

# Harding University High School Lesson Plan

Teacher: **Prior**

Subject: **Health**

ATOD: **Day 2**

***ESSENTIAL STANDARD/OBJECTIVE:***

9.ATOD.1.2 Analyze the role of family, community, and cultural norms in deciding to use alcohol, tobacco, and other drugs.

9.ATOD1.5 Predict the effects of substance abuse on other people as well as society as a whole

**BENCHMARK:**

9ATOD.1.2 Investigate 2 members of a substance abuse support group to predict the role of family and community in alcohol, tobacco, and other drug use.

9ATOD 1.5 Assess one way substance abuse effects each of the following: family, community and employment in a given scenario.

***WARM UP:***

Create class billboard using “The State of North Carolina” report. Using bulletin board paper sketch out the state of North Carolina and post it to the wall. Have students read the report and pull out facts that are interesting to them. Provide students with post-it notes for them to write down their interesting facts. Students will then go place their fact on the map of North Carolina. Have a class discussion using the facts that students posted.

***ESSENTIAL QUESTIONS:***

How does drug abuse affect families, communities, and employers?

What roles do families, communities, and employers have in preventing and/or helping drug abusers?

***21<sup>ST</sup> CENTURY SKILL(S):***

Children must also take an active role in accessing and appropriately using information which affects their health.

***GLOBAL CONNECTIONS:***

SQ3R United Nations Global Drug Conference

***REAL-WORLD CONNECTIONS:***

Analyzing how the roles of family, community, and cultural norms affect drug use.

***MATERIALS NEEDED:***

Relevant articles for review, student scenarios, character cards

***TECHNOLOGY:***

PowerPoint, video clips

***LITERACY***

***INCORPORATED:***

Article review, reflective writing

***Introduction of New Material:***

Drug abuse is a serious public health problem that affects almost every community and family in some way. Each year drug abuse results in around 40 million serious illnesses or injuries among people in the United States. Abused drugs include

- [Amphetamines](#)
- [Anabolic steroids](#)
- [Club drugs](#)
- [Cocaine](#)
- [Heroin](#)
- [Inhalants](#)
- [Marijuana](#)
- [Prescription drugs](#)

Drug abuse also plays a role in many major social problems, such as drugged driving, violence, stress and child abuse. Drug abuse can lead to homelessness, crime and missed work or problems with keeping a job. It harms [unborn babies](#) and destroys families. There are different types of treatment for drug abuse. But the best is to prevent drug abuse in the first place.

NIH: National Institute on Drug Abuse

**Modeling:**

- Power point
- Video

**Guided Practice:**

Teaching Steps:

- Warm up
- Vocabulary: abuse, addiction, dependent, drug, cultural norms, sobriety
- Power point presentation (guided notes)
- Article review (Understanding Drug Abuse)
  1. Divide class into groups as follows- family, community, employer, drug abuser
  2. Each group will review various articles and information about their group and their role on drug use (the drug abuser group will research cultural norms)
  3. Groups- family, community, & employer will complete worksheet detailing the types of support they provide, how the drug user affects their role, and define what their role is to the drug user
  4. After researching cultural norms, the drug abuser group will be given various scenarios. They will act out their scenario with each group in order to attempt to complete the task on their scenario card.

**Independent Practice:**

1. Warm up
2. Group research
3. Scenario (Role Play)

**How will student learning be assessed?**

Assessment Criteria:

**Student work demonstrates accurate information about:**

The effects of drug abuse on families, communities, and employers as well as defined roles for each group.

**Student work demonstrates proficiency by showing the ability to:**

Organize information into categories, read an article and pull facts from the article to help make decisions, and discuss and rationalize information learned through reading article and collaborating with peers

**Differentiation:**

This lesson touches on a variety of learning styles with the use of power point presentations, individual work, group work, guided notes and class discussions.

**Summary/Closure/Homework:**

1. In today's lesson we explored the roles of the family, community, and employers have and how it applies to drug abusers.
2. We also explored how a drug abuser effects the family, community, and employers.
3. Students will write a reflection essay based on one of the scenarios from class. The essay will be from the perspective of family, community, or employer and will answer the following questions: How does drug abuse effect your role? What cultural norms today enable drug abusers? What responsibility does your role have in preventing and/or helping drug abusers? Explain your answer.

**Reflection:**

**Results of Reflection:**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_ Block: \_\_\_\_\_

### Guided Notes ATOD Lesson 2

**Directions:** Using the information from the power point, complete the guided notes for Lesson 2.

1. \_\_\_\_\_ - is the improper usage or treatment for a bad purpose, often to unfairly or improperly gain benefit.
2. \_\_\_\_\_ and/or \_\_\_\_\_ on psychoactive substances (for example \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, caffeine and other drugs) which cross the \_\_\_\_\_ once ingested, temporarily altering the chemical milieu of the brain.
3. \_\_\_\_\_ - a need for a substance so strong that it becomes necessary to have this substance to function properly.
4. \_\_\_\_\_ - any substance that, when absorbed into the body of a living organism, alters normal bodily function.
5. \_\_\_\_\_ - the explicit or implicit rules specifying what behaviors are acceptable within a \_\_\_\_\_ or \_\_\_\_\_.
6. \_\_\_\_\_ - the condition of not having any measurable levels, or effects from, alcohol or other drugs that alter ones mood or behaviors.

7. List 5 commonly abused drugs:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

8. \_\_\_\_\_ also plays a role in many major \_\_\_\_\_, such as drugged driving, \_\_\_\_\_, \_\_\_\_\_ and child abuse.

9. Drug abuse can lead to \_\_\_\_\_, \_\_\_\_\_ and missed work or problems with \_\_\_\_\_ a job. It harms \_\_\_\_\_ and \_\_\_\_\_ families.

10. There are different types of \_\_\_\_\_ for drug abuse. But the \_\_\_\_\_ is to \_\_\_\_\_ drug abuse in the first place.

11. List 4 possible warning signs of drug abuse:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

12. During the past month (30 days), \_\_\_\_\_% of underage persons (ages 12-20) used alcohol, and binge drinking among the same age group was \_\_\_\_\_%. [SAMHSA](#)

13. \_\_\_\_\_ use remains extremely \_\_\_\_\_ among today's teenagers. Nearly three quarters of students (\_\_\_\_\_% ) have consumed alcohol (more than just a few sips) by the end of high school, and more than a third (\_\_\_\_\_% ) have done so by eighth grade. [NIDA](#)

14. Among race demographics, \_\_\_\_\_ had the highest percentage of underage (ages 12-20) past-month alcohol use (30.4%). \_\_\_\_\_ had the lowest rate at 16.1%. [SAMHSA](#)
15. In 2008, an estimated \_\_\_\_\_ million Americans ages \_\_\_\_\_ or older (8.0%) were current (past-month) \_\_\_\_\_ drug users. [SAMHSA](#)
16. The highest levels of past-year \_\_\_\_\_ in 2008 for specific drugs were for \_\_\_\_\_ (4.2 million), pain relievers (\_\_\_\_\_ million), and \_\_\_\_\_ (1.4 million). [SAMHSA](#)
17. The current \_\_\_\_\_ use rate among youth (ages 12-17) is \_\_\_\_\_%. [SAMHSA](#)
18. The current \_\_\_\_\_ use rate among youth (ages 12-17) is 1.0%. [SAMHSA](#)

19. How does drug abuse affect families, communities, and employers?

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20. What roles do families, communities, and employers have in preventing and/or helping drug abusers?

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# Alcohol, Tobacco, & Other Drugs

## Lesson 2

Amy Prior-Harding University High School

<http://youtu.be/mLp2CY9A5r8>

Amy Prior-Harding University High School

# Warm Up

## Essential Standard/Objective-

- o **9.ATOD.1.2** Analyze the role of family, community, and cultural norms in deciding to use alcohol, tobacco, and other drugs.
- o **9.ATOD.1.5** Predict the effects of substance abuse on other people as well as society as a whole.

## Benchmark-

- o **9.ATOD1.2** Investigate 2 members of a substance abuse support group to predict the role of family and community in alcohol, tobacco, and other drug use.
- o **9ATOD1.5** Assess one way substance abuse effects each of the following: family, community, and employment in a given scenario.

# Warm Up Continued

## Essential Questions-

- o How does drug abuse affect families, communities, and employers?
- o What roles to families, communities, and employers have in preventing and/or helping drug abusers?

## Assignment-

- o Using the document “**The State of North Carolina Report**,” review the information and underline in facts you think are relevant or important.
- o Using your three post it notes, write three different facts you underlined on the post it note. (one fact per note)
- o Place your notes on the North Carolina map

# Key Terms

o Abuse- is the improper usage or treatment for a bad purpose, often to unfairly or improperly gain benefit.

o Addiction- physical and/or psychological dependence on psychoactive substances (for example alcohol, tobacco, heroin, caffeine and other drugs) which cross the blood-brain barrier once ingested, temporarily altering the chemical milieu of the brain. *Addiction can also be viewed as a continued involvement with a substance or activity despite the negative consequences associated with it.*

# Key Terms Continued

- o Dependent- a need for a substance so strong that it becomes necessary to have this substance to function properly
- o Drug- any substance that, when absorbed into the body of a living organism, alters normal bodily function.
- o Cultural Norms- the explicit or implicit rules specifying what behaviors are acceptable within a society or group.
- o Sobriety- the condition of not having any measurable levels, or effects from, alcohol or other drugs that alter ones mood or behaviors.

# Substance Abusers

- o Drug abuse is a serious public health problem that affects almost every community and family in some way.
- o Each year drug abuse results in around 40 million serious illnesses or injuries among people in the United States.



# What they use & How they affect

o Abused drugs include

o Alcohol

o Amphetamines

o Anabolic steroids

o Club drugs

o Cocaine

o Heroin

o Inhalants

o Marijuana

o Prescription drugs

o Drug abuse also plays a role in many major social problems, such as drugged driving, violence, stress and child abuse.

o Drug abuse can lead to homelessness, crime and missed work or problems with keeping a job. It harms unborn babies and destroys families.

o There are different types of treatment for drug abuse. But the best is to prevent drug abuse in the first place.

## Who Are Substance Abusers?

Characteristics of substance abuse can be very vague or blatantly obvious. Not every person who uses a drug or substance will become addicted to it. It depends on the person. Knowing that person, watching his habits and observing the changes in the behavior (no matter how slight) may be the key in getting him the help he needs if he does become addicted.

Amy Prior-Harding University High School

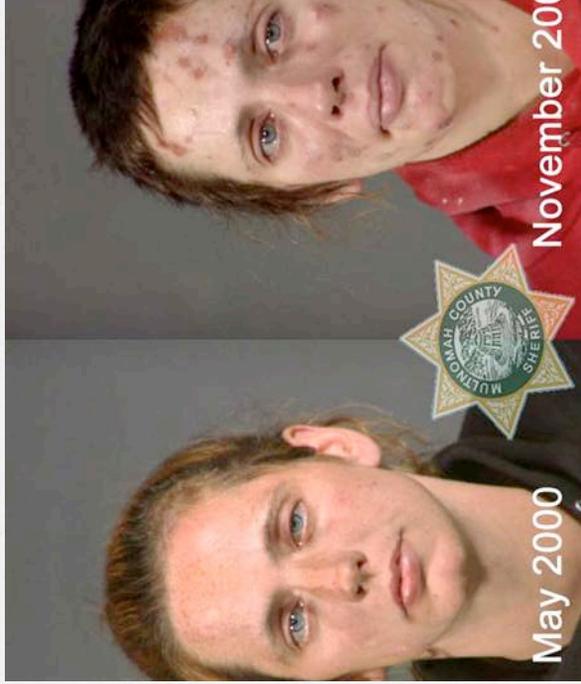
## Warning Signs Include:

- o Problems at Work or School
- o Physical Health Issues
- o Changes in Appearance
- o Changes in Attitude and Behavior
- o Unable to Keep or Account for Money
- o Lying and Stealing

# Physical Effects of Substance Abuse...

Before 05.2000

After 11.2000



Before 2003

After 2007



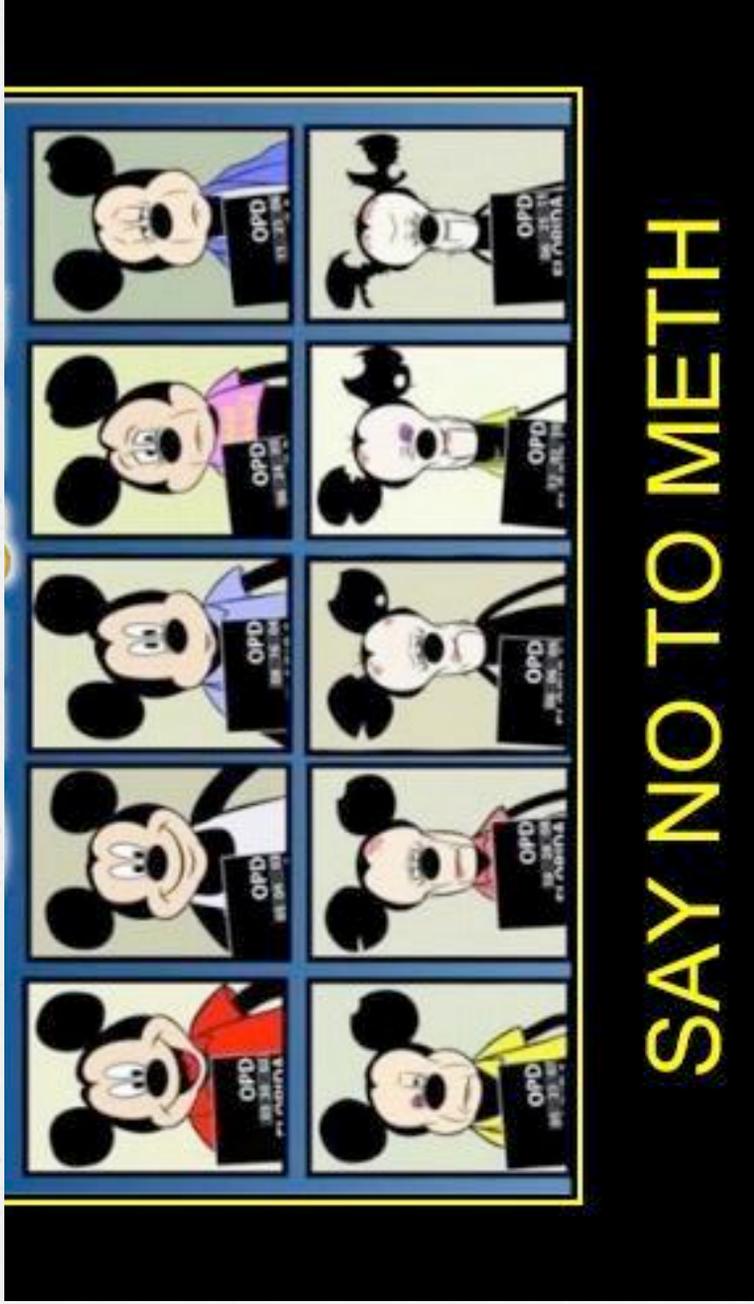
# More Physical Effects of Substance Abuse...



20 Years Total

Amy Prior-Harding University High School

# Even Mickey Mouse!



# Statistics Among Teens

During the past month (30 days), 26.4% of underage persons (ages 12-20) used alcohol, and binge drinking among the same age group was 17.4%.

SAMHSA

Alcohol use remains extremely widespread among today's teenagers. Nearly three quarters of students (72%) have consumed alcohol (more than just a few sips) by the end of high school, and more than a third (37%) have done so by eighth grade.

NIDA

Among race demographics, whites had the highest percentage of underage (ages 12-20) past-month alcohol use (30.4%). Asians had the lowest rate at 16.1%.

SAMHSA

# More Statistics...

- o In 2008, an estimated 20.1 million Americans ages 12 or older (8.0%) were current (past-month) illicit drug users. [SAMHSA](#)
- o The highest levels of past-year dependence or abuse in 2008 for specific drugs were for marijuana (4.2 million), pain relievers (1.7 million), and cocaine (1.4 million). [SAMHSA](#)
- o The current marijuana use rate among youth (ages 12-17) is 6.7%. [SAMHSA](#)
- o The current hallucinogen use rate among youth (ages 12-17) is 1.0%. [SAMHSA](#)

# Help Is On The Way...

- o The class will be split into 4 groups:
  - o Substance Abuser Group
  - o Family Group
  - o Employer Group
  - o Community Group
- o Each group will go through their research materials gathering information about how their role in the life of a substance abuser.

# Assignment

- o The substance abuser group will research cultural norms that lead to substance abuse
- o The family, employer, and community groups will develop plans for prevention, intervention, and support from their groups perspective
- o The substance abuser group will be given scenario cards and will role play their scenario for each support group. The support group will enact their plan to help prevent and/or attempt intervention on behalf of the substance abuser.

# Ticket Out The Door/ Homework

o Write a reflection essay based on one of the scenarios from class. The essay will be from the perspective of family, community, or employer and will answer the following questions: How does drug abuse effect your role? What cultural norms today enable drug abusers? What responsibility does your role have in preventing and/or helping drug abusers? Explain your answer.

# Understanding Drug Abuse and Addiction

Many people do not understand why or how other people become addicted to drugs. It can be wrongfully assumed that drug abusers lack moral principles or willpower and that they could stop using drugs simply by choosing to change their behavior. In reality, drug addiction is a complex disease, and quitting takes more than good intentions. In fact, because drugs change the brain in ways that foster compulsive drug abuse, quitting is difficult, even for those who are ready to do so. Through scientific advances, we know more about how drugs work in the brain than ever, and we also know that drug addiction can be successfully treated to help people stop abusing drugs and lead productive lives.

Drug abuse and addiction have negative consequences for individuals and for society. Estimates of the total overall costs of substance abuse in the United States, including productivity and health- and crime-related costs, exceed \$600 billion annually. This includes approximately \$181 billion for illicit drugs,<sup>1</sup> \$193 billion for tobacco,<sup>2</sup> and \$235 billion for alcohol.<sup>3</sup> As staggering as these numbers are, they do not fully describe the breadth of destructive public health and safety implications of

drug abuse and addiction, such as family disintegration, loss of employment, failure in school, domestic violence, and child abuse.

## What Is Drug Addiction?

Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge a person's self control and ability to resist intense impulses urging them to take drugs.

Fortunately, treatments are available to help people counter addiction's powerful disruptive effects. Research shows that combining addiction treatment medications with behavioral therapy is the best way to ensure success for most patients. Treatment approaches that are tailored to each patient's drug abuse patterns and any co-occurring medical, psychiatric, and social problems can lead to sustained recovery and a life without drug abuse.

Similar to other chronic, relapsing diseases, such as diabetes, asthma, or heart disease, drug addiction can be managed successfully. And as with other chronic diseases, it is not

uncommon for a person to relapse and begin abusing drugs again. Relapse, however, does not signal treatment failure—rather, it indicates that treatment should be reinstated, adjusted, or that an alternative treatment is needed to help the individual regain control and recover.

## What Happens to Your Brain When You Take Drugs?

Drugs contain chemicals that tap into the brain's communication system and disrupt the way nerve cells normally send, receive, and process information. There are at least two ways that drugs cause this disruption: (1) by imitating the brain's natural chemical messengers and (2) by overstimulating the "reward circuit" of the brain.

Some drugs (e.g., marijuana and heroin) have a similar structure to chemical messengers called neurotransmitters, which are naturally produced by the brain. This similarity allows the drugs to "fool" the brain's receptors and activate nerve cells to send abnormal messages.

Other drugs, such as cocaine or methamphetamine, can cause the nerve cells to release abnormally large amounts of natural neurotransmitters (mainly dopamine) or to prevent the normal recycling of these brain chemicals, which is needed to shut off the signaling between neurons. The result is a brain awash in dopamine, a neurotransmitter

present in brain regions that control movement, emotion, motivation, and feelings of pleasure. The overstimulation of this reward system, which normally responds to natural behaviors linked to survival (eating, spending time with loved ones, etc.), produces euphoric effects in response to psychoactive drugs. This reaction sets in motion a reinforcing pattern that "teaches" people to repeat the rewarding behavior of abusing drugs.

As a person continues to abuse drugs, the brain adapts to the overwhelming surges in dopamine by producing less dopamine or by reducing the number of dopamine receptors in the reward circuit. The result is a lessening of dopamine's impact on the reward circuit, which reduces the abuser's ability to enjoy the drugs, as well as the events in life that previously brought pleasure. This decrease compels the addicted person to keep abusing drugs in an attempt to bring the dopamine function back to normal, except now larger amounts of the drug are required to achieve the same dopamine high—an effect known as *tolerance*.

Long-term abuse causes changes in other brain chemical systems and circuits as well. Glutamate is a neurotransmitter that influences the reward circuit and the ability to learn. When the optimal concentration of glutamate is altered by drug abuse, the brain attempts to compensate, which can

impair cognitive function. Brain imaging studies of drug-addicted individuals show changes in areas of the brain that are critical to judgment, decisionmaking, learning and memory, and behavior control. Together, these changes can drive an abuser to seek out and take drugs compulsively despite adverse, even devastating consequences—that is the nature of addiction.

## Why Do Some People Become Addicted While Others Do Not?

No single factor can predict whether a person will become addicted to drugs. Risk for addiction is influenced by a combination of factors that include individual biology, social environment, and age or stage of development. The more risk factors an individual has, the greater the chance that taking drugs can lead to addiction. For example:

- **Biology.** The genes that people are born with—in combination with environmental influences—account for about half of their addiction vulnerability. Additionally, gender, ethnicity, and the presence of other mental disorders may influence risk for drug abuse and addiction.
- **Environment.** A person's environment includes many different influences, from family and friends to socioeconomic status and quality of life in general. Factors such

as peer pressure, physical and sexual abuse, stress, and quality of parenting can greatly influence the occurrence of drug abuse and the escalation to addiction in a person's life.

- **Development.** Genetic and environmental factors interact with critical developmental stages in a person's life to affect addiction vulnerability. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress to more serious abuse, which poses a special challenge to adolescents. Because their brains are still developing in the areas that govern decisionmaking, judgment, and self-control, adolescents may be especially prone to risk-taking behaviors, including trying drugs of abuse.

## Prevention Is the Key

Drug addiction is a preventable disease. Results from NIDA-funded research have shown that prevention programs involving families, schools, communities, and the media are effective in reducing drug abuse. Although many events and cultural factors affect drug abuse trends, when youths perceive drug abuse as harmful, they reduce their drug taking. Thus, education and outreach are key in helping youth and the general public understand the risks of drug abuse. Teachers, parents, medical and

public health professionals must keep sending the message that drug addiction can be prevented if one never abuses drugs.

## Other Information Sources

For information on understanding drug abuse and addiction, please see our booklet, *Drugs, Brains, and Behavior—The Science of Addiction*, at [www.nida.nih.gov/scienceofaddiction](http://www.nida.nih.gov/scienceofaddiction).

For more information on prevention, please visit [www.nida.nih.gov/drugpages/prevention.html](http://www.nida.nih.gov/drugpages/prevention.html).

For more information on treatment, please visit [www.nida.nih.gov/drugpages/treatment.html](http://www.nida.nih.gov/drugpages/treatment.html). To find a publicly funded treatment center in your State, please call 1-800-662-HELP or visit [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov).

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## References

<sup>1</sup> Office of National Drug Control Policy. *The Economic Costs of Drug Abuse in the United States, 1992–2002*. Washington, DC: Executive Office of the President (Publication No. 207303), 2004.

<sup>2</sup> Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, U.S. Department of Health and Human Services. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Available at: [http://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/pdfs/2007/bestpractices\\_complete.pdf](http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/bestpractices_complete.pdf).

<sup>3</sup> Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon Y., Patra, J. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. *Lancet*, 373(9682):2223–2233, 2009.

## Risk Factors and Protective Factors that Influence Young People

There are many factors that influence young people's attitudes and actions with regard to alcohol, tobacco and drug use or other behaviors. There are negative factors and positive. A negative behavior would be a **RISK FACTOR** while a positive behavior or action would be a **PROTECTIVE FACTOR**.

A **risk factor** is anything associated with the increased likelihood of creating or increasing negative consequences. A **protective factor** is anything that reduces risks and negative behaviors by helping individuals not to become involved with things that lead to negative consequences and/or promotes positive alternatives.



Over the past few decades there has been tremendous research in the arena of alcohol and drug abuse prevention. We now know, for example, that the more risk factors present, the greater the likelihood of young people engaging in alcohol, tobacco or other drug use/abuse, or violence, or other negative behaviors.

### Risk and protective factors exist on several levels:

- At an **individual level**, life experiences play a more significant role in substance use than genetic traits. Important factors are the level of support and care from a parent or other adult at an early age, the quality of a child's school experience, and general personal and social competence, such as feeling in control; and feelings about the future. Adolescents who have spiritual beliefs and who do not believe that their friends use substances are less likely to use substances themselves.
- At the **peer level**, the selection of peers/friends with whom young people "hang out" with or are involved with and the activities they do together are crucial. Support from peers/friends as a young person makes good choices is important. For example; associating with a peer/friend who is often "In trouble" vs one who makes good decisions and is involved with positive activities makes a large difference.
- At the **family level**, factors include a history of alcohol/tobacco or other drug use/abuse (whether there is a history or not affects the young people in a family...negatively or positively); how well the family is run and communicates; how the family disciplines unacceptable behavior and what kind of family rules exist; what kind of coping skills the family uses and promotes; how "close" the parents child/children's relationship is; and the strength and availability of the extended family. Adolescents who have a positive relationship with their

parents and whose parents provide structure and boundaries are less likely to use alcohol, tobacco and/or other drugs. However, adolescents in families where there is conflict are more likely to use alcohol, tobacco and/or other drugs.

- At the **societal and community level**, factors include the overall standard of your community and attitudes toward alcohol/tobacco and/or other drug use. Social competency skills, communication, and resistance skills also play important roles. For example, if within a community it is easy for underage youth to buy alcohol more young people will do so...due both to availability and relaxed community standards or norms. If on the other hand, the community has made it very difficult to under aged youth to buy alcohol fewer will attempt to do so or will condone others in their attempts to do so.
  - At the **school level**, adolescents who have a positive relationship with teachers, attend school regularly and do well (or strive to do well) are less likely to use alcohol, tobacco, and/or other drugs.
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## **INDIVIDUAL/PEERS:**

### **Risk Factors**

- Association with friends/peers who model problem behaviors, e.g.; use drugs
- Attitudes favorable to alcohol, tobacco, and/or other drug use, knowledge about drugs
- Delinquency such as shoplifting and gang behaviors
- Early and ongoing problem behaviors;
- General sense of hopelessness about life
- Genetic predisposition, behavioral not controlled
- Low expectations of success
- Low self esteem
- Perceptions of peer approval of drug using behaviors
- Personality; lack of social bonding, alienation, rebelliousness, resistance to authority
- Physiological factors, sensation seeking, boredom, poor impulse control
- Poor social adjustment
- Poor coping skills

### **Protective Factors:**

- Affiliation with friends who model conventional/positive behavior and adoption of positive standards about alcohol, tobacco, and/or other drug use...positive peer support.
- Good coping skills, including; empathy/caring, problem solving, ability to self-control.
- Intolerance of attitudes toward poor, negative behavior
- Moral beliefs and values
- Optimism and positive orientation toward health
- Perception of risk of substance use
- Perception of strong anti drug attitudes and behavior among peers
- Belief that the community has a strong anti-drug standard and that the rules/laws support that standard

- Positive relations with adults
  - Spiritual beliefs and practices
  - Social competence skills, e.g.; social interaction skills and values
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## **FAMILY:**

### **Risk Factors:**

- Chaotic home environments
- Family conflict
- Low bonding, lack of mutual attachment and nurturing, and poor family relationships
- Parents and/or other family members use substances or have an attitude that favors alcohol, tobacco, and/or other drug use.
- Poor and inconsistent parenting skills, e.g., ineffective parenting and negative communication patterns
- Unrealistically high expectations

### **Protective Factors:**

- Educational opportunities and social support for parents
- Parental monitoring with clear rules of conduct and parental involvement in their children's lives
- Secure and stable family
- Strong bonds/attachments between children and their families
- Strong family norms and morality
- Supportive caring parents, family harmony



## **COMMUNITY:**

### **Risk Factors:**

- Availability of alcohol, tobacco, and/or other drugs

- Exposure to violence
- Extreme economic deprivation
- Lack of legislation and law enforcement
- Lenient laws and standards about drug and alcohol use
- Neighborhood disorganization
- Perceptions of approval of alcohol, tobacco, and/or other drug using behaviors in community environments

### **Protective Factors:**

- Access to support services
- Community/cultural norms against violence and substance use
- Community networking
- Healthy leisure activities...accessibility to leisure activities
- Strong bonds with pro social institutions such as faith organizations, civic organizations
- Strong cultural identity and ethnic pride



## **SCHOOL:**

### **Risk Factors:**

- Academic failure, poor school achievement
- Low degree of commitment to school
- Peer rejection in elementary grades
- Poor academic adjustment and commitment
- Unrealistically high expectations

### **Protective Factors:**

- Organizational changes in schools, e.g., tutoring, improved school and faculty and community relationship, changed discipline procedures
- Positive orientation toward school, sense of belonging, bonding
- Positive school climate
- Pro social peer group
- School standards and norms that discourage violence and alcohol, tobacco, and/or other drug use
- Successful school performance and recognition of achievement

## Student Role Play Scenarios

1. You went to one of the coolest parties in town over the weekend. While you were there, your friend encouraged you to try a “trail mix” of pills. You had no idea what you were taking. Your friend found you passed out in the bathroom. You were rushed to the hospital. How did your actions at the party affect your family, employer, and community?
2. During an announced drug search, the drug dog identified pills in the binding of one of the books in your locker. The principal turned you over to the police. What effects does this have on your family, employer, and community?
3. Since Dad lost his job in November the family has been struggling to make ends meet. You’ve decided that you want to do your part to help and eagerly announced that you have a job interview next week at Chick-fi-la. Because you are only 14, this is one of the few places you are able to work right now. One of your friends tells you that they do drug screenings and you smoked some marijuana last weekend. How do your actions affect your family, employer, and community?
4. Your best friend’s mother works at a restaurant down the street. Last week the manager of the restaurant was shot and killed by a new employee. The restaurant admits they did not do a background check and that they were aware the new employee had recently gotten out of jail for drug charges. Your best friend is scared for his mother’s safety. How do your friend’s fears affect your family, employer, and community?
5. One of your classmates always falls asleep during 1<sup>st</sup> block. The teacher often gets frustrated with the student and can sometimes have an attitude when talking to them. Last class you overheard the classmate say to a friend, “I don’t know how much longer I can deal with my Mom’s drinking.” How does Mom’s drinking affect her family, employer, and community?

# Adolescent Alcohol and Other Drug Abuse

Fact Sheet No. 10.216

Consumer Series | Family

by P.A. Langfield, M. MacIntyre, J.G. Turner, and R.J. Fetsch\*

Alcohol and other drug abuse is a growing problem not only in our nation but here in Colorado. Youth at risk for alcoholism and other substance abuse is documented in a recent study by Colorado State University Cooperative Extension (Fetsch, 1990; Fetsch and Yang, 1990).

Thirty-three social and economic well-being issues were rated by three different samples of Coloradans. The random sample of over 1,000 subjects rated substance abuse third only to rising health care costs and child abuse. They ranked alcoholism as the twelfth most critical issue in need of immediate attention.

According to the Colorado Alcohol and Drug Abuse Division of the Department of Health (1989), Colorado exceeds the national average in per capita consumption of beer, wine and liquor.

These statistics are not exclusive to adults. As many as 65 to 75 percent of substance abusers in Colorado are between the ages of 12 and 29. Furthermore, 33 percent of teenagers experience problems at home, school, work or in the community stemming from substance abuse. The fact that teenagers become addicted more quickly than adults contributes to these problems. (Office of Substance Abuse Prevention, 1989).

Perhaps more frightening than the sheer numbers of alcohol- and other drug-abusing youth in Colorado are the consequences of such behavior. Between 1977 and 1987, alcohol was responsible for approximately 54 percent of all fatal automobile crashes in Colorado. Such automobile accidents are the leading cause of death and disability among American teens (Douglas, 1982).

Additional consequences to teens who abuse alcohol and other drugs are the increased likelihood of becoming

involved with crime, delinquency and truancy. Likewise, the abusers have a greater probability of engaging in unprotected sexual activity, experiencing problems at school, and evidencing psychological distress and depression (Steinberg, 1989).

## Alcohol: A Family System Problem

Because of the high number of Colorado adolescents that abuse substances and the severity of related consequences, adolescent substance abuse has become an important issue for Colorado families. An initial step toward understanding alcoholism and other drug addiction is to recognize addiction as a problem that requires commitment to lifelong recovery efforts on the part of the individual and the family.

There is a tendency to view alcoholism or other drug addiction as an individual's problem. This may largely be due to the high value Americans place on individuality as compared to other cultures. However, in addition to the alcohol dependent person, "Alcohol affects at least four other persons, with family members affected most frequently." (O'Farrell (1989). Furthermore, and because of the nature of an addictive problem, the family may be unaware of the problem until confronted by law enforcement, the school or another source outside the family. One of the strongest factors that influences alcohol and substance abuse is family interaction. Since the late 1960s, some researchers and counseling professionals have considered addictions a family disease (Steinglass, 1979). Furthermore, one of the key facets of addictive behavior is denial, not only by the addict, but by the family as well.



## Quick Facts

- Adolescents can become addicted to substances more quickly than adults.
- Thirty-three percent of teens experience problems at home, school, work or in the community stemming from substance abuse.
- Colorado exceeds the national average in per capita consumption of beer, wine and liquor.
- Often family members are unaware substance abuse is happening in their family.
- Alcohol and other drug addictions are diseases that impact and are maintained by the family system.

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The denial process starts gradually and occurs as the family begins to compensate for the substance abuser.

## Denial

The denial process starts gradually and occurs as the family begins to compensate for the substance abuser. For example, a 13-year-old boy may come home an hour late, appear quite lethargic, spend a portion of the night vomiting, and complain of a splitting headache the next morning. The parents may interpret this as a bad case of the flu. This allows the family to be undisturbed by behaviors that can cause an enormous upset in the family system if the boy's behavior is considered to be a reaction to substance abuse.

Each family member must be willing to agree with this interpretation or to assist in hiding the truth in order to maintain a sense of normalcy in the family. This reaction is the beginning of a cycle of denial in which each family member participates. One of the most widely accepted views of family participation is explained in terms of family roles. These roles were best identified by Sharon Wegscheider (1981), and are labeled the enabler, the hero, the scapegoat, the mascot and the lost child.

## Family Roles

The **enabler** is the person who allows substance abuse to continue by "saving" the abuser from the consequences of his or her actions. For example, if an alcohol-dependent teen doesn't come home on time, an enabler would likely make excuses to other family members for that absence.

The family **hero** is a sibling who begins to excel in many different areas from sports to academics, to create the illusion of a successful family.

The **scapegoat** may be the adolescent substance abuser or another family member who displays many unacceptable behaviors. This draws attention away from the substance abuse and allows the family to believe that if the scapegoat would

behave appropriately, all their problems would be solved.

The **mascot** uses comedy to divert attention away from the increasingly dysfunctional family system.

The **lost child** is the family member who never causes a problem and is relatively invisible.

Each family member is required to keep the system balanced by maintaining one of these roles. While these roles are interchangeable in a functional family, there is less flexibility in a dysfunctional family. "These roles so distort the member's emotions and relationships that even if the alcoholic ceases to drink, positive changes in family relationships and in individual members do not necessarily occur." (Ziter, 1988).

## Warning Signs

If you are concerned that your adolescent is using alcohol or other drugs, look for these warning signs:

- other family members who abuse substances;
- missing classes, truancy or a sudden drop in grades;
- change to a different peer group;
- quitting extracurricular activities that were important to the adolescent;
- legal difficulties;
- possession of drug-related paraphernalia;
- possession of fake identification;
- unknown source of income;
- physical changes such as memory lapses, slurred speech, loss of motor coordination, bloodshot eyes, dilated pupils or rapid weight loss;
- excessive use of eye drops; or
- "hanging out" in strange places such as garages, storage sheds and alleys.

Admitting a family member is a substance abuser is difficult. The family finds it harder still to admit they are affected by the addiction and may, in fact, be sustaining the problem by their own behaviors. Both individual treatment for the identified patient and therapy for the family are crucial to the family's transition to become a functional, balanced system.

## Family Therapy

If therapy is recommended, parents need to recognize which types of therapy best meet the needs of a family with a

substance abuse dysfunction. While some therapies focus only on the individual, others are designed to meet the needs of the entire family. Therefore, individual and family therapy is essential to the recovery of an alcohol-dependent or drug-addicted youth.

When the family is not treated as a whole, the individual undergoing therapy is frequently put back into his or her previous role and re-establishes unhealthy coping mechanisms. In other words, the individual has changed, but the family has not. Family therapy, in conjunction with individual therapy, is more appropriate because alcohol and other drug addictions are considered a system problem, not an individual concern alone. Family therapy approaches the family as a whole unit. Each member is required to make healthy changes to improve the way the family functions.

Feelings of fear are common when one recognizes that addictive behaviors may exist in one's family. There are professionals in the substance abuse field who can assess and help resolve the family's situation. Both inpatient and outpatient treatment facilities are available throughout Colorado at a variety of costs. Also, family therapists with a focus on family systems are accessible throughout the state. Information about family therapists in your area can be obtained by contacting the Marriage and Family Therapy Clinic, Department of Human Development and Family Studies, Colorado State University, Fort Collins, Colorado 80523, (970) 491-5888 or 491-5991; or the American Association for Marriage and Family Therapy, 1133 15th Street N.W., Suite 300, Washington, D.C. 20005-2710, (202) 452-0109. Additional information relating to adolescent alcohol and other drug abuse can be obtained by contacting the Alcohol and Drug Abuse Division, Colorado Department of Health, 4210 E. 11th Avenue, Denver, Colorado 80220, (303) 331-8201.

Discovering that a child or youth is using alcohol or other drugs can be a guilt-inducing experience because parents often feel responsible for their children's behavior. Fortunately, parents, researchers and therapists are working together to confront this problem and find appropriate solutions. Family participation in therapy can result in a stronger, more functional family. There is hope, and competent treatment is available.

Family members fit one of five roles:

- Enabler
- Hero
- Scapegoat
- Mascot
- Lost child

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# Effects of Substance Abuse On Families

By Dennie Ho, eHow Contributor

Substance abuse is the overindulgence or excessive use of a chemical or physical substance beyond what would be considered normal under conventional societal norms. When substance abuse becomes a problem within a family, the effects can be devastating and life altering for not only the nuclear unit of the family but the extended family as well. Anyone maintaining a relationship with the substance abuser can be affected by the habit.

## Adaptation

When substance abuse affects a family, the members of the family may try to adapt, changing their relationships by accommodating the addiction in an effort to preserve the family unit.

## Denial

Members of a family may be in denial about substance abuse in much the same way the abuser is in denial about the problem. The substance abuse may have been an issue for some time before the family openly recognizes the problem.

## Estrangement

When someone in a family has a substance abuse problem, the abuser grows selfish, centers his life around obtaining and using the substance, and diverts energy away from family and friends. The result is a deterioration of these relationships and eventual estrangement from significant others.

## Home Environment

Substance abuse by a family member dissolves the cohesive unit once experienced inside the home. The abuser's behavior grows secretive and suspicious, his activities grow secretive and he isolates himself from other members of the household, expectations will fail to be met, trust and accountability will be compromised and communication with the abuser will become difficult if achieved at all.

## Co-Dependency

Co-dependency is one of the more serious effects of substance abuse on a family. When the sufferer becomes conditioned to the relationship with the substance abuser, adopting a learned emotional and behavioral condition impedes the sufferer's ability to participate in all other relationships.