



DRUG ABUSE PREVENTION FOR EXPLORERS

A GUIDEBOOK



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This guidebook is the result of a joint effort between the Learning for Life (LFL) Law Enforcement Exploring Program and the Drug Enforcement Administration (DEA). Law Enforcement Exploring is a program for young adults who are interested in law enforcement as a career. They belong to posts which are sponsored by police and sheriff's departments around the country, as well as by federal agencies.

By following the suggestions in this book, Explorers can qualify for program recognitions such as the drug prevention proficiency award (individual) or the DEA Drug Abuse Prevention Service Award (post). They can also work to improve our country.

Although the DEA is best known for dismantling major drug trafficking rings, it also is a leader among federal agencies in prevention and education programs. The Demand Reduction Section, which carries out this side of DEA's work, tailors programs for schools, the workplace and community organizations to help Americans make the right choice about illegal substances.

Programs fashioned by the Demand Reduction Section staff of DEA Headquarters are put into practice by DEA Special Agents who work full-time as Demand Reduction Coordinators in major cities throughout the nation.

DEA regards the Explorer program as an opportunity to acquaint intelligent, motivated young people with what goes on inside a proud federal law enforcement agency. If you are a young man or woman thinking seriously about law enforcement as a career, you should be thinking DEA.

The most visible DEA employees, of course, are Special Agents. But there are three other core specialties: Diversion Investigator, Intelligence Analyst, and Chemist. And beyond them, literally dozens of other occupations. A broad array of skills figure in the agency's success.

To learn more about DEA career opportunities, write Office of Personnel, Drug Enforcement Administration, Washington, D.C. 20537.

Sincerely,

A handwritten signature in black ink that reads "DR Marshall".

Administrator
Drug Enforcement Administration

OVERVIEW OF THE PROBLEM

Drug use in the United States has been a concern for a number of years. The history of drug use in America over the last hundred years indicates that this problem is cyclical in nature. When the nation fails to pay attention and guard against it, drug use tends to spread. What we have learned through research is that prevention can work, and that it does have an impact when it is done correctly. The most important lessons we have learned are perception of risk, and perception of societal disapproval are the two things that impact most on the drug using behavior of adolescents.

This means that young people will not take drugs if they perceive that there is some risk (health or legal) in doing so. They will also be less likely to take drugs if they perceive that the society as a whole disapproves of drug use. Therefore, good prevention programs will try to increase the perception of risk and societal disapproval.

Prevention programs should also include skills to resist drugs, strengthen personal commitments against drug use, and increase social competency (communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use. They should include interactive methods, such as peer discussion groups, rather than just lecture methods alone.

The number one goal of the President's National Drug Control Strategy is to "educate and enable America's youth to reject illegal drugs as well as alcohol and tobacco." The youth of America, can be part of this effort. By using some of the information outlined in this publication, and researching more, you can contribute to the goal of making America drug-free.



WHY DO YOUNG PEOPLE USE DRUGS?

When asked, youth offer a number of reasons for using drugs; most often they cite a desire to change the way they feel.

Other reasons include:

- To be accepted by their peers;
- To be adult-like or sophisticated;
- To be happier;
- Curiosity

What makes young people especially vulnerable to drug abuse?

- Adolescence is a time of significant physical and emotional change.
- They are striving to be socially competent and therefore tend to be especially concerned about being attractive and accepted.
- They often have unrealistic expectations about attractiveness and social acceptance, and they tend to be self-critical.

What other factors contribute to drug abuse among youth?

- Our culture tells us that we should not have to suffer. The media bombards us with messages that we will feel better if we take a pill or a drink.
- Leading figures in sports, entertainment, and public life openly discuss their drug experiences, sometimes presenting them in a positive light.
- Access to drugs is relatively easy for any youth in any community.
- The entertainment industry frequently portrays drug use in a positive light in movies and on television.

You may want to ask your post members to discuss these reasons. What other causes can they suggest for the problem?



ADULT BEHAVIORS THAT MAY CONTRIBUTE TO ADOLESCENT DRUG USE

Parents and other adults sometimes make it easy or enable young people to use mood-altering substances. The following are examples of behaviors that may encourage kids to use drugs:

- Adults or parents may overhear party plans concerning drugs or alcohol but pretend that they did not hear.
- They may smell alcohol or marijuana but do nothing.
- They may feel that they don't know enough about substance abuse themselves and may avoid the subject, or mention it once and never bring it up again.
- Adults may rationalize or discount signs of alcohol, tobacco and other drug (ATOD) use.

FORMS OF DENIAL BY ADULTS

- "We don't have a problem."
- "It is not a problem for my family—it is a problem for other families."
- "If a problem exists in my family it is a reflection on me." (Therefore, I will ignore the problem.)
- "Whatever is done to prevent it will not work anyway."

SOME STRATEGIES FOR EFFECTIVE PARENTING

- Adults or parents should tell young people that they love them and are concerned about them.
- Confront children immediately when signs of substance use are suspected.
- Learn to be firm, set limits and stick with them. Create clear, consistent expectations and enforce them.
- Be aware of your own substance-using behavior. In other words, be a good role model.
- Develop communication skills that are compassionate, clear, connecting, comprehensive, competent, and controlled.

- Get involved in your child's activities; know their friends; know where they are going and what they are doing.
- Discuss the consequences of substance use.
- Chemical abuse incidents that occur in your community or family are relevant and meaningful to everyone. Young people and adults can learn good lessons by discussing them.

HOW EXPLORERS CAN ASSIST WITH DRUG AWARENESS PROGRAMS

Explorers can play an important role in drug awareness and prevention by informing the public about the perils of substance abuse. A prerequisite for Explorer involvement in this area would be a comprehensive training program covering the identification, use, misuse, and effects of drugs. Explorers should also be familiar with the dangers and effects of alcohol and tobacco abuse. A vital component of this training would be public speaking skills and methods of presenting substance abuse information to various types of audiences. Check the resource list for where to go for information.

Early Elementary School

(Kindergarten through fourth grade). Prevention programs for youth in this age category should be based on the concept that "only sick people need drugs." Students should be taught that while some drugs can be beneficial if medically prescribed and used, all drugs are dangerous if they are misused or not prescribed by a physician. Students should also be acquainted with the techniques used to lure young people into experimenting with drugs. Because students in this age bracket are more responsive to visual than audio stimulus, audiovisual aids should be an integral part of any such presentation.

Middle School

(Fifth through eighth grades). A factual approach should be used with junior high school students. Students should be told about the legal, physiological, and psychological consequences of substance abuse. The adverse results of alcohol and tobacco use should receive considerable attention at this level. The importance of positive decision making as it relates to the sometimes negative effect of peer pressure should be examined and discussed. Peer pressure can be used to support either type of decision. Role-playing scenarios would be helpful in reinforcing this information.

High School

(9th through 12th grades). There is some question as to how effective Explorers would be in making this presentation to high school students.

Explorers may feel uncomfortable addressing this group because a majority of them are high school students themselves. Additionally, most states require that high school students receive substance abuse instruction during required health and personal hygiene classes. Rather than giving a presentation, a peer counseling program might be the best kind of project to design.

Adults

(School organizations, community service groups, etc). Presentations of this kind should be based on drug identification as well as the legal, physiological and psychological effects of substance abuse. A review of the statistical information relating to all facets of substance abuse should be included. Displays of the more commonly abused types of drugs should be available. Adults should be apprised of the signs that can help identify people who abuse and/or distribute drugs illegally. They should receive resource information about agencies that offer services to youth with substance abuse problems. The importance of adults as role models should also be discussed. Adults should be reminded to contact the appropriate law enforcement agency with any information regarding the illegal distribution of drugs.

Key elements in the success of this program are training and preparation. Explorers can be of vital assistance to our communities and fellow citizens in combating substance abuse.

How to Get Involved With School Programs

It is important to note that because your Explorers are trained, it does not necessarily follow that schools will welcome your offer of assistance. The advisor and principal and/or superintendent should meet and discuss how the post can support the goals of the school regarding drug abuse prevention. Many school systems encourage high school students to participate in community service programs by providing time out of school or offering high school credit.



SAMPLE PROGRAMS

There are many different prevention strategies. Awareness and education, as well as alternative activities are all part of the spectrum. Many of these programs are oriented toward learning why young people use drugs, how to help them say no, and alternatives to drug use rather than teaching them about the drugs themselves. There are many different options—choose the one that is right for you or design one of your own.

We have included examples of six model programs in this booklet. There are many more, which you can find out about by using our resource list or doing some research on your own. Adapt any of them to your own needs, or invent your own program that is geared to your community and the resources of your Explorer post. We chose programs that were low in cost, but there are others that you can do if you have access to some money. There are curriculum guides, films and videotapes, puppet shows, and publications that can be purchased or, in some cases, rented for use in your drug abuse prevention program.



Learning for Life (LFL) Crime Prevention Program

Goals and Objectives:

To use the collective resources of LFL youth and adult participants, parents, participating organizations, law enforcement agencies, community-based organizations, and local offices to fight crime.

Activities:

Youth activities involve all LFL programs and use existing LFL materials and resources. Character education activities help youth learn to settle arguments with words, not weapons, report crime and get involved in making neighborhoods safe.

Family activities involve youth participants discussing violence and violent activities with their parents and demonstrating basic safety and crime prevention techniques.

Community activities stress working with national, state and local law enforcement agencies in programs such as setting up neighborhood crime watch systems and organizing safety projects for elementary school children.

Post activities include conducting a special parents night, working with local agencies and organizations, monitoring youth participation in crime prevention projects, and distributing appropriate recognitions.

Contact:

Learning for Life Office, www.learning-for-life.org

**Youth to Youth
International**

**Goals and
Objectives:**

To teach youth that it is okay not to be involved with drug and alcohol use.

Activities:

Youth to Youth International is headquartered in Columbus, Ohio and has programs in 35 states and 13 countries. The Youth to Youth philosophy is based on the influence of positive peer support, and helping other teens choose and maintain a drug-free lifestyle. The program is teen-centered and teaches the development of leadership and life skills as well as giving ideas for fun alternative activities. The program sponsors a series of summer conferences and provides drug-free educational items for youth.

Contact:

Youth to Youth International
700 Bryden Road
Columbus, OH 43215
614-224-4506
email: general@y2yint.com

**Students Against
Destructive
Decisions
(SADD)**

**Goals and
Objectives:**

Dedicated to addressing the issues of underage drinking, impaired driving, drug use, and other destructive decisions that are killers of young people.

Activities:

SADD is a peer leadership organization dedicated to preventing underage drinking and drug use by focusing attention on the potentially life threatening consequences of destructive decisions involving issues such as not wearing a safety belt, smoking, steroid use, violence, sexually transmitted diseases and suicide. SADD's mission is to provide students with the best prevention and intervention tools possible to deal with the serious issues young adults are facing today. Some SADD chapters sponsor different model programs such as STAND (Students Taking a New Direction) for middle school students and Peer Resistance Skills for high school students.

Contact:

SADD National
Box 800
Marlboro, MA 01752
800-787-5777
www.saddonline.com or www.sadd.org

Puppet Show	Goals and Objectives:	To present drug abuse information to young people in an entertaining fashion.	
	Activities:	Both the Kids on the Block and BABES (Beginning Alcohol and Addiction Basic Education Studies) utilize puppets to transmit drug abuse prevention and education information. The Kids on the Block company has a package that consists of five scripts, props, follow-up activities and resources to form a comprehensive curriculum on the topic. Script material includes information about alcohol and other drugs, peer pressure and learning how to make choices, the negative effects of tobacco use and the difference between good medicine and illegal drugs. Babesworld is a K-12 curriculum which offers a total systems approach to the development of healthy living skills. It utilizes a variety of group-building, motivational, and instructional approaches to reach youth, families, schools, media, and community organizations with programs.	
	Contact:	The Kids on the Block, Inc. 9385 C Gerwig Lane Columbia, MD 21046-1583 FAX 410-290-9358	BABESWorld 33 East Forest Avenue Detroit, MI 48201 313-833-3962

Operation Snowball	Goals and Objectives:	Operation Snowball is a support system for youth and adults, providing community-based prevention and health activities with an emphasis on youth involvement.	
	Activities:	Operation Snowball is an ongoing youth and adult cooperative process focusing on prevention and founded on the belief that every person has the capacity to make sound decisions regarding life and behavior based on accurate information and an understanding of self, attitudes, and motivations. Activities include staff development/training, events, leadership skills training, and follow-up educational and support programs for communities. Such activities should be designed and delivered by youth and adults together in response to community needs.	
	Contact:	Operation Snowball 937 S. Second Street Springfield, IL 62704 800-252-6301	

**Teens
in
Prevention**

**Goals and
Objectives:**

Develop and maintain a collaborative of community agencies that seek and implement solutions to substance abuse, violence, and its related problems.

Activities:

This youth-driven, school-based network focuses on individual responsibility, positive peer pressure, and community mobilization to impact attitudes, beliefs, and behavior that leads to the reduction of substance abuse and violence.

Contact:

Demand Reduction Coordinator
Drug Enforcement Administration
El Paso Field Division
660 N. Mesa Hills – Suite 2000
El Paso, TX 79912
915-832-6233



RESOURCES

There are lots of resources to help put a program together. They include publications, audiovisual material, financial support, and people. Some of them are free, but many cost money. In fact, there are so many resources that sometimes the problem is sorting out what is good or useful to you. National Families in Action (NFIA) is one resource that reviews books, brochures, videos, and other drug abuse prevention material. These reviews are available on their web site. You might look for other sources on the internet.

On the federal level, the Drug Enforcement Administration (DEA) and the National Clearinghouse on Alcohol and Drug Information (NCADI) have publications they can provide in limited quantities.

Each state has a drug and alcohol abuse prevention division. These offices are responsible for putting together a prevention plan for the state each year, and they are aware of resources located around the state. You can obtain the address and telephone number of your state office by contacting your state government, the Center for Substance Abuse Prevention, or the National Association of State Alcohol and Drug Abuse Directors (NASADAD) (*see address list*).

Do some research in your own community. Your local library or mental health or drug treatment center should have lots of information that you can use in your program. There are many experts in your community who may be willing to assist your post. These include the police, doctors, pharmacists, psychologists, and others.

There are some good drug prevention curriculum guides that give step-by-step instructions on how to teach drug prevention classes. Drug Strategies, a nonprofit organization in Washington, D.C., has a publication "Making the Grade" that evaluates a number of the leading drug prevention curricula.

Films, videos, and slide shows can help make your programs interesting. Your local library may have some for loan or check with your state prevention coordinator for other possibilities. The National Clearinghouse for Alcohol and Drug Information (NCADI) has audiovisual materials available for a very minimal cost. Videos are also available from many commercial firms.

Training Resources

Several excellent resources which can be found in your community might be useful in establishing your program to train the Explorers in your post.

- Your police departments narcotics or community relations unit;
- The local DEA office—they have a Demand Reduction Coordinator in each of their field divisions around the country;
- The National Guard—each state has a Drug Demand Reduction Administrator;
- Drug rehabilitation centers—substance abuse counselors or recovering addicts;
- Your local pharmacist or doctor;
- University professors.

Financial Resources

Implementing a community drug awareness program need not involve large sums of money. The important thing to remember is that there are organizations that believe in what your post is doing and will want to help. While the plans and the amount sought will vary from community to community, there are certain issues common to all efforts:

A. Discuss your plans with the post committee chairman and the head of the participating organization.

B. To secure supplies and support, check with the local LFL office regarding local money-earning opportunities. In addition, posts can earn money by holding events such as dances, bowling, car washes, bake sales, etc.

Addresses

Drug Enforcement Administration (DEA)
Demand Reduction Section
Washington, DC 20537
202-307-7936
www.usdoj.gov/dea

National Association of State Alcohol and Drug Abuse Directors
(NASADAD)
808-17th Street, N.W., Suite 410
Washington, DC 20006
202-293-0090
www.nasadad.org

National Clearinghouse on Alcohol and Drug Information (NCADI)
P.O. Box 2345
Rockville, MD 20852
800-729-6686
www.health.org

Center for Substance Abuse Prevention (CSAP)
5600 Fishers Lane
Rockwall II Bldg., 9th Floor
Rockville, MD 20857-0001
301-443-0365
www.samhsa.gov

Parents Resource Institute For Drug Education (PRIDE)
3610 Dekalb Technology Parkway, Suite 105
Atlanta, GA 30340
770-458-9900
www.prideusa.org

Center on Addiction and Substance Abuse at Columbia University (CASA)
152 West 57th Street
New York, NY 10019-3310
212-841-5200
www.casacolumbia.org

Community Anti-Drug Coalitions Of America (CADCA)
901 North Pitt Street, Suite 300
Alexandria, VA 22314
703-706-0560
www.cadca.org

National Crime Prevention Council (NCPC)
1000 Connecticut Avenue, N.W.
13th Floor
Washington, DC 20036
202-466-6272
www.ncpc.org

National Families in Action (NFIA)
Century Plaza, Suite 150
2957 Clairmont Road
Atlanta, GA 30329
404-248-9676
www.emory.edu/NFIA

Drug Abuse Resistance Education (DARE America)
P.O. 2090
Los Angeles, CA 90051
800-223-3273
www.dare-america.com

Elks Drug Awareness Program
3037 Charing Cross
Brunswick, GA 31525-6846
912-264-1922
Email: gadap@dariantel.net

Partnership for a Drug-Free America (PDFA)
405 Lexington Avenue (16th floor)
New York, NY 10174
212-922-1560
www.drugfreeamerica.org

Scott Newman Center
6255 Sunset Boulevard, Suite 1906
323-469-2029

American Council for Drug Education (ACDE)
164 West 74th Street
New York, NY 10023
212-595-5810 ex.7861

Drug Strategies
1575 Eye Street, N.W.
Suite 210
Washington, DC 20005-1105
202-289-9070
www.drugstrategies.org

DRUGS OF ABUSE / Uses and Effects

Drugs	CSA Schedules	Trade or Other Names	Medical Uses	Physical	Dependence Psychological	Tolerance	Duration (Hours)	Usual Method	Possible Effects	Effects of Overdoes	Withdrawal Syndrome
Narcotics											
Heroin	I	Diamorphine, Horse, Smack, Black tar, <i>Chiva</i> , <i>Negra</i> (black tar)	None in U.S., Analgesic, Antitussive	High	High	Yes	3-4	Injected, snorted, smoked	Euphoria, drowsiness, respiratory depression, constricted pupils, nausea	Slow and shallow breathing, clammy skin, convulsions, coma, possible death	Watery eyes, runny nose, yawning, loss of appetite, irritability, tremors, panic, cramps, nausea, chills and sweating
Morphine	II	MS-Contin, Roxanol, Oramorph SR, MSIR	Analgesic	High	High	Yes	3-12	Oral, injected			
Hydrocodone	II,III	Hydrocodone w/Acetaminophen, Vicodin, Vicoprofen, Tussionex, Lortab	Analgesic, Antitussive	High	High	Yes	3-6	Oral			
Hydromorphone	II	Dilaudid	Analgesic	High	High	Yes	3-4	Oral, injected			
Oxycodone	II	Roxicet, Oxycodone w/Acetaminophen, OxyContin, Endocet, Percocet, Percodan	Analgesic	High	High	Yes	3-12	Oral			
Codeine	II,III,V	Acetaminophen, Guaifenesin or Promethazine w/Codeine, Fiorinal, Fioricet or Tylenol w/Codeine	Analgesic, Antitussive	Moderate	Moderate	Yes	3-4	Oral, injected			
Other Narcotics	II,III,IV,V	Fentanyl, Demerol, Methadone, Darvon, Stadol, Talwin, Paregoric, Buprenex	Analgesic, Antidiarrheal, Antitussive	High-Low	High-Low	Yes	Variable	Oral, injected			
Depressants											
<i>gamma</i> Hydroxybutyric Acid	I	GHB, Liquid Ecstasy, Liquid X, Sodium Oxybate	None in U.S., Anesthetic	Moderate	Moderate	Yes	3-6	Oral	Slurred speech, disorientation, drunken behavior without odor of alcohol, impaired memory of events, interacts with alcohol	Shallow respiration, clammy skin, dilated pupils, weak and rapid pulse, coma, possible death	Anxiety, insomnia, tremors, delirium, convulsions, possible death
Benzodiazepines	IV	Valium, Xanax, Halcion, Ativan, Restoril, Rohypnol (Roofies, R-2), Klonopin	Antianxiety, Sedative, Anticonvulsant, Hypnotic, Muscle Relaxant	Moderate	Moderate	Yes	1-8	Oral, injected			
Other Depressants	I,II,III,IV	Ambien, Sonata, Meprobamate, Chloral Hydrate, Barbiturates, Methaqualone (Quaalude)	Antianxiety, Sedative, Hypnotic	Moderate	Moderate	Yes	1-8	Oral			
Stimulants											
Cocaine	II	Coke, Flake, Snow, Crack, <i>Coca</i> , <i>Blanca</i> , <i>Perico</i> , <i>Nieve</i> , <i>Soda</i>	Local anesthetic	Possible	High	Yes	1-2	Snorted, smoked injected	Increased alertness, excitation, euphoria, increased pulse rate & blood pressure, insomnia, loss of appetite	Agitation, increased body temperature, hallucinations, convulsions, possible death	Apathy, long periods of sleep, irritability, depression, disorientation
Amphetamine/Methamphetamine	II	Crank, Ice, <i>Cristal</i> , Krystal Meth, Speed, Adderall, Dexedrine, Desoxyn	Attention deficit/hyperactivity disorder, narcolepsy, weight control	Possible	High	Yes	2-4	Oral, injected, smoked			
Methylphenidate	II	Ritalin (Ily's)	Attention deficit/hyperactivity disorder	Possible	High	Yes	2-4	Oral, injected, smoked			
Ephedrine		Mini Thins, Ma-Huang, Ephendra, Herbal Ecstasy	Vasoconstriction	Possible	Moderate	Yes	2-4	Oral			
Other Stimulants	III,IV	Adipex P, Ionamin, Prelu-2, Didrex, Provigil	Appetite suppression, Narcolepsy	Possible	Moderate	Yes	2-4	Oral, injected			
Hallucinogens											
MDMA and Analogs	I	(Ecstasy, XTC, Adam), MDA (Love Drug), MDEA (Eve), MBDB	None	None	Moderate	Yes	4-6	Oral	Heightened senses, teeth grinding and dehydration	Increased body temperature, electrolyte imbalance, cardiac arrest	Muscle aches, drowsiness, depression, acne
LSD	II	Acid, Microdot, Sunshine, Boomers	None	None	Unknown	Yes	8-12	Oral			
Phencyclidine and Analogs	I,II,III	PCP, Angel Dust, Hog, Loveboat, Ketamine (Special K), PCE, PCPy, TCP	Anesthetic (Ketamine)	Possible	High	Yes	1-12	Smoked, oral, injected, snorted	Illusions and hallucinations, altered perception of time and distance	(LSD) Longer, more intensified "trip" episodes Unable to direct movement, feel pain, or remember	None Drug seeking behavior *Not regulated
Other Hallucinogens	I	Psilocybe mushrooms, Mescaline, Peyote Cactus, Ayahuasca, DMT, Dextromethorphan* (DXM)	None	None	None	Possible	4-8	Oral			
Cannabis											
Marijuana	I	Pot, Grass, Sinsemilla, Blunts, <i>Mota</i> , <i>Yerba</i> , <i>Grifa</i>	None	Unknown	Moderate	Yes	2-4	Smoked, oral	Euphoria, relaxed inhibitions, increased appetite, disorientation	Fatigue, paranoia, possible psychosis	Occasional reports of insomnia, hyperactivity, decreased appetite
Tetrahydrocannabinol	I,III	THC, Marinol	Antinauseant, Appetite stimulant	Yes	Moderate	Yes	2-4	Smoked, oral			
Hashish and Hashish Oil	I	Hash, Hash oil	None	Unknown	Moderate	Yes	2-4	Smoked, oral			
Anabolic Steroids											
Testosterone	III	Depo Testosterone, Sustanon, Sten, Cypot	Hypogonadism	Unknown	Unknown	Unknown	14-28 days	Injected	Virilization, edema, testicular atrophy, gynecomastia, acne, aggressive behavior	Unknown	Possible depression
Other Anabolic Steroids	III	Parabolan, Winstrol, Equipoise, Anadrol, Dianabol, Primabolin-Depo, D-Ball	Anemia, Breast cancer	Unknown	Yes	Unknown	Variable	Oral, injected			
Inhalants											
Amyl and Butyl Nitrates		Pearls, Poppers, Rush, Locker Room	Angina (Amyl)	Unknown	Unknown	No	1	Inhaled	Flushing, hypotension, headache	Methemoglobinemia	Agitation
Nitrous Oxide		Laughing gas, balloons, Whippets	Anesthetic	Unknown	Low	No	0.5	Inhaled	Impaired memory, slurred speech, drunken behavior, slow onset vitamin deficiency, organ damage	Vomiting, respiratory depression, loss of consciousness, possible death	Trembling, anxiety, insomnia, vitamin deficiency, confusion, hallucinations, convulsions
Other Inhalants		Adhesives, spray paint, hair spray, dry cleaning fluid, spot remover, lighter fluid	None	Unknown	High	No	0.5-2	Inhaled			
Alcohol		Beer, wine, liquor	None	High	High	Yes	1-3	Oral			

EXPLORER DRUG AWARENESS PROJECT STEPS FOR SUCCESS

- A. Advisor discusses prospective drug awareness involvement of post with post committee chairman and head of the participating organization.
- B. Advisors and post officers discuss how the post can assist in the community drug awareness effort.
- C. Surveys—each Explorer is asked to survey three youths and interview one adult other than their own parents. In addition, several teachers, administrators, and clergy should be surveyed for their opinions regarding the drug abuse situation in the community. It is important that the students taking the survey feel that their privacy is protected. You are more likely to get honest answers that way.
- D. The results of the surveys are tabulated. The interviews are reviewed by the post.
- E. The post participates in training, during which Explorers learn:
1. How the community perceives its drug problems;
 2. Drug identification and distribution methods;
 3. Why young people use drugs;
 4. Successful community programs for treatment and prevention;
 5. Community resources.
- F. Post officers and advisors develop a program that includes objectives, training, time schedule, and plans.
- G. Post implements program with periodic progress reviews.
- H. Results are documented and shared with departmental leadership.

APPENDIX

1. Student Survey
2. Community/Parent Survey
3. Exploring Drug Awareness Project Preliminary Worksheet
4. Post Planning Worksheet
5. Sample Drug Awareness Program Agenda

Please Note The surveys in this guide were developed for this program. There is a survey available that can be correlated with a national data base from 8th, 10th, and 12th graders.

Space constraints preclude publishing that survey as part of this document. However, copies of the survey are available from:

Institute for Social Research
University of Michigan
426 Thompson Street
Ann Arbor, MI 48104-2321
734-764-8354
isr-info@isr.umich.edu



Student Alcohol/Drug Survey

Your response to this survey will be kept strictly confidential. Do not put your name on this survey. The purpose of this survey is to gather information about the use of alcohol and other drugs among young people. Please be as honest as you can about your experiences and feelings about alcohol and other drugs.

Directions: Place a checkmark on the appropriate line.

1. Male _____ Female _____

2. Grade _____ Age _____

3. Check the line for each substance that best describes your alcohol and other drug use:

	Never used	Used once In last year	Used a few times in last year	Used every week in last year	What age did you start
· Alcohol					
· Marijuana					
· Tobacco (smoke, chew)					
· Cocaine/crack					
· Methamphetamine					
· Heroin/depressants					
· Club drugs (GHB, Ecstasy)					
· LSD/PCP					
· Steroids					
· Inhalants					

4. Have you gone to a party where alcohol or other drugs were available?

Yes _____ No _____ How often _____

What drugs _____

5. Is marijuana easily available in your school? Yes _____ No _____

6. Have your parents talked to you about drugs? Yes _____ No _____

7. Do your parents know that you have used alcohol/drugs?

Yes _____ No _____ I don't use _____

8. Have you received any information about drugs and alcohol in school?

Yes _____ No _____ What grade _____

**Community
/Parent
Survey**

1. Alcohol use among young people in our community is:

- No problem
- A mild problem
- A moderate problem
- A serious problem
- Comment _____

2. Marijuana use among young people in our community is:

- No problem
- A mild problem
- A moderate problem
- A serious problem
- Comment _____

3. Other drug use among young people in our community is:

- No problem
- A mild problem
- A moderate problem
- A serious problem
- Comment _____

4. Vandalism in our community is:

- No problem
- A mild problem
- A moderate problem
- A serious problem
- Comment _____

5. Alcoholic beverages served to young people in their own home is:

- No problem
- A mild problem
- A moderate problem
- A serious problem
- Comment _____

6. Alcoholic beverages served to young people at teenage parties is:

- No problem
- A mild problem
- A moderate problem
- A serious problem
- Comment _____

7. If used, which alcoholic beverage can or should be served to young people under the age of 18:

- Beer
- Wine
- Liquor
- Combination
- Comment _____

8. The illegal sale of alcoholic beverages to young people in local stores and bars is:
- No problem
 - A mild problem
 - A moderate problem
 - A serious problem
 - Comment _____
9. It is common practice for parents of teenagers in my neighborhood to call the host parent to confirm party arrangements:
- Always
 - Never
 - Sometimes
 - Comment _____
10. When teenagers attend parties in my home, there is adult supervision:
- Always
 - Never
 - Sometimes
 - Comment _____
11. When teenagers attend parties in other homes, there is adult supervision:
- Always
 - Never
 - Sometimes
 - Comment _____
12. The legal age to sell or serve alcoholic beverages should be:
- Age 18
 - Age 19
 - Age 20
 - Age 21
 - Comment _____
13. I favor the legalization of marijuana use for:
- Anyone over age 18
 - Anyone over age 21
 - No one
 - Medical use only
 - Comment _____
14. Do you have enough information to help you discuss alcohol and other drug use with your children?
- Yes
 - No
 - Need help
 - Comment _____

15. Do you talk with your children about alcohol and other drugs?

- Yes
- No
- Don't know how
- Comment _____

16. In communicating with other parents, how many of them seem to set the same rules and limitations for their children as you?

- Many
- Some
- None
- I don't know

17. What kind of information would you like to help you talk with your children?

- Effects of use
- Symptoms of drug use
- Trafficking and use patterns
- Treatment available
- The laws
- Why kids take drugs
- How you can help them say no

18. Would dialogue with other parents on alcohol and other drugs as well as related subjects be helpful to you?

- Yes
- No
- Comment _____

19. Would you be willing to join a community-wide coalition, consisting of parents, students, school people, and other community members, to help stop drug abuse in your community?

- Yes
- No
- Comment _____

**Exploring Drug
Awareness
Project**

**Preliminary
Worksheet**

Please answer the questions below before attending the orientation. Some questions will require that you speak with people in your community regarding their perceptions of the drug problem.

POST NO. _____

1. In your opinion, what is the most commonly used illegal drug by young people within your community? _____ within your school? _____
2. Please discuss with the persons listed below their perceptions of any existing drug problems among young people within your community and school. What do they think should be done?

Chief of Police

School Principal

School Counselor

Teacher

Drug treatment Counselor

3. In your opinion, why do your peers/friends use drugs?

4. List and briefly describe prevention and rehabilitation programs for young people that address a drug problem within your community.

5. Are the current drug abuse prevention and rehabilitation programs effective?

If so, why?

If not, why not?

6. At what age should drug abuse prevention programs begin? _____

Exploring Drug Abuse Prevention Program

Post Planning Worksheet

Post No. _____
Participating Organization _____
Advisor _____
Nature of Drug Problem:

Selected Target: _____

Brief Statement of Program: _____

Departmental Resources: _____

Community Resources Available: _____

Materials Needed: _____

Budget:	Expenses	Income Sources
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

These are the goals and objectives the post hopes to accomplish in the next year.

Goals _____

30-day objectives _____

60-day objectives _____

90-day objectives _____

6-month objectives _____

1-year objectives _____

Explorer Sample Drug Awareness Program Agenda

Time	Minutes	Subject	Presenter
8:30 a.m.	(5)	Welcome and Introductions	Post President
8:35 a.m.	(25)	What Our Community Thinks About Drugs (discussion)	Advisor
9:00 a.m.	(60)	The Drug Scene: How Bad Is It?	Narcotics Officer or DEA Trainer
10:00 a.m.	(15)	Break	
10:15 a.m.	(45)	Why Kids Do Drugs (discussion)	Psychologist
11:00 a.m.	(10)	Break	
11:10 a.m.	(30)	Ways to Deal with the Problem	Drug Counselor
11:40 a.m.	(20)	Hypothetical Problem (in groups)	Advisor
12 noon	(60)	Lunch	
1:00 p.m.	(30)	Group Reports on Hypothetical Problem	Advisor
1:30 p.m.	(30)	Success Stories	Community Coalition Leader
2:00 p.m.	(15)	Break	
2:15 p.m.	(75)	Our Project – Post Plans	Advisor, Post Members
3:30 p.m.	(15)	Summary and Assignments of Task	Post President
3:45 p.m.		Adjourn	