressed because marijuana may temporarily cover up feelings; it doesn’t make them go away. Some people actually get more depressed or anxious when they have used marijuana. Using marijuana may also bring on other problems such as legal consequences and physical dependency.

2. **Myth**: Marijuana makes you creative.
   **Fact**: Sometimes marijuana makes a person feel creative while high, but actual performance is not better and is often worse. Marijuana can’t make you become something you aren’t. After the marijuana wears off, people often say that what seemed creative when they were high no longer makes sense.

3. **Myth**: Marijuana makes your problems go away (trouble with parents, school, or friends).
   **Fact**: You may feel you have escaped your problems by getting high, but when the marijuana wears off, the problems are still there. Using marijuana may also bring on other problems such as legal consequences and physical dependency.

4. **Myth**: You can’t get addicted to marijuana.
   **Fact**: Increasingly, research is showing that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of cocaine, heroin and alcohol. Chronic users can experience “withdrawal” symptoms (agitation, sleep problems) after stopping heavy use suddenly, as well as “tolerance” (needing larger doses of a drug to get the same desired effects once produced by smaller amounts). Many experts believe marijuana is addicting.

5. **Myth**: Marijuana makes you a better dancer, talker.
   **Fact**: Marijuana can create this illusion, which has been termed “magical thinking,” but it can’t make you be anything you aren’t. If anything, you become less competent because marijuana interferes with memory, perception and coordination.

6. **Myth**: It is safe to drive after using marijuana.
   **Fact**: Marijuana use makes driving more dangerous. It affects important skills needed for safe driving. The ability to concentrate diminishes and reflexes slow down, making it hard to respond to sudden, unexpected events. It also impairs coordination and the ability to judge distances and react to signals and sounds.

7. **Myth**: Since marijuana is “natural,” it is much safer than other drugs.
   **Fact**: Many “natural” substances also have toxic properties (poisonous mushrooms, mistletoe, tobacco). Prolonged or frequent use of marijuana can adversely affect hormones in both males and females. Young men can have delayed puberty and young women can find that the drug disturbs their monthly cycle (ovulation and menstrual period).
Myths and Facts About Alcohol

1. **Myth**: A can of beer will not have as much effect as a mixed drink (or a shot of liquor).
   **Fact**: A can of beer, a glass of wine, a mixed drink, and a shot of liquor all have about the same amount of alcohol and will have about the same effect.

2. **Myth**: Alcohol is not a drug.
   **Fact**: Alcohol is a drug that affects the brain. It slows down the brain area that controls judgment, thought, and muscular coordination. Mixing alcohol with other drugs can be extremely dangerous, causing nausea, vomiting, fainting, heart problems, difficulty breathing or even death.

3. **Myth**: Alcohol is not as dangerous as other drugs.
   **Fact**: Alcohol can be deadly. Drinking a quart of vodka in one sitting can kill you. Even one drink can affect your judgment and cause you to lose control. Auto crashes are the leading cause of death among teenagers, and of these fatalities, over one third are alcohol-related.

4. **Myth**: Black coffee and a cold shower can sober you up quickly.
   **Fact**: Only time sobers you. The liver needs one hour to burn up one ounce of pure alcohol (the amount contained in a can of beer, glass of wine, or mixed drink). Coffee and cold water may make a person less sleepy, but neither improves judgment or coordination.

5. **Myth**: Drinking makes your problems disappear.
   **Fact**: You may feel you have escaped your problems by drinking, but when you get sober, the problems are still there.

6. **Myth**: Drinking makes uncomfortable feelings go away (anger, shyness, loneliness, frustration).
   **Fact**: Alcohol may cover up uncomfortable feelings for a while, but they come back when you are sober again. Drinking isn’t always a reprieve from uncomfortable feelings. The fact is that alcohol just as often has the opposite effect and intensifies feelings with sometimes catastrophic results: sadness (poor choices, crying fits, suicide) or anger (domestic violence, rage).

7. **Myth**: Most teens drink alcohol.
   **Fact**: Most teens aren’t drinking alcohol. According to Monitoring the Future only 16% of 8th grade students consumed alcohol in the past 30 days.

8. **Myth**: Drinking alcohol when you are young helps prevent abuse later.
   **Fact**: Teens’ brains and bodies are still developing and alcohol use can cause learning problems or lead to adult alcoholism. People who begin drinking by age 15 are five times more likely to abuse or become dependent on alcohol than those who begin drinking after 20.
Resisting Pressure Lines Game

Pressure source: friends - a friend says to you,

“The party won’t be fun unless everyone gets drunk.”
“Don’t you want those guys to like you?”
“Are you afraid to try it?”
“It’s no big deal.”
“Vaping is totally safe.”
“It won’t hurt you to do it just once.”
“You’re not going to get lung cancer from one cigarette.”
“You’re going to feel really out of it if you’re not high.”
“Your parents won’t find out.”

Pressure source: yourself - you think to yourself,

“Some of the group are smoking. Maybe I should, too.”
“If I drink, I won’t feel so out of it.”
“I’m so bored. Maybe I should get high.”
“If I smoke, maybe those kids will notice me.”
“I think that a lot of the kids at that party will be drinking.”
“I must be the only kid here who hasn’t gotten high.”
“I’ve heard that marijuana really makes you feel great.”

Pressure source: adults - you hear an adult say,

“After all these years, I’ll never stop smoking. It really relaxes me.”
“I’ve been smoking for thirty years, and it hasn’t hurt me.”
“I couldn’t get through a day without a cigarette.”
“I usually stop for a few drinks before heading home.”
“I’m just going to watch the game on television and have a six pack.”

Pressure source: media - you see an advertisement that says,

“It’s a woman thing!”
“Life is harsh. Your tequila shouldn’t be.”
“Slim ‘n sassy!”
“Skoal. A Pinch Better.”
“You’ve got Merit.”
“Come to Marlboro country.”
“What you’re looking for.”
“If you’ve got the time, we’ve got the beer.”
“ Alive with Pleasure!”
“Love at first sip.”
“She’s gone to Capri and she’s not coming back.”
“Proud to Be Your Bud.”
Myths and facts About Cocaine and Crack

1. **Myth**: Using cocaine just once can’t hurt you.
   **Fact**: Cocaine in any form is a powerful drug that causes many mental and physical problems. A single dose of cocaine, whether snorted, smoked or injected, can cause death.

2. **Myth**: It takes a long time to become addicted to cocaine or crack.
   **Fact**: Cocaine is highly addictive. Some people become addicted after using it a few times. Smoking cocaine increases the risk of getting addicted quickly.

3. **Myth**: Cocaine gives people more self-confidence.
   **Fact**: Relying on a drug to feel self-confident usually indicates a lack of personal self-esteem. The use of cocaine doesn’t take away feelings of insecurity, but only masks them temporarily.

4. **Myth**: You get more work done when you use cocaine.
   **Fact**: Cocaine may help keep you going when you feel tired, but the effect is only temporary. As soon as the drug wears off, you feel more tired than before.

5. **Myth**: Cocaine cures depression.
   **Fact**: Cocaine may make you feel less depressed temporarily, but after the effects wear off, you feel more depressed than you did before. Prolonged use of cocaine may cause changes in the brain that make it harder to feel a sense of pleasure.

Cigarette facts

**Biggest Dangers with Cigarettes/Vaping**

**Smoking cigarettes**

1. Is addicting
2. Damages your heart
3. Damages your lungs
4. Over time, can cause:
   - death
   - lung diseases
   - cancer
   - heart disease
Smoking cigarettes

1. **Is addicting**
   
   Nicotine, a substance found in both traditional and e-cigarettes, is highly addicting. Even a few cigarettes every day for a week may make your body crave cigarettes. If you are addicted and a cigarette is not available, you may experience jitters, headaches, dizziness, and depression. Nicotine is toxic in large quantities.
   
   - More than a third of all kids who ever try smoking a cigarette will become regular, daily smokers before leaving high school.
   - While only 3% of daily smokers in high school think that they will be smoking at all in 5 years, over 60% are still regular daily smokers 7-9 years later.
   - Symptoms of addiction - such as having strong urges to smoke, feeling anxious or irritable and having unsuccessfully tried not to smoke - can appear in young kids within weeks or only days after occasional smoking first begins, and well before daily smoking has even started.
   - Cigarette smoke is a collection of over 4,000 chemicals, including fingernail polish remover, cyanide (a poisonous gas), formaldehyde (a chemical preservative), 400 poisons, and at least 60 distinct cancer causing chemicals. It also contains tar, a conglomeration of solid particles that combine to form a sticky brown substance that can stain teeth and clog lungs.

2. **Damages your heart**
   
   Even if you smoke only one or two cigarettes, you will experience an increase in heart rate. Your blood pressure will rise, your blood vessels will constrict, and the bloodstream level of carbon monoxide increases.

3. **Damages your lungs**
   
   Each cigarette you smoke breaks down lung tissue and diminishes lung capacity. Smoking even one or two cigarettes causes lung tissue to break down. Even if you are a moderate smoker (less than a pack a day), your ability to breathe in deeply without hurting your lungs is greatly diminished.

4. **Over time, can cause**
   
   - **Death:**
     - Smoking is the number one preventable cause of death in the nation. It kills an estimated 480,000 Americans every year.
     - More people die from cigarette smoking and related illness than die from AIDS, alcohol, traffic crashes, illicit drugs, murder, suicide, and fires combined.
- Smoking is responsible for one of every five deaths in the United States.
- On average, someone who smokes a pack or more of cigarettes each day lives 7 years less than someone who never smoked.
- Each day more than 2,300 kids become regular smokers, more than 1 million kids a year. Roughly one-third of them will eventually die from a tobacco-related disease.

**Lung diseases:**
- Smokers are far more likely to get pneumonia, chronic bronchitis and emphysema.

**Cancer:**
- Over 85% of lung cancers are caused by smoking, and each year over 150,000 people die from lung cancer.
- Smoking is associated with cancers of the mouth, pharynx, larynx, esophagus, pancreas, uterus, cervix, kidney, stomach, bladder, and some leukemias.
- Tobacco is the single biggest cause of cancer and accounts for more than half of all cancer deaths in smokers.

**Heart disease:**
- Smokers’ risk of heart attack is more than two times that of nonsmokers.
- Smokers who have a heart attack are more likely to die suddenly from that heart attack - within an hour - than nonsmokers. No cigarettes are safe. Scientists have found no evidence that smoking low-tar and low-nicotine cigarettes reduces the risk of coronary heart disease.

**Wrinkles:**
- A review of research on smoking and wrinkles found that smokers’ faces show more wrinkling at an earlier age than those of non-smokers. Researchers have found evidence that an underlying biochemical process interferes with the body’s ability to break down old skin and renew it.

5. **Can get you into trouble**

   All states have laws prohibiting the sale of tobacco to youth under the age of 18. Smoking at school violates school rules on most campuses.
Important Information About Smokers

Smoking has immediate effects on your body
• It increases your pulse rate and makes your blood pressure rise.
• It lowers your skin temperature.
• It lowers your physical endurance.

Smokers’ babies weigh less and more of them die
• Smoking during pregnancy accounts for an estimated 20-30% of low-birth weight babies, up to 14% of pre-term deliveries, and 10% of all infant deaths.
• Even apparently healthy, full-term babies of smokers have been found to be born with narrowed airways and decreased lung function.
• Babies of parents who smoke have a greater chance of dying from sudden infant death syndrome (SIDS).

Smokers become disabled more often than do nonsmokers
• Smokers become ill more often and lose more days from work than do nonsmokers.
• Smokers are more apt than nonsmokers to suffer from chronic conditions that limit their activity.

Smokers who quit get immediate health benefits
• The carbon monoxide level in the bloodstream declines within twelve hours.
• Headaches and stomach aches caused by smoking disappear.
• Stamina and vigor improve. Food tastes and smells better.

Smokers who quit get long-term health benefits
• Giving up cigarettes reduces the excess risk of dying prematurely.
• After about 10 years, the lung cancer death ratio is about half that of a person who is still smoking.
• Three years after quitting, the risk of death from heart attack is about the same as someone who has never smoked.
• Women who stop smoking before pregnancy or during the first three to four months of pregnancy reduce their risk of having low birthweight babies to that of women who never smoked.
Facts on Other Forms of Tobacco

Cigars

• People who smoke cigars (stogies) regularly get serious diseases and die from them. In fact, long-term cigar smoking doubles your chance of dying from heart disease. The risk of lung cancer and death from cancer of the esophagus is 2-5 times higher in cigar smokers than in nonsmokers; death from cancer of the oral cavity is 3-8 times more likely, and the risk of death from cancer of the larynx is 10 times higher.

• Cigar smoke contains more carbon monoxide, ammonia and nitrogen oxides than cigarette smoke. And, a stogie has as much nicotine as several cigarettes. (Nicotine is the drug found in tobacco that causes addiction.) When cigar smokers inhale, nicotine is absorbed as rapidly as it is with cigarettes. For those who don’t inhale, it is absorbed more rapidly through the lining of the lips and mouth, the tongue, and throat. Oral and esophageal cancer risks are similar among cigar smokers and cigarette smokers.

• Cigars are a major source of secondhand smoke and because of the kind of tobacco and the manufacturing process of cigars, many of the concentrations of carcinogens are higher than for cigarette smoke.

• Consider that it can take as long as forty-five minutes to an hour to smoke a cigar, compared with just a few minutes for a cigarette. Now, the exposure to secondhand smoke both for the smoker and those around the smoker becomes very significant.

Secondhand smoke or environmental tobacco smoke

• Secondhand smoke, also known as passive smoking or environmental tobacco smoke, comes from two places: smoke breathed out by the person who smokes, and smoke from the end of a burning cigarette, cigar or pipe.

• More than 4,000 chemical compounds have been identified in tobacco and tobacco smoke. Tobacco smoke includes at least 250 cancer causing substances. Some of these compounds are tar, carbon monoxide, hydrogen cyanide, arsenic, ammonia, benzene, formaldehyde, phenols and nicotine.

• Nonsmokers who are exposed to secondhand smoke absorb all of these chemicals just as smokers do. Because they are unfiltered, the concentrations of carcinogens in secondhand smoke are up to 100 times higher than in smoke inhaled directly through cigarettes and cigars.

• Exposure to secondhand smoke causes over 3,400 deaths from lung cancer among nonsmokers in the United States each year, and 46,000 die from related heart disease.

• Separating smokers and nonsmokers within the same air space may reduce, but does not eliminate, nonsmokers’ exposure to secondhand smoke.
• The United States Surgeon General states that there is no risk-free level of exposure to secondhand smoke. Breathing even a little secondhand smoke can be harmful.

Smokeless tobacco
• Smokeless tobacco is chewed, sucked on or sometimes pinched in the nose. Its four primary forms are plug tobacco, loose-leaf tobacco, twist tobacco, and snuff.
• Smokeless tobacco users face an increased risk of cancers of the mouth, esophagus, lung, liver, and pancreas. They place themselves at higher risk for heart disease and diabetes than non-users.
• Nicotine is the drug in smokeless tobacco that causes addiction.
• All forms of smokeless tobacco are addictive.
• The physiological and psychological processes that determine nicotine addiction are similar to those that determine addiction to such drugs as heroin or cocaine.
• Smokeless tobacco products are not a safe alternative to cigarettes and in fact can provide a more efficient means for delivering certain cancer causing chemicals into the body through the bloodstream.
• Smokeless tobacco users experience higher rates of such dental problems as receding gums, tooth enamel erosion and discoloration, tooth decay, bad breath and loss of both the senses of taste and smell.

E-cigarettes
• E-cigarettes are now used by teens more than traditional cigarettes.
• In most states, it is illegal to purchase or use e-cigs (or regular cigarettes), parts, and fluids if you are under 18.
• Just like traditional cigarettes, e-cigarettes contain many cancer-causing and other toxic chemicals - including nicotine, formaldehyde, arsenic, aluminum, and lead.
• Research has shown that many teens begin to use traditional cigarettes after they start using e-cigarettes; this introduces even more nicotine and harmful chemicals into their system.

Marijuana facts

Biggest Dangers with Marijuana

Using marijuana
1. Increases risk of accidents
2. Causes loss of control (judgment, coordination)
3. Makes it hard to concentrate, learn, problem solve and remember
4. Interferes with your ability to experience or cope with emotions
5. Interferes with communication
6. Over time, can cause
   - physical and psychological dependence
   - immune system damage
   - reproductive system problems
   - loss of interest in activities except drug use
   - lung damage

Using marijuana

1. Increases risk of accidents
   Because marijuana impairs both your judgment and your coordination, using marijuana increases the likelihood that you will get in an accident or cause one.

   *Teenagers who are high on marijuana have drowned, died in automobile crashes and bicycle crashes, and accidentally set things on fire.*

   Examples:
   - Driving a car when stoned. Marijuana use makes driving more dangerous because it affects many skills needed for safe driving. It slows thinking and reflexes, making it hard to respond to sudden, unexpected events. It makes it more difficult to stay in the driving lane, to maintain speed, and to keep the proper distance between cars. If you use both marijuana and alcohol, the risk of a crash increases greatly.
   - Riding a bike or swimming when stoned. Marijuana use makes bicycling and swimming more dangerous for the same reasons - it slows thinking and reaction time, makes you more likely to swim out too far or dive too deep, and makes it harder for you to track your movements.
   - Accidentally causing a fire or getting into a car crash. Teenagers who are high on marijuana have started fires without realizing it or caused other drivers to have a crash because they are trying to avoid the car driven by someone who is stoned.

2. Causes loss of control (judgment, coordination)
   If you are high on marijuana, you might also do something you wouldn’t do if you had not been using.

   Examples:
• Get in a car with a driver who is stoned or drunk
• Jump off a high wall or fence without thinking, accidentally fall out of a window
• Forget to be responsible (call home, be some place on time)
• Make a fool of yourself in front of your friends

3. Makes it hard to concentrate, learn and remember
Marijuana use interferes with learning, problem solving and short-term memory.
Examples:
• Getting stoned before taking a test and not being able to remember anything you studied
• Getting stoned and not remembering where you put your wallet
• Getting stoned and writing lyrics or verses you think are terrific until you look at them later and realize they don’t make any sense
• Getting stoned and forgetting you promised to go to the movies with your friends
• Getting stoned and being unable to think through steps to resolve otherwise simple problems in math or in a social situation such as a disagreement

4. Interferes with your ability to experience or cope with emotions
Examples:
• Getting stoned every time you feel bored (you don’t learn to handle boredom in your life)
• Getting stoned every time you feel angry with your friends or your parents (you don’t learn how to handle your anger or how to tell people you are angry with them)
• Getting stoned every time you feel nervous in a social situation - on dates, at parties (you don’t learn how to feel less nervous without the aid of marijuana). Marijuana doesn’t make uncomfortable feelings go away. In fact, marijuana tends to increase whatever feelings you had before you smoked it. So if you smoke it when you’re worried or anxious, getting high may make you more so. Even if your unpleasant feelings seem to go away, eventually they return. To learn how to get over these feelings, you have to experience them. Marijuana doesn’t allow you to experience feelings, so you can’t learn how to cope with them.

Even if you use marijuana just when you feel good, you can become dependent on it and lose the ability to feel good or get high without marijuana. If you use marijuana to avoid feeling depressed or bad, those feelings are still there when you come down.

5. Interferes with communication
• Since marijuana affects short-term memory, it is often difficult to maintain a conversation when you are stoned. You may not make sense or seem confused to others. You may forget what you are trying to say or what someone just said to
you. You may have a bad “high” and withdraw. Then you don’t want to - or can’t - talk to anyone else.

6. Over time, can cause

• Physical and psychological dependence: the need to use marijuana in order to feel okay. Increasingly, research is showing that long-term use of marijuana produces changes in the brain similar to those seen after long-term use of cocaine, heroin and alcohol. Chronic users can experience “withdrawal symptoms” (agitation, irritability, sleep problems, drug craving) after stopping heavy use suddenly, as well as “tolerance” (needing larger doses of a drug to get the same desired effects once produced by smaller amounts).

• Immune system damage: animal studies have found that THC (the active chemical in marijuana) can damage the cells and tissues that help protect people from disease.

• Reproductive system problems: heavy use of marijuana can affect both male and female hormones. Young men can have delayed puberty and young women can find that the drug disturbs their monthly cycle (ovulation and menstrual periods).

• Lung damage: marijuana smoking - like tobacco smoking - harms the lungs and respiratory system. Marijuana contains 50-70 percent more cancer causing chemicals than tobacco smoke. Smoking three to four marijuana cigarettes a day is associated with the same type of bronchitis and cell damage to the lungs as smoking twenty tobacco cigarettes.

• Heart: marijuana increases heart rate by 20-100 percent shortly after smoking; this effect can last up to three hours. Marijuana can interfere with normal heart rhythms and increases the risk of heart attack.

7. Other problems with marijuana

• Marijuana can get you into legal trouble: In all states, it is illegal for minors to possess or sell any amount of marijuana.

• Some studies have found that babies born to marijuana smokers weighed less and had smaller head sizes than those born to mothers who did not use the drug.

Short- and Long-Term Effects of Marijuana Use

Marijuana use affects your behavior

Right away

• It interferes with your ability to drive safely affecting alertness, concentration, coordination, and reaction time.

• Driving under the influence of marijuana is especially dangerous. Marijuana impairs driving skills for at least four to six hours after smoking a single cigarette. When marijuana is used in combination with alcohol, driving skills become even more impaired.
• It interferes with your performance in sports (affects coordination, timing, and heart function).
• It slows down your reaction time.
• It impairs tracking ability (ability to follow a moving stimulus), which is important for driving, bike-riding, and flying.
• It impairs muscle coordination (decreases hand steadiness, increases body sway, and inhibits accuracy when executing movements).

Over time
• Regular use of marijuana may lead to lower achievement, increased tolerance of deviance, more deviant behavior, and greater rebelliousness.
• When people withdraw from heavy marijuana smoking, they may experience sleep problems, irritability, drug craving and anxiety that may verge on panic.

Marijuana use affects your mind

Right away
• It makes it hard to concentrate and to remember (impairs short-term memory).
• It makes learning and decision-making more difficult (impairs logical thinking, reading comprehension, and verbal and math skills).
• It interferes with communication. People who are high on marijuana often do not remember what they said a few minutes ago.
• It causes some users to panic and feel paranoid and other users to feel euphoric.
• It distorts the sense of time, making it seem to slow down.
• It reduces alertness (so that a person pays less attention and has a slower reaction time).

Over time
• People may become psychologically dependent upon marijuana.
• Heavy marijuana use may lead to a loss of interest in all activities except drug use. Heavy users may become unmotivated, slow moving, and apathetic.

Marijuana use affects your body

Right away
• It increases the heart rate by as much as 20 to 100 percent. Making the heart work harder is a threat to individuals with high blood pressure, coronary vessel disease, and cerebrovascular disease.
• It causes a feeling of hunger and stimulates the appetite, especially for sweets.
• It causes a decrease in peak exercise performance.
• It causes reddening of the eyes. (This is not an effect of the smoke.)
Over time

- Heavy marijuana smoking can cause addiction or create physical dependence (increased tolerance, withdrawal symptoms if use stops suddenly).
- Heavy marijuana smoking - like heavy tobacco smoking - harms the lungs and respiratory system. Smoking three to four marijuana cigarettes a day is associated with the same type of bronchitis and cell damage to the lungs as smoking twenty tobacco cigarettes.
- Regular marijuana use can obstruct both the large and small airways in the lungs.
- Its use by pregnant females may result in smaller and lower weight babies.
- In males, its use contributes to a decline in sperm concentration, count, and movement, and to lower testosterone levels (male sex hormone).
- In females, its use can lead to decreased hormone levels, which can disrupt the monthly ovulatory and menstrual cycle. However, these effects cannot be considered reliable birth control methods.
- Regular marijuana use can obstruct both the large and small airways in the lungs.

* The way marijuana affects each person depends on many factors including: user’s previous experience with the drug, how much THC is in the marijuana, how the drug is taken and whether the user is drinking alcohol or using other drugs.

Alcohol Facts

Biggest Dangers with Alcohol

Drinking alcohol

1. Increases risk of death or injury from accidents, homicide, or suicide
2. Causes loss of judgment
3. Causes loss of coordination
4. Interferes with your ability to cope with emotions
5. Over time, can cause
   - dependence
   - liver damage
   - brain damage
   - death from brain or liver damage, heart attack
Drinking alcohol

1. Increases risk of death or injury from accidents, homicide, or suicide

   Alcohol is a major factor in the three leading causes of teenage deaths: motor vehicle crashes, homicide, and suicide.

2. Causes loss of judgment

   After only one or two drinks, you might agree to do something you would not agree to do if you had not been drinking.

   Examples:
   - Drinking and agreeing to drive a car
   - Drinking and agreeing to go driving with another person who has been drinking
   - Drinking and going swimming (risk of drowning)
   - Drinking and forgetting to be responsible (call home, be some place on time)
   - Drinking and sexual activity
   - Mixing alcohol with another drug (like sleeping pills, pain medication, muscle relaxers) increases the risk of overdose and death

3. Causes loss of coordination

   Three or four drinks cause unsteady walk, slurred speech, and slowed reaction time.

   Examples:
   - Getting into a car crash while driving. Statistics show that about 41% of all fatal crashes are alcohol-related, resulting in over 16,000 lost lives and about 600,000 injuries every year.
   - Losing your balance and falling
   - Drowning

4. Interferes with your ability to cope with emotions

   Drinking to escape feelings makes it harder for you to learn how to cope with them.

   Examples:
   - Drinking every time you feel nervous in a social situation - on a date, at a party (you don’t learn how to feel less nervous without the aid of alcohol)
   - Drinking every time you feel angry with your friends or your parents (you don’t learn how to handle your anger or how to tell people you are angry with them)
   - Drinking every time you feel bored (you don’t learn how to handle boredom in your life)
• Drinking every time you feel tense or uptight in general. Drinking alcohol may block out uncomfortable feelings (anxiety, anger) for the moment. As soon as the alcohol wears off, however, you are left with these same feelings. Alcohol is a depressant. If you drink to escape feeling depressed and keep on drinking, eventually the alcohol itself will make you feel depressed. Even if you drink just to feel good at parties, you can become dependent on alcohol. Over time, you can lose the ability to feel good without drinking.

5. Over time, can cause

• **Dependence**: Feeling that you must have a drink in order to feel okay and drinking to avoid physical withdrawal symptoms (exhibited in the most severe form as the D.T.’s, or delirium tremens). Teenagers who are addicted to alcohol will most likely not be doing well in school, and may drop out of school. Dependence can cause antisocial behavior, such as violence and paranoia, and can lead to depression with serious results (suicide, personal injury). Indications of teenage alcohol dependence include needing to drink before going out of the house or before a social event, needing alcohol to feel able to function at school or with friends, feeling depressed and fearful when alcohol is not available, and continuing to drink even when problems from drinking have occurred.

• **Liver damage**: The liver processes over 90% of the alcohol you drink. Drinking heavily or drinking over a long period of time may result in alcoholic hepatitis and cirrhosis of the liver.

• **Brain damage**: Brain damage, or wet brain, is a result of long-term drinking. In some cases, the brain injury causes permanent mental retardation.

• **Death**: Brain or liver damage, heart attack, car crash, homicide or suicide.

6. Other dangers of alcohol

• You can get into legal trouble when you drink. In all fifty states it is illegal to buy alcohol for use by someone under twenty-one years of age. All states have zero-tolerance laws that make it illegal for youth under 21 to drive with any measureable amount of alcohol in their system.

• Drinking can contribute to the following problems:
  - Ulcers and gastritis
  - Throat and mouth cancer
  - Heart attack
  - Family problems (divorce, child abuse, family violence, child neglect)
  - Criminal behavior
  - Suicide
• Dangers during pregnancy: For pregnant women, any drinking may be risky. A high number of congenital heart defects in newborns result from the mother drinking alcohol during pregnancy. Drinking during pregnancy may cause the babies to have low birth weight, mental retardation, and deformities. There is no known safe level of alcohol use for pregnant women.

• Children who grow up in families in which one or both parents are alcoholics have a far greater risk of becoming alcoholics themselves. However, most children of alcoholic parents do not become alcoholics themselves.

Short- and Long-Term Effects of Alcohol Use

Alcohol is addictive and damaging
• Alcohol abuse contributes to 100,000 deaths annually, making it the third leading cause of preventable death after tobacco and diet/activity patterns in the United States.

• Alcohol is addictive. Alcoholics are psychologically and physically addicted to alcohol, cannot control their drinking, and depend on alcohol to function.

• If you use alcohol before the age of 15, you are more likely to have problems with heavy alcohol and other drug use later in life than someone who doesn’t.

• Many people (about one-third of the population) won’t drink at all. About 10% of the people who drink will become alcoholics. Another 10% will become alcohol abusers whose health or social relationships suffer because of drinking.

• Alcohol is lethal. It can permanently harm and eventually kill brain cells.

• It is against the law in all fifty states to purchase alcohol for use by persons under age twenty-one.

Alcohol affects your brain and body right away
• Alcohol use can be more dangerous for teenagers than for adults because a teenager’s body and brain are still growing and developing.

• Alcohol is absorbed directly into the bloodstream and is carried throughout the body, affecting body systems immediately. It is not digested by the body, as food and non-alcoholic beverages are.

• When alcohol first reaches the brain, it begins to depress brain cell activity. The drinker tends to feel relaxed and uninhibited.

• As more alcohol reaches the brain, brain cell function is altered further. The drinker exhibits clumsiness, slurred speech, numbness, blurred vision, dizziness, and lack of motor control. The result may be loss of balance and coordination.

• Heavy drinking may bring loss of memory - a blackout about what happened the night before.
• When alcohol is consumed in heavy doses, it can cause unconsciousness and even death.

Drinking and driving is dangerous
• Drinking impairs judgment and slows your reflexes. If you drink and drive, you are at risk of getting into a car crash.
• Alcohol related car crashes are the number one killer of teens. Alcohol use is also associated with homicides, suicides and drownings - the next three leading causes of death among youth.
• About 3 in 10 Americans will be in an alcohol-related car crash at some time during their lifetime.
• Zero-tolerance laws, in all states, make it illegal for youth under age 21 years to drive with any measurable amount of alcohol in their system.

Drinking may damage your body over time
• Too much drinking may do irreversible damage to the brain, the central nervous system, the heart, lungs, pancreas, and liver.
• Too much drinking may lead to malnutrition, lowered resistance to infections, and the increased risk of cancers of the mouth, throat, and liver.
• Moderate drinking for adults is defined as no more than one drink per day for women and no more than two drinks per day for men.
• About one quarter of all persons admitted to general hospitals have alcohol problems or are undiagnosed alcoholics being treated for the consequences of their drinking.
• Although there has been some research into the possibility that drinking a glass of red wine a day decreases risk of heart attack for adults, doctors do not generally advise adult patients to drink wine for this purpose, and red wine does nothing to reduce the risk of heart attack for youth. Teenagers rarely have heart attacks that are not induced by inhalants or cocaine or birth defects. And even for adults, more than one ounce of alcohol daily - wine, beer, or distilled liquor - raises blood pressure and can produce arrhythmias (irregular heart beat), leading to stroke and heart attack.

Alcohol abuse is one of our most serious social and health problems
• The cost of excessive alcohol consumption to the nation is estimated at over $249 billion a year.
• The total cost of alcohol use by youth - including traffic crashes, violent crimes, burns, drownings, suicide attempts, fetal alcohol syndrome, alcohol poisonings, and treatment - is more than $53 billion per year.
• Use of alcohol at an early age is an indicator of future alcohol or drug problems.
• When a pregnant woman drinks, her fetus drinks, too. Many babies born to mothers who drink frequently or heavily have lower birth weights. Fetal alcohol syndrome (FAS) is one of the top three causes of birth defects and a major cause of mental retardation.
• Children in families with alcoholic parents are three to five times more likely to become alcoholics themselves. However, most children with alcoholic parents do not become alcoholics themselves.

Cocaine and Crack Facts

Biggest Dangers with Cocaine

Using cocaine
1. Involves a high risk of becoming addicted
2. A single, heavy dose may cause
   • heart attack
   • stroke
   • seizure
3. For people who are addicted, there is greater risk of
   • severe mental and emotional confusion
   • physical deterioration of the body
   • fear of being without cocaine
   • paranoia
   • hallucinations
   • violent behavior
   • convulsions, tremors, and seizures
   • injury to lungs
   • severe financial strain

Using cocaine
1. Involves a high risk of becoming addicted
   • Cocaine is a highly addictive stimulant. Even occasional cocaine use may lead to craving (uncontrollable desire for the drug). Regular heavy use may also produce
• Craving and dependence develop because users coming down from a cocaine high experience powerfully negative feelings - fear, depression, inadequacy. They then take more of the drug to get rid of these intense, uncomfortable feelings. Cocaine highs - which may give the user a feeling of power, energy, and well-being - last a short period of time. Thus, the cycle of using cocaine to get high and then to escape from the down may occur over and over again.

• Addiction to cocaine can make you lose control over your life. Cocaine becomes more important than food, sleep, health, sex, school performance, family, friends, and work. Many addicts resort to stealing, drug dealing, and prostitution to get money for this drug.

Adolescents who use cocaine regularly may experience inability to cope with emotions and with the routine demands of daily life.

Examples:

• Needing cocaine before you go out of the house
• Needing to take cocaine before a party or social function
• Needing cocaine to function at school
• Needing cocaine before any social encounter with someone of the opposite sex
• Feeling depressed and fearful when no cocaine is available

Teenagers who are addicted to cocaine may exhibit the following behaviors:

• Doing poorly in school
• Dropping out of school
• Becoming violent or paranoid
• Attempting suicide
• Becoming a cocaine dealer
• Resorting to stealing from family, friends, or employers to pay for cocaine

2. A single, heavy dose may overload the heart, respiratory system, and nervous system within minutes

Even in healthy teenagers, a single dose can cause a heart attack, stroke, seizure, or death. Physical conditioning is irrelevant; professional athletes have died from cocaine use. The risk for these consequences increases with the amount and frequency of use.

• Heart attack: Cocaine can overtax the heart fatally. Use of this drug causes the heart’s blood vessels to constrict, making the heart work harder to pump blood
through the body. Use also may interfere with the heart’s pumping action, causing the heart to beat irregularly and sometimes to stop.

- **Stroke**: Cocaine increases blood pressure, which can cause blood vessels in the brain to burst. The victim may suffer permanent brain damage, be mentally or physically disabled, or die.

- **Seizure**: Cocaine can cause brain seizures, a disturbance of the brain’s electrical signals. Then the heart may stop beating or the muscles that control breathing may stop working.

3. For people who are addicted, there is greater risk of

- **Severe mental and emotional confusion**: May include depression, thoughts of suicide, mood swings, and feelings of alienation.

- **Physical deterioration of the body**: Includes severe weight loss (due to loss of interest in food), destruction of liver cells (the liver is the organ that breaks down cocaine), malnutrition, and lack of sleep.

- **Fear of being without cocaine**: Created by the addiction to cocaine and the resulting fear of not having a constant supply (may also occur with single use).

- **Paranoia**: The feeling that someone is after you or out to get you (may also occur with single use).

- **Hallucinations**: Experiencing “coke bugs,” a sensation that insects or snakes are crawling under your skin.

- **Violent behavior**: Caused by mental confusion and addiction, it is commonly directed toward family and friends.

- **Convulsions, tremors, and seizures**: These vary with the amount of cocaine used, how it was administered, and the dependent user’s physiology (may also occur with single use).

- **Injury to lungs**: People who smoke crack or cocaine (freebasing) over a period of time may experience chest congestion, chronic coughing, sore throat, and hoarseness.

- **Severe financial strain**: Cocaine addiction often results in severe financial strain and/or serious debt.

- **Injury to nasal tissue and nasal septum**: This happens when people snort cocaine over a period of time. The first sign is a nosebleed.

4. Other dangers from cocaine

- Risk of harm from and addiction to other drugs: To lessen the bad effects of coming down from a cocaine high, some users take cocaine in combination
with other drugs - alcohol (most common), marijuana, tranquilizers, barbiturates, heroin, and PCP. Mixing drugs is very dangerous and may cause coma or death. The user can become psychologically or physically addicted to the other drugs as well.

• Risks to pregnant women and newborns: Cocaine used during pregnancy may cause miscarriages, stillbirths, and premature labor. Cocaine-exposed babies may be irritable, unresponsive, and hard to nurse. Infants of some cocaine users have suffered strokes in utero (in the womb) or heart attacks after delivery. Cocaine babies are also at increased risk for having seizures or sudden infant death syndrome (SIDS).

• Risk of AIDS or hepatitis: Users who share needles to inject cocaine expose themselves to HIV/AIDS or hepatitis.

• Getting in trouble with the law: Selling, manufacturing or possessing cocaine and crack are illegal.

Understanding Cocaine and Crack

Distinguishing between cocaine and crack

• Cocaine is derived from the coca plant, which is grown in South America. Crack is chemically derived from cocaine.

• Chemically, crack cocaine is a refined, purer form of the same chemical as powder cocaine.

• Cocaine and crack affect brain and body chemistry similarly, but crack produces a more immediate, intense high.

• Cocaine and crack are both addictive. People typically become addicted to crack faster than they do to cocaine.

• Cocaine is usually sold as a crystalline white powder. Crack, or “freebase cocaine,” is cocaine that has been heat-processed. It is usually sold in chips or tiny “rocks” or “rock crystal” that look like grayish-white slivers of soap. The crystal is heated to produce vapors that are inhaled into the lungs.

• Crack is smoked. Cocaine is typically inhaled or intravenously injected. Some addicts use crack rather than using flammable chemicals to produce freebase cocaine themselves.

• Cocaine and crack both damage the heart, liver, and brain.

• Cocaine specifically damages the nasal cavity and sinus areas.

• Crack (or cocaine, when smoked) specifically damages the throat and lungs.

• A cocaine high lasts about thirty minutes.

• A crack high lasts about ten to twenty minutes.
Cocaine and crack are addictive

- Cocaine is instantly addictive to one in ten users.
- The younger you are, the greater the risk of addiction.
- Even occasional exposure can lead to an uncontrollable desire for the drug.
- People who are addicted to cocaine may lose control over their lives.
- In studies with laboratory animals, cocaine addiction was stronger than the desire for sex and for food, even when the animal was starving.

Cocaine and crack are dangerous

- A single dose, which varies individually, may kill you instantly by stopping heart and lung functions. Physical conditioning is irrelevant; professional athletes have died from cocaine use.
- A single dose may cause a stroke at any age.
- Cocaine sensitizes the brain over time and lowers the dosage level at which seizures may occur.
- Cocaine by-products remain in the body up to ten days after a single dose and may cause damage to such major organs as the brain and liver.

Cocaine and crack are harmful to pregnant women and their babies

- Babies exposed to cocaine are more likely to experience sudden infant death syndrome (SIDS).
- Prenatal cocaine exposure can cause miscarriage, stillbirth, premature birth, low birth weight, and multiple birth defects.
- A single dose of cocaine taken by a pregnant woman may do damage to her fetus.

Cocaine and crack seriously impair your life

- Cocaine users are susceptible to erratic, paranoid, and violent behavior. Hallucinations and delusions are also common. Users may see things that don’t exist, or experience imaginary bugs crawling on their skin.
- Cocaine users may become confused, anxious, depressed, or suicidal. They suffer from sleeplessness, short temper, and impaired relationships with family and friends.
- Cocaine addicts will commit robbery, deal drugs, and engage in prostitution to get money for more cocaine.
Facts about LSD (lysergic acid diethylamide)

LSD is a hallucinogen. Commonly referred to as “acid,” this drug is sold on the street in tablets, capsules, and occasionally, liquid form. Often LSD is added to blotter paper and divided into small decorated squares, with each square representing one dose. It is odorless, colorless, and has a slightly bitter taste. It is usually taken by mouth.

Biggest dangers with LSD

1. **The effects are unpredictable**
   They depend on the dose taken; the user’s personality, mood and expectations; the surroundings in which the drug is taken. The effects are usually felt 30-90 minutes after taking the drug and can last up to 12 hours. The LSD experience is called a “trip” and acute adverse reactions are called a “bad trip.”

2. **Hallucinations can be very frightening and cause panic attacks**
   This drug binds tightly to the serotonin receptor in the brain. Because serotonin has a role in many body functions, LSD produces widespread effects, including emotional swings, altered perceptions, delusions, and auditory and visual hallucinations. The user’s sense of time and self changes; these changes can be frightening and even cause panic. Physical effects include increased heart rate, nausea, numbness, chills, and tremors.

3. **Flashbacks can occur up to a year later**
   Many LSD users experience “flashbacks” - recurrence of certain aspects of a person’s experience, without the user taking the drug again. Flashbacks can occur suddenly, often without warning, and may occur within a few days or more than a year after LSD use. They usually occur in people who use hallucinogens frequently or have an underlying mental health problem. LSD users may manifest relatively long-lasting psychoses, such as schizophrenia or severe depressions. It is difficult to determine the extent or mechanism of the LSD involvement in these illnesses.

4. **Tolerance to the drug can occur, requiring the user to take higher doses**
   LSD is not considered an addictive drug. However, it does produce tolerance, so that some users who take the drug repeatedly must take higher and higher doses to achieve the original effect. This is dangerous because of the unpredictability of the drug.
TEST YOUR DRUG IQ

Advanced quiz - How much do you know about drugs?
Circle the right answer for each question. If you think more than one answer is correct, circle all that apply.

1. Teenagers who start smoking are highly likely to smoke as adults.
   True   False

2. More than half the teenagers who attempt or commit suicide are involved with alcohol or other drugs.
   True   False

3. Marijuana smoke contains the same cancer-causing agents as cigarette smoke.
   True   False

4. Cocaine slows you down.
   True   False

5. It’s more dangerous to drive when you’re drunk than when you’re high on marijuana.
   True   False

6. If someone offers you marijuana and you don’t want it, a good response is to
   a. say, “No thanks.”
   b. make a scene and put him or her down for smoking marijuana.
   c. say, “I don’t like how it makes me feel.”
   d. say, “Thanks a lot” and take a hit.

7. Cocaine is almost never mixed (laced) with other dangerous substances.
   True   False

8. Losing control when you are drunk or high means you may do something you wouldn’t do if you were not drunk or high.
   True   False

9. Which are true about the ways methamphetamine can harm the body?
   a. increases heart rate.
   b. increases blood pressure.
   c. causes brain damage.
   d. all of the above.
   e. a and b only.
10. Methamphetamine is highly addictive. 
   True  False

11. Crack
   a. is a crystallized form of cocaine.
   b. isn't addicting.
   c. may cause paranoia, anxiety, irritability, and depression.
   d. may cause death.

12. Mixing alcohol with other drugs is less dangerous than drinking alcohol by itself. 
   True  False

13. If a pregnant woman smokes, drinks, or uses crack, her unborn baby is using drugs, too. 
   True  False

14. High doses of cough syrup with DXM can cause you to
   a. see things that aren't there
   b. damage your liver
   c. want to dance all night
   d. feel like your mind is separated from your body

15. People who smoke don't become addicted to cigarettes until a year or two after they start smoking. 
   True  False

16. Having a bad trip on marijuana means you might feel anxious, scared, uptight, or even terrified. 
   True  False

17. Almost any drug, if used for a long time, causes physical or mental dependency. 
   True  False

18. The main reason most teenagers continue to smoke cigarettes once they start is
   a. they think it makes them look cool.
   b. they like spending so much money on cigarettes each week.
   c. they are addicted.
   d. they like the way their breath smells.

19. The leading cause of death among sixteen- to twenty-year-olds is
   a. suicide.
   b. cancer.
   c. car crashes.

20. You can't tell by looking if marijuana is mixed with other drugs. 
   True  False

21. Secondhand smoke is more of an annoyance than anything else. 
   True  False
22. The way to sober up if you are drunk is to
   a. take a cold shower.
   b. wait until the alcohol has passed through your system.
   c. drink lots of black coffee.
   d. eat some food.

23. If you’re high on marijuana, you’re least likely to remember
   a. the answers on your history test.
   b. your birthday.

24. Most methamphetamine users get the drug through illegal prescriptions at pharmacies.
   True  False

25. Teenagers start using drugs because of
   a. pressure from other teenagers.
   b. pressure from ads on television and radio.
   c. pressure from themselves.
   d. curiosity.

26. Smokeless tobacco products are a safe substitute for cigarettes.
   True  False

27. If you drink to cover uncomfortable feelings, you may
   a. become dependent on alcohol to feel good.
   b. escape from your problems.
   c. not learn how to cope with your problems.

28. Besides the problems of bad health and addiction, people who inject drugs risk getting HIV/AIDS.
   True  False

29. People who smoke cigarettes for many years are more likely to develop
   a. bronchitis.
   b. lung cancer.
   c. heart disease.
   d. cancer of the mouth, larynx, esophagus, and bladder.

30. Mixing any two drugs can be dangerous. Which combination below is the most dangerous?
   a. cigarettes and alcohol
   b. alcohol and sleeping pills or painkillers
   c. marijuana and cigarettes

31. It is safe to take Oxycontin (a prescription painkiller) that was prescribed for someone else.
   True  False
32. E-cigs don't contain nicotine, so they are considered safer than regular cigarettes.
   True  False

33. More teens use e-cigarettes more than regular cigarettes.
   True  False

34. Besides nicotine, what are some of the other cancer-causing substances found in e-cigarettes?
   a. formaldehyde
   b. arsenic
   c. aluminum
   d. lead
   e. all of the above

35. Teens who use e-cigarettes have a lesser chance of using regular cigarettes.
   True  False
Answer Key

1. True. Over 90% of teenagers who smoke only three or four cigarettes a day end up smoking for thirty to forty years.
2. True
3. True
4. False. Cocaine boosts your heart rate, breathing rate, and blood pressure. A single dose can cause a heart attack, stroke, seizure, or death.
5. False. It is just as dangerous to drive when you’re stoned.
6. a and c
7. False. Cocaine often is mixed with other substances including scrubbing cleansers and strychnine.
8. True
9. d
10. True
11. a, c, and d
12. False
13. True. Drinking, smoking, or using crack or cocaine when pregnant can lead to birth defects, stillbirth, and miscarriage. Babies born to women who smoke, drink, or use marijuana or crack while pregnant are also likely to weigh less at birth.
14. a, b and d
15. False. One or two cigarettes each day for four or five days can make you addicted.
16. True
17. True
18. c
19. c. And of these fatalities, one-third are alcohol-related.
20. True
21. False. Exposure to secondhand smoke is responsible for an estimated 3,000 deaths from lung cancer among nonsmokers in the U.S. each year, and linked to 36,000 deaths from heart disease annually. It is our country’s third leading preventable cause of death after direct smoking and alcohol.
22. b. The only thing that sobers a person is time. It takes one hour for a 12-ounce can of beer to be processed by the liver.
24. False. Meth is a “street drug” made in illegal labs.
25. a, b, c, and d
27. a and c
28. True
29. a, b, c, and d
30. b. Alcohol mixed with any central nervous system depressant could stop the heart. If someone passes out from taking alcohol and depressants, call the paramedics immediately.
31. False. Even one dose of OxyContin can kill you by stopping your breathing.
32. False. E-cigarette fluid does contain nicotine.
33. True. More teens use e-cigarettes than traditional cigarettes.
34. e
35. False. Research shows that teens who use e-cigarettes have a much greater chance of using regular cigarettes, and take on all the risks associated with traditional smoking.
FREQUENTLY ASKED QUESTIONS ABOUT COCAINE AND METHAMPHETAMINE

1. How are cocaine and methamphetamine similar?
   • Both are addictive.
   • Both are smoked, injected, or snorted.
   • Because they are both stimulants, they produce similar effects.

2. Can using cocaine or meth hurt you if you use it just once?
   Yes. Teens have died after using the first time. Using just once can result in stroke, the heart stopping, and panic attacks.

3. What happens to people who keep using cocaine or meth?
   They can become addicted. Also, the following problems can occur:
   • They can die or have a seizure or stroke, or the heart can stop.
   • They can have hallucinations or become confused or paranoid.
   • They can behave violently.
   • They can stop sleeping enough, have malnutrition, and become confused and delusional (false beliefs).
   • They get sores on their skin (from picking) and nasal lining damage (from snorting).
   • They get sick more often because of reduced defense against illness (immune system damage).

4. Do cocaine and meth affect the brain?
   Yes, but in different ways.
   • Cocaine activates the brain’s pleasure center but eventually reduces pleasure by interfering with important brain chemicals.
   • Methamphetamine may damage nerve cells that produce important brain chemicals.

5. What do cocaine and meth have in common with other street drugs?
   All of them are produced and distributed illegally. There is no regulation of what is in them. Street drugs are not what they are advertised to be - they can be mixed with other drugs or toxic substances like rat poison.
WHAT TEENAGERS WANT TO KNOW ABOUT PREScription DRUGS AND COUGH MEDICINES

1. Aren’t drugs that are prescribed by a doctor safe for anyone?

Drugs are usually safe when they are used by the person they were prescribed for and taken according to the doctor’s instructions. But that doesn’t make the drugs safe for someone else to take.

When a doctor writes a prescription, he or she thinks about the patient’s height, weight, age, allergies, medical problems, and the other drugs the patient is taking. Then they tell the patient how much of the drug to take, when to take it, how to take it, and what not to mix with it.

But when you take a medicine prescribed for someone else, you have no idea how your body and brain will react. You could be taking many times the amount that a doctor would prescribe for you. Or you might be taking something that a doctor would never prescribe for you because it would cause you more harm than good.

Taking a drug prescribed for someone else is dangerous.

2. Can’t uppers - prescription stimulants like Dexedrine, Ritalin, or Adderall - help you stay awake and study better?

These powerful drugs change the way your body’s control center - the central nervous system - works. They speed it up. That’s a very dangerous thing to do. These drugs can cause sleeplessness, twitching, fast heartbeat, severe weight loss, high blood pressure, and panic.

They are also very addicting - it’s easy to get hooked. And the more you use them, the more your body gets used to having them, so you need to take more and more to get the same effect. You might start taking one of these drugs to stay awake, but you might end up not being able to sleep when you want to.

3. You said Ritalin is a stimulant and speeds up your brain and body. But one of my friends who has Attention Deficit Disorder (ADD) takes Ritalin to slow down and concentrate.

Ritalin does help people with ADD by slowing them down so they can focus better. But if you don’t have ADD, Ritalin does the opposite. That’s why taking drugs prescribed for someone else is never a good idea.

Doctors prescribe drugs to treat a medical problem. If you don’t have that problem, the drug will affect you very differently, in ways you can’t know.

4. Is it dangerous to mix downers like Xanax and Valium and other drugs?

It’s always dangerous to mix drugs. It is especially dangerous to mix downers (sedatives) with alcohol. The combination slows the body down so much that you can become unconscious. You won’t know what’s happening to you and you lose control of your body. You could actually choke on your own vomit.

5. Why are uppers and downers both so dangerous?

Uppers and downers are dangerous because they change the basic way your body and brain work. They affect your central nervous system - that’s the control center for everything you do. Like the central controls for other complex things like computers or space shuttles, your central controls are a delicate system, tuned
for just one purpose: to make your brain in your body do all the things you need it to do to keep you going and keep you healthy.

Trying to change how your controls work without knowing what you are doing makes about as much sense as just pulling wires out of a computer or changing the fuel for the space shuttle without testing it. You have no idea what the result will be, but it probably won’t be good.

6. **Someone told me I should always watch my glass or drink at a party. Why is that?**
   It’s a good idea to do this so that no one can secretly put anything in your drink. Some drugs (especially one called GHB) have no smell and no taste. They can be slipped into a drink without your knowing it. These drugs can make you unconscious or so dozy that you can’t defend yourself from any kind of attack.
   If you see someone put something in a drink at a party, you should tell the person whose drink it is immediately so that nothing happens to them. You should also let an adult know that someone is adding things to people’s drinks.

7. **I’ve heard steroids can make boys look like girls and girls look like boys. Is that true?**
   Yes, it is true. Boys who take steroids get shrunken testicles and don’t produce sperm. They can also become bald and develop breasts. Those last two effects are permanent. Girls who take steroids become masculine - they get facial hair, their voice gets deeper, and their breasts shrink. And those effects are permanent, too.

8. **What’s wrong with using prescription painkillers such as OxyContin (unless they are prescribed for you)?**
   The most important reason is that these drugs can kill you. Even one dose. You just stop breathing. These drugs come in many different forms and many different doses. You don’t know what dose might be too much for you.

9. **Can just trying Vicodin or OxyContin one time make you want more of them?**
   Yes, you can become addicted to these drugs instantly - it’s not safe to experiment. Being addicted changes you and your brain - forever. It messes up your memory and makes you depressed. The things that you used to enjoy stop mattering because the drug is always the most important thing.
   Unless a doctor prescribes these drugs for you, you should think of them as POISON.

10. **Can you get “high” on cough syrup? The kind you can just buy in a drug store?**
    If you follow the instructions on the bottle, taking cough syrup will just help you stop coughing. But taking too much cough syrup, or taking a lot of cold medicine in pill or gel cap form, can cause hallucinations and make you act violent and crazy. You will look freaked out and spend a lot of time throwing up.
    Cold medicines usually have a lot of other things in them, so taking more than the recommended dose can damage your liver and kidneys. High doses can also make you lose control of your body - people can do anything to you and you won’t be able to stop them.
Posters
DANGER! COCAINE! METH! HEROIN!

- Addiction
- Stroke
- Heart attack
- Coma
- Seizure
- Death
Booster Lesson 2

Practice Resisting External and Internal Pressures

For more information: www.ProjectALERT.com
Contents

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- Show Partial Video: Paul’s Fix (Problem)
- Discuss Video
- Write Ways of Saying “No”
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- Review Internal Pressures
- Prepare and Act Out Internal Pressure Skits
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- Dealing with Internal Pressures
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**Lesson Outline**

**Goals**

1. To increase resistance self-efficacy by reviewing external and internal pressures and helping students understand them
2. To provide students with practice resisting external and internal pressures

**Summary of Activities**

1. Introduce Lesson and Review Saying “No” (2 min.)
2. Show Partial Video: *Paul’s Fix* (Problem) (5 min.)
3. Discuss Video (6 min.)
4. Write Ways of Saying “No” (5 min.)
5. Show and Discuss Rest of Video: *Paul’s Fix* (Solutions) (6 min.)
6. Review Internal Pressures (3 min.)
7. Prepare and Act Out Internal Pressure Skits (16 min.)
8. Wrap-up (2 min.)

**Description**

This lesson reviews the concept of external and internal pressures. A stop action trigger video, *Paul’s Fix*, is used to stage a situation in Activity 2 and spark discussion in Activity 3. In Activity 4, students write out ways they might react if they were in the same situation as Paul. The video continues in Activity 5, and a discussion about internal pressures follows in Activity 6. In Activity 7, students prepare and act out internal pressure skits, gaining valuable experience and practice resisting external and internal pressures.

**Preparation**

- Review the Lesson Plan
- Preview the video: *Paul’s Fix*
- Be familiar with the following Teacher Reference material:
  
  *Dealing with Internal Pressures*
Ways to Say “No”

Summary of Internal Pressure Skit Situations

• Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:

• Completed visual: Ground Rules (saved from Booster Lesson 1)
• Video player and video: Paul’s Fix
• Poster 9: Ways to Say “No”
• An index card (3” x 5”) for each student (Activity 4B)
• Answer Key to Test Your Drug IQ - Advanced Quiz, copied and brought to class from Booster Lesson 1 homework

Prepare the following materials:

• Completed visuals on chart paper or on the board:
  
  Paul’s Fix: Cast of Characters (Activity 2B)
  Three Ways Paul Said “No” (Activity 5C)
  Dealing with Internal Pressure (Activity 7B)
• Partial visual (title only) on chart paper or board: Why It Is Hard/Not Hard to Say “No”
• Copy Internal Pressure Skit Sheet - Create a Situation (Student Handout), one for each group (class divided into even groups)
• 1 copy of each Internal Pressure Skit Sheet - Prepared Situation (Student Handout)
• Copy Parent/Adult Interview: Resisting Pressures (Student Handout) for each student (Homework, Activity 8D)
Activities

1. Introduce Lesson and Review Saying “No” (2 min.)
   
   A. Display visual: Ground Rules
   B. “If you remember, last year in Project ALERT you practiced saying ‘no’ to drugs and sometimes to other things, like cheating and shoplifting. Today we will practice and get better at resisting pressures from others and pressures from inside ourselves. By practicing saying ‘no’ in class, you will find it easier to say ‘no’ in your own life.”

2. Show Partial Video: Paul’s Fix (Problem) (5 min.)
   
   A. “Now we’ll see a video called Paul’s Fix. It’s like the videos you saw last year in Project ALERT. You’ll be seeing some action, and then the action stops. This time it’s about a boy named Paul who seeks help from some older boys - and runs into pressure. It’ll be your job to come up with ways for Paul to deal with the pressure and still get some help.”
   
   B. Display and read the visual:

   Paul’s Fix: Cast of Characters

   Paul, boy who wants help to get out of a fix
   James, Paul’s brother
   Rick, Paul’s friend
   Andy, older boy who offers Paul a cigarette
   Mike and Tyler, Andy’s friends
C. Show the video: *Paul’s Fix*. Stop before the solutions.

Video: Paul’s Fix (Problem). Click here to play.

3. Discuss Video (6 min.)

A. Display partial visual or write on the board: *Why It Is Hard/Not Hard to Say “No.”* Below the title, write two column headings: “Hard” and “Not Hard.”

B. “In a few minutes you’ll have a chance to help Paul say ‘no,’ but first I want to ask you about how Paul was feeling.”

1. “Why might it be hard for Paul to say ‘no’ to the cigarette?” List students’ responses on the visual/board. Reasons that might be mentioned:
   - Paul wants the other boys to like him.
   - Paul wants to be accepted.
   - Paul wants the other boys to help solve his problem.

2. “Why might it not be hard for Paul to say ‘no’ to the cigarette?” List students’ responses. Reasons that might be mentioned:
   - Andy doesn’t care if Paul smokes or not.
   - Andy was just being polite when he offered Paul a cigarette.
   - Paul’s decision not to smoke is firm.
C. “Is the pressure that Paul is feeling coming from inside or outside himself?” Ask students to explain their answers. Help students understand that while Paul is responding to an external offer, some of the pressure he’s feeling is also coming from inside himself.

4. Write Ways of Saying “No” (5 min.)

A. “Paul wants help to get out of the fix he’s in, but he doesn’t want to smoke. You can help by thinking of two ways he can say ‘no.’”

B. “Each of you needs to think of two ways to say ‘no.’ Write your ways on the cards I’m going to hand out. Imagine you are Paul. Think of ways that you might really use if you were Paul. When you have completed your cards, turn them over. Remember, Paul really wants help with, but he doesn’t want to smoke.”

C. Display poster: Ways to Say “No.” “You may use the poster to help you.” Point out one or two ways to say “no.”

D. Hand out one 3” x 5” card to each student.

E. When students have finished, and all cards are turned over, ask, “Who would like to read their ways to say ‘no’?” Call on several volunteers. Repeat and praise each response. If many of the responses are, “No, thanks,” acknowledge how well this answer works and how obviously comfortable it feels.

F. After hearing from three to five volunteers, say, “Do you think you could say ‘no’ in about the same way to beer? Look at your cards. How many of you have answers that would work if Andy had offered Paul a beer? You may need to change the words ‘smoke’ or ‘cigarettes’ to ‘drink’ or ‘beer.’ Raise your hands.”

G. “How many of you have ways to say ‘no’ that would work if Andy had offered Paul a marijuana joint or an e-cigarette? Change the words ‘smoke’ or ‘cigarette’ on your card if you need to. Raise your hands.”

H. Summarize: “People can say ‘no’ pretty much the same way in many different pressure situations.”

5. Show and Discuss Rest of Video: Paul’s Fix (Solutions) (6 min.)

A. “Now let’s see how Paul did say ‘no.’ As you watch the solutions, see what Paul says and how Mike, Tyler and Andy react.”

B. Show the video solutions.
C. Display the visual, Three Ways Paul Said “No”

Three Ways Paul Said “No”

1. “No, thanks.” (Simply say “no”)
2. “No, if I start, I’ll never stop.” (Give a reason)
3. “No, thanks, man.” After Andy pressures him, “Yeah, well, my mom smoked for like twenty years and now she’s got lung cancer.” (Stand up to pressure)

D. “Raise your hand if you wrote similar ways for saying ‘no.’” Praise students’ ability to think of ways to say “no.” (“Great. You’re thinking of good, practical ways to say ‘no.’”)

E. Discuss Paul’s solutions.

Discussion Goals

1. For students to express their feelings about Paul’s solutions and have these feelings, both positive and negative, validated by the teacher
2. For students to recognize that there are many ways to say ‘no’ successfully
3. For students to understand that a drug offer is often just a form of politeness and not very important to the person making the offer.

F. The following questions may be used to stimulate discussion:

• “Which solution did you like best? Why?” If there is no response, take a vote or perhaps express your own opinion. Ask the next question if there are no student comments.

• “How did Andy, Tyler and Mike react when Paul said ‘no’?” Cover all three solutions.

Probes: “Were they angry? Were they less likely to help out?”

If necessary, sum up by saying, “It may not always happen, but in all the solutions, it looked like Paul would get help with his problem. Even though Andy pressured Paul more in the third solution, he backed off when Paul gave a reason and remained firm. In the first two solutions, Andy was pretty casual about Paul’s refusal. Maybe he was just being polite when he offered Paul a cigarette.”

• “If Andy or his friends had been smoking marijuana, how would that change this entire situation?” They might mess things up; they could be high and do serious harm to themselves and others by operating vehicles and equipment. Paul might have refused Andy’s offer of help, or never asked him for help in the first place.

6. Review Internal Pressures (3 min.)

A. “In Paul’s first two solutions, much of the pressure to accept the cigarette came from inside himself, his own need to be accepted and desire to get help.”

B. “Sometimes we feel pressures from inside ourselves when we’re alone. Sometimes we feel them when we’re with a group, as Paul was.”

C. “We’re going to talk more about pressures from inside ourselves because these pressures are often the hardest to recognize and the hardest to resist.”

D. Give a personal example of an internal pressure situation. (“I was at a party where some people were drinking. No one was pressuring me, but I thought I might fit in better if I had a drink, too. But I said to myself, ‘I can’t drink and drive safely. I’ll go and talk to someone who’s not drinking alcohol.’”)

7. Prepare and Act Out Internal Pressure Skits (16 min.)

A. “In a moment we’re going to break into groups and develop skits that show a person feeling pressure from inside and how to say ‘no’ to that pressure.”

B. Display the visual (Teacher Reference) illustrating your internal pressure situation:
C. Model the situation.
   1. Ask for a volunteer, and then say, “With _____’s help, I’m going to show you how
      the skit should look.”
   2. Model the situation portrayed in the visual. Use the volunteer as the Thinker,
      who describes the situation and later the solution. You model the Pressurer and
      Resister voices yourself.

D. Introduce the skits.
   1. “Each group will get a sheet to fill out. You may figure out your own pressure
      situation or take a sheet that already has a situation on it. Choose a person to be
      the Thinker. You should chose a Recorder to fill out your Skit Sheet, and the other
      people in the group should divide up evenly between the Pressurer and Resister
      voices that the Thinker is hearing.”
   2. “The Thinker, the person feeling the pressure, will tell the situation and later
      the solution.” Mention some situations students might use (going to a party
      and wondering if you should have a beer; seeing some friends smoking and
      wondering if you should, too).
   3. “Each group needs to decide what the voices should say and how the person
      feeling pressure will resist. The Recorder for each group should write the thoughts
      and solutions on the sheet. Fill out your sheet, and then practice. You will have
      four minutes to get ready.”
   4. “If you need some ideas, you can use the Ways to Say ‘No’ poster to help you.”

E. Divide the class evenly into groups. Ask each group to take either a blank Internal
   Pressure Skit Sheet (Student Handout), or one of the Prepared Situation Skit Sheets
   (Student Handouts). If a group is having trouble thinking up its own situation, offer the
   prepared sheet.

F. Circulate, helping groups as needed. Check that created situations demonstrate an
   internal pressure and that there are Thinker, Pressurer and Resister voices. Give a
   warning signal (“You have two more minutes.”).

G. Reassemble the class.

H. Remind the performers to face the audience and to speak loudly enough for all to hear.
   Remind the audience to listen, and thank the performers by applauding at the end.

I. Call on each group to present its skit to the class. The Thinker should begin by describing
   the situation. Initiate applause after each skit.

J. After each skit, review each solution, pointing out how it works, and praise some aspect
   of it. The key is to convey your belief that the group is really mastering resistance skills.
8. **Wrap-up (2 min.)**

A. “Today we’ve practiced resisting pressures from others and from inside ourselves. The more you practice saying ‘no,’ the easier it will be to say ‘no’ in your own life.”

B. Tell students that you are impressed with how well they can identify pressures and resist them.

C. “In the next lesson we’ll have a chance to see how it feels to be pressured by someone else. Then we’ll talk about some good things you get from resisting pressures and not using drugs.”

D. **Homework:**
   1. Hand out *Answer Key* to Booster Lesson One homework assignment: *Test Your Drug IQ - Advanced Quiz*.
   2. Hand out homework assignment: *Parent/Adult Interview: Resisting Pressures*.
   3. “You can use this Answer Key to check your answers on the homework assignment we had in the last lesson. *I am also handing out Parent/Adult Interview: Resisting Pressures. This is a short interview that you are to give to your parent or other trusted adult. Read each situation, and then write down his or her answers.*”
Dealing with Internal Pressure

(Sample visual for Activity 7b)

Explain that this is an example of the pressure inside yourself that you told them about earlier. The pressuring voices are the reasons to give in. The resisting voices are the reasons to resist the pressure. The solution is what you decided to do to resist the pressure successfully.

**Situation:** Party where people are drinking

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**Pressuring Voice**

“Maybe if I drink, I’ll fit in better.”

**Resisting Voice**

“I can have a good time without drinking.”

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**Pressuring Voice**

“Maybe drinking will make the party more fun.”

**Resisting Voice**

“I don’t want to make a fool of myself in front of my friends.”

---

**Solution:** “I’ll go over and talk with some people who are not drinking.”
Dealing with Internal Pressures

Material on internal pressures is included in the curriculum because students often say “No one pressures me,” yet they may still feel pressure to get involved with drugs.

The concept of internal pressures is important precisely because young people may not recognize or understand them. Although internal pressures are felt as coming from inside ourselves, they are not something we make up. They are a result of external experience and are felt by everyone at one time or another.

Internal pressures have three components:

1. They are generated by an environment created by other teenagers, teenage culture, the media, and a society that uses drugs.
2. They are nonverbal (teens feel these pressures without anyone saying anything).
3. They are powerful (the pressures we put on ourselves are subtle, but they are very real and very strong).

Objectives for internal pressure exercises:

1. To generate or increase awareness that internal pressures exist and are commonly experienced.
2. To help students identify situations in which they experience internal pressures.
3. To help students feel capable of resisting internal pressures.
4. To provide students with means of resisting internal pressures by being able to say “no” to themselves (“I don’t have to smoke or drink to fit in.”) and by doing something else (dancing instead of using marijuana).
Ways to Say “No”

Goals
In helping students learn how to say “no,” Project ALERT

- validates their feelings that it’s hard to resist the pressures to use drugs.
- hopes to convince them they have the right to say “no.”
- helps them believe they can say “no” without suffering rejection or embarrassment.
- gives them several different ways of saying “no.”

Following are descriptions of six different ways to say “no,” and examples of responses. Most of these methods are dramatized in the video solutions and all are depicted on the Ways to Say “No” poster.

1. **Simply say “no”**
   Often the easiest of the six resistance strategies, simply saying “no” helps avoid arguments. Students frequently believe, however, that such a brief reply won’t work and that the offerer will continue to pressure them. Thus, it’s very important to help them see the viability of this response.
   
   “No, I’d rather not.”
   “No, thanks.”
   “Thanks, but no thanks.”
   “Not me.”
   “No way.”
   “Not now (today, tonight).”
   “Nah.”
   “Forget it.”

2. **Give a reason**
   Stress the use of “I” statements (saying it for yourself) as an integral part of this technique. Such statements take the preachy or judgmental tone out of the refusal (“I don’t like the taste” rather than “You jerk, how can you stand the way you smell?”). Giving a reason may also include excuses (“My dad’s picking me up soon.”).
   
   “I don’t like the taste.”
   “I don’t want to ruin my lungs.”
   “I don’t feel like it.”
   “I don’t do drugs (smoke, vape, drink, use marijuana).”
   “I don’t like the feeling of being high. I don’t want to lose control.”
“I want to know what’s happening.”
“I can get high without it.”
“I don’t want to get dependent on it.”
“It’s illegal.”
“I’ll get red eyes and my parents will find out.” (marijuana)
“We might get caught.”
“My parents would ground me.”
“Beer makes me feel sick.”
“I’m on the (track) team, so I don’t (smoke, vape, drink).”
“It gives me the munchies, and I’m trying to lose weight.”
“I don’t want to forget stuff.”
“It wipes me out.”
“I don’t want to feel out of it.”

3. Give an alternative
The approach of giving an alternative can be particularly effective when the other person offers the cigarette, drink, or joint as a way to make conversation, be friendly, or show that he or she is a good host. Young people who smoke, vape, drink, or use marijuana may offer these substances simply to be friendly and to avoid excluding the other person. They often don’t care if the offer is accepted or not. Others, particularly experimenters, may offer drugs to look cool. They may be relieved when the other person says “no.” The alternatives listed below make it clear that the drug is being rejected, not the person who offered it. Hence, they are less likely to generate hostility.

“No, but I’d sure like a soda.”
“No, but let’s go outside and talk.”
“No, but I’m going to the mall if you want to come along.”
“No, but I would like to spend some time/talk with you.”
“No, but let’s dance instead.”

4. Stand up to pressure
Students’ concerns that a friend or acquaintance might really pressure them with taunts to make them feel they’re spoiling things, out of it, a baby, or stupid, need to be validated. They also need help asking what they really think about a friend who acts that way. (“What’s wrong with them that they need to make someone else do what they do? Maybe they’re insecure.”) To deal with this kind of pressure, students need to know that they don’t have to give a reason if they don’t want to. They may just repeat, “I’d rather not, I
really don’t want to,” like a broken record. Or students may use any of the other saying “no” strategies.

“I already said ‘no.’”
“I just don’t feel like it.”
“I really meant it when I said ‘no.’”

5. Leave the scene

Sometimes the pressure is very difficult to resist. If so, it may be easier to leave the scene. This doesn’t necessarily mean leaving the party or the game. Sometimes it’s possible to join another group or to walk into another room. Other times it may be easier to get away from the whole scene even though it may make you feel lonely or isolated. It helps to have figured out whom to call or rely on for a ride home before the situation arises. One may leave gracefully by saying:

“No.”
“I’ve got to go now.”
“I have to be home in fifteen minutes.”

6. Avoid the scene

Sometimes the wisest strategy is to avoid situations in which resistance is likely to be needed. Young people almost always know where these places are (particular bathrooms at school, local restaurants, garages, alleys, certain parties). Avoiding such places saves them from pressures. However, such a strategy may again bring feelings of isolation that should be acknowledged in class. These negative feelings may be countered to some extent by reminding students that:

a. resistance can make you feel good because you are showing that you’re strong.

b. people who reject you because you don’t use drugs are not very good friends in the first place.
Pressure Skit Situations

Following is a summary of the internal pressure skit situations you will give to your class on Student Handouts.

**Alcohol - party**
I’m at my friend’s house. A couple of other friends have opened the refrigerator and started handing out beers. No one has pressured me to drink or even offered me anything, but I wonder if I should have a beer, too.

What are the pressuring voices inside the thinker’s head saying?
What are the resisting voices inside the thinker’s head saying?
What is your solution?

**Alcohol - movies**
I’m at the movies with some friends. A can of beer is being passed down the row. No one has pressured me or even said anything, but I wonder if I should take a drink.

What are the pressuring voices inside the thinker’s head saying?
What are the resisting voices inside the thinker’s head saying?
What is your solution?

**Vaping - older teens**
My older sister’s friends are at our house. One of them takes out a vaporizer, and they all start using it. No one offers me any, but I think about vaping, too.

What are the pressuring voices inside the thinker’s head saying?
What are the resisting voices inside the thinker’s head saying?
What is your solution?

**Cigarettes - alone and babysitting**
I’m babysitting, and there’s nothing on television. In a magazine, I see a glamorous ad with a couple smoking. The people I am sitting for have left some cigarettes around, and I think about trying one.

What are the pressuring voices inside the thinker’s head saying?
What are the resisting voices inside the thinker’s head saying?
What is your solution?
Marijuana - at the park
I am with a group of teenagers at the park. Several of them go to my school. Two of them start smoking marijuana. A few more join in. No one has offered me any or pressured me, but I think about trying some marijuana.

What are the pressuring voices inside the thinker’s head saying?
What are the resisting voices inside the thinker’s head saying?
What is your solution?

Marijuana - alone and bored
It’s Saturday afternoon, and I’m home alone and bored. I remember that my older brother left a stash of marijuana in his room. I wonder what it’s like to get high.

What are the pressuring voices inside the thinker’s head saying?
What are the resisting voices inside the thinker’s head saying?
What is your solution?
INTERNAL PRESSURE SKIT SHEET

Create a Situation

The Thinker describes the scene and the pressure that the Thinker feels. Remember, the Thinker is the person feeling pressure inside himself or herself.

Thinker Script:

What are the Pressuring Voices inside the Thinker’s head saying? What are the Resisting Voices inside the Thinker’s head saying?

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

What is the Thinker’s resistance solution? (use back of paper, if necessary)

Script:
INTERNAL PRESSURE SKIT SHEET

Prepared situation: Alcohol - Party

Thinker: "I’m at my friend’s house. A couple of other friends have opened the refrigerator and started handing out beers. No one has pressured me to drink or even offered me anything, but I wonder if I should have a beer, too."

What are the Pressuring Voices inside the Thinker’s head saying? What are the Resisting Voices inside the Thinker’s head saying?

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

What is the Thinker’s resistance solution? (use back of paper, if necessary)

Script:
INTERNAL PRESSURE SKIT SHEET

Prepared situation: Alcohol - Movies

Thinker: “I’m at the movies with some friends. A can of beer is being passed down the row. No one has pressured me or even said anything, but I wonder if I should take a drink.”

What are the Pressuring Voices inside the Thinker’s head saying? What are the Resisting Voices inside the Thinker’s head saying?

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

What is the Thinker’s resistance solution? (use back of paper, if necessary)

Script:
INTERNAL PRESSURE SKIT SHEET

Prepared situation: Vaping - Older Teens

Thinker: “My older sister’s friends are at our house. One of them takes out a vaporizer, and they all start using it. No one offers me any, but I think about vaping, too.”

What are the Pressuring Voices inside the Thinker’s head saying? What are the Resisting Voices inside the Thinker’s head saying?

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

What is the Thinker’s resistance solution? (use back of paper, if necessary)

Script:
INTERNAL PRESSURE SKIT SHEET

Prepared situation: Cigarettes - Alone and Babysitting

**Thinker:** “I’m babysitting, and there’s nothing on television. In a magazine, I see a glamorous ad with a couple smoking. The people I am sitting for have left some cigarettes around, and I think about trying one.”

What are the Pressuring Voices inside the Thinker’s head saying? What are the Resisting Voices inside the Thinker’s head saying?

**Pressuring Voice Script:**

**Resisting Voice Script:**

Pressuring Voice Script:

**Resisting Voice Script:**

Pressuring Voice Script:

**Resisting Voice Script:**

What is the Thinker’s resistance solution? (use back of paper, if necessary)

**Script:**
INTERNAL PRESSURE SKIT SHEET

Prepared situation: Marijuana - Park

Thinker: “I am with a group of teenagers at the park. Several of them go to my school. Two of them start smoking marijuana. A few more join in. No one has offered me any or pressured me, but I think about trying some marijuana.”

What are the Pressuring Voices inside the Thinker’s head saying? What are the Resisting Voices inside the Thinker’s head saying?

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

What is the Thinker’s resistance solution? (use back of paper, if necessary)

Script:
INTERNAL PRESSURE SKIT SHEET

Prepared situation: Marijuana - Alone and Bored

Thinker: “It’s Saturday afternoon, and I’m home alone and bored. I remember that my older brother left a stash of marijuana in his room. I wonder what it’s like to get high.”

What are the Pressuring Voices inside the Thinker’s head saying? What are the Resisting Voices inside the Thinker’s head saying?

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

Pressuring Voice Script:

Resisting Voice Script:

What is the Thinker’s resistance solution? (use back of paper, if necessary)

Script:
PARENT/ADULT INTERVIEW

Resisting pressures

Read the following situations to your parent or other trusted adult. Write his or her answers in the spaces provided.

1. Imagine that you are fourteen years old. It’s Saturday night and you are at a party with your friends. A few of them start to drink beer. A person you really like offers you one. You’ve decided you don’t want to drink. What could you say or do to resist the offer?

2. Again, imagine that you are fourteen years old. It’s Sunday afternoon. Your parents are out, but you stayed home to study. You’re getting bored, and you remember someone left a pack of cigarettes outside. You think maybe smoking one would be fun. What could you do or say to yourself to resist the temptation?
LET'S CROSS THE STREET, OKAY?
NO, LET'S GET SOME FOOD INSTEAD.
NO, AND WE REALLY MEAN IT!
NO THANKS!
HERE, TRY IT!

Ways to Say NO

- Simply say, “No.”
- Give a reason
- Leave the scene
- Stand up to pressure
- Offer an alternative
- Avoid the scene
Booster Lesson 3

Benefits of Resisting Drugs

For more information: www.ProjectALERT.com
Contents

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Activities
- Review Homework
- Introduce Direct Pressures
- Discuss How Friends Can Help Each Other Resist Pressure
- Discuss Benefits of Resistance
- Show and Discuss Video: Resisting Peer Pressure
- Review Benefits of Resistance
- Wrap-up

Teacher Reference
- Direct Pressure Exercise
- Sample Direct Pressure Lines
- Benefits of Not Using Drugs

Posters
- Poster 9: Ways to Say “No”
Lesson Outline

Goals

1. To increase resistance self-efficacy by providing students with practice resisting pressures
2. To help students understand that resistance is easier if they support each other
3. To increase resistance motivation by discussing the benefits of nonuse

Summary of Activities

1. Introduce Lesson and Review Homework (3 min.)
2. Introduce Direct Pressures (4 min.)
3. Discuss How Friends Can Help Each Other Resist Pressure (6 min.)
4. Discuss Benefits of Resistance (5 min.)
5. Show and Discuss Video: Resisting Peer Pressure (12 min.)
6. Review Benefits of Resistance (10 min.)
7. Wrap-up (5 min.)

Description

Booster Lesson three practices and reviews benefits of resistance, and discusses how friends can help each other resist pressure. In Activity 2, the class practices resisting you in the role of the “pressurer,” and in Activity 3 the class discusses how they might support a friend who is being pressured in that same way.

Activities 4, 5 and 6 review the benefits of resistance, with a video in Activity 5 that shows older teens - high school students - discussing their experiences with resistance.

Activity 7 wraps up the Project ALERT curriculum. You will have an opportunity to express your confidence in the students’ ability to make healthy choices and in their resistance self-efficacy.
Preparation

• Review the Lesson Plan
• Preview the video: *Resisting Peer Pressure*
• Be familiar with the following Teacher References:
  
  *Direct Pressure Exercise* for use in Activity 2
  
  *Benefits of Not Using Drugs* for use in Activity 6
• Collect and prepare materials, as indicated below

Materials Needed

Assemble the following materials:

• Completed visual: *Ground Rules* (saved from Booster Lesson 1)
• Video player and video: Resisting Peer Pressure
• Poster 9: *Ways to Say “No”*
• 4 sheets of chart paper, and thick, felt-tip, nontoxic markers

Prepare the following materials:

• Completed visuals on chart paper or on the board
  
  *Saying “No” Can Make You Feel…*(Activity 4B)
  
  *Saying “No”* (Activity 5D)
• Partial visual on chart paper or on the board
  
  *Benefits of Not Using Drugs* (Activity 6C)
Activities

1. Review Homework (3 min.)
   A. Display visual: Ground Rules.
   B. Ask students to take out their parent questionnaires.
   C. Read each situation, and call on several students to read their parents’ responses.
   D. “Did you get new ideas for resisting pressures to use drugs by doing this interview?”
   E. Ask students to hand in their interviews for participation points.

2. Introduce Direct Pressures (4 min.)
   A. Display poster: Ways to Say “No.”
   B. “Today we’ll practice how to say ‘no’ if someone actually pressures us to do things. We’ll also see a video during which high school students discuss pressures, and we’ll play a game about the benefits of not using drugs.”
   C. “Remember, last year you practiced saying ‘no’ to the kind of pressure you feel when someone says, ‘Come on, let’s go smoke a joint.’ Today, we’re going to do something similar, only this time we’ll be saying ‘no’ to many other things, too, like cheating and cutting school.”
   D. “In a moment I’m going to offer you a cigarette, a marijuana joint, or a beer, or try to get you to do something else.”
   E. “Try to imagine you are being pressured in a real-life situation, and say ‘no’ in a way that feels comfortable to you. Don’t give in, even if I put pressure on you. You may use the Ways to Say ‘No’ poster for resistance ideas.”
   F. “Even if you think you might want to say ‘yes,’ today we’re going to practice saying ‘no’ because there may be a time when you do want to say ‘no.’”
   G. Go around the room, pressuring individual students to use cigarettes, marijuana, alcohol, cocaine, or chewing tobacco, or to cut class, shoplift, disobey, or cheat. To make situations more realistic, add details (“I’m your best friend and ...”)
   H. After each student’s response, repeat what the student said. Give specific praise (“That was really strong; I wouldn’t try to pressure you again after that.”)
   I. Try to pressure about one-third of the students, as time permits.
3. **Discuss How Friends Can Help Each Other Resist Pressure** (6 min.)

   A. “If your friend were being pressured to try marijuana, what could you say to your friend to help him or her resist?” Solicit one or two responses. If there is no response, offer some lines yourself. For example, “You could say ‘That stuff can mess you up’ or ‘You don’t need to use marijuana to be cool.’”

   B. “Now imagine that someone’s asking your friend to cut class. What could you say to the person pressuring him or her to get them to leave your friend alone?” Solicit one or two responses. If there are no responses, offer some lines yourself. For example, “You could say, ‘We have a test today,’ ‘We need the grade,’ or ‘We’ll really get into trouble if we cut.’ Sometimes having a friend back you up can make it easier to say ‘no.’”

   C. “Now I’m going to pressure somebody, and I want the group near the person to help him or her resist. Say something to encourage the person to resist or to get me to leave the person alone.”

   D. Pressure students in groups, trying to reach class members not previously pressured. Ask each group member how he or she could support the person being pressured. (“What could you say to _____ to help him/her resist? What could you say to me to help take the pressure off him/her?”)

   E. Be prepared to acknowledge that some of the pressuring may not feel real because it is in a classroom, but that the situation may be similar to real situations. (“Some of these situations may not feel real because, for example, your teacher doesn’t just come up and ask you to cut class. But, in real life, I wonder if any of you have ever been pressured to skip class.”)

   F. Discuss the experience of being pressured.

   1. “How did it feel to be pressured?”

   2. “Was it easier or harder to say ‘no’ when someone supported you? Why? Do you think that’s true in the real world?”

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**Discussion Goals**

1. To emphasize that although it is harder to say “no” in real life, the practice students get in Project ALERT will make saying “no” easier

2. To help students recognize that support from friends can make saying “no” easier

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G. Validate feelings expressed by students and, if not previously stated during discussion, conclude by saying:
1. “Although it is harder to say ‘no’ in real life, practicing here in class will make it easier.”
2. “Sometimes you can really help your friends and make resisting easier.”

4. Discuss Benefits of Resistance (5 min.)
   
   A. “We’ve just been talking about how it feels to be pressured in the classroom. Now let’s talk about some of the feelings you might experience when you resist pressure in real life.”
   
   B. Display the completed visual or write on the board:

   Saying “No” Can Make You Feel ...
   
   | Scared/nervous | Strong (will power) |
   | Loneliness     | In control          |
   | Left out       | True to yourself    |
   | Afraid of losing friends | Independent |
   |                 | Respected (by others, by yourself) |
   |                 | Good inside         |
   |                 | Relieved            |

   C. Discuss the visual.
   
   1. “Why can saying ‘no’ make you feel lonely?” Acknowledge the validity of students’ responses.
   2. “Why can saying ‘no’ make you feel independent?”
   3. “Why can saying ‘no’ make you feel self-respect?”
   
   D. Summarize: “Saying ‘no’ doesn’t always mean that you will feel good about it. It does mean that you have made your own decision and did what you felt was right.”
   
   E. If students disclose any personal examples of resistance, validate their remarks.

5. Show and Discuss Video: Resisting Peer Pressure (12 min.)
   
   A. “Now we’re going to see a video of high school students talking about their experiences of being pressured. See how these students felt when they said ‘no.’”
B. Show the video: Resisting Peer Pressure

Video: Resisting Peer Pressure. Click here to play.

C. Discuss several specific examples from the video. (“What were some of the pressures the students on the video discussed?”) If necessary, give an example yourself.

Discussion Goals

1. To have students recount in their own words the resistance experiences in the video, thus reinforcing its messages
2. To elicit some health and personal benefits of not using drugs
3. To help students understand that often when they want to say ‘no,’ others do, too (If they take a chance and resist, others are likely to support them in their resistance.)

D. Summarize by displaying and reviewing the following visual or writing on the board:
Saying “No”

1. We have to say “no” sometimes if we want to feel good about ourselves
2. We get good things from saying “no” and from not using drugs
3. Others often want to say “no,” too

6. Review Benefits of Resistance (10 min.)

A. “We just talked about the good things you get from saying ‘no’ and from not using drugs.”
B. “Now we’re going to play a game about benefits. In a moment, I will divide the class into four teams. Each team will select a Recorder and a Reporter. I will give each Recorder a sheet of chart paper.”
C. Display the Benefits of Not Using Drugs visual (see below), or write it on the board. Explain that each Recorder should divide the chart paper into thirds. Students need not copy the headings.

Benefits of Not Using Drugs

1. School and Sports
2. Health and Appearance
3. How You Act or Feel About Yourself

D. “Each team will write down two benefits for each category. For example, think about a good thing you’d get in sports from not using drugs. The benefit may be from not using cigarettes/vaping, marijuana, alcohol, cocaine, or any other drug.” Ask for an example. (If students have trouble coming up with benefits, ask them to think about the people on the video or to look at the Saying “No” Can Make You Feel... visual.)
E. Divide the class into four teams. Give each Recorder a sheet of chart paper.
F. “Let’s see which team can finish first. Don’t start yet.”
G. “Okay, ready? Begin!”
H. Circulate, offering help as needed.
I. Have each Reporter bring the team’s list to the front when the team is done.
J. If time permits, have the Reporters read their benefits. Read all the responses under one
heading, and then move on to the next heading. If one thing comes up consistently on the lists, note it as a consistent benefit.

K. Praise the teams generously.

L. Refer to the lists. Note that a lot of good reasons for not using drugs are listed.

M. Reassemble the class.

N. Summary: “This is what Project ALERT is all about, helping you get the benefits of resisting drugs.”

7. Wrap-up (5 min.)

A. “Today is the last lesson of Project ALERT. In the three Project ALERT classes this year, we’ve reviewed reasons not to use tobacco, alcohol, marijuana, and other drugs. We’ve talked about where pressures to use drugs come from and practiced ways to resist those pressures. We’ve also learned about the good things you get by resisting those pressures and not using drugs.”

B. “You’re really good now at saying ‘no,’ and I know you can use these skills when you feel pressured to use drugs or to do other things you don’t want to.”

C. Give a personal example of your sense of students’ resistance self-efficacy. (“I pressured you, and you really said ‘no.’ I heard you say ‘no’ in ways I could easily imagine you using in the real world. I think you will find it easier to resist all kinds of pressures in the future.”)

D. Refer to the benefits lists. Say, “It’s not always easy to resist these pressures, but as your lists show, it does pay off.”
Direct Pressure Exercise

Goals

The purpose of the Direct Pressure Exercise is:

1. To give students an opportunity to resist direct pressure in front of others, and
2. To help students see that friends can help them resist direct pressures by offering social support. Such social support also helps students see that often they are not the only ones who want to say “no.”

To achieve these goals, you will be pressuring students - either individually or in groups. When pressuring students in groups, encourage group members to support each other in resisting pressure. The person being pressured will feel, and other students will see, that they can draw support from friends in resisting pressures to do things they may not want to do.

To establish a group quickly, gesture with your arm to indicate a set of three to six students sitting near each other. Then describe a pressure situation in a sentence or two. To encourage group support, ask other group members what they could say to help a friend in this situation. They may speak either to the friend or to the pressurer.

Sample group pressure situations

Below are two examples of group pressure situations. Be creative in coming up with additional pressure situations of your own. Try to use language or words students may use.

- “These three people are just about to change into their gym clothes. I come over to talk to them.” Now use a line from the Teacher Reference, Sample Direct Pressure Lines, (“Hey, _____, let’s cut PE, no one will notice.”). Continue with other group members, asking, for example, “How could you, as a friend of ________, help him or her out of this?” Prompt with, “What would you say to ______? What would you say to me (the pressurer)?”

- “These three people are at a party, drinking sodas and having a good time. I come up. I’m smoking a joint, and I say _______. ” Use a line from the samples on the following pages (“Here, ______, take a hit.”). Continue with other group members, asking, for example, “How could you help _____ say ‘no’ to the joint? What could you say to _____ to encourage him or her to refuse the joint? What would you say to me (the pressurer) to help take the pressure off _____?”
Try to reach all students so that the class has ample opportunity to see how teenagers can support each other in resisting pressures.

Encourage participation by group members. After the pressuring is over, reinforce the resister and any group members who have helped.

Sample Direct Pressure Lines

Combine the statements below as you wish, or use your own.

**Cigarettes/Vaping**

“Here, have a light.”

“Have a cigarette. You’re not going to get cancer.”

“How about a cigarette?”

“Just one won’t hurt you.”

“Vaping is totally safe.”

“Do you want to smoke with me?”

“Does anyone here want to smoke?”

“You’re the only one who’s not smoking.”

“Are you going to make me smoke alone?”

“Do you girls want a cigarette?”

“Do you want to check out my new vape?”

**Marijuana**

“Want to get high?”

“Here, take a hit.”

“Haven’t you ever tried marijuana?”

“You’re going to ruin it for the rest of us if you don’t smoke.”

“Let’s all go smoke a joint.”

“Part of one joint isn’t going to hurt you.”

“Let’s get high.”

“Don’t you smoke?”

“What did you come for if you weren’t going to smoke marijuana?”

“Let’s go outside and smoke a joint.”
Alcohol
“Let’s all go get some beer.”
“I can’t believe you’re saying ‘no’ to a beer.”
“Here, have a beer.”
“It’s not very friendly to refuse a drink.”
“You’re going to be the only sober one here.”
“Why don’t you leave if you’re going to stay sober?”
“Do you people want some wine?”
“Why not? What’s with you?”

Cocaine/Crack
“Let’s go smoke some crack.”
“This crack is so good. I can’t believe you’re saying ‘no.’”
“Just try it once. One time won’t hurt you.”

Cutting class
“Let’s all cut PE. No one will notice.”
“Let’s skip today. I need a break.”
“Everyone’s leaving after third period. We’ll meet you at the gym.”
“You’re not cutting? Don’t you want to have some fun?”
“The whole group is cutting - you’ll miss the fun.”
“If you’re not afraid of those teachers, why aren’t you going to cut?”

Shoplifting
“Let’s take that T-shirt.”
“Those earrings look great. Put them in your purse.”
“You’re stupid to pay for that CD.”
“I’m going to rip this off. Why don’t you take one, too?”
“You’re not going to pay for this food, are you?”
Cheating

“Tell me what was on the test last period - I can’t flunk it.”

“Sit so I can see your paper during the test.”

“Let me copy your homework.”

“You’ve got to let me copy. It’s not going to hurt your grade if I copy your answers.”

Disobeying parents

“I know you’re not allowed to go out on weeknights. Tell your mom you’re going to a friend’s to study.”

“Let’s sneak out tonight and go to the mall.”

“Let’s each take a few dollars from your mother’s purse so that we can get a pizza.”

“Your dad will never notice if you take just a few dollars from his wallet.”

Benefits of Not Using Drugs*

School and sports

Remembering things
Being able to communicate
Being in control
Better wind
Get along with others
Better reaction time
Better judgment
Do better in school
Avoid trouble

Health and appearance

Healthier
Physically fit
Whiter teeth
Fewer wrinkles
Fewer colds
No cough
No bad breath
Live longer
**How you act or feel about yourself**

- Can experience and cope with emotions
- Don’t have to lie
- Able to concentrate
- Able to communicate
- Can control your actions
- Make your own decisions
- Be your own person
- Able to stick to your own values
- Free from dependence on chemicals
- Proud

* Being drug-free cannot by itself guarantee good emotional and physical health.
LET'S CROSS THE STREET, OKAY?

NO, LET'S GET SOME FOOD INSTEAD.

NO, AND WE REALLY MEAN IT!

NO THANKS!

HERE, TRY IT!

Ways to Say NO

- Simply say, “No.”
- Give a reason
- Leave the scene
- Stand up to pressure
- Offer an alternative
- Avoid the scene