

DYING HIGH:
Teens in the ER

CREDITS

EXECUTIVE PRODUCER

Anson W. Schloat

PRODUCER/DIRECTOR

Scott Sniffen

TEACHER'S RESOURCE BOOK

Wil Petre

David Spector

SPECIAL THANKS TO

White Plains Hospital Emergency Department and Staff

Waterbury Hospital Emergency Department and Staff

American Medical Response and Staff

CONSULTANT

Christopher Michos, M.D.

Copyright 2003

Human Relations Media, Inc.

TABLE OF CONTENTS

Introduction	1
Learning Objectives	3
Program Summary	4

STUDENT ACTIVITIES

1. Pre/Post Test	7
2. Research Project	9
3. Test Your Knowledge	11
4. Your Personal Risk Meter	13
5. Risk Scenarios	14
6. Creative Writing	15
7. Reaching Lifetime Goals	16
8. Thinking About the Video	17
9. Peer Pressure Role Play	18
10. Video Quotes	19
11. Drunk Driving Penalties	20
12. What Is Good Risk Taking?	21
13. Zero Tolerance and You	22
14. Dear Gabby	23

FACT SHEETS

1. Blood Alcohol Content	24
2. Degrees of Intoxication	25
3. Know Your Limits (Male)	26
4. Know Your Limits (Female)	27
5. Alcohol Poisoning	28
6. Don't Become a Statistic	30
7. Contract for Life	31
8. Protect Yourself	32
9. Internet Resources	33
10. Bibliography	34

Other Products from Human Relations Media	35
---	----

Being a teenager naturally involves taking certain risks. In one sense, risk taking can be considered a necessary step in the journey towards maturity and independence; it leads a teenager to greater self-discovery and self-confidence. However, certain kinds of risks—such as the abuse of drugs and alcohol and driving while intoxicated—are typical examples of the negative choices many teenagers engage in during their quest for identity. Why are teens often incapable of evaluating the possible consequences of their choices? What many young adults fail to realize is that every risk has the potential to be harmful, or perhaps even deadly. When teenagers make dangerous choices without first considering the consequences of their actions, they may find themselves battling for their lives in an emergency room.

A recent study by Brown University has concluded that “teens counseled in the emergency room have fewer subsequent drinking and driving incidents, alcohol-related injuries and other alcohol-related problems than teens who received standard E.R. care.” While the video *Dying High: Teens in the E.R.* is not intended as a substitute for counseling, it is our hope to increase teen’s awareness of the risks they may be taking, and to help teens understand the importance of making safe choices in the future.

High school students are confronted with risky choices every day—cigarettes, alcohol, illicit drugs, early sexual activity and more. Drug use among teenagers is at its highest level in nine years as a recent national survey estimates that one in 10 high school seniors uses an illicit drug once a day. New federal data has indicated a 20 percent increase in drug-related E.R. visits for 12-17 year-olds, while emergency room treatment of Ecstasy overdoses increased by 58 percent in 2000. Drug-related emergency room visits among youth aged 12 to 17 jumped from 52,783 in 1999 to 63,448 in 2000, in part due to the growing popularity of club drugs such as Ecstasy, GHB, Ketamine, methamphetamine, Rohypnol, and LSD.

With each passing year, illicit drugs are becoming increasingly potent and so the potential to overdose is becoming increasingly more likely. Young adults need to be taught the importance of positive choices when it comes to drug usage. All dangerous choices bring dangerous results; a teenager’s first experience with drugs could also be his last!

Alcohol is the most widely used and abused drug in the United States. It is estimated that 70 percent of all teenagers drink alcohol and at least one in four engages routinely in binge drinking. Binge drinking can carry with it lethal results. Alcohol poisoning occurs when a person drinks a massive amount of alcohol in a very short amount of time and literally fills the stomach with poison. As alcohol poisoning occurs, the person may slip into a coma. Both normal breathing and heart function are greatly impaired and may stop entirely. The decision not to drink alcohol can be a life-saving choice.

Motor vehicle crashes remain the leading cause of death for young people, often as a result of drunk driving. In fact, 1,400 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes. While alcohol

poisoning is a serious risk in itself, drunk driving carries with it the added danger of accidentally taking another life. In an alcohol-related crash, it may not be the drunk driver who dies, but the innocent passengers. With the foresight to recognize the lethal possibilities involved in drunk driving, teenagers can learn to take better steps towards securing their safety and the safety of those around them.

Viewers of *Dying High: Teens in the E.R.* will receive a valuable opportunity to see what goes on in emergency rooms as doctors treat teens for drug overdoses, alcohol poisoning and traumas as a result of drunk driving. The goal of this high-powered video is to remind teens that risk-taking behaviors can often lead to serious injury or death. Teens put themselves at risk every time they blindly give in to peer pressure and fail to make their own safe decisions. This video effectively demonstrates that it is all too possible for teens to pay for their reckless actions with their lives. By helping students to recognize the importance of identifying negative choices and instead making positive ones, we can all help to prevent even more young adults from becoming emergency room cases while helping to equip teens with the necessary tools for making better decisions in the future.

After viewing the video *Dying High: Teens in the E.R.* and participating in the class activities provided in this Teacher's Resource Book, your students will:

- realize that there is no such thing as a “safe recreational drug”
- learn skills for avoiding peer pressure to experiment with drugs or engage in risky behavior
- appreciate that drugs are not necessary in order to enjoy life
- appreciate that the choices they make now can have permanent consequences
- understand the scope and magnitude of the risks of serious accidents or death by learning about the facts and figures of teen emergency room incidents

The video's opening montage takes the viewers from the pain of students and family who miraculously survived incredible accidents to the hospital emergency room, where a dying 19-year-old girl is en route. At this point the title appears: *Dying High: Teens in the E.R.*

"He had all his teeth knocked out... He ended up being paralyzed... He was no longer breathing... He had a cracked skull... He came into the emergency room without an arm... And his brains were literally spilling out onto the stretcher... Two died instantly... She just slipped away over a three-hour period...." These are comments from doctors and nurses recalling patients they have recently seen.

Type on the screen asks the question: "What are the dangerous drugs?" Next, we see and hear an E.R. registered nurse say that no drug is benign. Any drug, or any combination of drugs, can put you in the emergency room. As E.M.S. coordinator Ralph Miro says, "In the year 2000, there were 600,000 E.R. visits because of drug and alcohol use. In 1999 there were 87,000 E.R. visits due to marijuana use." Next, E.R. doctor Denise Williams tells viewers that although many would not think marijuana is capable of putting you into the hospital, one must remember that some of the side effects of marijuana use include agitation, nausea, headaches and chest pain. Also, she states that marijuana can be easily laced with other drugs such as heroin, crack or formaldehyde, which explains the higher instances of marijuana E.R. visits than heroin E.R. visits.

Doctor Williams shares a story. "One case that sticks out in particular is a teenager that came into the E.R. a month ago, where he decided to experiment with different types of drugs—marijuana and cocaine. We had to do a special X-ray on his heart, which is called an echo, and it showed that he had damage to his ventricle of his heart, which is very important for heart function. A month later, he comes back and unfortunately, he decides to sneak out and try it one last time." It was his last time. He went into cardiac arrest; he was no longer breathing, and his heart stopped beating. He died that night.

The next segment opens with the question, "How Much is Too Much?" A young girl confesses that the night she was brought to the emergency room, her blood alcohol level was 0.23 percent. It turns out she had been drinking "shot for shot" seven drinks in a span of only ten minutes. A doctor comes on screen to explain what Blood Alcohol Content means. At a B.A.C. level of 0.050 percent, the strong recommendation is to not drive. A level of 0.080 could send you to jail for a DWI if you were driving and pulled over. At a blood alcohol level of 0.10 percent and over, a person is very intoxicated, and at risk of falling into a coma. Very high blood alcohol levels are usually the result of binge drinking. Binge drinking, as Dr. Christopher Michos explains, is consuming a large amount of alcohol in a relatively short amount of time. "The intoxication hits them like a rock," says E.R. coordinator Ralph Miro. "It doesn't take much to put yourself in a coma," Doctor Michos warns. We next learn that

high levels of intoxication can induce vomiting; and it is possible for people to actually drown in their own fluids if the vomitus goes into the lungs.

In the next section of the video, viewers see various teens brought in on stretchers, as E.R. doctors and nurses explain what is actually happening. From what's called an "unnatural calm" in the emergency room, the doors suddenly burst open and the emergency services personnel are flying in with a stretcher. Someone is down, and they start calling things out to describe what's wrong with this victim. Young accident victims usually come in boarded and collared to protect the neck and spine. Vital signs are checked immediately, and a head-to-toe examination is performed, checking eyes, pupils, breathing, blood pressure and pulse. The clothes are cut off to check the body for drug injection punctures, stab and bullet wounds, broken bones and other signs of trauma. If the victim cannot breathe, tubes are put into the trachea through the mouth or nose. In fact, tubes are put into every orifice where needed—to excrete urine, to neutralize toxins, to aid breathing and to excrete whatever pills or fluids may be in the stomach.

One doctor puts it simply, "Everything that you ingest in your body has to be detoxified and excreted out of your body. You keep ingesting, and ingesting, and ingesting. It has to come out somewhere. And what happens is there's a build-up, and it will eventually affect one of those organs. Many kids don't realize the long term effects down the road when all of a sudden they come up with a symptom that something is wrong." Among other sights and sounds in the E.R., we see doctors pumping stomach contents, protecting airways by inserting breathing tubes and cutting open the chest wall and inserting a chest tube to inflate the lungs. Following this, a nurse explains over E.R. footage that for drug overdoses, a black charcoal liquid is inserted into the stomach by way of a tube to counter the drug's lethal effects. If the patient is awake, the foul-tasting substance is swallowed.

At 3:37 in the morning, one of the emergency room workers has to call the parents of a child involved in a bad auto accident involving a drunk driver. Viewers observe a nurse as she makes this difficult phone call. She is careful not to disclose too much information over the phone. She encourages the parents to come in and learn the sad truth about their son's death. It is one of the hardest jobs to do, hospital workers say, and from the one side of the phone conversation we can hear, we can only imagine how the parents are bearing up hearing the devastating news.

We then hear the story of a young man, Michael Poveromo, whose night of drinking and driving with his two best friends ended in tragedy. After consuming a twelve-pack of beer with his two friends, Rick and Mike, he drove them to get some food. He was speeding at 75 miles per hour in a 25 mile per hour zone. The car started to veer and he tried to turn the wheel. Instead, he flipped over the car. While he escaped with minor injuries, his two friends were not so lucky. Rick died at the scene; Mike died in the E.R. an hour later. A police officer gave him a sobriety test, and slapped the cuffs on him right then and there.

“The last thing I saw at the scene was Mike on the stretcher and his face was covered in blood.” Michael was convicted on two counts of second-degree manslaughter and was sentenced to jail for four years.

Over visuals of a teen who has just died, Dr. Boskey describes the end game of E.R. procedures. “Whenever the leader of the emergency team says it’s over, the person is declared dead and you clean up the body. You need to put labels on the body and wrap the body in a sheet. Then it’s transported to the freezer.”

It is the loss of innocent lives, a doctor says, that are the most tragic, the ones who abstain from reckless behavior with drugs and alcohol. Martin Albert then painfully describes the night he received the phone call that all parents dread. He learned that his son had been killed by an intoxicated driver. He tells viewers how sad it was to identify his son; how it was just like the movies. “They rolled my son’s body out on a green slab.” He and his wife kissed and hugged his son, knowing it would be the last time they would see him.

Dr. Boskey addresses the camera and says the results he sees in the E.R. are very often avoidable, “if someone would just give it some thought.” Then nurse Karin Albino says, “I wish teens could come in and watch for just one night and see what happens. That would be a lifetime lesson in and of itself.”

This video concludes with advice by doctors and nurses on one of the root causes of E.R. visits by teens: peer pressure. Many teenagers know full well that they may be engaging in dangerous, risky behavior but do so anyway because of pressure from friends. Dr. Michos talks directly to students and says, “It’s easy for me to sit here and say that, but you need to think about what can happen to you.” The last moments of the video are silent. An accident victim who could not be revived is prepared for the morgue. His body is wheeled down into the freezer. The screen fades to black.

STUDENT ACTIVITIES

Name: _____

1. TRUE or FALSE: Any drug, or any combination of drugs, can put you in the emergency room. _____
2. TRUE or FALSE: Using marijuana is not capable of putting you in the hospital. _____
3. TRUE or FALSE: Marijuana can be laced with other drugs such as heroin, crack or formaldehyde. _____
4. TRUE or FALSE: A teenager can not have a heart attack. _____
5. TRUE or FALSE: If you have a blood alcohol level of 0.23, you are okay to drive. _____
6. TRUE or FALSE: High levels of intoxication can induce vomiting. _____
7. TRUE or FALSE: If you are brought into the emergency room your clothes may be cut off to check for drug injection punctures, stab and bullet wounds, and other signs of trauma. _____
8. TRUE or FALSE: Tubes are put into every orifice where needed—to excrete urine, to neutralize toxins, to aid breathing and to excrete whatever pills or fluid may be in the stomach. _____
9. TRUE or FALSE: Having your stomach pumped is just a myth. _____
10. TRUE or FALSE: Peer pressure does not play a role in engaging in dangerous or risky behavior. _____

Name: _____

Answer Key

1. True
2. False
3. True
4. False
5. False
6. True
7. True
8. True
9. False
10. False

Name: _____

Research one of the topics from the following list, and write a brief paper on your findings. You can gather information at your school or local library, as well as on the Internet. Use a *Resource Tracker* (Activity 1b) to collect information.

Effects of Alcohol on the Body and Mind

In the video, you heard a brief description of the effects alcohol can have on a person. Now do a more detailed study of these effects. What are the long-term effects of alcohol abuse? Does alcohol affect everyone the same way, or are there differences based on sex, body type, nationality, and age?

Effects of Drugs on the Body and Mind

Now that you've been given a brief video summary of the effects that drugs can have on the body, do a more detailed analysis of a particular drug. How does this drug affect the individual? Are there long-term or permanent consequences? How does the drug you are researching compare with other illicit substances in terms of addiction, risk, legal penalty, and long-term affects?

Statistics

Do a statistical analysis of the percentage of teenagers in America who abuse alcohol and drugs. Is the trend on the increase or decrease, and why? How many teenagers die from alcohol-related injuries each year? Are students more likely to abuse alcohol and drugs in high school or college? Give an opinion on the results you find.

Zero-Tolerance Laws and D.W.I. Laws

Research the history of Zero-Tolerance laws and D.W.I. laws. How did Zero-Tolerance laws originate? How has it changed over the years? Is the D.W.I. limit the same in all 50 states? Is the punishment for a D.W.I. conviction the same in all 50 states? If not, why do you think certain states might enforce different limits and use different punishments?

Name: _____

Test your knowledge of drugs and alcohol by answering the questions below.

1. The most common and abused drug in America is _____ .
2. *True or False?* Drugs like alcohol and pot can never be lethal. _____
3. According to the video, binge drinking is the same thing as “filling the stomach with _____.”
4. What percentage of college students binge drink?
 - a. 3
 - b. 20
 - c. 44
 - d. 75
5. The zero-tolerance laws forbids drivers under 21 to have:
 - a. any traceable amount of alcohol in the system
 - b. a BAC of 0.05%
 - c. a BAC of 0.08%
 - d. none of the above
6. A recent survey indicates that one out of every ten students uses an illicit drug:
 - a. once a day
 - b. once a week
 - c. once a month
 - d. never
7. *True or False?* Even though you may not realize it, one drink can substantially limit your reaction time. _____
8. *True or False?* When a person is drunk, the best thing for them to do is drink coffee or sleep it off. _____
9. Approximately _____ percent of all teen deaths in car crashes are alcohol related.
 - a. 20
 - b. 40
 - c. 60
 - d. 80
10. *True or False?* Ecstasy is a harmless club drug that carries with it no immediate or long-lasting harmful effects. _____

The answer key for this activity is on the next page.

Name: _____

1. The most common and abused drug in America is alcohol .
2. *True or False?* Drugs like alcohol and pot can never be lethal. FALSE
3. According to the video, binge drinking is the same thing as “filling the stomach with poison.”
4. What percentage of college students binge drink?
 - a. 3
 - b. 20
 - c. **44**
 - d. 75
5. The zero-tolerance laws forbids drivers under 21 to have:
 - a. **any traceable amount of alcohol in the system**
 - b. a BAC of 0.05%
 - c. a BAC of 0.08%
 - d. none of the above
6. A recent survey indicates that one out of every ten students uses an illicit drug:
 - a. **once a day**
 - b. once a week
 - c. once a month
 - d. never
7. *True or False?* Even though you may not realize it, one drink can substantially limit your reaction time. TRUE
8. *True or False?* When a person is drunk, the best thing for them to do is drink coffee or sleep it off. FALSE
9. Approximately _____ percent of all teen deaths in car crashes are alcohol related.
 - a. 20
 - b. 40
 - c. **60**
 - d. 80
10. *True or False?* Ecstasy is a harmless club drug that carries with it no immediate or long-lasting harmful effects. FALSE

Name: _____

We all take risks in our lives. Some people are more willing to take risks than others. How much of a risk-taker are you? Below you will find a list of activities. Read over each one and then score the activity on a scale of 1 to 5. Rating an activity with a “1” means you consider the activity to be too risky to engage in, while a “5” means you consider the risk to be worth it. In the end, add up your score to see what your personal risk meter is.

Smoking cigarettes	_____
Driving without a seatbelt	_____
Hang-gliding	_____
Mountain biking	_____
Binge drinking	_____
Driving while drunk	_____
Driving with someone who is drunk	_____
Bungee-jumping	_____
Smoking marijuana	_____
Doing Ecstasy	_____
Having unprotected sex	_____
Total Score	_____

What your score means:

- 11 - 16:** You hardly (if ever) take any kind of risk.
- 17 - 22:** You take an occasional risk.
- 23 - 33:** You take some risks from time to time.
- 34 - 55:** You tend to take extreme risks that can be dangerous or fatal.

Name: _____

Read the situations below and act out one of the scenarios in a role play, or invent your own written response.

1. You are at a dance party. You do not drink or use drugs—you are just there to enjoy the scene. You are drinking a diet soda. Suddenly, you feel very tired and dizzy. You've heard about people slipping drugs you can't taste into drinks. You wonder if someone has spiked your drink with one of these "date rape" drugs. You don't want to seem foolish or paranoid and you'd be pretty embarrassed if you were wrong—what if you are just coming down with the flu? But if you are right, you know you have to act fast. What do you do?
2. You are at a party with your friend. You've been dancing and haven't seen her for more than an hour. She comes up to you, smiling from ear-to-ear, and hugs you. She appears to be having a great time. She shows you a tablet with a happy face on it and says, "You've got to try this. It's incredible. It makes you feel so alive." Before you get a chance to answer, she starts making out with some guy you've never seen before and then disappears into the crowd. You can't find her when the evening is over, so you leave without her. As you are getting in your car, you see her taking off with a bunch of people who appear to be high. You don't think she even knows them. The next day she calls you as if nothing happened and asks if you want to go to another party with her that night. What do you do?
3. You are at a party. One of your friends starts shaking uncontrollably and vomiting all over. He then falls to the floor and starts flopping around. It looks as if he is having a seizure. You want to call 911, but some other people tell you not to because he, among others, was taking an illegal substance. They don't want him to get in trouble with his parents and they are afraid that they all will get in trouble with the authorities if you call the paramedics. They assure you he'll be okay. What do you do?

Name: _____

In the video *Dying High: Teens in the E.R.* you heard a nurse talk about what it would be like if a teenager could stand in her shoes and see what she has to do. Consider the following scenarios and write a creative piece detailing the experience. It may be in the form of a narrative essay, diary entry, poem, or in whatever style you feel most comfortable.

1. You are a nurse in a local hospital who has just watched a 17-year-old boy die from injuries sustained in a drunk driving crash. You must now phone the parents and tell them what has happened to their son.

2. You are the parent of a 15-year-old girl who is out with some friends. At 2:15 a.m. you are woken up by a ringing telephone. At the other end of the line is a nurse telling you that your daughter is being treated in the emergency room for alcohol poisoning. She is alive but unconscious. You must go to the hospital immediately to speak with the doctor.

3. You and some friends are out drinking. As the night draws to a close, you insist you are sober enough to drive your friend home. But going around a sharp turn, you lose control of the car and wake up in a hospital bed. It is then that you are informed by the doctor that your friend died in the crash.

Name: _____

Think about your goals, small and big. What are some of the things you hope to experience over the course of your life?

1. What do you want to experience in the next five years?

2. In the next 10 years?

3. In the next 25 years?

4. In the next 50 years?

Your life is worth preserving at all costs!

Name: _____

Think back over the video you have just watched and then read the following questions. Provide a brief and honest answer to these questions on a separate sheet of paper.

- What did you think of the video?
- What did you learn that you did not know before?
- What was the most powerful statistic? The most powerful image? Why?
- Have you ever had an experience like the teenagers in the video? What was that experience? If not, do you know of friends who have had a similar experience?
- If you were at a party and someone was trying to convince you to take dangerous risks, how would you react?
- If you have been the victim of peer pressure, how did you act then?
- Having watched the video and seen the consequences of risky behavior, how would you act now to the same situation? What steps would you take to ensure your safety?
- Why do you think teenagers engage in such risky behavior?
- What is so intriguing about dangerous behavior?
- Why is it often considered cowardly and “uncool” to make healthy decisions?

Name: _____

Imagine you are at a party when a friend approaches you and begins pressuring you to drink or do drugs. How would you respond in this situation? What are some of the things you would say and do to resist peer pressure?

For this activity, break up into groups of two. Student 1 will play the role of the aggressor, trying to get his friend to drink or do drugs. Student 2 is the one being pressured. It is his/her job to remain strong and assertive in order to convince the aggressor that he/she is not interested and will not give in to peer pressure.

Thing to consider:

Student 1

- How would you convince your friend to listen to you? Think about all the times you have effectively convinced others to do things they were reluctant to do. What techniques did you use? Would those same techniques work in this exercise?
- Remember, peer pressure is an extremely powerful tool. All students want to be accepted, so how could you use this fact to your advantage.
- Think of ways to contradict everything that Student 2 is going to say.

Student 2

- How would you convince your friend that you are not interested? Think about all the times you have resisted peer pressure. What techniques did you use? Would those same techniques work in this exercise?
- Remember that your friend will use peer pressure to his advantage. Think of ways to contradict the things he/she is going to say.
- The most important thing is to stay strong and follow your gut. Giving in is all about blindly following the crowd and going against your own better judgment. It is far more important to stay safe and healthy than to risk your life, just to be considered “cool” by a few people.

Name: _____

Read the quotes below from the video *Dying High: Teens in the E.R.* Which one do you react to most strongly? Write a one-page reaction to the quotation you choose.

*“He had all his teeth knocked out... He ended up paralyzed...
He was no longer breathing. Two died instantly...”*

“The intoxication hits them like a rock.”

“It doesn’t take much to put yourself into a coma.”

“I went to two funerals in one morning.”

*“The last thing I saw at the scene was Mike on a
stretcher, and his face was covered in blood.”*

*“The person is declared dead, and you clean up the
body and wrap the body in a sheet. Then it’s
transported to the freezer.”*

*“I wish teens would come in and watch for just one night and
see what happens. That would be a life lesson.”*

“If teens would just give [their decisions] some thought.”

“Follow your gut, not peer pressure.”

“See what happens when you’re just having fun?”

Name: _____

“About one million Americans are injured in alcohol-related crashes every year. Alcohol-related crashes cost society more than \$45 billion a year—and just one alcohol-related fatality is estimated to cost society \$950,000.”

~ Federal Highway Administration, 2001

The costs to society of alcohol related crashes are enormous. Until recently, however, people who were arrested for driving drunk were often dismissed with little more than a slap on the wrist. Today, things are changing. All fifty states have per se laws detailing a blood alcohol content (B.A.C.) above a certain level, typically 0.08 percent, as a serious crime. License suspension or revocation is the typical punishment for a driving while impaired conviction. Forty-three states permit some offenders to drive again only when their vehicles have been equipped with ignition interlocks, devices that analyze a driver’s breath and disable the ignition if the driver has been drinking. Vehicular homicide as a result of drunk driving is now a felony in most states.

Write an essay addressing the questions below.

- What do you think the penalty for drunk driving should be?
- Should the punishment change depending on the number of prior convictions for DWI?
- What should the penalty be when a drunk driver kills or injures another person?
- Is the death penalty ever an appropriate punishment for a vehicular homicide conviction?
- Is punishment effective in preventing an offender from driving drunk again?
- Will the punishment be effective in preventing others from driving drunk?

Name: _____

Imagine that you are a newspaper columnist who receives letters from teenagers in distress and tries to help them with their problems. Read the following letters. On a separate sheet of paper, give the teens advice and guidance.

Dear Gabby,

Last week my friend and I went to a party and they were serving beer there. When I told my friend that I didn't want to drink, she called me a coward. She told me that it was no big deal to drink and that everybody did it. When I insisted that I wasn't going to drink, she told me that I wasn't any fun and asked me why I came to the party at all if I wasn't going to drink. Now I'm starting to wonder if she was right. Did I make the right decision, or am I really a coward like my friend said?

Dear Gabby,

My brother always drinks and drives. He tells me that it's perfectly safe because he always stops right before he starts feeling drunk. I've told him countless times that even one drink can ruin your ability to drive, even if you don't feel drunk. But despite my pleas, he tells me to mind my own business and that he can make his own decisions. Gabby, I'm petrified that one day he's going to hurt himself or someone else. How can I make him listen?

Dear Gabby,

A lot of my friends smoke pot and tell me that it isn't addictive and has no long-term side effects. They tell me the same thing about Ecstasy. Is this true? I know drugs like heroin or cocaine can be lethal even on the first try, but are pot and Ecstasy really as harmless as my friends say?

FACT SHEETS

BLOOD ALCOHOL CONTENT (BAC)**What does “Blood Alcohol Content” mean?**

Blood alcohol content (BAC) is the amount of alcohol in the bloodstream. It is measured in percentages. For instance, having a BAC of 0.10% means that a person has one drop of alcohol per 1,000 drops of blood in the body.

Can you be intoxicated if you don't feel drunk?

Absolutely. With each sip of an alcoholic beverage, your blood alcohol content (BAC) increases. BAC refers to your body's ability to process the alcohol in your bloodstream—regardless of whether or not you feel the effects of alcohol.

Don't people eventually learn how to “handle” their alcohol?

No two people will react to the same drink in exactly the same way. There are many factors that determine how alcohol will make you feel. These different factors can change from person to person—and even from day to day. For example:

Alcohol Content:

It's not how many drinks you have, but how much alcohol you consume that determines your BAC.

Emotional State of Mind:

Your mood can make a difference in how you react to alcohol—but it will not alter your BAC level.

Body Weight and Type:

Generally, the less you weigh, the more you will be affected by alcohol. Still, even among people of the same weight, a well-muscled individual will be less affected than someone with a higher percentage of body fat.

Drinking Time:

The more time you take in consuming one drink, and the more time you allow to pass between drinks, the less effect the drinks will have upon you because your body will have gained extra time to metabolize the alcohol.

Fatigue:

If you are tired, the effect of alcohol will typically be stronger than if you are well rested.

Food:

The less you have in your stomach, the more you will be affected by the alcohol you have consumed.

Gender:

Females tend to have a greater amount of body fat and less of the enzyme alcohol dehydrogenase (which breaks down alcohol) than males. For this reason, they tend to absorb alcohol more quickly than male drinkers.

Medication:

Prescription medicines (and even over-the-counter remedies) may magnify the effect of alcohol. It is important to follow your doctor's advice. Many medications carry a warning against drinking any alcohol.

Name: _____

This chart shows how a drinker's behavior may change as BAC levels increase. Remember, these are general guidelines, but will vary from person to person.

BAC Level	Change in Drinker's Behavior
0.01% - 0.02%	The drinker feels relaxed, with a minor impairment of judgment and memory. Usually no apparent changes in behavior are noted.
0.03% - 0.04%	There is some loss of judgment and efficiency. Alertness is decreased. Small behavioral changes begin to be noticed.
0.05% - 0.06%	Inhibitions are lowered. Decision-making skills are affected. The drinker begins to have less control over actions and emotions.
0.07% - 0.08%	Walking, talking and balance are visible affected. The drinker's ability to react is notably slower. A BAC of 0.08% is considered legally intoxicated in some states.
0.09% - 0.10%	A BAC of 0.10% is considered legally intoxicated in most states. Vision, judgment, speech and reaction times are all severely affected. Loss of balance is common.
0.11% - 0.15%	Judgment, memory, and self-control are further affected. Irresponsible behavior and exaggerated mood swings are evident. There is a decrease in the drinker's ability to sense pain.
0.16% -0.19%	The drinker's behavior and speech are greatly affected. There is a lack of motor control, mental confusion and severe mood swings. The drinker is unable to perform ordinary tasks.
0.20% -0.30%	The drinker is in a confused or dazed state. Unconsciousness may occur. All physical and mental abilities are severely impaired. The central nervous system is acutely depressed.
Above 0.30%	The drinker is unconscious, with an irregular heart beat and breathing pattern. Coma or death are possible as a result of acute alcohol poisoning.

Name: _____

FACT SHEET 3
KNOW YOUR LIMITS (MALE)

It is illegal to purchase or consume alcohol in the United States if you are under the age of 21. But for people who are 21 or over it is legal to drink, and it is possible to do so safely and responsibly. ***If you are over 21***, it is important to know your own limits. Alcohol affects individuals differently. Your blood alcohol level may be affected by your age, gender, physical condition, amount of food consumed and any drugs or medication. In addition, different drinks may contain different amounts of alcohol, so it's important to know how much and the concentration of alcohol you consume. The chart below gives some general guidelines, but everyone processes alcohol differently. If you haven't eaten anything, if you are an inexperienced drinker, or if you have a relatively high percentage of body fat, you will process alcohol more quickly. That means that you will get drunker and sicker on fewer drinks than someone else.

BAC IMPAIRMENT CHART FOR MALES
Approximate Blood Alcohol Content (BAC) Percentages

# Drinks	Body weight in pounds (lbs.)							
	100 lbs.	120 lbs.	140 lbs.	160 lbs.	180 lbs.	200 lbs.	220 lbs.	240 lbs.
0 drinks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1 drink	0.04	0.03	0.03	0.02	0.02	0.02	0.02	0.02
2 drinks	0.08	0.06	0.05	0.05	0.04	0.04	0.03	0.03
3 drinks	0.11	0.09	0.08	0.07	0.06	0.06	0.05	0.05
4 drinks	0.15	0.12	0.11	0.09	0.08	0.08	0.07	0.06
5 drinks	0.19	0.16	0.13	0.12	0.11	0.09	0.09	0.08
6 drinks	0.23	0.19	0.16	0.14	0.13	0.11	0.10	0.09
7 drinks	0.26	0.22	0.19	0.16	0.15	0.13	0.12	0.11
8 drinks	0.30	0.25	0.21	0.19	0.17	0.15	0.14	0.13
9 drinks	0.34	0.28	0.24	0.21	0.19	0.17	0.15	0.14
10 drinks	0.38	0.31	0.27	0.23	0.21	0.19	0.17	0.16
11 drinks	0.43	0.34	0.30	0.28	0.23	0.21	0.19	0.18
12 drinks	0.47	0.38	0.34	0.31	0.26	0.24	0.22	0.21

Subtract 0.01% for each 40 minutes of drinking.

One drink = 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

- 0.00 This is the ONLY safe driving limit
- 0.03 Driving impairment begins
- 0.05 Skills significantly affected
- 0.08 Possible criminal penalties
- 0.10 Legally intoxicated, reflexes are slowed
- 0.15 Mental and physical abilities severely impaired
- 0.25 Death or coma possible

Data supplied by the Pennsylvania Liquor Control Board, 1998.

Name: _____

KNOW YOUR LIMITS (FEMALE)

It is illegal to purchase or consume alcohol in the United States if you are under the age of 21. But for people who are 21 or over it is legal to drink, and it is possible to do so safely and responsibly. ***If you are over 21***, it is important to know your own limits. Alcohol affects individuals differently. Your blood alcohol level may be affected by your age, gender, physical condition, amount of food consumed and any drugs or medication. In addition, different drinks may contain different amounts of alcohol, so it's important to know how much and the concentration of alcohol you consume. The chart below gives some general guidelines, but everyone processes alcohol differently. If you haven't eaten anything, if you are an inexperienced drinker, or if you have a relatively high percentage of body fat, you will process alcohol more quickly. That means that you will get drunker and sicker on fewer drinks than someone else.

BAC IMPAIRMENT CHART FOR FEMALES
Approximate Blood Alcohol Content (BAC) Percentages

# Drinks	Body weight in pounds (lbs.)							
	90 lbs.	100 lbs.	120 lbs.	140 lbs.	160 lbs.	180 lbs.	200 lbs.	220 lbs.
0 drinks	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1 drink	0.06	0.05	0.04	0.03	0.03	0.03	0.02	0.02
2 drinks	0.10	0.09	0.08	0.07	0.06	0.05	0.05	0.04
3 drinks	0.15	0.14	0.11	0.10	0.09	0.08	0.07	0.06
4 drinks	0.20	0.18	0.15	0.13	0.11	0.10	0.09	0.08
5 drinks	0.25	0.23	0.19	0.16	0.14	0.13	0.11	0.10
6 drinks	0.30	0.27	0.23	0.19	0.17	0.15	0.14	0.12
7 drinks	0.35	0.32	0.27	0.23	0.20	0.18	0.16	0.14
8 drinks	0.40	0.36	0.30	0.26	0.23	0.20	0.18	0.17
9 drinks	0.45	0.41	0.34	0.29	0.26	0.23	0.20	0.19
10 drinks	0.51	0.45	0.38	0.32	0.29	0.26	0.23	0.21
11 drinks	0.57	0.51	0.43	0.36	0.32	0.29	0.26	0.23
12 drinks	0.63	0.56	0.48	0.40	0.36	0.33	0.31	0.26

Subtract 0.01% for each 40 minutes of drinking.

One drink = 1.25 oz. of 80 proof liquor, 12 oz. of beer, or 5 oz. of table wine.

NOTE: A woman drinking an equal amount of alcohol in the same period of time as a man of an equivalent weight may have a higher blood alcohol level than that man.

- 0.00 This is the ONLY safe driving limit
- 0.03 Driving impairment begins
- 0.05 Skills significantly affected
- 0.08 Possible criminal penalties
- 0.10 Legally intoxicated, reflexes are slowed
- 0.15 Mental and physical abilities severely impaired
- 0.25 Death or coma possible

Data supplied by the Pennsylvania Liquor Control Board, 1998.

What is alcohol poisoning?

Alcohol poisoning is defined as “a severe elevation of the BAC (Blood Alcohol Content) which may lead to coma and death, often resulting from consumption of large amounts of alcohol.” Alcohol poisoning—also called alcohol overdose—is the result of drinking so much alcohol that the BAC reaches a level that the body cannot process quickly enough. **A BAC level of 0.26% to 0.40% is potentially lethal to anyone—minors, adults, heavy drinkers... The body cannot manage such excessive amounts of alcohol.**

Rapid drinking on a bet or a dare is especially dangerous because the victim is drinking so quickly that he or she can get a fatal dose into his or her stomach before falling unconscious. Vomiting is the body’s way of trying to cope with the excessive toxins in alcohol. Even if the victim throws up, a great deal of alcohol continues to circulate in the bloodstream.

Stages of alcohol poisoning

Any quantity of alcohol can depress the central nervous system. When alcohol is consumed quickly or in large doses, alcohol can slow or stop the body’s involuntary processes such as breathing, the heartbeat and the gag reflex which prevents choking.

Even after the victim loses consciousness, alcohol in the stomach continues to enter the bloodstream and circulate. The victim may suffer from lack of oxygen and/or hypothermia (low body temperature) which can lead to cardiac arrest. The victim may choke on his or her own vomit and die.

Both breathing and pulse rate may grow slower, become irregular and finally stop. When respiration is significantly slowed, the person suffers from lack of oxygen. Coma and irreversible brain damage will occur. Death is possible if BAC rises to 0.30% or above.

The mechanisms of death by alcohol poisoning

Unless the victim is treated promptly, death by alcohol poisoning is a very real possibility. This is how a death from alcohol overdose can occur:

- Hypothermia (low body temperature) leading to cardiac arrest
- The victim may choke on his or her own vomit and die of asphyxiation
- Breathing slows, becomes irregular, and finally stops
- Heartbeat becomes irregular, and finally stops
- Even if the victim lives, all the above can lead to irreversible brain damage

Name: _____

Know these signs of alcohol poisoning:

These are the common signs of alcohol poisoning. Watch out if someone you know...

- drinks excessively (four or five drinks in one sitting)
- drinks after using medications or other drugs
- does not respond to being talked to or shouted at
- does not respond to being pinched, prodded or poked
- vomits while sleeping or passed out and doesn't wake up after vomiting
- cannot stand up or cannot remain standing unless aided by others
- won't wake up despite repeated attempts
- has slow or irregular breathing (fewer than six to eight breaths per minute)
- has bluish or purplish skin, or skin that appears very flushed
- has clammy skin, or skin that feels cool to the touch
- has an irregular pulse rate, or if the pulse becomes slower than 40 beats per minute
- has an irregular heart rhythm, with the heart beating unusually slowly or quickly

Be aware of your responsibility:

- Don't try to guess at the victim's BAC (Blood Alcohol Content) level.
- Don't be embarrassed to go for help. A person who has passed out may die.
- Know the danger signals, but don't wait for all the signals to be present before getting help for the victim.
- If you have any suspicion of an alcohol overdose, call 911 for help.

What to do if someone has overdosed on alcohol:

- Call 911 for an ambulance.
- If you are sober and very near a hospital, drive the victim to the hospital.
- Remain with victim.
- Keep victim from choking on vomit.
- Tell the medics the symptoms you have observed.
- Tell the medics honestly how much victim drank.
- Prompt action may save the life of a friend—or your own life.

What you should NOT do:

Give the victim food.

Give the victim a cold shower.

Leave the victim alone.

Give the victim coffee.

Tell the victim to sleep.

Make the victim "walk it off."

Name: _____

It's a simple fact: People who drive under the influence of alcohol are unable to drive responsibly. Why? Because their judgment is impaired, their reaction time is slower, and their coordination is reduced.

What can you do to keep yourself from being involved in an alcohol-related crash caused by someone else? Learn to be alert to the erratic driving that signals an impaired driver.

Warning signs include the following:

- | | |
|---|---|
| Nearly striking an object or another vehicle | Straddling the center line or lane marker |
| Driving on other than the designated roadway | Weaving or swerving |
| Stopping with no apparent cause | Following too closely |
| Responding slowly to traffic signals | Abrupt or illegal turns |
| Rapid acceleration or deceleration | Driving with headlights off at night |
| Driving with one's head out of the window, or with the window rolled down in cold weather | Unusually wide turns |

If you see any of these warning signs:

- Maintain a safe following distance if the driver is ahead of you.
- Do not try to pass, because the driver may swerve into your car.
- If the driver is behind you, turn right at the nearest intersection. Let the driver pass and then return to your route.
- If the driver is approaching your car, move to the shoulder of the road and stop. Do not sound your horn or flash your lights.
- When approaching an intersection, slow down and expect the unexpected.
- Fasten your seatbelt and keep your doors locked.
- Report anyone you suspect of being an impaired driver to the nearest law enforcement agency by phone. Give a description of the vehicle, license number, location, and the direction the vehicle is heading.

Name: _____

We view this contract as a way to open the lines of communication about drinking, drug use, and traffic safety to ensure the safety of all parties concerned. We understand that this contract does not serve as permission to drink—but rather, it is a promise to be safe.

Young Adult:

I acknowledge that the legal drinking age is 21 and have discussed with you and realize both the legal and physical risks of substance use, as well as driving under the influence. I agree to contact you if I ever find myself in a position where anyone’s substance use impairs the possibility of my arriving home safely. I further pledge to maintain safe driving practices at all times, including wearing my safety belt every trip and encouraging others to do the same.

Signature

Date

Parent or Guardian:

Upon discussing this contract with you, I agree to arrange for your safe transportation home, regardless of time or circumstances. I further vow to remain calm when dealing with your situation and discuss it with you at a time when we are both able to converse calmly about the matter.

I agree to seek safe, sober transportation home if I am ever in a situation where I have had too much to drink or a friend who is driving me has had too much to drink. Recognizing that safety belt usage is a vital defense against death and injury on the highway, I promise to wear my safety belt at all times and encourage others to do the same.

Signature

Date

Source: SADD “Students Against Driving Drunk”

Name: _____

Sexual assaults against women involving “date rape” drugs are on the rise. Pranks using these drugs and malicious attacks on males are on the rise, too. The Samantha Reid Foundation Website (www.ghbkills.com/prevention.htm) offers the following tips to help you protect yourself against these crimes.

- Do not accept a drink from someone you don’t know or trust.
- Never leave your drink unattended, even in familiar surroundings.
- If your drink is left unattended, discard the drink.
- If your drink tastes salty or soapy, or has particles in it, discard the drink.
- Drink only from tamper-proof containers and insist on opening them yourself.
- Listen for the “fizz” on twist off bottles. If it opens too easily, don’t chance it—get a new one.
- It is easier to tamper with a glass or wide-mouth bottle.
- Do not drink from punch bowls or community drinks at parties.
- Look for signs that drinks for women are being made from bottles that men are not drinking from.
- Before you go out, discuss with your friends how to protect yourself and what signs to look out for that someone has been given a drug.
- If you suspect that someone has been drugged, you must act quickly. The respiratory system and heart rate may be slowing to dangerous levels. Seek medical attention. Ask for a urine sample because some drugs (e.g., GHB) pass from the body within hours.

Name: _____

American Council For Drug Education

www.acde.org

National Clearinghouse for Alcohol and Drug Information (NCADI)

www.health.org

National Institute on Drug Abuse (NIDA)

www.nida.nih.gov

NIDA—Club Drugs

www.clubdrugs.org

OxyContin Awareness

www.oxyabusekills.com

Partnership for a Drug-Free America

www.drugfree.org

Safe & Drug-Free Schools Program

www.ed.gov/offices/OESE/SDFS/index.html

U.S. Department of Justice, Drug Enforcement Administration

www.usdoj.gov/dea

Name: _____

- Brannon, Linda and Jess Feist. Health Psychology. Belmont, CA: Wadsworth Publishing Company, 1992.
- Canfield, Jack. Dare to Win. New York: Berkley Publishing Group, 1996.
- Carroll, Charles R. Drugs in Modern Society. Boston, MA: McGraw-Hill, 1996.
- Erlbach, Arlene. Worth the Risk: True Stories about Risk Takers Plus How You Can Be One Too. Free Spirit Publishers, 1998.
- Fisher, Gary L. and Thomas Harrison. Substance Abuse. Boston, MA: Allyn and Bacon, 1997.
- Gallo, Donald R. (ed.) No Easy Answers: Short Stories about Teenagers Making Tough Choices. New York: Bantam Books, 1997.
- Griggs Newton, C. Risk It! Empowering Young People to Become Positive Risk Takers in the Classroom. Nashville, TN: Incentive Publications, 1996.
- Jessor, Richard. New Perspectives on Adolescent Risk Behavior. Cambridge, MA: Cambridge University Press, 1998.
- Kastner, Laura Scribner, and Jennifer Wyatt. The Seven-Year Stretch: How Families Work Together to Grow through Adolescence. New York: Houghton-Mifflin Co., 1997.
- Kindler, Herbert S. Risk Taking: A Guide for Decision Makers. Los Altos, CA: Crisp Publications, 1999.
- Kindlon, D., and M. Thompson. Raising Cain: Protecting the Emotional Life of Boys. New York: Ballantine Books, 1999.
- Lawson, Gary and Ann Lawson. Adolescent Substance Abuse. Gaithersburg, MD: An Aspen Publication, 1992.
- Lightfoot, Cynthia, and Joan Valsiner. The Culture of Adolescent Risk-Taking. New York: Guilford Press, 1997.
- Ponton, Lynn E. The Romance of Risk: Why Teenagers Do the Things They Do. New York: Basic Books, 1997.
- Quinn, Sandra and Marjorie Scaffa. Making Choices: A Personal Look at Alcohol and Drug Abuse. New York: McGraw-Hill Higher Education, 2000.

OTHER SUBSTANCE ABUSE EDUCATION PRODUCTS
FROM HUMAN RELATIONS MEDIA

<i>Ecstasy: The Facts</i>	<i>video/print or DVD/print</i>
<i>Club Drugs: Nothing to Rave About</i>	<i>video/print</i>
<i>The Keg Party</i>	<i>video/print</i>
<i>It's So Uncool: Why Taking Drugs Doesn't Work</i>	<i>video/print</i>
<i>Think Twice: Marijuana and Cancer</i>	<i>video/print or DVD/print</i>
<i>Brain Scans: Alcohol and the Teenage Brain</i>	<i>video/print or DVD/print</i>
<i>Curriculum in a Box: Substance Abuse 2002</i>	<i>video/print</i>
<i>Dangers of Marijuana</i>	<i>Folding Display or Overhead Transparency Pack</i>
<i>Dangers of Smoking</i>	<i>Folding Display or Overhead Transparency Pack</i>
<i>Dangers of Binge Drinking</i>	<i>Folding Display or Overhead Transparency Pack</i>
<i>Dangers of Inhalants</i>	<i>Folding Display or Overhead Transparency Pack</i>
<i>Dangers of Stimulants</i>	<i>Folding Display or Overhead Transparency Pack</i>
<i>Teenagers and Alcohol</i>	<i>Folding Display or Overhead Transparency Pack</i>

Available from

Human Relations Media
41 Kensico Drive
Mount Kisco, NY 10549

Phone: 800 / 431-2050
Fax: 914 / 244-0485
Web: www.hrmvideo.com