

APPENDIX I: HANDOUTS

HANDOUT #1

LEARNING OUTCOMES

The caregiver can:

1. define terms relevant to substance misuse.
2. describe myths regarding substance misuse.
3. describe degrees of substance use and the implications for caregivers.
4. describe indicators of substance misuse.

5. identify several factors that may contribute to and/or cause substance misuse.
 6. describe basic approaches to assist and support a child or youth who misuses substances.
 - 8) identify and access resources to educate and assist himself and a child or youth regarding concerns related to substance misuse.
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HANDOUT #3

REVISITING YOUR YOUTH

Questions For Discussion

1. When you were a teenager, what beliefs did your peer group have regarding alcohol and drugs?
 2. What beliefs did your parents and their peer group have regarding alcohol and drugs?
 3. What did your parents and their peer group (i.e., including schools and the media etc.) say, and how did they say it, regarding alcohol and drugs?
 - 5) What was your parents' and their peer group's behaviour regarding the use of alcohol and drugs?
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HANDOUT #4

HELPFUL HINTS

The following values and attitudes contribute to effective helping:

- Most substance misuse can be prevented.
 - A child or youth with a substance misuse problem is unwell and has a right to treatment.
 - Serious substance misuse may impair a child or youth's ability to recognize the impact his behaviour has on him or on others.
 - It is important to remember that some parents may have a substance misuse problem but are still able to provide adequate and responsible care for their children.
 - Recovery is a process, not an event, and relapses may be part of the recovery process.
 - Change can be difficult to implement and maintain. Therefore, support services may be essential in assisting children and youth in this ongoing process.
 - It is important to work with the guardianship team and other support services to assist a child or youth with a substance misuse problem.
 - It is more important to focus on people than on substances.
 - Be respectful and have a belief that the child or youth can change.
 - Expect resistance.
 - Recognize that abstinence is not the only solution
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HANDOUT #5

TRUE-FALSE QUIZ

1. Because of the effects it produces, alcohol can be classified as a

stimulant.

- *True* ~ *False*
2. Drugs don't addict people, people addict themselves.
 - *True* ~ *False*
 3. The body can burn up the amount of alcohol in a bottle of beer much faster it can burn up the amount of alcohol contained in a cocktail.
 - *True* ~ *False*
 4. Alcohol is generally a less harmful substance than many other illicit substances.
 - *True* ~ *False*
 5. Drinking black coffee is one way to sober up more quickly.
 - *True* ~ *False*
 6. The use of hashish may result in a feeling of well-being, talkativeness, a heightened sense of humour, an increased sense of imagination, an altered sense of time, rapid mood changes and an enhanced sense of sight, taste, sound, smell and touch.
 - *True* ~ *False*
 7. The most used drugs are cocaine, LSD and heroin.
 - *True* ~ *False*
 8. The active ingredient in marijuana is THC.
 - *True* ~ *False*
 9. Only certain people can become problem drinkers or dependent on alcohol.
 - *True* ~ *False*
 10. Amphetamines produce a response which is very similar to the body's reaction to stress or an emergency.
 - *True* ~ *False*
 11. People cannot become dependent on over-the-counter drugs.
 - *True* ~ *False*
 12. Marijuana leads to the use of harder drugs such as heroin.
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 - *True* ~ *False*
 13. Barbiturates are depressants of the central nervous system and produce an effect varying from mild drowsiness to unconsciousness, depending on the dose.

- *True* ~ *False*
14. Cocaine can be classified as a depressant because its use results in a feeling of drowsiness and a decrease in alertness and concentration.
- *True* ~ *False*
15. Unlike those who use alcohol, people who use marijuana can still drive after its use.
- *True* ~ *False*
16. Inhalants are common substances that are sniffed to achieve an effect somewhat like the intoxication produced by alcohol.
- *True* ~ *False*
17. Studies indicate that many youth today use opiate narcotics such as morphine and heroin. The use of opiates is becoming increasingly prevalent in the children in care population.
- *True* ~ *False*
18. Because of substances contained in tobacco smoke, long-term smokers may develop a reduced ability to exercise and/or may experience breathing and blood-flow problems.
- *True* ~ *False*
19. Inhalants are most commonly used by adults.
- *True* ~ *False*
20. The abuse of steroids is not a problem for youth.
- - *True* ~ *False*
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HANDOUT #6

TRUE-FALSE QUIZ – ANSWER SHEET

1. *Because of the effects it produces, alcohol can be classified as a stimulant.* **(False)**
- It is a depressant drug.
 - It slows the action of the brain and the central nervous system.
 - In the brain, it affects inhibitions.
 - Stimulated behaviour may be observed because of lowered inhibitions.
 - It is the drug most used and misused by teens.

- Stimulants produce an opposite effect.

2. *Drugs don't addict people, people addict themselves. (False)*

There are many factors that influence the development of a substance misuse problem. Many factors contribute to alcohol and drug problems, including the genetic and psychological make up of the individual, as well as cultural and sociological factors. There is no evidence to indicate substance misuse is caused by a lack of morality or by a flawed character.

3. *The body can burn up the amount of alcohol in a bottle of beer much faster than it can burn up the amount of alcohol contained in a cocktail. (False)*

- Ethanol is the name of alcohol.
- There is an equivalent amount of alcohol (½ oz. of ethanol) in the following drinks:

1 regular beer or 1 ½ light beer

1 glass (4-5 oz.) of wine

1 glass (3 oz.) of sherry (fortified wine) 1 shot (1 ½ oz.) distilled spirits (liquor)

4. *Alcohol is generally a less harmful substance than many other illicit substances. (False)*

- Alcohol is a powerful neurotoxin that can damage the user's health.
- Alcohol can impair judgment.
- Alcohol can result in life-threatening disease.
- Alcohol use can result in accidental death.
- The extent of the harm is dependent on the individual situation, the amount used, how it is used, frequency, etc.

5. *Drinking black coffee is one way to sober up more quickly. (False)*

- The liver metabolizes at a set rate of less than one standard drink per hour.
- You cannot change the rate at which the liver metabolizes alcohol.
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- If you drink a beer, it will be eliminated by your body within a couple of hours.
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- You can influence absorption by the food you eat, your level of mood, and the medications you take.
- With age and excessive drug use, your liver will eliminate alcohol at a different (i.e., slower) rate.

6. *The use of hashish may result in a feeling of well-being, talkativeness, a heightened sense of humour, an increased sense of imagination, an altered sense of time, rapid mood changes and an enhanced sense of*

sight, taste, sound, smell and touch. (True)

- Hashish is the third drug of choice among teens.
- It can produce dependence.

7. *The most used drugs are cocaine, LSD and heroin. (False)*

- They are caffeine, alcohol and nicotine.
- Caffeine is the most widely used drug.
- Caffeine is found in coffee, tea, many soft drinks, chocolate, headache tablets, stay awake pills and cold remedies.
- Caffeine is a stimulant.
- Large amounts of caffeine can harm the stomach or cause tiredness or restlessness.
- Small amounts of caffeine can make some people nervous, sleepy or sick.
- Many people are dependent on caffeine.
- In Ontario 90% of adults drink a caffeinated beverage daily.
- In Canada 80% of people age 15 to 19 drink alcohol.
- 34% of Canada's population smoke.

8. *The active ingredient in marijuana is THC. (True)*

- THC is tetrahydrocannabinol.
- There are more than 400 chemicals in cannabis.
- The amount of THC depends on soil conditions, climate, strain of the plant, etc.
- In marijuana grown here, the amount of THC is low compared to the amount in marijuana grown in Southeast Asia, Mexico or Hawaii.
- It takes 3 to 5 days for half of the THC to leave the body and about 27 days for all of it to leave.

9. *Only certain people can become problem drinkers or dependent on alcohol. (False)*

- Alcoholics cannot be identified by their place on the social ladder or by a common personality trait.
- There is no evidence to support the idea of a dependent personality.

-There appears, however, to be a factor related to genetics as well as to the environment.

10. *Amphetamines produce a response which is very similar to the body's reaction to stress or an emergency. (True)*

- They produce alertness, keenness, quick actions.
- They are what people refer to as “speed.”
- Names tend to end with “-ine.”
- Diet pills are amphetamines.
- They stimulate the central nervous system.
- Users do not feel tired or hungry.
- Users include students and truckers.
- Amphetamines are not widely used anymore.
- Young people are not getting these drugs.
- Amphetamines do not produce long-lasting effects.

11. *People cannot become dependent on over-the-counter drugs. (False)*

- Their effects can be similar to those of prescribed drugs.
- They are definitely classified as drugs.
- They can be addicting.

12. *Marijuana leads to the use of harder drugs such as heroin. (False)*

- Most marijuana users do not use heroin.

13. *Barbiturates are depressants of the central nervous system and produce an effect varying from mild drowsiness to unconsciousness, depending on the dose. (True)*

- They are used to treat insomnia and anxiety tension.
- They are called “downers” and can be classified as sedatives or depressants.

14. *Cocaine can be classified as a depressant because its use results in a feeling of drowsiness and a decrease in alertness and concentration. (False)*

- It is a stimulant.
- It produces a powerful sense of well-being and an increased alertness.
- Users are really “sharp” (for a few minutes).
- Cocaine comes from the coca bush.

15. *Unlike those who use alcohol, people who use marijuana can still drive after its use. (False)*

- Use of marijuana causes impaired physical co-ordination.
- It distorts time, speed and space perceptions.

16. *Inhalants are common substances that are sniffed to achieve an*

effect somewhat like the intoxication produced by alcohol. (True)

- Substances such as glue, nail polish remover and gasoline are used as inhalants.
- They produce euphoria, light-headedness and exhilaration.
- The use of inhalants damages the brain, kidneys, tissues, etc.
- Users may die of suffocation.

17. *Studies indicate that many youth today use opiate narcotics such as morphine and heroin. (False)*

- Young people very rarely use opiates.
- Morphine and codeine are constituents of opium.
- Heroin is a derivative of morphine.
- Opiate narcotics are depressants of the central nervous system.
- Opiate narcotics are highly addictive.

Note: The use of opiates is becoming increasingly prevalent in the children in care population, especially in urban areas.

18. *Because of substances contained in tobacco smoke, long-term smokers may develop a reduced ability to exercise and/or may experience breathing and blood-flow problems. (True)*

- Tobacco use is the major cause of cancer of the mouth, larynx, esophagus and lungs.
- It contributes to heart disease and respiratory ailments.

19. *Inhalants are most commonly used by adults. (False)*

- Users tend to be young people.
- Studies show that most users are in grade eight, and use steadily declines with age.

20. *The abuse of steroids is not a problem for youth. (False)*

- There are many reported instances of students using steroids.
- Steroids can improve sports performance and enhance muscle growth.
- The side effects may include the following:
 - mood swings and an increase in aggressive behaviour;
 - increased blood pressure, heart disease, liver cancer;
 - decreased sex drive with repeated use;
 - cystic acne (tendency to leave severe scarring);
 - deepening of voice for both males and females;
 - stunted growth in adolescence (premature stoppage of long bone growth);
 - breast development in males;
 - premature male baldness;
 - excess body and facial hair growth in females;
 - disruption of menstrual cycle.

HANDOUT #7

DRUG CLASSIFICATION AND DRUG EFFECTS

Depressants

These drugs have a depressant effect on the central nervous system (CNS) that tends to slow down or decrease body functions (e.g. speech, vision, coordination, thought processes, emotions, breathing, heart rate, blood pressure and reflexes.) They include:

Alcohol

Barbiturates:

- Amytal
- Nembutal
- Luminal
- Seconal
- Tuinal

Benzodiazepines:

- Valium
- Librium
- Ativan
- Serax
- Xanax

Inhalants:

- Glue
- Gasoline
- Nail polish remover
- Solvents (household)

Talwin:

- Along with Ritalin, this depressant forms a concoction known as T's and R's, "a poor man's heroin." It is very common among children in care who are "street-involved."

Another category of Depressants are the **Opioid Analgesics**. These produce analgesia and sedation as well as many of the effects of depressants. They include:

Natural Opioids:

- Opium
- Morphine
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- Codeine

Semi-Synthetic Opioids:

- Heroin
- Percodan
- Lomotil

Stimulants

These drugs stimulate the CNS and produce an increase in alertness and physical activity, a lessened sense of fatigue and intensified emotions. They include:

Amphetamines:

- Ritalin
- Cylert
- Methamphetamine (Meth)
- (Speed) - Dexedrine
- Benzedrine
- MDMA (Ecstasy)

Cocaine (Coke):

- Crack
- Freebase

Nicotine**Caffeine****Hallucinogens**

Hallucinogens produce changes in mental state and mood and cause hallucinations by distorting one's perception.

Psychedelics:

- LSD
- PCP
- MDA
- Mescaline

- Psilocybin (shrooms)

Cannabis:

- Marijuana (pot, ganja, weed, smoke)
 - Hashish (hash)
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 - Hashish oil
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Drug Effects

HANDOUT #8

DEGREES OF SUBSTANCE USE

TREATMENT DETOX



Decreasing Choice, Decreasing Control

CHOICES AND CONTROL

<p>Non-Use religious Approximately 20% concerns. of our society</p>	<p>Reasons why people choose not to use substances include or cultural beliefs and health-related concerns.</p>
<p>Experimental times Approximately 90% a drug. of teenagers</p>	<p>The experimental phase of use is limited to the first couple of a person tries</p>
<p>Occasional Approximately 20%</p>	<p>In the occasional/social phase, use of mood-altering substances occurs one to three times per month or less, and never in an excessive manner or with severe negative results. Remember that use of some drugs (such as cocaine) is so risky that even infrequent use would not be considered in this category.</p>
<p>Regular Approximately 40%</p>	<p>Use may be weekly or even daily, and may be a fairly integral part of a person's life. Although there inevitably are some negative consequences, there is no major interference in any area of life and the person uses the substance responsibly and in a controlled manner.</p>
<p>Problematic Approximately 10%</p>	<p>Frequency of use can vary, but in this phase, the person tends to use excessively and disregards risks and negative consequences. There is a very thin line between the problematic (abuse) phase and dependency. Often a person can tell what side of the line he is on only when he attempts to discontinue drug use. An abuser still has some degree of choice and control and is able to moderate drug use without major difficulties.</p>
<p>Dependency Approximately 10%</p>	<p>This phase is characterized by an inability to predict or control drug consumption. Periods of abstinence tend to be short-lived and very traumatic. Serious negative consequences arise in many areas of life, but the person has difficulty understanding and accepting that drug abuse may be the cause of many problems (denial). In this phase, drug abuse has clearly become a primary problem which must be addressed.</p>

Key Concepts

Loss of choice and control as drug use progresses.

The younger a person is when he chooses to use/abuse alcohol and drugs, the greater the risk of dependency. The only people *NOT* at risk are those who choose not to use drugs at all.

HANDOUT #9

POSSIBLE INDICATORS OF SUBSTANCE MISUSE

1. Changes in Performance

- changes in school performance *
- frequent tardiness and absenteeism from school *
- reduced energy and/or falling asleep in class *
- discipline problems and reduced motivation *

2. Changes in Physical Appearance

- changes in self care *
- red eyes

3. Changes in Eating or Sleeping Habits

- insomnia/fatigue *
- weight loss or sudden appetite *

4. Changes in Friends

- either new or different friends *
- reluctance to introduce friends to parents and family *
- new friends who are very different in appearance, language, goals, etc.

5. Changes in Behaviour

- moodiness, depression, hostility *
- hypersensitivity *
- diminished interest in hobbies or activities *
- lying
- spends most of the time in her bedroom and does not welcome parents in *
- stealing (money to buy drugs)

6. Other Indicators

- drug oriented graffiti on school books
- drug related paraphernalia
- drug related literature or slogans
- articles/charge cards/money missing from home or bank accounts
- odours such as gasoline, glue, marijuana
- aerosol cans with liquid remaining but no propellant
- concerns expressed by peers, neighbours or school officials
- alcohol/prescription drugs missing from home

HANDOUT #10

OBSERVABLE EFFECTS OF SUBSTANCE USE

Alcohol:

Staggering gait, bloodshot eyes, flushing, slurred speech, vomiting, impaired muscular co-ordination.

Barbiturates/Benzodiazepines:

Similar to alcohol, plus: dilated pupils, weak and rapid pulse, drowsiness, shallow breathing, trembling hands, fainting, mood swings.

Inhalants:

Chemical odour on body and clothes or in room, nosebleeds, rash around nose and mouth, dilated pupils, runny nose, watery eyes, loss of co-ordination, slurred speech, stupor, vomiting weight loss.

Heroin:

Sleepy appearance, slurred speech, droopy eyelids, constricted pupils, decreased respiration rate, slow gait.

Cocaine:

Decreased inhibitions, dilated pupils, runny nose, rapid speech, tremors, sweating, severe weight loss, elevated respiration rate.

Amphetamines:

Similar to cocaine, plus: acne that resembles a measles rash.

PCP:

Muscle rigidity, slurred speech, inability to speak coherently, loss of co-ordination, blank stare, rapid and involuntary eye movements, exaggerated gait.

LSD:

Dilated pupils, confusion, disoriented sense of direction, distance and time.

Psilocybin:

Dilated pupils, sweating, hyperventilation, rambling speech, hyperactivity, tremors, vomiting, impaired attention span, depression.

Marijuana:

Red or bloodshot eyes, increased appetite, meaningless giggly conversations, impaired short-term memory, restlessness, dry mouth, pungent odour.

HANDOUT #11

WHY CHILDREN AND YOUTH MISUSE SUBSTANCES

There are 2 basic concepts:

1. **Psychological** – the person feels that they need the substance to function adequately in social settings.
2. **Physiological** – the body craves the substance and the person has developed a tolerance to the substance and/or withdrawal symptoms occur when the substance is withdrawn. Not all substances have this effect.

N.B. These concepts apply to adults as well and may help caregivers understand the behaviour of the child or youth's parent.

There are four basic psychological needs children and youth have that must be considered:

A. To feel they belong

- The youth has a belief everyone else does drugs/alcohol.
- The youth feels that if she doesn't do drugs the group may reject her.
- The youth has a need to be part of the culture (values and philosophy) that comes with the substance use.

B. To feel they are independent or unique

- Substance misuse represents a challenge to authority.
- The culture associated with the substance provides a way of being separate from adults and parents that is exciting.
- Often youth feel they represent a new way of thinking and acting that adults cannot understand.
- Youth feel in charge; they realize adults can do little to force them to stop.

C. To feel they are significant

- The feeling of belonging to a caring group is particularly important if the youth has felt this to be missing from her life.
- The youth "knows" something adults do not.
- The substance can dull anxiety and mask negative feelings giving youth a sense of well-being. The substance allows them to escape the pain of their current experience as they see it.
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- The youth can develop feelings of pride in surviving the clandestine nature of the world of drugs (e.g. being able to outsmart the police).
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D. To feel there is a meaning to life

- The youth may find the experience pleasurable and fun.
- There is a sense of “community” to which the youth now feels he belongs.
- The culture presents a structure with its own values and philosophy organized around shared activities. This leads to a sense of community.
- The youth may believe the substance helps free him to be more creative and open to new experiences.
- The youth may now feel he has a pleasurable activity to replace boredom.

It is important to consider that there are other related reasons children and youth may try an intoxicating substance, including the following.

- They may simply be exploring experiences they have heard about. This may be part of their normal growing and does not necessarily indicate they are seriously involved in substance misuse. How the caregiver responds should be shaped by the circumstances.
- The child or youth may be trying to cope with the abuse and/or neglect he has experienced.
- The child or youth may be trying to cope with the loss of family and significant others and adjusting to being in care.
- The child or youth may be responding to a sense of isolation due to a loss of her cultural community and thus her identity.
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- He may be thinking he is expected to do it, that because everyone in his family and/or community is doing it, he should too.

HANDOUT #12

INFLUENCING FACTORS AND RESPONSES

Factor	Response
Peer Group Pressure	<ul style="list-style-type: none"> • <i>Nurture the child’s self-esteem so her peers will not as easily influence her in a negative way.</i>

	<ul style="list-style-type: none"> • <i>Encourage and facilitate interaction with a healthier peer group (e.g., music, hobby or sports clubs).</i>
Boredom	<ul style="list-style-type: none"> • <i>Do things with the child (e.g., walks, games, fishing, and movies).</i> • <i>Encourage the child to participate in sports activities.</i> • <i>Encourage the child to develop hobbies.</i> • <i>Allow the child to have her friends at home to do an activity together (e.g., play games, build a fort, go swimming etc.).</i> • <i>Challenge the child's abilities (e.g., skiing, chess, and painting).</i>
Inappropriate parental modelling	<ul style="list-style-type: none"> • <i>Model a safe and healthy approach to alcohol and drugs.</i> • <i>Practice what you preach.</i>
Wanting to take a risk	<ul style="list-style-type: none"> • <i>Provide other activities that are challenging and stimulating for the child.</i>
Wanting to rebel against authority	<ul style="list-style-type: none"> • <i>Put the child in a leadership role.</i> • <i>Give real responsibility to the child.</i>
To dull their pain	<ul style="list-style-type: none"> • <i>Consult the child's worker about counselling for the child or youth.</i> • <i>Assess for indicators of suicide risk.</i> • <i>Assist the child to find positive and constructive ways to cope.</i> • <i>Have the child meet and talk with someone who has "been there."</i> • <i>Refer the child or youth to a support group.</i>

HANDOUT #13

HOW CAREGIVERS CAN HELP

Begin a discussion with the child

- Be non-judgmental.
- Don't have a confrontation but let the child or youth know you are

concerned and available to help.

- Recognize you will not be able to force children or youth to stop the activity if they are determined to carry on.
- Share with the child or youth the changes you have observed in attitude and behaviour.
- Outline your expectations and rules for drug use.
- Share your understanding of the consequences of ongoing drug use.
- Encourage the child or youth to share her view of the situation but do not engage in an argument with her.
- Deal with your own negative feelings separately. Share your feelings and anxieties with the child's worker or your own resource worker or other staff assigned to help. Use your support group if you have one established. Avoid displays of anger with the child or youth.
- Share with the child or youth your need to involve her worker and to seek outside assistance.

The key roles of the caregiver at the start are to assess the situation as outlined in this module, to inform the child or youth's worker, and to provide the child or youth with reassurance and support.

Seek ongoing help

- Determine the child or youth's degree of substance misuse.
 - Assess along with the child or youth's worker the intervention required (medical, counselling, rehabilitation, etc.).
 - Determine with the social worker and other appropriate helpers the plan for the child or youth.
 - Continue to discuss as much as the child will allow but try to avoid judgment. Your job is to help and to reinforce her positives. Try to help build her sense of worth and value.
 - Continue to review the limits that are expected and set realistic consequences. Also share the natural or logical consequences of continued use (see "Guiding the Behaviour of Children and Youth"). Do not argue with the child.
 - Seek help and support for yourself as needed.
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DRAFT

COMMUNITY RESOURCES

For general information and referrals call **PREVENTION SOURCE BC** at 1-800-663-1880.

Your local Ministry of Children and Family Development can also provide a list of resources and services.

HANDOUT #15

SUGGESTED RESOURCES

- 1. Adolescent Health Survey**
Province of BC, Ministry of Health, The McCreary Centre Society 1998
- 2. Adult Children of Alcoholics**
by Janet Geringer Woititz,
Ed. D. Health Communications Inc.
Deerfield Beach, Florida
1990
- 3. Alcohol and Other Drug Use by Canadian Youth** Health and Welfare Canada
1992
- 4. Children of Alcoholics**
by Claudia Black, Ph.D.
M.S.W. Ballentine Books,
New York 1991
- 5. The Health of Canada's Children** Canadian Institute Of Child Health Ottawa
1994
- 6. Kids, Alcohol and**

Drugs By Ruth
Maxwell
Ballentine Books, New
York 1991

7. Kids, Drugs and Booze

By Sheila Moynihan and Colleen
Dragan Macmillan of Canada,
Toronto
1990

This book is from a Canadian perspective.

**8. Measuring Our Success – A Framework for Evaluating
Population Outcomes**

Ministry of Children and Family Development
Province of BC

1997

**10) A Workbook for Healing Adult Children of
Alcoholics** By Patty McConnell

Harper and Row Publishers, San Francisco
1990

**10. School-Based Prevention, Summary Report 1994/1995
Evaluation** BC Ministry of Health

Province of BC
1995

**11. Additional pamphlets and information are available from your local
Ministry of Children and Family Development office, Public Health
office or Foster Parent Association.**

**12. For further information contact “Prevention Source BC” at 1-800-
663-1880**

13. Survival Manual – Youth Services

Directory Order from:
Watari Research Associates
#301, 877 E. Hastings St.
Vancouver, BC
V6A 3Y1

This is a good resource for youth and caregiver alike.