



**Season 2
Leaders Guide**

The guide was written by Rand Teed
host of DRUG CLASS

Drug Class Season 2

Leader's Guide

Episode 1 - Welcome Back

This episode takes a look back at some of the major themes looked at in Season 1. If you are using this guide to work with an individual or group one of the best things to do would be to have them do a current assessment of their situation in regard to their substance use. Here is a screening test to use with them.

Drug and Alcohol Problem Screening Test

Administer this test orally and have the student(s) keep track of their yes answers on their fingers. Ask them to consider only the past two weeks. This gives you and them a fairly accurate assessment of what their current situation is in regard to the impact of their drug and alcohol use.

1. Have you been drunk (staggering or slurring words or worse) twice or more in the past two weeks?
2. Have you used any other mood modifying substance (marijuana, coke, ecstasy, pills to change how you are feeling, etc.) more than twice in the past two weeks?
3. In the past two weeks have you used enough drugs or alcohol that you can't remember parts of the evening?
4. In the past two weeks have you thought you should quit or cut down your drug or alcohol use?
5. In the past two weeks do you recall craving drugs or alcohol? (This includes thinking about drugs or alcohol a lot when you are not using or getting excited about the possibility of drinking or using.)
6. Have you been hurt, injured, or been in a fight or screaming argument while under the influence of drugs or alcohol in the past two weeks?
7. In the past two weeks do you recall being concerned about where you were going to get more drugs or alcohol or where you were going to get money for more drugs or alcohol?
8. In the past two weeks has your drug or alcohol use caused you problems with your parents or at school? Include regularly fighting with your parents if you are using and missing class or assignments because you have been drinking/using during the week.
9. Do most of your friends use drugs and alcohol regularly?

10. Have you done anything in the past two weeks while under the influence of drugs or alcohol that you felt bad or guilty about?

Count your number of yes answers.

Drug and Alcohol Problem Screening Test Evaluation

0 to 1 yes answers -

Indicates no real problem with drug or alcohol use. Point out to the student(s) that you can use drugs or alcohol and still get this kind of score.

2 to 3 yes answers -

Indicates warning signs that drug or alcohol use is becoming problematic and the student needs to pay particular attention if there is any genetic predisposition. If at this level, retest every week for a few weeks to see if he/she can stay at this level or if it is getting worse.

4 to 6 yes answers -

Indicates that the teen is developing or experiencing a drug or alcohol dependency (Substance Use Disorder). This means that he/she is psychologically starting to "need" their substance to control their moods/feelings/environment. Using because he/she is bored, stressed, angry, sad, tired, or shy are examples of dependent drug/alcohol use.

7 to 10 yes answers -

Indicates the teen is currently experiencing substance abuse or addiction. The difference is that substance abuse can be modified back to less harmful use by the individual (usually with help and guidance); if it is an addiction then attempts to change or modify drug or alcohol use will repeatedly fail.

Use the results as a motivator, either to consider change or as a reward for taking good care of one's self.

If it is a situation in which students are scoring high then use the test to help them figure out how to lower their scores. For example, if they said yes to the first question, you could help them plan their alcohol use to cut down the amount so that they are not getting drunk. It is particularly useful to retest every two weeks while you are working with your group to help them identify whether or not they are seeing any progress.

Episode 2 - Emotional Growth

Emotional growth is a very critical component of getting better. There is more to quitting than quitting.

It is very useful to have your students continue some personal evaluation, have them keep track for a week the things they get upset about and also the things that make them happy. If you are working with kids who are using drugs and alcohol see if you can get them to commit to being sober for a week while they do this activity.

After the week, begin to help them develop stress management techniques to deal with the areas of their lives that are problematic. Also have them increase the activities that are positive.

Episode 3 - Nolan's Story

One of the ideas that is focused on in this episode is the importance of contributing at home. If kids have responsibilities they will feel a greater sense of involvement and belonging.

Have your students either pick or create a small task that they can begin to do at home or for one of their neighbours; this may be something as simple as walking the dog or taking out the garbage. Have them make a commitment to do their task and have them keep a journal record of what they do, as well as how they felt about doing it. Have them pay particular attention to any positive changes they see in themselves because of accepting and meeting this responsibility.

Episode 4 - Addiction is a Family Disease

In a lot of situations the person with the substance problem is the first one to seek treatment. Other people in the family just care about getting the person clean and sober.

Many people in the family refuse to consider the fact that they also have a problem that requires specialized treatment. These people tend to deny their role in their addicted family and scapegoat personal and family problems upon the addicted person. They develop unrealistic expectations of how family life will improve with their loved one getting abstinent. When these expectations are not met, they blame the addict for the failure, even though he or she may be successfully following a recovery program. Their attitudes and behaviors can become such complicating factors in the addict's recovery that they can contribute to the process of relapse and even "set-up" the addict's next "episode of use."

On the other hand, family members can be powerful allies in helping the addict prevent fully engaging the relapse process. Relapse prevention planning utilizes the family's motivation to get the addict sober. As family members become involved in relapse prevention planning, a strong focus is placed upon co-addiction and its role in the family relapse process. Family members are helped to recognize their own co-addiction and become actively involved in their own treatment.

Addiction is a family disease that affects all family members, requiring everyone to get involved in treatment. The addict needs treatment for addiction. Other family members need treatment for co-addiction.

The term "co-addiction" is sometimes used to refer only to the spouse of an addict and other terms are used to refer to other family members. We are using the term "co-addict" to refer to anyone who's life has become unmanageable as a result of living with a person who is abusing substances.

Co-addiction is a definable syndrome that is chronic and follows a predictable progression. When a person is in a committed relationship with an addicted person attempts to control drinking, drug use, or addictive behavior (over which they are powerless), they lose control over their own behavior (over which they can have power) and their lives become unmanageable.

Episode 5 - Carley and Zoe

Relationships within a family are always very critical, and particularly those between siblings. In this case Carley suffers quite a bit because of what her sister is doing. Much of their parent's attention is focused on what Zoe is doing, leaving Carley looking for attention.

Have your group do an analysis of their relationships. Journaling is a good way to do this. If they are the ones that have the substance use issue have them try to figure out how their use affects those around them; they could do this autobiographically or by interviewing people close to them to see how they have been affected. If they are in a situation where they are living with someone who has a substance use problem they can document their own feelings, as well as gather information from other family members.

Once this is done, do some group or individual analysis and have them determine whose behaviors and attitudes were affected, and what sort of choices were made because of the attitudes. If there were negative choices it would be helpful to have them figure out what else they could have done and what they could do in the future.

Episode 6 - Impairment 1

There is a lot of research indicating the effects of marijuana on driving. Many teens have a hard time accepting the fact that using marijuana when driving is dangerous, as they think marijuana isn't as bad as alcohol.

Here is a link to an article, "*Clearing the Smoke on Cannabis: Cannabis Use and Driving*" created by the Canadian Centre on Substance Abuse:

<http://www.ccsa.ca/2009%20CCSA%20Documents/ccsa-11789-2009.pdf>

Have the students write their views on cannabis use and driving, and then have them compare what they have said to the information given in the article.

Episode 7 - Curtis

Finding ourselves. Curtis' recovery was based on his inherent love for sports. Not all teens have sports, but they will have something that is of interest to them.

Have each of the students fill out the following self-evaluation.

My Name _____

Favourite		Least Favourite	
Food		Food	
Music		Music	
Fruit		Fruit	
Vegetable		Vegetable	
Activity		Activity	
Dream		Dream	
Car		Car	
Person		Person	
Character trait (me)		Character trait (me)	

Explain to your students that you are all made up of positive and negative character traits, habits, ways of thinking, etc. and in order to get better you have to focus on exploring the good.

Have them write out a plan to focus on their favourites for a week and to try to avoid the negatives. Have them journal their activities, and in particular their feelings in relation to what they are doing.

Episode 8 - Chelsie

Post-traumatic Stress Disorder

Chelsie suffered trauma that triggered several years of substance use and abuse. Many people are in this same situation although the causes may vary. It is important to have people take a look at some of their motivations for what they are doing. Understanding the nature of PTSD can be very useful for people in figuring out what is happening to them. It is important that there be some significant supports in place that will allow the person to have someone who will help them deal with issues which come out of any personal examination.

DSM IV PTSD Criteria

Criterion A1

The essential feature of Post-traumatic Stress Disorder is the development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

Criterion A2

The person's response to the event must involve intense fear, helplessness, or horror (or in children, the response must involve disorganized or agitated behavior)

Criterion B

The characteristic symptoms resulting from the exposure to the extreme trauma include persistent re-experiencing of the traumatic event

Criterion C

persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness

Criterion D

and persistent symptoms of increased arousal

Criterion E

The full symptom picture must be present for more than 1 month

Criterion F

and the disturbance must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

Traumatic events that are experienced directly include, but are not limited to, military combat, violent personal assault (sexual assault, physical attack, robbery, mugging), being kidnapped, being taken hostage, terrorist attack, torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disasters, severe automobile accidents, or being diagnosed with a life-threatening illness.

For children, sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury.

Witnessed events include, but are not limited to, observing the serious injury or unnatural death of another person due to violent assault, accident, war, or disaster or unexpectedly witnessing a dead body or body parts. Events experienced by others that are learned about include, but are not limited to, violent personal assault, serious accident, or serious injury experienced by a family member or a close friend; learning about the sudden, unexpected death of a family member or a close friend; or learning that one's child has a life-threatening disease.

The disorder may be especially severe or long lasting when the stressor is of human design (e.g., torture, rape). The likelihood of developing this disorder may increase as the intensity of and physical proximity to the stressor increase.

309.81 DSM-IV Criteria for Posttraumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both of the following have been present:

- (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- (2) the person's response involved intense fear, helplessness, or horror.

Note: In children, this may be expressed instead by disorganized or agitated behavior.

B. The traumatic event is persistently reexperienced in one (or more) of the following ways:

- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- (2) recurrent distressing dreams of the event.

Note: In children, there may be frightening dreams without recognizable content.

- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated).
Note: In young children, trauma specific reenactment may occur.
- (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (e.g., unable to have loving feelings)
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hyper-vigilance
- (5) exaggerated startle response

E. Duration of the disturbance (symptoms in Criteria B, C, and D) is more than one month.

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Specify if:

- Acute: if duration of symptoms is less than 3 months
- Chronic: if duration of symptoms is 3 months or more

Specify if:

- With Delayed Onset: if onset of symptoms is at least 6 months after the stressor

After examining the nature of PTSD have your students begin to identify areas that may be affecting them. Being able to admit and discuss these issues can be very beneficial in moving someone towards getting help.

American Psychiatric Association. 309.81 Posttraumatic Stress Disorder. In: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. American Psychiatric Association, Washington 1994:424-429.

Episode 9 - Impairment 2

The 10 Impairing Effects of Drugs and Alcohol:

1. Reasoning
2. Judgment
3. Memory
4. Vision
5. Hearing
6. Speech
7. Coordination
8. Consciousness
9. Automatic nervous system shut down*
10. Death*

** 9 and 10 are not typical of marijuana use.*

Have your students discuss and understand each of these 10 effects and in particular how they relate to operating a motor vehicle. Then have the students relate their understanding of the 10 impairing effects with the following driving model:

IPDE

I -Identify- This is when you look for:

- Specific clues
- Other roadway users
- Roadway features and conditions
- Traffic Controls
- Condition of your vehicle

P -Predict- This is when you predict:

- Actions of others
- Control of your vehicle
- Consequences of your actions

D -Decide- This is when you decide to:

- Change speed
- Change direction
- Communicate

E -Execute- This is when you:

- Accelerate
- Brake
- Steer
- Communicate
- Combine actions

Understanding the relationship between impairment and the actual task of driving can go a long way in helping kids understand why this is a bad idea.

Episode 10 - Post Acute Withdrawal Syndrome

What Happens to Kids when they quit using Drugs and Alcohol?

Post Acute Withdrawal is the adjustment your brain has in life without chemicals. It is the time period when your own neurotransmitters start acting again. During the years of addiction to drugs/alcohol there is artificial stimulation and disruption to normal brain function. During this time of adjustment difficulty in thinking clearing, expressing emotions, memory, coordination, sleep disturbances and stress are all common. (*Excerpt from Staying Sober* - by Terence T. Gorski)

What Is Post Acute Withdrawal Syndrome?

In this section we identify symptoms and suggest ways to help in your addiction treatment, which differ for everyone. There are also guidelines to aid you with overcoming frustrations and bring back balance to your brain and life in general. Please, keep in mind, when you attempt rehabilitation from a substance it takes your brain six weeks to eighteen months to heal it's thinking pattern, so don't give up if your recovery is not immediate.

The most common symptoms of Post Acute Withdrawal when overcoming addiction are:

- Unclear thinking.
- Difficult emotions.
- Difficult physical coordination.
- Sleep disturbances.
- Stress.

Questions to ask yourself:

- How often do I have difficulty concentrating and how long does it last?
- Are feelings that come out exaggerated for the situation?
- Am I depressed and finding it difficult to be motivated?
- Do I have difficulty remembering things?
- Am I clumsy, dizzy and off balance?
- Is there difficulty getting myself to sleep or do I wake often?
- Does stress about life occur most of the day?

Help for overcoming alcohol and drug addiction Post Acute Withdrawal syndrome:

List your strengths and weaknesses in the above areas.

Example:

Strength: I play basketball for fun.

Weakness: I run into objects or appear off balance at times.

Set a plan for overcoming the areas of weakness.

- If your thinking is unclear only read a part of a book or directions at a time and then go back.
- Journal your feelings so you are calm when you present them.
- When depressed watch a funny video or take time to play.
- Walk the dog or take a child to the park to engage in life.
- Make lists of priorities for the day and lists when you go shopping. Save yourself two trips.
- If you didn't complete the list, start again the next day.
- Walk slowly and use guardrails on steps.
- Don't stimulate yourself with caffeine before sleeping.
- Read a boring book that might make you tired.
- Take breaks often during the day, even if you have to go to the car and rest for ten minutes and repeat affirmations - this too will pass.
- Don't expect too much of yourself and be sure not to make things worse.
- Be sure and get sober support at either AA, church groups or some sober activity.
- Eat three meals a day and little snacks if you are hungry.
- Vitamins are important to put the nutrition back in you.
- Try and do meditation and relaxation techniques.
- There are several good recovery help books - "Anxiety and Phobia" by Bourne - is one of the best workbooks available and well worth the money. Use it as a life time guide.

Danger symptoms – watch for these

- Lack of confidence.
- Denial (It wasn't really that bad or I can handle it now).
- Lack of commitment to a support system.
- Trying to change others before they are ready.
- Defensiveness.
- Compulsive behavior (becoming compulsive and out of balance in another area or your life).
- Impulsive behavior (acting before you think things through or outbursts).
- Daydreaming.
- Depression.
- Easily Angered.
- Irregular sleep.
- "I don't care," attitude.
- Feeling hopeless.
- Self pity.
- Conscious lying.
- Loneliness.
- Controlled drinking (trying to limit or control use).
- Loss of control (back to original state of consumption).

Planning ahead to be successful in Post Acute Withdrawal Syndrome

Identify high risk situations and write a description of it and how you should handle them ahead of time.
(These are any areas where you know you are inclined to relapse into abuse or addiction.)

Example:

A family wedding where alcohol is to be served is coming up.
You will be tempted to celebrate.

Plan:

Bring a sober friend and your own soft drinks so you will not be made a spectacle or feel left out.

Name three high risk situations to you and set a brief plan.

If you do relapse, admit it quickly and stop it before it takes control. Don't see it as failure, just a short interruption in the recovery process.

Change begins within Post Acute Withdrawal Syndrome

- Watch for internal changes.
- Increased stress.
- Why bother?
- Change in feelings, mood swings.
- Change in behavior (look good on the outside but feel terrible inside).

Helpful Ideas for beating Post Acute Withdrawal Syndrome

- Look for balance living.
- Work- limit to 40 hours per week.
- Spend time with family.
- Maintain a spiritual connection.
- Education or new learning and stimulation.
- Take personal time.

Plans for calmness and sobriety.

- Say the serenity prayer.
*God grant me the serenity
to accept the things I cannot change
Courage to change the things I can
and the wisdom to know the difference*
- Call a counselor
- Call sober friends
- Jog around the block a few times
- Eat something
- Pray to your higher or greater strength

Also watch for "Negative Thinking " in Post Acute Withdrawal

Examples:

- I don't listen at AA and pass when it is my turn.
- I get exhausted.
- I don't like eating regularly.
- I have high expectations.
- I think the dangers of drugs are overreacted too.
- I get tired of this Higher Power stuff.

Understanding the map to relapse Post Acute Withdrawal

- Denial.
- Resentment.
- "I don't care," attitude, no confidence.
- Drop sponsor.
- Blaming others.
- Lie on purpose.
- Don't ask for help.
- Eat and sleep irregularly.
- Associate with chemically abusing people.
- Begin to relapse.
- Don't expect your desire to consume to go away quickly.

When you crave, use thoughts to help overcome the urge:

"I can wait till tomorrow" - remember some of the pain it brought, then think of the good things of being sober.

Make sure your physician, dentist and psychologist know about your addiction. It will help them better treat you.

Episode 11 - Spirituality

In many ways spirituality is about getting the strength and courage to change. Many of us get stuck in a rut because we are too unmotivated to do something different. Here is a quest for your students (kids love quests) - the teacher should do this too.

For two weeks be kind to everyone and everything, including yourself. This is hard work. If you can get them to do this or at least try it they will be opened up to what spirituality is all about. There are also some other topics that can work with this as well.

Here is a series of quotes that you can use with the kids to try to broaden the way they look at things. If they can wrap their heads around the kindness quest you can try to have them live one of these quotes everyday for a couple of weeks.

Quotes

"To educate yourself for the feeling of gratitude means to take nothing for granted, but to always seek out and value the kind that will stand behind the action. Nothing that is done for you is a matter of course. Everything originates in a will for the good, which is directed at you. Train yourself never to put off the word or action for the expression of gratitude." - Schwietzer

"Gratefulness is the key to a happy life that we hold in our hands, because if we are not grateful, then no matter how much we have we will not be happy – because we will always want to have something else or something more." - Brother Davis Steindler-Rast

"The hardest arithmetic to master is that which enables us to count our blessings." - Eric Hoffer

"My advice to you is not to inquire why or whither, but just enjoy your ice cream while it's on your plate." - Thornton Wilder

"Happiness cannot be traveled to, owned, earned, worn or consumed. Happiness is the spiritual experience of living every minute with love, grace and gratitude." - Dennis Waitley

"Don't pray when it rains if you don't pray when the sun shines." - Satchel Paige

"If the only prayer you said in your whole life was, 'thank you,' that would suffice." - Meister Eckhart

"If you have lived, take thankfully the past." - John Dryden

"If a fellow isn't thankful for what he's got, he isn't likely to be thankful for what he's going to get." - Frank A. Clark

"The unthankful heart... discovers no mercies; but let the thankful heart sweep through the day and, as the magnet finds the iron, so it will find, in every hour, some heavenly blessings!" - Henry Ward Beecher

"Gratitude unlocks the fullness of life. It turns what we have into enough, and more. It turns denial into acceptance, chaos into order, confusion into clarity... It turns problems into gifts, failures into success, the unexpected into perfect timing, and mistakes into important events. Gratitude makes sense of our past, brings peace for today and creates a vision for tomorrow." - Melodie Beattie

"I would thank you from the bottom of my heart but my heart has no bottom." - Anonymous

"Whatever we are waiting for – peace of mind, contentment, grace, the inner awareness of simple abundance – it will surely come to us, but only when we are ready to receive it with an open and grateful heart. Gratitude arises in that in-between space where the inner and outer worlds meet and touch and encompass each other. Authentic spirituality, genuine politics, and good economics arise from a spirit of radical gratitude." - Ellen Vaughn

"As we express our gratitude, we must never forget that the highest appreciation is not to utter words, but to live by them." - JFK

"Reflect on your present blessings, of which every man has many; not on your past misfortunes of which all men have some" - Dickens

"Let us rise up and be thankful, for if we didn't learn a lot today, at least we learned a little, and if we didn't learn a little, at least we didn't get sick, and if we got sick, at least we didn't die; so, let us all be thankful." - Buddha

Episode 12 - Lauren

Lauren continues to struggle; if you take a look at the Season 1 - Denial episode, you will see where she is at in terms of denial. This is always the problem that is the hardest to get past.

Have your students do a drug and alcohol use history for the past month. Try to get them to write down every time they remember using, what they used, and how much.

Then have them do a history of what has been going on in their lives for the past month; good things, bad things, ordinary things, school stuff (marks, attendance, etc.), how their emotions have been, how their primary relationships are, etc.

Then have them correlate what has been going on in their lives with their substance use patterns. If you can get them to try a couple of weeks completely clean and sober and do a journal of those two weeks they may be able to come to their own conclusion of what is going on in terms of the effects of their substance use.

Episode 13 - Looking Back

Looking back allows us to refocus on the present. If you have been following through from lesson one with this screening test then it is time to do it again.

Drug and Alcohol Problem Screening Test

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2. Have you used any other mood modifying substance (marijuana, coke, ecstasy, pills to change how you are feeling, etc.) more than 2 times in the past two weeks?
3. In the past two weeks have you used enough drugs or alcohol that you can't remember parts of the evening?
4. In the past two weeks have you thought you should quit or cut down your drug or alcohol use?
5. In the past two weeks do you recall craving drugs or alcohol? (This includes thinking about drugs or alcohol a lot when you are not using or getting excited about the possibility of drinking or using.)
6. Have you been hurt, injured, been in a fight or screaming argument while under the influence of drugs or alcohol in the past two weeks?
7. In the past two weeks do you recall being concerned about where you were going to get more drugs or alcohol or where you were going to get money for more drugs or alcohol?
8. In the past two weeks has your drug or alcohol use caused you problems with your parents or at school? Include regularly fighting with your parents if you are using and missing class or assignments because you have been drinking/using during the week.
9. Do most of your friends use drugs and alcohol regularly?
10. Have you done anything in the past two weeks while under the influence of drugs or alcohol that you felt bad or guilty about?

Count your number of yes answers

Drug and Alcohol Problem Screening Test Evaluation

0 to 1 yes answers -

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2 to 3 yes answers -

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Indicates that the teen is developing or experiencing a drug or alcohol dependency (Substance Use Disorder). This means that he/she is psychologically starting to "need" their substance to control their moods/feelings/environment. Using because he/she is bored, stressed, angry, sad, tired, or shy are examples of dependent drug/alcohol use.

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Use the results as a motivator, either to consider change or as a reward for taking good care of one's self. If it is a situation in which students are scoring high then use the test to help them figure out how to lower their scores. For example, if they said yes to the first question, you could help them plan their alcohol use to cut down the amount so that they are not getting drunk.

It is particularly useful to retest every two weeks while you are working with your group to help them identify whether or not they are seeing any progress.

Ask your students if they are happy with what they are getting in terms of their scores, if not, remind them that "*if you don't change something, nothing changes.*"



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McNabb Connolly
info@mcnabbconnolly.ca • www.mcnabbconnolly.ca

Also available:
DRUG CLASS - Seasons 1 and 3.