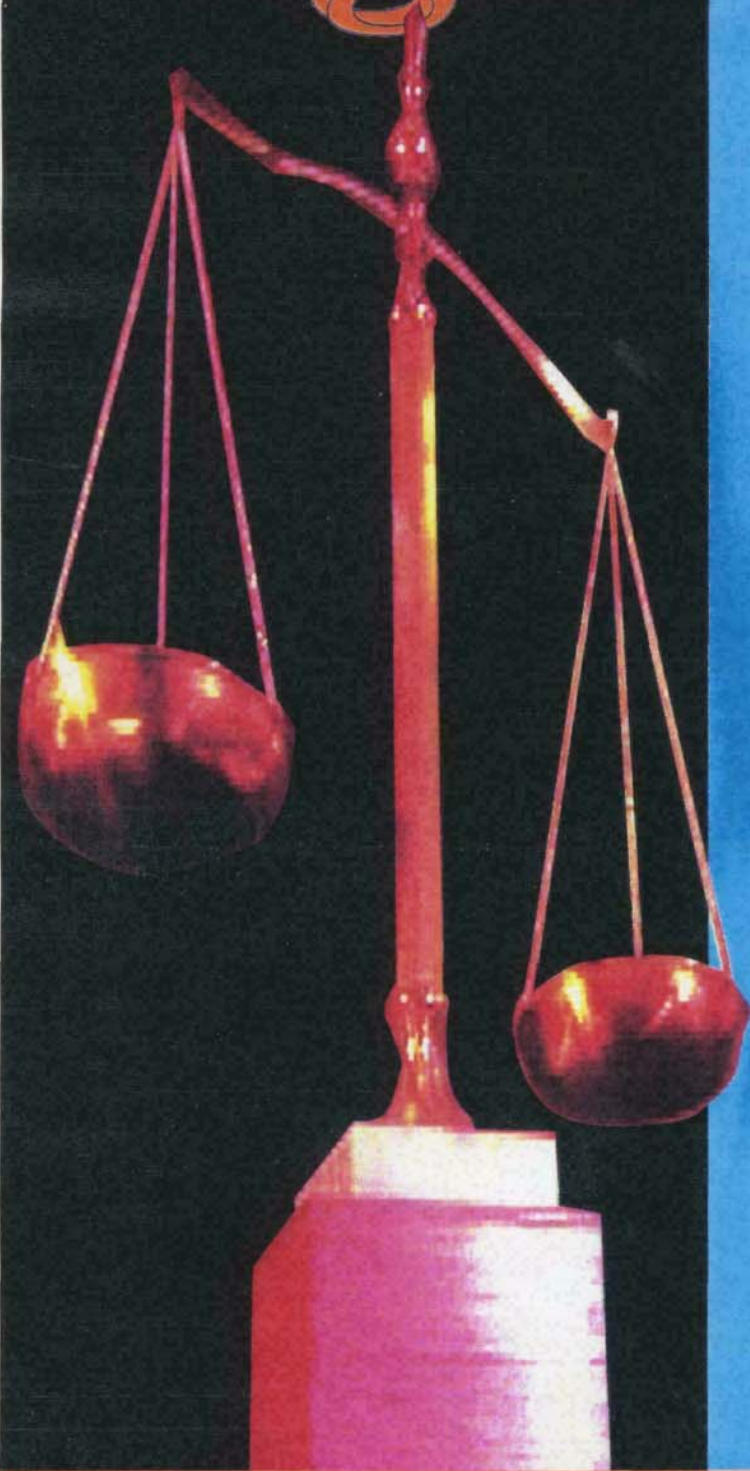


THE LOUISIANA PUBLIC BROADCASTING

Legal

EASE



DRUG ABUSE

THE TEACHER'S GUIDE FOR THE VIDEO SERIES

Legal EASE

"The Legal Ramifications of Drug Abuse"

Instructional Guide

*for program four of the law-related education high
school video series produced by*

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OVERVIEW

The Legal Ramifications of Drug Abuse is the fourth program in the LegalEASE series produced by Louisiana Public Broadcasting. It is a fifteen minute video which aims to educate viewers about the legal and social ramifications which result from the use and abuse of drugs by teenagers and young adults.

LPB recommends that the video be viewed by teenagers in the presence of a concerned adult who has reviewed and become familiar with the information offered in this guide.

The video is intended to stimulate discussion about the consequences of drug abuse with teenagers, especially those who are at a crossroads, to help them choose the right, often life-saving, path.

The companion guide provides adults who are neither specialists in the field of drug abuse nor lawyers with background information on some of the physiological, social and legal consequences connected with this problem. This guide also offers points for discussion as young people and adults view the video together. Moreover, this guide provides information which will help adults recognize when a young person is in need of assistance and identifies some of the steps that can be taken to get help.

While LegalEASE provides a wealth of information on various aspects of drug abuse, these materials are NOT intended to be a

sole or complete source of information. Adults are cautioned to avoid giving legal advice to students and should steer discussion away from specific personal or family references when appropriate. They should familiarize themselves with the range of resources available locally so that they can direct young people to programs that can provide help if needed.

The on-air program host for LegalEASE is basketball great Durand "Rudy" Macklin, who came to Louisiana State University in 1976 and, as a freshman, was voted AP and UPI All-American. Macklin made the ALL SEC First Team during his sophomore, junior and senior years, and led the LSU Tigers to the Final Four in Philadelphia in 1981. Macklin went on to play professionally for the Atlanta Hawks, the New York Knicks and the Los Angeles Clippers before a career-ending injury forced him to retire from professional sports. He now devotes much of his time to counseling youth on the importance of physical fitness and to working with children to prevent underage drinking and the use of drugs.

Funding for this segment of the LegalEASE series was provided by Grant No. 95-JS-CX-0002 from the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this program do not necessarily represent the official position or policies of the U.S. Department of Justice.

THE CONSEQUENCES OF DRUG ABUSE

How Big Is The Problem?

This program focuses on some of the legal, physical, emotional, and economic consequences of drug abuse for teenage users, dealers, their families and society.

In the headlines we read about social problems that are directly related to drug abuse: murder and other violent crimes, child abuse, AIDS and traffic accidents. But other acts perpetrated by drug abusers on family members are not often reported on the news, such as physical battery, emotional trauma, and theft. The economic cost to society is staggering. In the United States, the cost is estimated at more than \$238 billion a year. "This cost includes the expense of treating substance abuse, the productivity losses caused by premature death and inability to perform usual activities, and costs related to crime, destruction of property and other losses."¹

When it comes to drugs, most Americans live by the familiar maxim "Just Say No!" However, drug abuse is a big problem — and not just for the abuser. Alcohol, which is a drug, is a factor in about 45 percent of traffic crashes,² and alcohol-related traffic fatalities and alcohol and other drug (AOD)-related crime are the leading causes of death for American's teenagers.³ A recent study of 1,023 trauma patients admitted to a shock trauma unit (receiving only the most seriously injured accident victims) found that one-third had detectable levels of marijuana in their blood.⁴ It is not uncommon for users of alcohol, marijuana, and other drugs to hurt themselves, but their bad decisions also hurt other people. In addition, alcohol and other drug use is associated with:⁵

- 69% of drownings
- 68% of manslaughter charges
- 62% of assaults
- 52% of rapes
- 50% of spousal abuse cases
- 49% of murders
- 38% of child abuse cases
- 20-35% of suicides

Keep in mind that such consequences are the tip of the iceberg and indicate the magnitude of the problem that lies beneath the surface. It is estimated that in an average month in the United States:⁶

- 13 million people use illicit drugs, including 1.3 million adolescents⁷; (10 million use marijuana and 1.4 million use cocaine);
- 13 million people have five or more drinks per occasion on five or more days in the month; and
- 60 million people, including 4 million adolescents age 12-17, smoke cigarettes.

In the video, the stories of real people who have been negatively affected by drug abuse provide "reality checks" to raise awareness of the human and economic costs associated with drug abuse, with the hope of saving others from the pain and suffering that result from destructive decisions. You will hear the true stories of people who made destructive decisions that led to grievous consequences — the disintegration of families, incarceration, and the ultimate end — death. Through David's personal account you will learn about one of these drug-related tragedies in which, at the age of fifteen, he was convicted of murdering his grandmother. And then there are the sto-

ries of children who have suffered as victims of drug abuse and related crime. Although children's homes and neighborhoods should be loving, happy and safe places in which they are cared for and supported in their journey to adulthood, all too often these places are high-risk environments that put children in jeopardy, with the potential for negatively affecting both their physical and emotional development. Can there be hope for children growing up in such environments? As you watch a twelve year old tell her story, you will hear how she has been able to transform negative experiences into positive lessons for life.

What are Illicit Drugs?

In spite of educational programs, awareness campaigns and news reports which inform the public about drug abuse, myths and misinformation abound, especially among those most in need of the facts. When discussing the issue with young people, an important first step is making sure that they have accurate information. Whether teenagers perceive that a drug is dangerous or not correlates with the rise or decline of its use. That means it is always important to continue educating young people — just because their older sisters or brothers have been taught about illicit drugs, does not mean that they have. We cannot assume that all children know the facts.

Alcohol and tobacco are drugs, and there are various state laws governing their sale, purchase and possession. For example, there are state laws that prohibit the sale of tobacco products to minors and laws that prohibit the sale of alcohol to persons below the age of 21. In addition to alcohol and tobacco, there are other drugs, known as illicit drugs, which are governed by federal and state laws. Examples of these illicit

drugs (also referred to as controlled substances) include marijuana, cocaine, heroin, LSD, PCP, and methamphetamines. There are other substances which, if used inappropriately, can be abused. These include inhalants and some prescription and non-prescription medications.

FACT

One in four teenagers has used illicit drugs before entering high school.

Drugs can be divided into two categories: those that affect behavior and those that do not. Along with some drugs that are used for medical purposes, such as those for the treatment of mental illnesses, illicit drugs belong to the category known as psychoactive drugs, the ones that affect behavior. Psychoactive drugs can be further categorized according to the way in which they change behavior. The major groups of psychoactive drugs are: stimulants, antipsychotics, sedative-hypnotics, narcotics or opiates, and hallucinogens.⁸ While many drugs are used and abused, this section will focus on only a few.

Marijuana

Marijuana, which is also known as weed or pot, is the most widely used illicit drug in the United States. A 1992 survey found that 22% of high school seniors has smoked marijuana sometime within the past year.⁹ But it isn't only high school seniors who are using the drug. Younger adolescents and children are using it as well. Although adolescent use of marijuana declined from 1979-1992/o between 1992 and 1994, the rate of marijuana use among youths 12-17 years old nearly doubled. "Many teenagers who end up in drug treatment programs started using marijuana at an early age."¹¹ White House Drug Policy Director Dr. Lee P. Brown said that this increase in first-time

use of marijuana should serve "as a profound wake-up call to parents."¹² Except for alcohol and tobacco, this drug tends to be the first illegal drug teens use. In the video, two teenagers talked about marijuana as a "gateway" drug.

Well, I feel pot is a gateway drag. I can use this drug and it makes me high, but if you say yes to pot, its like opening the door to everything else.

- girl

I started out smoking cigarettes because the crowd was doing it and to fit in with them. It was the people I wanted to hang around with. I had to do the things they were doing. I went from cigarettes to marijuana, to drinking to acid and kept going off all the way to cocaine.

- David, convicted of murder at age 15.

While young people may not show outward signs of marijuana use in the early stages, certain behaviors are exhibited by frequent users of marijuana. These include alienation from the family, moodiness, lowering of moral values, apathy, a shift in the group of people he or she associates with, a drop in school grades, skipping school and verbal defense of drugs and the drug culture. "Many drug users do not look like 'druggies' and some who do dress like 'druggies' may not be drug users. It is not so much how the individual looks or dresses that is important in identifying the drug user—it is the person's overall demeanor."¹³ Some physical signs associated with being under the influence are glazed eyes, drowsiness, confusion and inappropriate silliness.

FACT

*Marijuana use is on the rise, with the rate of use among 12-17 year olds nearly doubling from 1992 to 1994."*¹⁴

Lots of young people think that marijuana is a relatively harmless drug, so when adults discuss drugs with them, a good place to start is debunking myths by providing the correct information.

The truth is that marijuana use can cause several negative physical and mental effects. It may impair or reduce short-term memory and comprehension, alter sense of time, and reduce ability to perform tasks requiring concentration and coordination, like driving a car. Other short-term effects of marijuana use include sleepiness, increased hunger (and weight gain), paranoia and hallucinations, and decreased social inhibitions. This last short-term effect can multiply a user's problems because he or she might do things under the influence, like have unprotected sex or commit crimes, that can have long-term consequences.

Because children and adolescents are still growing, the physical effects of marijuana use can be both acute and long term. Studies have shown that marijuana use can lower testosterone levels in men. Testosterone controls hair and beard growth, development of the penis, muscle mass, and voice changes at puberty. Marijuana use can also lower sperm counts, possibly resulting in difficulty having children.

For females who use marijuana, the effects may include an increase in their testosterone levels which can result in increased facial and body hair and acne. Studies also suggest that chronic use of marijuana may adversely affect reproductive functioning in women. Long-term use of marijuana can also include psychological dependence and enhanced risk of cancer.¹⁵

FACT

Marijuana smoke contains the same carcinogens and toxins as tobacco, some in higher doses.

The dangers of smoking marijuana are much more serious than they were in the 1960s, especially because the drug now being sold has increased dramatically in strength over the last ten years. The effects of marijuana last at least 4 to 6 hours and can make driving particularly dangerous.¹⁶

Cocaine and Crack

Cocaine is a white powder that is either "snorted" through the nasal passages or injected intravenously. Users call it a variety of names, including coke, C, snow, blow, toot, nose candy, flake, and The Lady. Crack is also called the fast food of drugs because "chips are sold for as little as five dollars, putting it within reach of many young people."¹⁷ Between 1987 and 1992, the use of crack increased by as much as 33 percent.¹⁸ While crack is used everywhere, its use is higher in inner cities.

According to a Cocaine Hotline study, the average teenager progresses from first use to chronic abuse in just fifteen and a half months, as compared to four years for adults.¹⁹

Cocaine is a stimulant.²⁰ Stimulants give the user a temporary illusion of limitless power and energy that leave the user feeling depressed, edgy, and craving more. Crack (or Rock) is a form of cocaine that has been chemically altered so that it can be smoked. "The term 'crack' refers to the crackling sound made when the mixture is smoked (heated)."²¹ Both forms are highly addictive drugs and very dangerous. Even one hit of crack or cocaine can be fatal. Addiction to this drug can be so strong that it comes to dominate all aspects of the addict's life. "Research has shown that cocaine acts directly on the 'pleasure centers' in the brain. These pleasure centers are brain structures that, when stimulated, produce an intense desire to experience the pleasure effects

again and again. This causes changes in brain activity and, by allowing a brain chemical called dopamine to remain active longer than normal, triggers an intense craving for more of the drug."²²

People under the influence of crack or cocaine frequently do risky things they later regret. Physical risks include brain seizures, contracting hepatitis or AIDS through shared needles, respiratory failure, and a reduction in the body's ability to resist and combat infection. Psychological risks include violent, erratic, or paranoid behavior, hallucinations and "coke bugs" (a sensation of imaginary insects crawling over the skin), confusion, anxiety, depression, "cocaine psychosis" (losing touch with reality), loss of interest in friends, family, sports, hobbies and other activities. Some users spend hundreds or thousands of dollars on cocaine and crack each week and will do anything to support their habit.²³

Hallucinogens

Hallucinogens, also called psychedelics, distort the user's perception of reality, and other effects can be unpredictable.²⁴ Among the drugs included in this category are LSD, PCP, and XTC. "PCP (a.k.a. Angel Dust) is a hallucinogenic drug that alters sensation, mood, and consciousness and distorts hearing, touch, smell, taste, and vision." While it is legitimately used as an anesthetic for animals, it was banned for use by humans in 1967 because of its unpredictable psychotic and hallucinogenic effects.²⁵ Bizarre or violent behavior associated with the use of the drug can lead to death from drownings, burns, falls, and automobile accidents.²⁵ Regular PCP use affects memory, judgment, perception, and concentration, which can last for days or weeks. Long-term users report hearing sounds or voices that don't exist. "PCP can cause death from repeated

convulsions, heart and lung failure or ruptured blood vessels in the brain."²⁷ LSD (a.k.a. Acid, Microdot) is another hallucinogenic drug with effects that can last 8-12 hours. These effects include illusions and hallucinations, distorted perception, rapid mood swings, anxiety and panic, and "flashbacks" (experiencing the drug's effects without taking it again). The effects of overdose can be longer, more intense "trip" episodes, psychosis, and even death. XTC (a.k.a. Ecstasy, Adam) acts on the user in two ways — arousing and causing calm and relaxation. As a member of the same class of drugs as the others, it too is a hallucinogen and causes unpredictable responses.²⁸

Inhalants

Inhalants are common household products, like aerosol paint, glue, gasoline, model airplane glue, hair and other sprays, typewriter correction fluid (white out), felt tip markers, cookware coating agents, nail polish remover, room deodorizers, carpet cleaners, butane, and laughing gas. These substances are not usually thought of as drugs because they are not sold for the purpose of getting high. They are cheap and readily available, literally right under the noses of children, and very dangerous.

There are immediate, short-term and long-term effects of inhaling these substances. The effects can cause death (which can be immediate) or serious damage to the user's nervous system, brain or other organs. Sniffing spray paints, for instance, can cause suffocation, which might mean death or brain damage. Young people use these substances by sniffing or inhaling them from containers, plastic bags or from cloth or clothing saturated with the product.

Other Drugs

Another program in the LegalEASE series focuses on problems associated with alcohol, underage drinking and the abuse of alcohol among people of all ages. This program examines the drug abuse problem by focusing on illicit drugs and other substances that are used inappropriately. The information provided in this section on marijuana, cocaine and crack, hallucinogens, and inhalants is not comprehensive and there are other drugs that have not been included, such as tranquilizers, amphetamines and methamphetamines (like "crank" and "ice"), steroids, and nicotine (cigarettes and other tobacco products).

Recently, there has been an upsurge in the use of amphetamines, especially by young people in suburban and rural areas. Reports say that the drug is cheap and easy to obtain. The U.S. Attorney General's Office has issued a warning about this new "drug of choice." Because of the changing face of drug abuse, everyone concerned about the problem, and especially people who work with youth, should keep current on the issue and remain vigilant in their efforts to prevent drug abuse. Persons interested in obtaining more information can contact prevention and treatment specialists in their area or refer to any of the resources listed at the end of this guide.

Signs of Drug Abuse—while the effects of drug abuse can be different for different people, some signs are fairly common. If a young person you know starts to exhibit any of these behaviors, it is a good idea to contact someone to get help:

- sudden, unexplained changes in mood or behavior
- loss of interest in regular activities, such as hobbies and sports
- significant drop in grades
- withdrawal from family
- sudden sloppiness in appearance
- overreaction to criticism
- sudden weight loss
- unusual secretiveness
- decreased energy and drive
- slurred speech, unclear thinking, poor short-term memory

Progressive Stages of Drug Abuse

Teenage drug abuse develops through a series of progressive stages. Drug abuse may start as an "innocent experiment" but "can progress into a disease of denial and destruction."³⁰ Learning the facts and knowing where to go for help can interrupt this progression in its early stages and the likelihood of permanent damage or death can be reduced.

- 1. Ground zero** — this is the starting point where the decision to experiment or not is made.
- 2. Learning the mood swing** — experimenting usually begins with tobacco, alcohol, and/or marijuana. Although there may be adverse effects, they usually wear off with no harm done — or so the user supposes.
- 3. Seeking the mood swing** — using drugs to feel good or forget troubles. At this stage young people may still be getting drugs from "friends" or they might start buying on their own.

4. Becoming preoccupied with the mood swing — buying drugs on a regular basis, more frequent use, and starting to show adverse effects in relationships with family and old friends, school problems, having thoughts of suicide because of problems, defending drugs and drug use, changes recognized by others, angry confrontations, perhaps experimenting with other drugs, and possibly having trouble with the law.

5. Have to do drugs to feel okay — this is the end of the road. The teenager is dealing drugs, using just about anything to make it through the day, euphoria replaced by depression, physical condition deteriorating, careless about the way he or she looks. At this stage, unless someone intervenes, the drug abuser will die a premature death.

Drugs and Driving Don't Mix

Besides alcohol, other drugs can impair a person's ability to drive safely because they can adversely affect coordination, reasoning, vision, and tracking ability (being able to follow a moving object with one's eyes).

- Tranquilizers can affect judgment, slow down reflexes, coordination, and thinking.
- Sleeping pills can last as long as 14 hours.
- Stimulants can cause dizziness, nervousness, problems concentrating, impaired vision.
- Pain relievers can cause drowsiness.

When alcohol and other drugs are used *in* combination they are even more dangerous — effects can be intensified, unexpected, and lead to death. Even legal drugs can be

dangerous. Many over the counter drugs, like cold and allergy medications, have labels that warn the user not to operate machinery (like a car).

Why do some young people use drugs while others don't?

Some reasons for youth involvement in drugs are:³¹

- **to get high.** While this may be a reason at the start, chronic users actually take drugs to avoid the pain of withdrawal.
- **peer pressure.** This desire to be accepted by peer starts as early as middle school.
- **stress or pain associated with growing up.** Dealing with the pressures of school, expectations of parents and teachers, emerging sexuality, greater responsibilities, family dysfunction, or poverty can lead teens to use drugs.
- **experimentation.** Even a one time experiment can be dangerous or deadly, or it can lead to more experimentation and addiction.
- **rebelliousness.** This non-conforming behavior can be a way to separate and break away from the expectations of family, school, or society.
- **"drugs are everywhere" or "everybody's doing it."** In the media and at home young people see ads that promote drugs to dull pain or to make life more fun (beer ads, in particular). Illicit drugs are readily available on the streets.
- **low self-esteem and poor life attitude.** The way a young person views himself or herself and his or her attitude toward life in general can influence one's decision to use drugs. Research has shown that, as a group, young people who don't use drugs have a strong self-concept and a more positive

attitude about life.

- **family influences.** Family dysfunction, parents using or approving of drug use, and poor parent-child interaction can put youth at risk of using drugs.
- **school factors.** Not doing well in school can sometimes be an excuse for escapism. But the use of drugs can cause problems in school or make problems worse.

Some young people who abuse drugs might say, "Well, it's my life and I'm not hurting anyone else." But the fact is that other people do suffer the consequences of teenage drug abuse. It might be the families of abusers who must deal with the emotional and financial costs, or the rest of society affected by crime associated with drug abuse, traffic and other accidents, and the economic burdens society must bear for illicit drug use by teens.

The Anti-Drug Abuse Act of 1988 identified target groups of youth whose environment or lifestyle puts them at high risk of developing problems with alcohol, tobacco, and other drugs and who should receive attention in prevention programs. The suggested terminology when talking about high risk is to say "youth in high-risk environments," rather than "high-risk" youth. All young people live in a high risk environment, but some are at higher risk than others because of certain factors. Those young people who are considered at highest risk are:³²

- economically disadvantaged youth
- school drop-outs or those at risk of dropping out
- pregnant teenagers or teenage parents
- children of alcoholics (or drug users)
- delinquents who may be involved with gangs
- abused or neglected youth
- latchkey children
- users of gateway drugs, including alcohol, tobacco, and marijuana.

It should be made clear, however, that **many** young people are resilient and able to overcome the disadvantages of their situation.

Two young people in the video tell their stories about growing up in a high-risk environment. But even growing up in such circumstances does not forecast the future for those young people. Morris talked about growing up in a neighborhood where people sold dope on the streets, where fighting, shooting, and stabbing were common occurrences.

I sold drugs before, got caught the first time I was selling. I was selling because my brother was selling because my mama was selling, and that's how it was.

- Morris

But the other path is there, regardless of how difficult it might be to find. Twelve year old Samia watched her mother slide to the depths of crack and alcohol addiction. Often, Samia's mother took her with her as she shoplifted to pay for her habit. Her mother would even steal and sometimes sell Samia's school supplies. Her mother eventually got caught and went to jail, and Samia was sent to live with a relative. Samia nonetheless managed to learn some valuable lessons and made the decision to follow a better path.

I've never done drugs, but I wanted to once and then—when I have relatives in my family do bad things and I think about it, it kinda' stops me from doing it 'cause I think about what they've been through and the same thing can happen to me.

- Samia

Parents play an especially significant role in the lives of children up to the age of about 12. Parents' attitudes and practices and the relationship they have with their children are strong influences — either positive or negative. Research has shown that "social responsibility and student perceptions of parent and teacher expectations are strongly related to expectations of substance abuse, highlighting the importance of programs supporting and reinforcing students' social responsibility and including teachers and parents in prevention programming."³³

Research shows that parental attitudes and practices are the strongest social influence on children's use of alcohol and other drugs and the nature of the parent-child interaction.³⁴ During late childhood and early adolescence, there is a shift in influence from parents and teachers to peers. It is important to set the ground work of prevention before children reach this stage of development. Beginning in middle school, programs that center on positive peer-to-peer influence should be included in prevention efforts.

Lots of young people are faced with situations in which they are asked or encouraged to use drugs. Some recommended techniques for saying no to drugs are:

- When offered alcohol or other drugs, say "No thanks."
- Give a reason or excuse
- Broken record— repeat the same "no thanks" over and over again
- Walk away
- Avoid the situation
- Cold shoulder—just ignore the person
- Change the subject
- Reversing the pressure — "no thanks — I thought you were my friend."
- Strength in numbers — hang around with nonusers

Women and Children and Drug Abuse³⁵

In the **LegalEase** segment on alcohol abuse, information was provided on Fetal Alcohol Syndrome and Fetal Alcohol Effects. Other drugs can also affect a child's development in the womb and/or his or her life after birth.

Some Facts:

- Smoking cigarettes has been implicated in SIDS (Sudden Infant Death Syndrome). Research has found that infants whose mothers smoked during pregnancy are 50 percent more likely to suffer from SIDS.³⁶
- The use of cocaine (and crack) can interfere with a woman's reproductive cycle, and use of this drug in either form is also implicated in SIDS. Babies born to users can be retarded in their growth and experience other effects.³⁷
- Women who use cocaine or crack are at risk of AIDS/HIV and STDs (sexually transmitted diseases) because they are likely to have frequent, unprotected sex while under the influence or turn to prostitution to make money to support their habit.³⁸
- Intravenous users of cocaine or other drugs also run the risk of contracting HIV/AIDS and other diseases from sharing infected needles. Infected persons can spread the disease by infecting sexual partners.³⁹
- Drug abuse is involved in 38% of child abuse cases.
- About 11% of pregnant women use heroin, methadone, amphetamines, PCP, marijuana, and/or cocaine.⁴⁰

Drug use can result in the separation and disintegration of families. In the video you heard the stories of two women who were

separated from their children because of their drug abuse.

The time I spend with them now is precious....It means so much because the little things they do now I notice where before I didn't.

- one mother and former addict

I wasn't even there for her first birthday because I was locked up in jail, I can remember seeing her, my mother bringing her and I would hate—you know— she would know it was me but to see her leave, I'd wave from that little bitty window where I couldn't even touch her. She would put her hand to the window and I couldn't reach out to her and that would hurt me so bad.

- another mother and former addict

People who use drugs may steal to support their habit, but their habit can rob them of living up to their potential and realizing their dreams. Before they can move on to a better life, users have to break the chains of drug abuse. If they are lucky, they can get treatment for their addiction while in prison.

Children growing up in homes where there is alcohol or drug abuse can carry the effects with them into adulthood. This problem is so widespread that there is an organization for adults that helps them deal with problems. The organization called Adult Children of Alcoholics (ACO A). If you or someone you know needs help, call a counselor for information.

Illicit Drug Use and Crime

Among the findings of a 1995 national poll on drug abuse⁴¹ was that the public exhibits particular concern about the threat of drug

use and the crime associated with it. This concern is definitely supported by the facts.⁴²

- Drug possession and distribution are crimes. More than half of all federal inmates are behind bars for drug offenses.
- Regular use of marijuana, with or without other illicit drugs, is correlated to higher levels of truancy, fighting, delinquency, arrests, and health problems in teenagers.
- Violence and injury, often related to substance abuse, are responsible for 75 percent of adolescent deaths. More teen males now die of gunshot wounds than of all natural causes.
- 79% of state prison inmates say they have used drugs at one point in their lives, and more than 60% used regularly.
- About half of the people in state prisons for committing violent crimes report that they were under the influence of alcohol or other drugs at the time of their offense.
- At least half of the people arrested for major crimes such as homicide, theft, and assault were using illicit drugs around the time of their arrest.
- In addition to the murder, manslaughter, rape, assault, and spousal abuse, there is prostitution to support a drug habit. About 85% of females and almost 50% of males that are arrested for prostitution test positive for illicit drugs.

The video recounts a few of the stories behind the statistics. Blaine has been in prison for a long time and will probably be there for a long, long time to come. This former honor student used a shotgun to commit murder while he was on a cocaine binge.

The choices I've made have ended me up in here. I took someone's life, for nothing.

- Blaine, statement from prison

Has everyone who has ever smoked a cigarette or a joint committed murder or another violent crime? No, but is it worth the risk? Choices made even by very young people, can shape their future — for better or for worse. Neither David nor Blaine intended to kill another human being, but they did, and now they're paying the price.

Crimes are not only committed by adults — they are also committed by teenagers and children. Most juveniles who commit offenses are tried in juvenile courts and sent to juvenile detention centers. Drug possession and drug dealing are crimes that can bring jail time and fines. Federal criminal laws and the criminal laws of almost all the states make a distinction between using drugs and dealing in drugs. Dealers get stiffer sentences, they serve longer time, and in some states juveniles charged with dealing drugs can be tried as adults.

Economic Costs to Society

One estimate put the cost of substance abuse in the U.S. at more than \$238 billion (including alcohol, illicit drugs, and smoking). This cost includes treatment/rehabilitation, crime (enforcement, trials, and incarceration), destruction of property and other losses, and the loss of productivity

caused by premature death and the ability to perform usual activities.⁴³

Some Final Thoughts About Consequences

As you talk to young people about the consequences of drug abuse, focus on the things they can lose by making the choice to use drugs. Use the list below or have the group brainstorm their own list of things they can lose.

Using Drugs Can Lead To Losing...

- good reputation
- friendships
- family relationships
- respect of someone you love
- driver's license
- car (if drugs are in the car, it can be confiscated)
- freedom (punishment at home, rehab, or jail)
- a job (many jobs require a drug test or your record could be checked)
- the chance for a good education
- memory
- life

CLASS DISCUSSION QUESTIONS

Throughout this **LegalEASE** video, a variety of questions appear on the screen to stimulate group discussion.

In order to make it easier for teachers, counselors, or other adults viewing this program with teen audiences to encourage a meaningful dialogue, those questions are repeated here. Also provided are brief answers which adults can use as starting points for discussion.

Why do you think people deliberately break the law by taking illegal drugs?

There are several assumptions upon which this question is based, and your students may challenge these assumptions. However, the purpose of this question is to not only address the issue, but also to make students understand that the phrasing of a question can influence the answer to it.

The assumptions here are:

1. People who take drugs know it is illegal to do so, and
2. People who know that a particular drug is illegal to use actually care about the legal ramifications of their action.

While we sometimes assume that everyone knows which drugs are legal to use and which ones are illegal to use, this assumption needs to be questioned. For example, there are many drugs that a doctor can validly prescribe for a person who is ill, but would be illegal to take without a bona fide doctor's prescription. Many "uppers" and "downers" fit into this category. If a doctor specifically prescribes an amphetamine for an individual, that is one thing. However, if that same amphetamine is bought "on the

street" and used without a prescription, that's illegal.

The purpose of controlling prescription drugs is to make sure that they are used only by trained physicians to cure disease or eliminate symptoms of disease. The purpose of manufacturing such drugs is to benefit the ill, not to make a profit from public misuse of them. Therefore, there are strict requirements governing the manufacture of legal drugs.

Other drugs, such as cocaine, are illegal to own or possess or use for any purpose. The concept here is that such drugs have no therapeutic value and that there is no bona fide reason to possess, sell, or use them.

Some people do things that they know are illegal for the express purpose of flouting the law. Others simply do not care about the legal ramifications of their actions.

Taking drugs for the express purpose of flouting the law is foolish. Not only are the physiological side effects of drug use damaging and often irreversible, but the legal consequences can also be quite severe and long lasting. Thumbing your nose at the law by taking drugs is irresponsible.

Using drugs without consideration for the legal ramifications is even worse. Illegal drug use can result in jail time, make it very difficult for you to get a loan to buy a car or a house, or even keep you from getting a job, since a drug conviction can remain on your record forever. Sacrificing future employability and borrowing power for a momentary "high" is not very sensible and students need to realize that they really need to think about long term consequences before they act.

Just because students think they understand "why" people take drugs, that does not justify or excuse the use of illegal substances. Taking illegal drugs can foreclose future opportunities and students need to realize that.

Why do you think there are laws making sure drugs are illegal?

The basic rule underlying all drug laws is the belief that certain drugs are so harmful that there is no justifiable purpose for allowing their unregulated use. This is certainly the situation with prescription drugs.

In the case of drugs that are even illegal to manufacture, such as cocaine, the basic concept is that these drugs are too dangerous to individuals and society to allow them to be owned, possessed or used.

"Illegality" is a legal concept, and it is possible that the law can change. For example, during the Prohibition era, it was illegal in this country to manufacture or sell alcoholic beverages. A law to that effect was passed by an amendment to the Constitution of the United States. The repeal of Prohibition required another amendment to the Constitution.

Therefore, it is possible that what is legal and what is illegal can change in definition over time. However, your classroom discussion should focus on the laws that are in existence at the time of your discussion. Students may disagree with certain laws, but no one has the right to ignore the laws that are in effect. If an individual is unhappy with any given law, the appropriate approach is to seek remedy through the legislature or through Congress, not to defy the law by using or dealing illegal drugs.

Why do you think the law is tougher on dealers than users?

Once a drug has been classified as illegal, there are usually three different types of laws that apply.

First, there are prohibitions on the manufacturing of illegal drugs and there are penalties imposed on manufacturers.

Second, there are prohibitions against the possession of illegal drugs. State and federal laws usually do not punish "use" but rather "possession." That is because it is sometimes difficult to prove that someone has "used" a drug, but it is often easier to prove that someone has had "possession" of an illegal drug. If a drug is illegal there is no basis to possess it.

Third, there are prohibitions against dealers of drugs. The distinction between a dealer and a possessor is often based on a combination of the type of drug and the amount of the substance. The basis for this distinction is that the more illegal drugs an individual possesses the less likely it is that these drugs are for personal use and the more likely it is that these drugs are for sale to others.

The laws against dealers are strict because legislators and congressmen believe that if society can thwart the sale and resale of illegal drugs by providing for severe punishments then the overall number of users will eventually decline. It is believed that dealers are in the illegal drug business to turn a profit, so tougher laws have been enacted to deprive dealers of that profit and to make it so costly to deal drugs that those who are tempted to do so will think before they "get in the business." Being tough on dealers helps get them off the street and stem the flow of illegal drugs.

Why do many laws treat all dealers the same, whether they are caught selling a little or a lot of illegal drugs?

Once the threshold has been passed between mere possession and dealing, the law usually makes no distinction between whether an individual is dealing 10 grams or 10 kilograms. There are some exceptions, however. Some state and federal laws do make a distinction depending on the dealer's involvement, but these are exceptions and not the rule. The idea behind the law is to discourage all drug dealing, whether it is by the big dealer or the street dealer.

There are some laws which target the "big" dealers or masterminds behind drug distribution. These laws include "RICO," the Racketeer Influenced and Corrupt Organizations Act, which is a federal law designed to punish those who work in organizations to break the law, be it the Mafia, a gang, or a more informal group. Many states have similar statutes as well.

If your parents are using drugs and you help them buy a supply, are you breaking the law?

YES!

If you purchase illegal drugs, you can be charged and convicted as a possessor even if you do not use the drugs yourself. The law does not make distinctions based on the reason you bought the drugs.

If you're concerned about your parents using drugs, do you have any options?

Yes, there are a number of options available to you.

In most communities there are agencies which are not affiliated with law enforcement but which can give you help and advice. The place to begin looking for assistance is at school. A teacher or counselor maybe able to refer you to the agency which can best help with your particular set of problems. You may wish to contact your clergyman for help. The Research Librarian at your local public library can refer you to a list of local, usually non-profit, agencies which work with substance abusers and their family members.

Your goal should be to get help for both you and your parent(s). Probably you both need impartial advice about your legal rights and responsibilities, about relevant medical issues and about other matters that maybe of concern to you, such as how to keep from getting evicted, how to pay the bills etc.

It would be helpful for teachers discussing this question in class to have a list of local agencies handy, or to have the name of an individual to whom they can refer students who may come for help outside of class.

Should the law allow children to be taken away from parents who abuse drugs?

This is a difficult issue. In general, the law looks with disfavor upon splitting up families. However, there are instances in which the law requires that children and their parents be separated. These are local and state laws, not federal laws.

Usually, such laws do not deal specifically with drug use and abuse; rather, they focus on the care of the child. Most of these laws require an evaluation of the home environment and the removal (at least temporarily) of the child from the home if it is found to be

unfit or unsafe or if the parent(s) have demonstrated either a calculated indifference to their child's care and well-being or have abused them.

If you were passing laws to protect children from parents who abuse drugs, what laws would you pass?

Some possible avenues for class discussion might be:

- a) No change, the law is fine just the way it is.
- b) The law should not interfere with the parent/child relationship at all and drug use in that context should be a purely private matter.
- c) Family counseling should be made mandatory in such situations.

The important thing to remember when discussing this question in class is to have students be able to explain and rationally defend the positions they take when it comes to proposing new laws. Students need to be able to understand both the short term and long term ramifications of their proposed laws as well as the economic and social impact of their suggestions. There is no one correct answer to this question.

FURTHER QUESTIONS FOR CLASS DISCUSSION

If you go along with a parent who is shoplifting or doing something else illegal to get money for drugs, can you also be charged with a crime?

Yes. Even if you do not shoplift or buy illegal drugs yourself, you can be charged as an "accomplice" or as an "aider or abettor" in the commission of a crime if you assist someone else who is breaking the law.

Should laws be different for mothers who are drug abusers than for fathers who are?

While some may contend that laws should be stricter on one parent or the other, such distinctions are not and cannot be made in the law.

Remember, the law punishes drug possession, not use or abuse. Therefore, it is a question of individual responsibility and not a question of gender.

Federal and state law prohibit unequal treatment of individuals. The "equal protection" clause of the Constitution of the United States requires that all similarly situated people be treated equally under the law. If a pregnant woman uses drugs that harm

her fetus, for instance, there may be special laws passed which address that particular situation. However, such laws would result from the fact that the woman is harming a third person (the fetus) directly by her actions, not because of her status as a female per se.

Should children who are hurt by their parent(s)' drug abuse have the right to sue?

This is not a question of criminal law but of civil law. In general, the law gives anyone who is injured the right to collect damages because of their injury. The field of law dealing with such lawsuits is called "tort" law.

For some, it seems like a terrible breach of the parent/child relationship for a child to even have the right to bring a lawsuit against a parent. Yet, the law does allow for limited suits by children against their parents. For example, the right of a minor child to sue one or both parents for support or education has been recognized.

A society such as ours, in which the court system is already clogged, might be reluc-

tant to allow lawsuits based on some type of generic theory of "hurt." Nonetheless, if a parent physically abuses or injures a child society should expect that parent not only to cease such actions but also to bear the financial responsibility for such actions as well.

Whether a child should have the right to sue a parent for "pain and suffering" is a more difficult issue. On the one hand, if a child were injured by a gun fired carelessly by a third person, the law would allow that child (through his or her parents) to sue for all medical damages, as well as "pain and suffering" and the potential loss of future earnings. If a third person can be sued for such infractions, some would argue, parents can be sued as well.

On the other hand, parents have a legal as well as a moral obligation to care for their children. To allow a child a separate cause of action to sue his or her parents whenever he or she believes they have been "hurt" (emotionally as opposed to physically) threatens the family unit as an entity.

There is no easy answer to this question.

INTERVENTION

Prevention of alcohol and other drug use by young people may be accomplished by providing them with pertinent information, a home and a community that supports healthy development. However, when prevention fails, the next step is intervention.

It takes a whole village to raise a child.

African Proverb

Every adult can be part of a community safety network for young people, especially for those who are at risk or who are already in drug-related trouble. If you come in contact with youth in any setting—whether you are a parent, teacher, coach, social worker, law enforcement officer, probation officer, truant officer, school counselor, judge, youth leader, employer or co-worker, health-care provider, or member of the clergy — you have an opportunity to make a positive difference. The **LegalEASE** video and guide are intended to give you the information, strategies, and resources you need to provide a helping hand.

What Does It Mean to Intervene?

When it involves helping a young person who is at high-risk of becoming involved or is already involved in harmful or destructive behaviors, anything that a concerned adult does to interrupt, forestall, or modify that behavior and provide assistance is considered intervention. Before we go on to explain how you can identify a need to intervene and the ways in which you can provide a helping hand, we will review two types of intervention from the perspectives of the public health and judicial systems.

The Public Health System's Continuum of Care

Regarding the use and abuse of alcohol and other drugs, the Public Health System's Continuum of Care provides interrelated services for prevention, intervention and treatment.

To understand the relationship between prevention, intervention, and treatment, imagine a series of safety nets. Each is designed to protect people from the adverse consequences of alcohol, tobacco, or other drug problems, depending on how far the problems have developed. This progressive array of nets represents prevention, intervention, and treatment.

The first net represents prevention. The dictionary defines prevention as decisive counteraction to stop something from happening. We also know that prevention provides individuals with information and resources to raise their awareness of both risky and healthy behaviors, and helps shape environments to promote health and protect people from harm.

Intervention is the next safety net. For youth, intervention targets those who have already begun to use alcohol, tobacco or other drugs, with the goal of preventing further use. Intervention may also be directed at youth who have not yet begun to use, but who are at greater risk for use because of environmental or other factors. (Do not speak of high-risk youth as those who will use drugs but as youth who are at-risk because of environmental or other factors).

The third and final net is treatment for those who are experiencing alcohol, tobacco, or other drug problems. The goal of treatment services is the prevention of further physical, social, and psychological damage through total abstinence.⁴⁴

A part of this system can be family intervention in which family members and close friends come together to review firmly, yet lovingly, their concern for the individual and the ways in which drinking has affected each of them. Usually this is done when the person is exhibiting symptoms of alcoholism, but it can be carried out when a young person or adult is experiencing trouble related to alcohol use. For instance, a teenage boy who begins drinking after a break-up with a girlfriend and whose grades are dropping, may be the focus of such an intervention. Even if the problem seems minor, the family should seek the counsel and assistance of a trained intervention specialist or a treatment professional.

Intervention in the Juvenile Justice System

The American Bar Association Advisory Commission (1986) recommended the training of judges, court officers, lawyers, and related justice system personnel in alcohol and other drug problems, because of the significant incidence of alcohol and drug problems noted in both juvenile and family court proceedings. This recommendation has been taken seriously by many courts, with steps having been taken to identify and provide appropriate referrals for young people who are at-risk or have found themselves in trouble.⁴⁵

An intervention in the juvenile justice system occurs during the period between arrest and a formal court hearing (before a judge or juvenile court referee). It provides

an opportunity for action to prevent a young person with an alcohol or other drug abuse problem to avoid further trouble—the goal of intervention in the juvenile justice system. At the juvenile court intake stage, several options can be exercised: filing a formal petition, dismissal, diversion to a social service agency, or delay pending outcomes of an informal hearing. During this process, all those involved, such as police, prosecutors, court intake units, youth service bureaus, and social service agencies, are consulted. Sometimes intervention is mandated as a part of a sentence imposed by the court. A person convicted of driving under the influence of alcohol, for instance, may be required by the court to enter a substance abuse treatment program or attend AA meetings.⁴⁶

Other Options for Intervention

Through programs offered by schools or social service agencies, teenagers may become aware of a problem they are having with alcohol or other drugs and ask for help.

Many schools have peer helper programs, such as Natural Helpers, and/or Student Assistance Programs. Natural Helpers and other peer helper programs train students to assist their fellow students by listening, providing information on resources, referrals, and sometimes facilitating discussion groups with their peers or younger students. Peers are often the first to identify young people who are in need of help.

Modeled on employee assistance programs, Student Assistance Programs focus on behavior and performance at school, using a process to screen students for alcohol, tobacco, and other drug problems. The purpose of student assistance programs is to provide school staff (Student Assistance

Teams) with a mechanism for helping youth with a range of problems that may contribute to alcohol, tobacco, and other drug use. Teachers and other school staff receive training on how to identify individuals who are experiencing problems. However, rather than intervening personally, students are referred to community health agencies for assessment and treatment services.

In addition to help that is available at school from a substance abuse counselor, peer helpers, or student assistance teams, young people can access services within their communities or in a nearby town or city. Programs and services may be offered by an Alcohol and Drug Abuse Council, a treatment facility, social service agency, or self-help groups, such as Alcoholics Anonymous (AA), Al-Anon/Alateen, and Children of Alcoholics (COA).

Two types of referral and assessment services are telephone "hotlines" and "drop-in centers." "Hotlines," also known as "crisis lines," may be national, state, or local numbers that provide a wide range of services, from information and referrals to advising or counseling the caller. Many people with a problem refer themselves to these numbers because callers are not required to give their names.

"Drop-in Centers" are often readily accessible to youth. Sometimes these centers are located in an area that is frequented by young people. Some provide recreational facilities that are open after school, on weekends and during the summer.

For young people who have found themselves in trouble with the law, there may be referral services through the courts. Two early intervention programs for juveniles who have been cited or arrested for minor misdemeanors, traffic violations, or serious violations of school policy are Teen Court

and Peer Jury. Young people, who have admitted guilt and with the permission of a parent or guardian, can be referred by a court official to appear before a panel of other young people who have been educated on court procedures and appropriate sanctions.

Identifying the Need for Intervention

Regardless of who identifies a young person at-risk or in trouble, the obvious rule of thumb is "the earlier its done, the better the outcome can be." Success can depend on knowing about appropriate courses of action or strategies for securing help. Teachers, parents, and other adults who come in contact with young people should be informed regarding signs or symptoms of trouble with alcohol or other drugs. Except in cases in which a problem is identified through drug testing or by the courts, most detection strategies are indirect, such as being sensitive to changes in behavior, mood, choices of friends, or school performance.

Obviously, there is no complete list of signs and symptoms that indicate without a doubt that a young person is involved in substance abuse. We must be careful not to label youngsters too quickly; however, to ignore the signs that have been identified is to court trouble.⁴⁷

There are certain people in an individual's life who are likely to notice if they start exhibiting problems related to the use of alcohol or other drugs, and perhaps take action to help. However, in the real world things do not always work the way we think they should. Someone — and it may be you — may be in a position to recognize that a young person has a problem and take the initial steps to help.

I've Made the Decision to Intervene, So What Can I Do?

Do what you can, with what you have, where you are.

- *Teddy Roosevelt*

First and foremost, it's important to know that, although you need some basic information, you do not have to be an expert to lend a helping hand. If you come in contact with a young person in need of assistance, a little knowledge can be a big help. You are not going to solve the problem, but you can jump-start the process.

Tips for Teens:

- **Get the facts.** If the abuser is a family member or loved one, there are people to whom you can turn to get help for yourself.
- **Talk to a counselor** or another adult you trust.
- **Learn how not to enable.** Don't say or do things that enable the person to ignore the consequences of his or her drug use.

While some recommend listening to an abuser express his or her feelings and urging them to get help, others believe that the most important thing a young person can do to help a friend in trouble is to alert an adult concerning his or her suspicions that the friend is doing drugs.

Since drug use can be deadly at any time, it is best to get help immediately. Get the facts, share them and set a good example. If a young person is using drugs, he or she often needs more help than a peer can give.

Things adults can do:

be a positive role model for young people
identify services and resources
educate yourself about the signs/symptoms of alcohol use and abuse
express your concern to the young person
be sensitive to the young person in regard to the situation and to his or her culture
notify the child's parents of your concerns
take advantage of teachable moments to educate a young person about drug abuse
consult with and/or refer the youth to an appropriate person or agency
work with others in your community to provide wholesome recreational activities for youth

If a young person confides in you, listen, answer questions when you can, and provide support and referral. Be aware, however, that you may be required by law to report a problem, like child abuse, to a law enforcement or social service agency. You should not enable the behavior of the young person to continue — this means, don't try to take over the problem and fix it and don't overlook the behavior. **Don't** use put-downs, be preachy or judgmental, or gossip about the young person.

It is important to go through your local telephone directory and list local resources, hotlines, places and people who can be of assistance should the need arise. Call or write the organizations and agencies listed in this guide. Contact social service and volunteer agencies that provide support such as baby-sitting, transportation and family assistance. For example, if a mother and her children want to leave an abusive home, there may be a shelter for battered women to which they can flee. Sit with a few of your friends, co-workers and/or family members to brainstorm the possible resources available in your community. Call some of the numbers and ask for other referral possibilities.

Conclusion

Drug abuse is everybody's problem. There are no boundaries that protect us from the effects — not money, culture or race, geography, education, or our position in life. Prevention efforts are vital. Those young people who have already gotten involved in drugs **can** be helped to turn their lives around. Improving family and community environments **can** make a positive difference. High quality health care, access to adequate social services, better employment for parents, adequate housing, good schools, recreational activities (including involvement in sports and the arts), and low crime in neighborhoods can make a positive difference in children's lives.

"Each one teach one" is a popular phrase that points to the importance of one-on-one communication and support.

Fifty years from now it will not matter what kind of car you drove, what kind of house you lived in, how much you had in your bank account, or what your clothes looked like. But the world may be a little better because you were important in the life of a child.

Anonymous

This segment of **LegalEASE** was intended to help educate young people about the seriousness of drug abuse. Communities and schools usually have in place a safety net for all young people, but sometimes a child or adolescent falls through the net or misses it entirely. We hope that this program has provided you with the means to help a youngster before he or she hits bottom.

To obtain more information about drugs and problems related to their use, there are many resources available to which you can turn. Several national agencies are listed in the Resources Section of this guide, but there are also many state and local agencies and groups to which you can turn for assistance. These groups are listed in your telephone directory, but you also can call your local school board office, hospitals, or treatment centers for referrals.

INFORMATION, REFERRAL AND ASSESSMENT RESOURCES AND SERVICES

Center for Substance Abuse Treatment
Information and Treatment Referral Hotline
11426-28 Rockville Pike Suite 410 Rockville,
MD 20852 800-662-HELP

National Council on Alcoholism
and Drug Dependence 12
West 21st Street New York,
NY 10010 212-206-6770 800-
622-2255

National Clearinghouse for Alcohol
and Drug Information (NCADI) P.O.
Box 2345 Rockville, MD 20847-2345
301-468-2600 800-729-6686

Drugs and Crime Data Center
and Clearinghouse 1600
Research Boulevard Rockville,
MD 20850 800-666-3332

Parents' Resource Institute for
Drug Education (PRIDE) 100
Edgewood Avenue, Suite 1002
Atlanta, GA 30303 800-241-7946

National Federation of Parents for
Drug-Free Youth 1423
North Jefferson
Springfield, MO 65802
417-836-3709

Students Against Driving Drunk
P.O. Box 800 Marlboro, MA 01752
617-481-3568

ENDNOTES

1. Estimated costs of substance abuse in 1990: The abuse of illicit drugs at \$67billion; alcohol abuse — \$99 billion; and smoking — \$72 billion. Source: Substance Abuse: The Nation's Number One Health Problem, *Institute for Health Policy, Brandeis University, October 1993*, p. 16.
2. 1992 crash data provided by the National Highway Traffic Safety Administration.
3. "Prevention Works!" Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p.5.
4. *Substance Abuse: The Nation's Number One Health Problem*, Institute for Health Policy, Brandeis University, October 1993, p. 16.
5. Sources: (1) National Institute on Alcohol and Alcoholism, 1994; (2) Booklet: "OSAP Mobilizes to Combat A National Crisis," Office (now Center) for Substance Abuse Prevention, Spring 1991, p.1.
6. Results of the 1994 National Household Survey on Drug Abuse, U.S. Department of Health and Human Services, Health and Human Services News Release, September 12,1995.
7. "Prevention Works!" Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p.5.
8. Brick, John, Ph.D., *Drugs and the Brain: An Introduction to Neuropharmacology*, Center on Alcohol Studies Pamphlet Series, Rutgers University, 1987, p. 1. There are other classifications of drugs. Richard L. Towers offers a classification system of illegal drugs: narcotics, depressants, stimulants, hallucinogens, and cannabis. How Schools Can Help Combat Student Drug and Alcohol Abuse, Washington, DC: National Education Association, 1987, pp. 20-21.
9. Pamphlet "Tips for Teens About Marijuana," U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration.
10. National Drug Survey Report, U.S. Department of Health and Human Services, 1995.
11. Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms. Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p. 78.
12. Results of the 1994 National Household Survey on Drug Abuse, U.S. Department of Health and Human Services, Health and Human Services News Release, September 12,1995.
13. Schwartz, Richard H., "Frequent Marijuana Use in Adolescence: What Are the Signs, Stages?" NASSP Bulletin, vol. 69, no. 485, December 1985, pp.103-108.
14. Results of the 1994 National Household Survey on Drug Abuse, U.S. Department of Health and Human Services, Health and Human Services News Release, September 12,1995.
15. Pamphlet, "Tips for Teens About Marijuana," U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration.
16. Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms. Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p. 78.

17. Myrick, Robert D. and Sorenson, Don L., Teaching Helping Skills, Minneapolis, MN: Educational Media Corporation, 1992, p.92.
18. Myrick, Robert D. and Sorenson, Don L., Teaching Helping Skills, Minneapolis, MN: Educational Media Corporation, 1992, p.92.
19. Myrick, Robert D. and Sorenson, Don L., Teaching Helping Skills, Minneapolis, MN: Educational Media Corporation, 1992, p.95.
20. Caffeine, amphetamines and nicotine are also types of stimulants.
21. Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms, Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, pp. 24-25.
22. Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms, Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, pp. 24-25.
23. Pamphlet "Tips for Teens About Crack and Cocaine," U.S. Department of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration. 24 (a) Towers, Richard L. How Schools Can Help Combat Student Drug and Alcohol Abuse, Washington, DC: National Education Association, 1987, p.22. (b) REACH America Training Manual, St. Louis, Missouri: National Federation of Parents for Drug Free Youth, 1991, p. 55.
- 25.
26. REACH America Training Manual, St. Louis, Missouri: National Federation of Parents for Drug Free Youth, 1991, p. 55.
27. REACH America Training Manual, St. Louis, Missouri: National Federation of Parents for Drug Free Youth, 1991, p. 55.
28. Pamphlet "'Adam' & 'Eve' & 'Ecstasy,'" Do It Now Foundation, Phoenix, AZ, 1988.
29. About Teens and Drugs (booklet). South Deerfield, MA: Charming Bete Co., Inc., p.11
30. REACH America Training Manual. St. Louis, Missouri: National Federation of Parents for Drug Free Youth, 1991, pp. 13-14. REACH is an acronym for Responsible Educated Adolescents Can Help America (stop drugs).
31. Towers, Richard L. How Schools Can Help Combat Student Drug and Alcohol Abuse, Washington, D.C.: National Education Association, p. 39-46.
- 32 (a). Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms, Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p. 20.
33. Ashby, J.S., "Impact of Contextual Variables on Adolescent Situational Expectation of Substance Use." Journal of Drug Education, 25,11-22, summary included in Prevention Abstracts, Southeast Regional Center for Drug-Free Schools and Communities, Winter 1996.
34. Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms, Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p. 89.
35. While both drug abusing fathers and mothers can negatively affect their children's lives, segments in the video focus on the effects of drug use on mothers and their children.
36. "Update on Women and Substance Abuse," Drug Abuse Update. Winter 1995, p.11.
37. "Update on Women and Substance Abuse," Drug Abuse Update. Winter 1995, p.11.
38. Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms, Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p. 8.

39. Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms, Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p. 8.

40. Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms, Center for Substance Abuse Prevention, U.S. Department of Health and Human Services, 1993, p. 16.

41. Peter D. Hart Research Associates conducted the survey of a representative cross section of 1003 Americans age 18 and over to explore attitudes toward drug abuse and drug policy in the United States. Results of the survey were reported in the Drug Strategies Fact Sheet and Survey 1995 by JOIN TOGETHER, a national organization based in Boston.

42. Source: Substance Abuse: The Nation's Number One Health Problem, Institute for Health Policy, Brandeis University, 1993, pp. 42-43.

43. Substance Abuse: The Nation's Number One Health Problem. Waltham, MA: Institute for Health Policy, Brandeis University, October 1993, pp. 15-16.

44. Source: Prevention Primer: An Encyclopedia of Alcohol, Tobacco and Other Drug Prevention Terms, U.S. Center for Substance Abuse Prevention, 1993.

45. Source: American Bar Association Policy Recommendations on Youth and Alcohol Problems, a publication of the American Bar Association, 1986.

46. Source: Community Systemwide Response Manual, 4H, grant from OJJDP, with funding support from NHTSA, 1994.

47. Source: Community Systemwide Response Manual, 4H, grant from OJJDP with funding support from NHTSA, 1994.