

# CHOOSE TO REFUSE

A Heroin and OxyContin  
Prevention Education Program



A curriculum that helps youth understand  
the dangers of heroin and the illegal use of OxyContin  
and empowers them to refuse these drugs  
and to make better decisions in their lives



Jonathan W. Blodgett • Essex District Attorney • Commonwealth of Massachusetts



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The District Attorney's Office thanks Dr. Elias J. Duryea, the Massachusetts Executive Office of Public Safety, the Massachusetts Department of Education, the Massachusetts Department of Public Health, and the many individuals at local police departments and schools in Essex County who offered suggestions and generously gave their time to this project.



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Office of District Attorney

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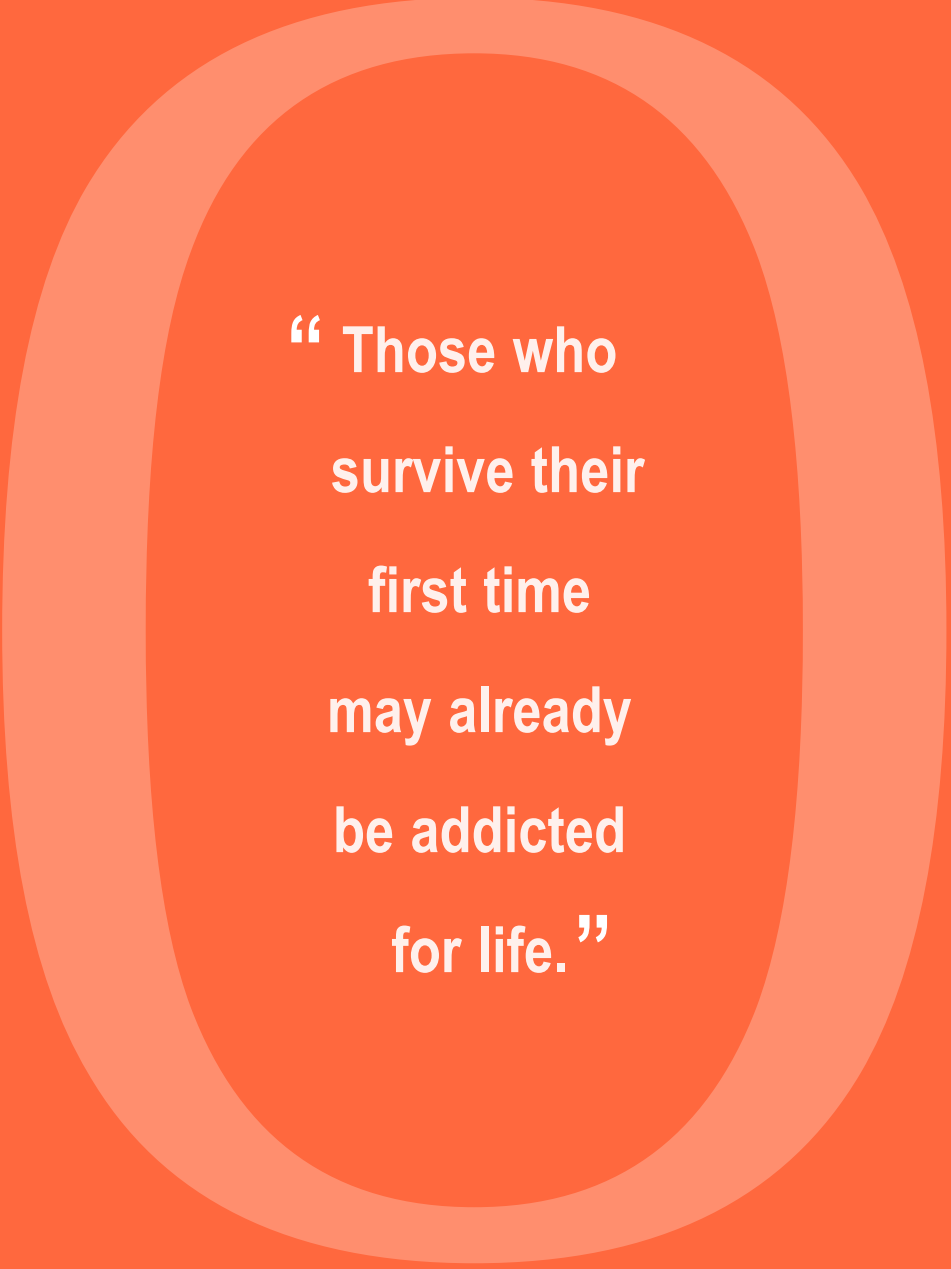
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**“ Those who  
survive their  
first time  
may already  
be addicted  
for life.”**

# FOREWORD

**Heroin and OxyContin abuse in Massachusetts is growing at an alarming rate.** Many of us imagine a typical heroin user as a pale, sickly person huddled in a corner with a needle. In reality, heroin users are often young people with bright futures from suburban communities. They are professionals, parents, and kids from average families. Drugs do not discriminate. Though the profile of the heroin user has changed, the outcome of heroin use has not. Heroin ruins lives. Abusers face a lifetime of addiction and often end up in prison or dead.

Several factors are contributing to the increase in heroin and OxyContin abuse. Two prime factors are price and purity. A bag of heroin can cost as little as four dollars; purity levels can reach 95 percent. Heroin can be ingested in a number of ways; needles, once a source of stigma and a deterrent to potential heroin users, are no longer required. Unfortunately, however, most heroin users ultimately resort to injecting the drug.

OxyContin is a powerful pain medication, which is very effective when used under a physician's supervision. It is, however, a synthetic opiate and affects the same areas of the brain as heroin. Under the impression that prescription drugs are safe, many young people are taking this drug illegally. Many OxyContin abusers progress to heroin because it is a less expensive, readily available alternative that provides a similar high.

No one really knows why individuals choose to take an illegal drug for the first time. We do know that if that drug is heroin, OxyContin, or another prescription opiate used illegally, there may not be a second time—the first time frequently results in death. Those who survive their first time may already be addicted for life.

After extensive research, my office was unable to locate a model or promising program focused specifically on heroin and OxyContin use. For this reason, we have developed Choose to Refuse: A Heroin and OxyContin Prevention Education Program. This program is modeled on the Preventive Alcohol Education Program, a Substance Abuse and Mental Health Services Administration (SAMHSA) Promising Program, which focuses on underage drinking and was developed by Dr. Elias J. Duryea of the University of New Mexico.

Our young people need every available tool to resist the temptation of drugs. Research shows that use of one drug often precedes use of another. Heroin users generally start with substances such as alcohol, tobacco, marijuana, inhalants, or Ecstasy before moving on to harder substances such as heroin or OxyContin. Some users continually look for new drug experiences, while others begin using heroin in search of the pleasurable feelings that other drugs no longer provide them. This program will help youth understand the hazards of heroin and OxyContin and the damage these drugs do to their bodies and minds. They will learn decision-making skills and resistance strategies from their peers and teachers and practice their new skills.

As District Attorney, my priority is always the swift and fair prosecution of crime. I strongly believe that any investment in crime prevention is a valuable and cost-effective use of societal resources. Studies show a strong correlation between drug use and crime, especially domestic abuse, violent crimes, and property crimes. Drug use wreaks havoc not only on the lives of drug users but also on the lives of all those who care about them. Drugs disrupt our families, our schools, and our communities. We must work together to give our young people all the information and skills that they need to reject this path in life and make positive decisions.

A handwritten signature in dark blue ink, reading "Jonathan W. Blodgett". The signature is fluid and cursive, with the first letter of each word being capitalized and prominent.

**Jonathan W. Blodgett**  
Essex District Attorney



# INTRODUCTION

**Heroin and OxyContin abuse is a growing problem in Massachusetts' cities and is quickly spreading to our suburban and rural communities.**

Young people are using and becoming addicted to OxyContin, then often switching to heroin, a cheaper alternative. Because of the various ways it can be used, heroin has become a middle-class drug. Users may start by smoking or inhaling it—thus avoiding the stigma of needle marks—but usually end up injecting the drug. Cheaper than a six-pack of beer, heroin now appeals to a wider range of people, including young people.

Although most youth do not use drugs, it's important for all young people to be ready to confront the issue. To help our youth learn how to refuse heroin and OxyContin, we have developed *Choose to Refuse: A Heroin and OxyContin Prevention Education Program* for youth ages thirteen through eighteen. This program is modeled on the *Preventive Alcohol Education Program*, which was developed by Dr. Elias J. Duryea of the University of New Mexico and is recognized as a Promising Program by SAMHSA. The Preventive Alcohol Education Program uses many evidence-based principles of prevention as defined by the Office of National Drug Control Policy. *Choose to Refuse* employs the same principles, which include the following:

- Focus on all levels of risk, with special attention to youth who are exposed to high risk and face low protective factors.
- Strengthen anti-drug-use attitudes and norms.
- Strengthen life skills and drug refusal skills.
- Tailor the program to the population being addressed.
- Train facilitators to ensure that the program is delivered as intended.
- Monitor the program to confirm that goals and objectives are being met.

The *Preventive Alcohol Education Program* is based on the tenets of inoculation theory, which proposes that an individual will better counter persuasive or threatening arguments if he or she learns the content of the arguments and practices resistance strategies beforehand. Thus, if young people are exposed to the addictive nature of alcohol and are taught strategies to avoid using alcohol before their exposure in real life, they will be less vulnerable when confronted with actual pressures to use alcohol. *Choose to Refuse* employs these same concepts to educate youth about the hazards of heroin and OxyContin. On completing the program, participants will understand the physiological,

legal, and social consequences of using these drugs. They will learn the following decision-making skills:

- **Forecasting:** Thinking through a future situation in terms of risks and benefits
- **Avoidance:** Ability to stay away from situations that one knows may be risky
- **Refusal:** Verbal or nonverbal refusal to engage in risky behavior
  - *Verbal:* Rebutting or discrediting arguments that favor risky behavior
  - *Nonverbal:* Communicating refusal by gestures, gaze, body language, touch, and/or use of space
- **Extrication:** Ability to remove oneself from a risky or dangerous situation

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# PRINCIPLES OF THE CURRICULUM

**Adults have always looked for the most effective ways to protect the health of their children.** Since the mid-1960s, with the growing flood of drugs, alcohol, tobacco, and sexual and violent behaviors pervading our society and the consciousness of our youth, this search has taken on even greater urgency. Schools and community groups in a wide variety of settings have sought a “magic bullet” that will prevent these problems. Unfortunately, there is no such absolute remedy, and although many prevention programs claim substantial success, adolescents in all parts of the nation continue to make health-compromising decisions that cause great harm to themselves and others.<sup>1</sup>

As this battle rages, researchers have been testing a rather simple yet unique approach to help prevent such problems. The *theory of behavioral inoculation* is the basis of these new experiments.<sup>2</sup> Also called *psychological immunization*, *social inoculation*, and *psychobehavioral forewarning*, its logic is simple: Youth rehearse their responses to impending pressures to take health risks *before* they actually encounter these pressures. Similar to medical immunization—whereby an individual receives an injection of weakened virus well before flu season arrives—participants in inoculation programs are

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1. Pamela A. Kulbok, “Youth Health Risk Behaviors” (paper presented at the American Public Health Association Annual Conference, Oct. 2001, Atlanta, Georgia, Session 5136.0).
  2. Elias J. Duryea, “Psychological Immunization: History and Current Health Behavior Applications,” *Health Education Quarterly* 17, no. 2 (1990): 169–78.

exposed to future threats and pressures—not with a syringe but with an array of role plays.<sup>3</sup> Some role plays use scripted dialogues; participants practice what they would say and do in scenarios where peers, siblings, or adults are pressuring them to make poor choices. Other role plays are improvisational; participants design their own resistance strategies or actions during the role play. Because participants view these scenarios as realistic depictions of the situations they regularly confront in their lives, these role plays are an effective means of inoculation.

During an inoculation program the participants proceed through the following steps:

1. **Receive forewarning** of the verbal and nonverbal pressures they may face in their lives.
2. **Systematically practice** resisting such pressures in a variety of contexts.
3. **Receive feedback** from facilitators on how effective their resistance responses and strategies were.
4. **Receive follow-up boosters**, much like those in medicine, to maintain their immunity to pressures.<sup>4</sup>

On completing the program, participants have new cognitively based communication and behavioral skills (both verbal and nonverbal) for refuting appeals and arguments that favor drugs and risk taking. They have also learned techniques for extricating themselves from coercive pressures in a variety of settings.

Professionals in many fields use this same technique in their daily practice. Attorneys rehearse (inoculate) their witnesses before they are cross-examined by opposing counsel. Coke, Pepsi, and other corporate giants use clever advertising to immunize target populations against competitors' claims of superiority. Athletic competition is clearly inoculative: forewarn and rehearse your team more precisely than your opponent, and your probability of success is surely enhanced.

An additional benefit of youth inoculation programs is that they teach participants the necessary and useful intellectual skill of *behavior or situation forecasting*. Researchers have found that participants in such programs think more frequently about the risky people and situations that may lie ahead for them.<sup>5</sup> Parties, dances, concerts, trips, and

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3. Elias J. Duryea, "Doubling: Enhancing the Role Play Technique in Schools," *Journal of School Health* 60, no. 3 (1990): 106–7.

4. Elias J. Duryea, "An Application of Psychological Inoculation Theory to Preventive Alcohol Education," *Journal of Health Education* 15, no. 1 (1984): 97–104.

5. David Murray et al., "Five- and Six-Year Follow-up Results from Four Seventh Grade Smoking Prevention Strategies," *Journal of Behavioral Medicine* 58 (1990): 458–68.

athletic events can all produce pressures for risk taking which young people must manage. In most cases, a young person can identify in advance who will be at a party and can plan what she will do or say there to decrease her level of risk. If she thinks about and practices—well ahead of time—how she is going to strategically negotiate such situations, then the inoculation exposure has been a success.

It is important to note that simply participating in an inoculation program and learning how to resist pressures, refute arguments, and extricate oneself from risky circumstances does not guarantee that a young person will actually employ these skills in real-life situations.<sup>6</sup> To increase the likelihood that participants *will* apply their new skills, researchers have devised a technique called the *evocative media component*.<sup>7</sup> At the end of an inoculation program, participants view slides or video clips, each related to a concept or skill learned during the inoculation exposure. Participants see the media piece very briefly and then must describe what that image evokes in them. In a program that inoculated participants against pressures to get into a vehicle with a drunk driver, participants viewed a slide showing a can of beer, a glass of wine, and a shot of whiskey. When the image was removed, participants were asked what it evoked in them. Nearly all participants reported that drunk drivers most often tried to convince others to get into their vehicles by using the argument “I only had beer, not hard stuff like wine or whiskey.” Because participants had learned beforehand that alcohol content, not type, was the important factor in such a situation, they naturally reported that the slide had sparked that thought in them. Because it reinforces content and skills learned earlier in the program, the evocative media component is an effective inoculation tool.

Finally, research on inoculation suggests that participants also develop a greater ability to transfer their immunity to completely new risky situations.<sup>8</sup> If a participant can effectively refute or resist a peer’s argument that a certain drug is harmless, then he can employ the same refutation against arguments that unprotected sex is free of consequences or that accompanying a drunk driver is perfectly safe if the driver drives slowly. As adults, how many times have we said to ourselves, “I wish I had not made that decision” or “I wish I had thought about this beforehand—then I wouldn’t be in this predicament”? Common sense suggests that preparing for future challenges—psychologically, verbally, and behaviorally—produces less regret later.

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6. Elias J. Duryea, “An Application of Inoculation Theory to Preventive Alcohol Education” (PhD diss., University of Nebraska, 1983).

7. Elias Duryea and Jebose Okwumabua, “Effects of a Preventive Alcohol Education Program after Three Years,” *Journal of Drug Education* 18, no. 1 (1988): 23–31.

8. Elias J. Duryea, “Principles of Nonverbal Communication in Efforts to Reduce Peer and Social Pressure,” *Journal of School Health* 61, no. 1 (1991): 5–10.

*Choose to Refuse* is based on this simple yet creative and effective logic. Although no prevention program can be 100 percent effective, there are learning strategies and teaching techniques adults can use with youth to lessen the influence of risky people and situations in everyday life. Though educators and researchers everywhere hope that someday we will develop a “magic bullet” that protects the health of our young people, in reality we must continue our daily efforts to prepare youth to deal with the future threats they will inevitably face.

Like the *Preventive Alcohol Education Program*, *Choose to Refuse* teaches youth that using any illegal substance becomes riskier when the individual adds another substance. Research suggests that youth often use tobacco first, then alcohol, then marijuana, and then harder drugs. As someone remarked at a conference I attended, “Let’s face it . . . we *are* our decisions.” I hope that *Choose to Refuse* will help young people think through their decisions before they act.

**Elias J. Duryea, PhD**

Associate Dean for Research

The University of New Mexico

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## OVERVIEW OF THE CURRICULUM

**Choose to Refuse gives youth information about the dangers and consequences of using heroin and OxyContin** so that they will be able to make informed decisions when confronting situations that involve these drugs. The curriculum is based on the principles of inoculation theory, which proposes that an individual will better resist persuasive or threatening arguments if he or she learns the arguments’ content and practices resistance strategies beforehand. The activities offer participants ways to refuse drugs and the opportunity to role-play situations they may encounter in real life. Through the role plays, participants practice decision-making skills and develop their own personal plans for recognizing potentially dangerous or illegal situations and safely removing themselves.

## Content of the Curriculum

***Choose to Refuse*** is a sequence of six one-hour sessions with an ongoing homework assignment.

The six sessions present the following content:

- **Session 1: Get the Facts**

In this session, participants learn the physiological, legal, and social consequences of heroin and OxyContin use. In Activity 1, they hear a brief introduction to the program and review vocabulary terms. In Activity 2, participants engage in a question-and-answer session designed to teach them facts about heroin and OxyContin. In Activity 3, they learn the legal consequences of heroin and OxyContin use. In Activity 4, participants receive an ongoing homework assignment to develop a public service announcement (PSA) about the dangers of heroin and OxyContin.

- **Session 2: How to Say No**

In this session, participants learn ways to refuse drugs. In Activity 1, they learn decision-making skills and brainstorm ways to apply these skills in various situations. In Activity 2, participants engage in a role play that highlights the decision-making skills discussed in Activity 1. In Activity 3, they receive guidance on structuring their PSAs.

- **Session 3: Walking Away**

In this session, participants continue to learn ways to refuse drugs. In Activities 1 and 2, they practice decision-making skills via role plays. In Activity 3, participants receive guidance on fleshing out the details of their PSAs.

- **Session 4: Prescription for Trouble**

In this session, participants review and continue to learn the physiological, legal, and social consequences of drug use. In Activity 1, they perform a role play highlighting the physiological effects of illegal OxyContin use. In Activity 2, a role play emphasizes the legal consequences of using OxyContin illegally. In Activity 3, participants review their TV storyboards, radio scripts, and print ads, and discuss their progress in developing their PSAs.

- **Session 5: Don't Mix It Up**

In this session, participants learn about the effects drugs and alcohol can have on decision-making skills. In Activity 1, they review myths and facts about heroin and OxyContin. In Activity 2, participants engage in a role play that highlights how alcohol can inhibit a person's ability to make clear decisions when confronted with drugs. In Activity 3, they discuss their progress in developing their PSAs.



## ● Session 6: What's Your Plan?

In this session, participants present their homework, review program content, and develop plans for refusing drugs. In Activity 1, they present their final PSAs to the group. In Activity 2, participants watch a series of evocative slides and discuss how the images relate to the physiological, legal, and social consequences of drug use. In Activity 3, they discuss developing a plan of action to employ if they find themselves in a potentially risky or dangerous situation.

### ***Choose to Refuse* employs a variety of pedagogical techniques:**

#### **Handouts**

This booklet includes several handouts for participants; they are located in the appendixes. One is a fact sheet on heroin and OxyContin; it also contains vocabulary definitions, links to relevant Web sites, and information on where to get help. Other handouts deal with decision-making skills and the legal consequences of drug use.

#### **Question-and-Answer Session**

The question-and-answer session gives participants information about heroin and OxyContin that they will use in subsequent activities. They also learn about the physiological, legal, and social consequences of illegal drug use.

#### **Role Plays**

Role plays are powerful motivators of thought and discussion. They also provide a safe setting for participants to practice using decision-making skills for refusing drugs. The role plays incorporate the factual information participants have learned and reflect real-life situations facing youth today. They help participants develop their own personal plans for recognizing potentially dangerous or illegal situations and safely removing themselves. The role plays have been designed so that you and your participants can modify them in almost any way you feel is beneficial—adding characters or changing their gender, improvising the language, settings, or situations. You can omit the characters' responses at the end of the scripts and instead ask participants what they would have done in those situations. The role-play script handouts are located in the appendixes.

#### **Evocative Slide Show**

Participants view evocative still images that are designed to prompt discussion about the physiological, legal, and social consequences of drug use. This activity, an immunity booster, is intended to stimulate participants to think about what they have learned in the program and relate those lessons to the images before them. You can find the PowerPoint slides containing these images on the CD in the back of this booklet.

## Creation of a Public Service Announcement

A public service announcement (PSA) is an advertisement in any medium that gives general information about a specific topic. The homework assignments guide participants through the process of creating their own PSAs about the dangers of drug use. A PSA Worksheet for participants appears in appendix C.

# GUIDELINES FOR FACILITATORS

## Creating a Positive Educational Environment

The general climate in which the sessions are delivered should be open and positive. You should make every effort to:

- Create a physical environment conducive to discussion; for example, arrange chairs in a circle.
- Set and maintain disciplinary standards for the sessions, but allow freedom of expression.
- Be enthusiastic, energetic, and positive in your presentation. Participants are quick to pick up on and respond to the facilitator's energy level.
- During discussions, maintain eye contact with participants and avoid cutting speakers off abruptly. If participants feel that you are really listening, they may be more likely to share their comments.
- Encourage comments from quiet participants by saying things such as, "It would be great to hear from those of you who have not yet said anything." Do not force participation.
- Paraphrase what a participant has said and repeat it back to him or her. Restating a comment allows the participant to know that you are listening, and it can clarify the point for other participants.
- Model your own thinking. Think aloud as you work through the various activities. Make clear to participants that these issues are complex and that making good decisions is not always easy.
- Reinforce the norm that most high-school youth do not use drugs, but that it is important to be ready to confront pressures to do so.



## Group Discussions

A successful group discussion gives participants the opportunity to learn from one another and to help one another solve problems. In some of the discussions, you will simply ask participants to respond to specific questions. However, you should always strive for a free-flowing exchange, encourage participants to give more than one-word answers, and stay with questions that generate meaningful discussions. The conversation should engage participants so that they will add to one another's comments and act as resources and support for one another's thinking.

*Brainstorming* is a technique for generating and recording ideas efficiently. It enables participants to respond creatively, without fear of being judged. It stimulates fresh ideas for consideration and helps participants break loose from fixed ways of thinking about or responding to situations. Brainstorming involves everyone and provides an opportunity for those who may have trouble sharing their ideas under other circumstances.

## Making the Curriculum Your Own

All facilitators have their own styles—unique and interesting ways of interpreting and translating knowledge to actively engage participants in the learning process. Realizing that teaching styles and participant groups differ, we strongly encourage you to make this curriculum your own. Consider this booklet a guide for structuring the sessions, but feel free to enhance it as you see fit. You can personalize it in the following ways:

- Review all the activities before the sessions to determine whether the information and role plays are age appropriate for your group.
- Present examples from your community or local newspapers, or examples you think are more relevant to your participants.
- Refer to and incorporate readings, music, or videos you think are pertinent to the lesson topics.
- Most important, we suggest that you not read the facilitator material verbatim but instead use your own words to explain the concepts to your participants.





# SESSION



## Get the Facts

**“Heroin**  
is a highly addictive  
opiate drug. It is illegal  
to possess heroin  
in any of its  
forms.”

# SESSION 1

## GET THE FACTS

### OVERVIEW

In this session, participants learn the physiological, legal, and social consequences of heroin and OxyContin use. In Activity 1, they hear a brief introduction to the program and review vocabulary terms. In Activity 2, participants engage in a question-and-answer session designed to teach them facts about heroin and OxyContin. In Activity 3, they learn the legal consequences of heroin and OxyContin use. In Activity 4, participants receive an ongoing homework assignment to develop a public service announcement (PSA) about the dangers of heroin and OxyContin.

### MATERIALS

- Heroin and OxyContin Fact Sheet (appendix A): one for each participant
- A Look at the Legal Side handout (appendix B): one for each participant
- PSA Worksheet (appendix C): one for each participant

### OPENING THE SESSION

**WELCOME** participants to *Choose to Refuse*. **EXPLAIN** what this session will cover.

## Activity 1 • Get the Facts

### Overview

Participants review relevant vocabulary terms.

### Procedures

1. **TELL** participants: This six-session program is designed to teach you the skills you need to manage pressures you may face regarding substance use and abuse. Although most youth do not use drugs, it is important to be ready to address the issue when you are confronted with pressures to use drugs. We will give you the facts about heroin and OxyContin, describing their physiological effects and the

legal and social consequences of drug use. You will also have an opportunity to develop your own plan of what to do if you find yourself in a risky situation in which you are pressured to use drugs, or even one in which you are just in close proximity to people who are using illegal drugs. We hope that at the end of the program you will decide that the risks—physiological, legal, and social—are simply too high for you to start using illegal substances.

It is important for you to know that this curriculum was written with input from participants from many different schools. Every situation and consequence in this program could happen to someone, somewhere, at some point in time. You might read the situations described in the role plays and think, “This could never happen to me.” But never say “never”: It *could* happen to you. Adults know that it is difficult for young people to think of their future; yet this is exactly what we want you to do. If you take risks now, your future may never arrive.

2. **DISTRIBUTE** the Heroin and OxyContin Fact Sheet.

3. **REFER** participants to the fact sheet as you **REVIEW** the following vocabulary words:

## Vocabulary

**Addiction:** An uncontrollable physical and psychological need for a substance or behavior.

**Drug abuse:** Using drugs illegally or using prescription drugs in a manner not intended or prescribed.

**Heroin:** An illegal and highly addictive opiate drug. It is illegal to possess heroin in any of its forms.

**Illegal:** Against the law. Using a prescription that does not belong to you is illegal.

**Opiate:** A sedative drug containing opium, an addictive narcotic extracted from the poppy plant. An opiate numbs the senses. Some opiates, such as morphine and codeine, are used medically to relieve pain. Opiates can produce a quick, intense feeling of pleasure followed by a temporary sense of well-being and drowsiness. Opiates are a highly addictive class of drugs.

**OxyContin:** The brand name of a legal drug prescribed by physicians for moderate to severe pain.

**Physical addiction:** The body’s need for a drug. When a person is exposed to a drug long enough, the body adapts and develops a tolerance for the drug. Higher doses are then needed to achieve the drug’s original effects. If the person stops taking the drug, painful withdrawal symptoms occur.

**Psychological addiction:** A need for a drug that is more emotional or mental than physical. It is the psychological desire to use the drug, not the body's need for it.

**Tolerance:** The need to progressively increase drug dosage to produce the effect originally achieved with a smaller dose.

**Withdrawal:** A painful physiological and emotional response that occurs when a person stops using a habit-forming substance.

## Activity 2 • Questions and Answers

### Overview

Participants engage in a question-and-answer session about the physiological and social consequences of using heroin and OxyContin.

### Procedures

1. **EXPLAIN** to participants that you will ask them questions about heroin and OxyContin. The answers will give them the facts about these two drugs so that they know the physiological and social consequences they might face if they choose to use. **EXPLAIN** that the more they know, the better prepared they will be to refuse these drugs.
2. **LEAD** a discussion using the following questions and answers.

**Note:** Possible answers to the questions are provided, but they are only starting points to encourage discussion. If time is limited, allow only one response to each question and then tell participants the answer. If you have time, however, allow brief discussion of each question.

#### **What is heroin?**

Heroin is an illegal, highly addictive drug derived from morphine, which is a naturally occurring substance extracted from the poppy plant. Heroin is usually a white or brown powder that is hard to distinguish from cocaine and other drugs. Heroin can be injected, snorted, or smoked. In whatever way it is ingested, heroin can cause death the first time you use it. Many users do not know their heroin's actual strength or its true contents. Because it might be very strong or contain dangerous substances, users have a high risk of overdose or death. Other names for heroin include smack, H, black tar, dope, horse, brown sugar, and mud.

***How does heroin affect the brain?***

Heroin enters the bloodstream, goes directly into the brain, and alters the brain's ability to function properly. Immediate effects include reduced pain, slowed heart rate, and slowed breathing.

***In what other ways does heroin affect your body?***

It is heroin's effect on breathing, in particular, that can be lethal in the case of heroin overdose. Furthermore, heroin may include additives that do not easily dissolve and can clog the blood vessels that lead to the lungs, liver, kidneys, and brain. You will most likely become physically addicted to the drug and will need it to function on a daily basis. You can become addicted the first time you use heroin. Other physiological consequences of heroin use include weight loss, skin discoloration, depression, vomiting, constipation, explosive diarrhea, and mood swings.

***What are possible long-term effects of heroin on your body?***

With regular heroin use, tolerance develops. This means that you must use more heroin to achieve an effect of the same intensity that occurred the first time you used the drug. As you use higher doses over time, physical dependence and addiction develop, and you need even more of the drug to function. Along with physical addiction and dependence, chronic heroin use can lead to medical consequences:

- *Blood-borne infections* can be contracted through sharing hypodermic needles. These infections can lead to open sores on the body, amputation of limbs, and fatal infectious diseases including HIV/AIDS, hepatitis B, and hepatitis C.
- *HIV/AIDS* is a lifelong disease that affects your immune system and can be life threatening. People with this disease need as many as twenty medications a day to stay alive. There is no vaccination against HIV/AIDS.
- *Hepatitis B* is caused by a virus that attacks the liver, leading to lifelong infection, scarring of the liver, cancer, liver failure, and even death. Hepatitis B vaccination is the best way to prevent this disease.
- *Hepatitis C* is a severe liver disease caused by a virus. It is spread through contact with an infected person's blood. Although it can go unnoticed for years, it causes major liver damage. There is no vaccination against hepatitis C.
- *Pneumonia and tuberculosis* can lead to breathing complications, which make it difficult to play sports or participate in other physical activities.



***What is OxyContin?***

OxyContin is a brand-name prescription painkiller used for severe or chronic pain. OxyContin contains oxycodone, the medication's active ingredient, in a timed-release tablet. Oxycodone is a synthetic form of opium, which is the same ingredient found in heroin. Abuse of OxyContin is as dangerous as using heroin and can result in death.

***How is abuse of OxyContin different from using heroin?***

There is no difference! OxyContin is an opiate drug, like heroin, and when it is used improperly it has the same physical and psychological effects as heroin. In fact, many heroin users start with OxyContin. Both are highly addictive.

***If OxyContin is so dangerous, why are doctors prescribing it?***

When used as directed and under the supervision of a doctor, OxyContin provides pain relief over an extended period of time. OxyContin is usually prescribed for people who are in severe or chronic pain. A doctor prescribes medication to meet the needs of an individual patient, and under no circumstance is it safe to take someone else's prescription drugs.

***Someone you know has been prescribed OxyContin. Why is it safe for them and not for you?***

The person you know likely has a medical condition that requires long-term pain relief. He or she is taking OxyContin under the supervision of a doctor to address a specific medical problem. If you take it, and you are not under a doctor's supervision, you are not only breaking the law but also endangering yourself physiologically and emotionally. You are not experiencing the same medical condition as the person prescribed the drug, who *is* under a doctor's supervision, and therefore your body will respond differently to the drug. Remember, under no circumstance is it safe to take someone else's prescription medications.

***What is addiction?***

Addiction is an uncontrollable physical and psychological need for a substance or behavior.

***What are the physiological consequences of addiction?***

Some of the physiological effects are severe weight loss, skin discoloration, depression, vomiting, constipation, explosive diarrhea, and mood swings. The physical addiction to heroin or OxyContin creates a driving need for the drug. This need takes over the body, which then requires more of the drug to function.

### *What are the social consequences of drug addiction?*

There are many social consequences of drug addiction. Most habitual users are incapable of concentration, learning, or clear thought. If you are addicted, the need for the drug controls your life and could even result in behavior that you think you would never exhibit, such as lying or stealing. Ultimately, you could end up in jail. This type of behavior will affect the following areas of your life:

- **Family:** Erratic behavior may strain your relationships with your parents or siblings. Stealing money or valuable possessions to pawn for drug money may lead your family to throw you out of the house, leaving you homeless.
- **Work:** Your work performance will be affected, and you may be absent more often, which could lead to your being fired.
- **Friends:** You may lose or alienate longtime friends because you are preoccupied with getting and using the drug.
- **School:** Academic performance and motivation to do well may suffer. The long-term consequences can disrupt graduation, scholarships, financial aid, college or military admission, and the career choices open to you.
- **Legal:** In addition to the crimes of drug possession and distribution, other crimes related to drug addiction include assault and battery, theft, breaking and entering, and driving while impaired. You most likely will spend time in jail.
- **Financial:** Spending money on your habit takes money away from your other needs, including shopping, going out with friends, gas for your car, and so on. This financial situation could put you into debt and could lead you into behaviors that are contrary to your values, such as stealing.
- **Personal consequences:** If you are convicted of a crime, you face losing your driver's license and being rejected for college admission or scholarships, and you might never be able to hold a civil service job such as police officer, firefighter, or government worker.

### *What happens to you when you try to stop using heroin or OxyContin?*

You go through the physiological process of withdrawal. Withdrawal happens when your body reacts to a lack of the drug. Major withdrawal symptoms peak between 48 and 72 hours after the last dose and subside after a week to ten days. Some of the major symptoms of withdrawal include drug cravings, restlessness, muscle and bone pain, insomnia, explosive diarrhea, vomiting, cold flashes with goose bumps, severe tremors, loss of appetite, and possible hallucinations. If you plan to withdraw from

addiction to OxyContin or heroin, you should seek help to ensure that withdrawal is a safe process.

### ***How can you get help?***

If you are worried about yourself, a friend, or a family member who might be abusing alcohol or other drugs, call the Massachusetts Substance Abuse Information and Education Helpline at 800.327.5050 for information and for treatment options. This is an anonymous hotline: you can call without giving your name. You can also log on to [www.helpline-online.com](http://www.helpline-online.com).

## Activity 3 • A Look at the Legal Side

### **Overview**

Participants discuss the legal consequences of abusing heroin and OxyContin.

### **Procedures**

1. **DISTRIBUTE** the A Look at the Legal Side handout.
2. **TELL** participants: As we are going to discuss again and again in this program, you have a choice. You might be surprised that the choices you make today have life-long consequences. A criminal record, even for juveniles, never disappears. Making poor choices can jeopardize your school activities, your job, your plans for college and/or the military, and your freedom. Choose to keep your freedom. You do have a choice!

If you commit a crime between the age of seven and your seventeenth birthday, you may be sentenced to the Department of Youth Services (DYS). The DHS is the juvenile justice agency of the Commonwealth of Massachusetts. In 1996 the Massachusetts Legislature enacted the Youthful Offender Law, which changed the way juveniles who commit serious crimes are prosecuted. You now may face the same penalties adults do. If you are seventeen or older and commit a crime, you are an adult—and you will be subject to adult sentences, including prison.

3. **REVIEW** the handout with participants:

1. ***What is constructive possession?***

If drugs are found in your locker or your car while you are in class, you can be charged with constructive possession of the drugs. *Constructive possession* means that the drugs are in a place where you have access to them and you can control them when you want to.

**2. What is joint venture?**

*Joint venture* means that you participate in some way in a crime with others. For example, if you are a “lookout” during a drug deal, you can be charged with drug distribution as a joint venturer, even if you do not sell drugs yourself. Courts in Massachusetts have defined a *joint venturer* as someone who (1) is present at the scene of a crime, (2) has knowledge that someone intends to commit a crime or shares the intent to commit that crime, and (3) by agreement, is willing and able to help the other person if necessary.

**3. What is conspiracy?**

*Conspiracy* is making an agreement to commit a crime. To be charged, just making an agreement is enough; the crime does not have to be completed.

**4. What if I am at a party and there is heroin there? What could happen to me?**

You could be charged with knowingly being present where heroin is kept, or with being in the company of a person in possession of heroin—and you could go to jail.

**5. What if I am driving a car under the influence of drugs?**

You might be arrested, and your car will be towed. Under Massachusetts General Law Chapter 90, Section 24, if you drive a car while your judgment or ability to operate that motor vehicle safely is impaired, either from drinking or from taking drugs, you have committed the crime of driving under the influence. You may be jailed for up to two and a half years, be fined up to \$5,000, and lose your license for one year. These penalties are for a first offense. If you have prior OUI (operating under the influence) offenses, you could go to state prison.

**6. What if my friend asks me to hold a controlled substance and I give it back to him or her later?**

Don't accept it! After you accept it, you can be arrested for possession.

Don't pass it on! If you pass it on to someone, you have distributed drugs knowingly and intentionally. You do not have to *sell* drugs to be guilty of distribution.

Punishments for possession and distribution of drugs vary, but ultimately you could go to jail.

**7. What if I know my friend is selling drugs and I let him or her keep them in my car or locker?**

You don't have to sell drugs yourself to be guilty. Even if the drugs belong to your friend, you might be convicted of possession, possession with intent to dis-

tribute, distribution, conspiracy to distribute a controlled substance, or trafficking.

**8. What if I give one of my prescription pills or an illegal drug to a friend at school?**

You do not have to *sell* drugs to be guilty of distribution. If you are found guilty of distributing a controlled substance on school grounds, you face a mandatory sentence that includes commitment to DYS as a juvenile and to a house of correction or a state prison as an adult.

**9. What happens if I am caught selling, giving, or distributing drugs on school grounds?**

If you are caught selling, giving, or distributing any controlled substance on school grounds—including heroin, OxyContin, and marijuana—or selling any controlled substance within 1,000 feet of school property or within 100 feet of a public park or playground, you face a mandatory sentence of two years in a house of correction, in addition to whatever jail sentence you receive for distributing the drugs.

## Activity 4 • Homework Assignment

### Overview

Participants learn what a public service announcement is and begin planning their own PSAs.

### Procedures

- 1. DISTRIBUTE** the PSA Worksheet to participants.
- 2. TELL** participants: Over the next few sessions you will be researching information to develop a public service announcement (PSA). A PSA is an ad in any medium—such as TV, radio, billboards, and magazines—which gives general information about a specific topic. You are going to develop a PSA for a specific target audience to give them information on how to refuse to use drugs.

Your homework is to research heroin and OxyContin or review the information you learned today. Then choose one fact about heroin and one fact about OxyContin that you could use in an ad to show people how to refuse drugs. Write those two facts on the PSA Worksheet and bring the worksheet to the next session.





SESSION



How to Say No

**“Adolescence**  
is a time when you  
may be pressured  
to prove yourself  
to others.”



# SESSION 2

## HOW TO SAY NO

### OVERVIEW

**In this session, participants learn ways to refuse drugs.** In Activity 1, they learn decision-making skills and brainstorm ways to apply these skills in various situations. In Activity 2, participants engage in a role play that highlights the decision-making skills discussed in Activity 1. In Activity 3, they receive guidance on structuring their PSAs.

### MATERIALS

- Flipchart and markers
- Decision-Making Skills for Life handout (appendix D): one for each participant
- Role Play: College Party handout (appendix E): several copies for volunteers participating in the role play

### ADDITIONAL PREPARATION

Prepare a flipchart sheet with the following information and post it in your classroom for reference and quick review:

#### Decision-Making Skills

- **Forecasting:** Thinking through a future situation in terms of risks and benefits
- **Avoidance:** Ability to stay away from situations that one knows may be risky
- **Refusal:** Verbal or nonverbal refusal to engage in risky behavior
  - *Verbal:* Rebutting or discrediting arguments that favor risky behavior
  - *Nonverbal:* Communicating refusal by gestures, gaze, body language, touch, and/or use of space
- **Extrication:** Ability to remove oneself from a risky or dangerous situation

## OPENING THE SESSION

**BEGIN** this session by briefly reviewing the information covered in Session 1. You may want to **HIGHLIGHT** a few facts about the physiological, legal, and social consequences of heroin and OxyContin use. **EXPLAIN** what this session will cover.

# Activity 1 • Decision-Making Skills

## Overview

Participants receive a handout that contains information about decision-making skills and brainstorm how to use these skills in various situations.

## Procedures

1. **DISTRIBUTE** the Decision-Making Skills for Life handout.
2. **TELL** participants: Decision-making skills are techniques that will help you avoid or leave risky or dangerous situations. It is very important for you to learn these skills, because this is a time in your life when you are involved in many new experiences and peer-group activities. Taking risks and testing limits and boundaries are all signs of your need for independence. Unfortunately, this is also the time when you may be pressured to prove yourself to others, and you may do things in a group that you wouldn't normally do if you were alone. Going along with the crowd is a common social practice, so learning to avoid or reject risky or dangerous behavior is an important lifelong skill to have.

In this program, you will be exposed to a variety of decision-making skills, specifically:

- **Forecasting:** Thinking through a future situation in terms of risks and benefits
- **Avoidance:** Ability to stay away from situations that one knows may be risky
- **Refusal:** Verbal or nonverbal refusal to engage in risky behavior
  - *Verbal:* Rebutting or discrediting arguments that favor risky behavior
  - *Nonverbal:* Communicating refusal by gestures, gaze, body language, touch, and/or use of space
- **Extrication:** Ability to remove oneself from a risky or dangerous situation

Although forecasting is usually the first step in positive decision making, avoidance, refusal, and extrication can be used together or individually in any situation.

There is no set order in which these steps take place. It is important to remember that you can always extricate (remove) yourself from any risky situation at any time.

3. **ASK** participants to name some effective ways to refuse drugs. **LIST** their ideas on a flipchart. If you need to prompt discussion, **USE** the following examples:
  - a. State your position on drugs.
  - b. State your reason for refusing.
  - c. Leave the situation.
  - d. Suggest an alternative activity.
4. **ASK** participants how the decision-making skills they named might be applied in each of the following cases. **REMIND** participants that more than one skill may apply to each situation.
  - a. After rehearsing for the school play, some of the cast members decide to meet up at Johnny's house. When you get there, you see some kids sniffing something off a table.
  - b. Your best friend asks to borrow money from you to buy OxyContin for herself.
  - c. The captain of the football team or cheerleading squad invites you to a party. You've heard rumors that the captain, and his or her friends, use OxyContin.
5. **ASK** participants:
  - a. Do you think it is important to forecast a situation? Why or why not?
  - b. Do you think it is necessary to give a reason for refusing drugs? Why or why not?
6. **TELL** participants to pair up with another person in the group and brainstorm at least three other situations in which they might use decision-making or refusal skills.
7. After a few minutes, **RECONVENE** the large group.
8. **ASK** participants to share their scenarios with the rest of the group.
9. **LEAD** a discussion about which decision-making skills are likely to be effective, which are not, and why.

# Activity 2 • Role Play: College Party

## Overview

Participants engage in a role play that highlights ways to recognize a dangerous situation and how to remove themselves safely. The scenario begins at an under-twenty-one dance club where two girls meet up with two local college boys. The boys invite them to an on-campus party where drugs are available.

**Note:** *You should first ask for volunteers to play the roles, but if no one volunteers, select participants to read the roles. You will play the role of narrator. The roles are gender specific but may be modified if necessary. Encourage participants to read in a loud, clear voice.*

## Procedures

1. **TELL** participants: Over the next few sessions, you will participate in role plays that will help you learn how to handle yourselves in potentially dangerous situations. They will give you an opportunity to practice the decision-making skills you learned in the previous activity and also to share skills that you may already be using. We are going to read through the role plays and then talk about why the situations could be dangerous. I ask you to listen carefully to each role play so that you can understand what is happening and can participate in our discussion.
2. **ASK** for two girls and two boys to participate in the role play.
3. **DISTRIBUTE** copies of the role play to the volunteers.
4. **ALLOW** the volunteers a few minutes to review the role play in a separate area, while you **EXPLAIN** the subject of the role play to the remaining participants.
5. **PROCEED** with the role play.

### ► Role play begins.

**Narrator:** *Lakisha and Ashley are seventeen years old and have been friends since the seventh grade. Lakisha is dating Ben, a local college student, without her parents' permission. The girls meet up with Ben and his roommate, Chris, at an under-twenty-one dance club on Friday night. At 10:00 p.m. Ben and Chris ask the girls to accompany them to a party at the college campus. Because it is still early, the girls decide to go to the party for a while, but they tell the boys they have to be back at the club by midnight when Lakisha's mother will be picking them up. The boys promise that they will drive the girls back to the club. Lakisha, Ashley, and Ben get into Chris's car and head over to the college.*

**Lakisha:** So, what's going on at the college tonight?

**Ben:** There's a frat party and everyone's going to be there. They have a DJ and everything.

**Ashley:** Are you sure it's OK that Lakisha and I are there? We don't even go to college.

**Ben:** Really! I don't think anyone will notice. Trust me.

**Narrator:** *They arrive at the party, which is very crowded. There are several rooms with different things going on and the music is very loud. The girls follow the boys into a room where people are dancing and decide to join in. Shortly afterward, Ben and Chris say they are going to the bathroom. The girls sit down on a couch to wait for Ben and Chris to come back. They realize that many of the partygoers look quite spaced out. At that point, they go to look for the guys. When the girls can't find them, they get nervous.*

**Lakisha:** What are we supposed to do now? There are some weird people here.

**Ashley:** *(annoyed)* Where are the guys? We've looked everywhere for them. Maybe we should just go outside.

**Lakisha:** Call Chris's cell phone and see where they are.

**Narrator:** *Ashley calls Chris and he answers.*

**Ashley:** Where are you guys? Lakisha and I want to go.

**Chris:** We'll be right out; just stay where I told you. We don't have to leave yet; it's only 10:45. Chill out—we'll be right there.

**Ashley:** Fine.

**Narrator:** *Ashley hangs up and tells Lakisha that they should go back into the dance room and that the boys will meet them there. As they walk back to the room, they notice an open bedroom door. Looking in, they see Ben and Chris sniffing something off a CD case.*

**Lakisha:** Did you see that? What is going on?

**Ashley:** I have no idea, but I am not staying here. Let's go.

**Narrator:** *The boys emerge from the room as the girls are walking out. Lakisha and Ashley keep going and the boys follow. They all go outside. Chris looks very pale and is trying to stay focused.*

**Ashley:** Chris, what is wrong with you? What were you sniffing?

**Chris:** *(slurring his words)* Nothing. Just a little heroin. It's no big deal.

**Ashley:** I can't even understand what you're saying. You are totally messed up.

**Ben:** Relax, Ashley. He's fine. He only did a little. Come on—we still have another hour before we have to drive you back.

**Lakisha:** Don't tell her to relax. You guys are doing heroin and you want us to relax. What would make you do heroin anyway?

**Ben:** *(speaking slowly, as if tired)* I couldn't get any O.C.s, so I took what I could get. C'mon—let's go back inside.

**Ashley:** No, I'm not going back in! Chris doesn't look good. And you! You are not OK either. Let's call your brother, Lakisha, and have him come get us.

**Chris:** No! Don't leave. We still have an hour, and I promised I would bring you back before midnight!

**Ashley:** There is no way I would let you get behind the wheel of a car and drive.

**Lakisha:** You can't even see straight!

**Chris:** I'm fine! I will drive you—no problem!

**Lakisha:** You know what, guys? I'm calling my brother and having him come get us. I am not driving in a car with either of you, now or ever again.

**Ashley:** I'm with Lakisha.

**Ben:** What are you going to tell your brother? Or your parents, when your brother brings you home?

**Lakisha:** I don't know what we'll tell them—but I'm calling.

**Ben:** You know what? Fine! See if we care. Have fun in high school!

**Narrator:** *Ben and Chris stumble back into the party. Lakisha calls her brother and tells him that they are stuck and need a ride. He comes to pick them up.*

## ► Role play ends.

### 6. ASK participants:

- What decision-making skills did the girls use in this situation, and when did they use them?
- Which other decision-making skills could they have used in this situation?
- What are some alternative outcomes to this scenario?
- Is doing "just a little heroin" no big deal? What can happen to you if you do heroin?
- How could the girls have avoided this situation?

### 7. SUMMARIZE the learnings from this role play: There may come a time when you find yourself in a situation where you feel uncomfortable or out of place. There are various ways you can handle a situation like this; some ways are better than others.

In this scenario, Lakisha and Ashley realized that they were in a risky situation. The girls trusted the guys' insistence that they would be safe. But not only were they unsafe, they were put in a very uncomfortable position. They made an error in forecasting. But the girls did use other skills:

- **Extrication:** Lakisha and Ashley removed themselves from a situation where heroin was present.
  - **Refusal:** The girls confronted the boys and stated their reasons for refusing to stay at the party.
  - **Avoidance:** They did not agree to be driven in Chris's car.
  - **Extrication:** They resolved the problem by finding an alternative way to get home.
8. **REMINDE** participants that just being in the presence of heroin is illegal. The girls could have been charged with knowingly being present where heroin is kept or with being in the company of a person in possession of heroin. They could have gone to jail.

## Activity 3 • Homework Assignment

### Overview

Participants receive guidance on structuring their PSAs.

### Procedures

1. **REVIEW** the facts that participants wrote on their PSA Worksheets.
2. **EXPLAIN** to participants that their assignment for this session is to answer the following questions:
  - a. Which fact will you use in your PSA?
  - b. Who is the target audience you want to reach? (Be specific about age, gender, ethnicity, and so on.)
  - c. What is the message you want to convey? Try to express it in ten to fifteen words.
  - d. What type of medium will you use for your PSA (TV, radio, magazines, or billboards)?
3. **TELL** participants to write their answers on their PSA Worksheets and to bring the worksheets to the next session.







# SESSION



## Walking Away

**“People**  
who abuse drugs  
commonly believe  
they are in control  
of the drug.”

# SESSION 3

## WALKING AWAY

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### OVERVIEW

In this session, participants continue to learn ways to refuse drugs. In Activities 1 and 2, they practice decision-making skills via role plays. In Activity 3, participants receive guidance on fleshing out the details of their PSAs.

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### MATERIALS

- The sheet listing decision-making skills which you created in Session 2
- Role Play: Teammates handout (appendix F): several copies for volunteers participating in the role play
- Role Play: Best Friends handout (appendix G): several copies for volunteers participating in the role play

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### OPENING THE SESSION

Before the session begins, **POST** the sheet with the list of decision-making skills. **BEGIN** the session by briefly reviewing information covered in the previous sessions. You may want to **HIGHLIGHT** a few facts about the physiological, legal, and social consequences of heroin and OxyContin use. **EXPLAIN** what this session will cover. **REMIND** participants to refer to the list of decision-making skills as needed.

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## Activity 1 • Role Play: Teammates

### Overview

Participants engage in a role play that highlights several decision-making skills. The role play features three boys who are members of the football team. Before a game, the star quarterback offers two younger players OxyContin.

## Procedures

1. **ASK** for three boys to participate in the role play.
2. **DISTRIBUTE** copies of the role play to the volunteers.
3. **ALLOW** the volunteers a few minutes to review the role play in a separate area, while you **EXPLAIN** the subject of the role play to the remaining participants.
4. **PROCEED** with the role play.

### ► Role play begins.

**Narrator:** *Sophomores Jamaal and Mike are starting tailbacks for the varsity football team this year. They both worked really hard over the summer—attending double and triple practice sessions to get noticed—and it paid off. Pete, who is the team’s star quarterback, has a lot of influence with the coach and has taken the two sophomores under his wing. The day before the first game of the season, Pete approaches them after practice, tries to give them some OxyContin pills, and tells them to take the pills before the game.*

**Mike:** What is it?

**Jamaal:** It’s a painkiller!

**Mike:** Well, yeah, but what will it do for me?

**Pete:** This stuff makes me feel numb for the whole game! No matter who hits me, I can’t feel anything! Trust me; it’s not going to hurt you.

**Jamaal:** *(looks disgusted)* That’s not what I heard. That stuff can kill you. That kid from the lacrosse team almost died from it last year.

**Narrator:** *Jamaal goes to take a shower.*

**Pete:** So, are you going to do this with me or not?

**Mike:** I don’t know. It hurt that kid pretty bad last year!

**Pete:** What are you saying—that I’m stupid, and I would take something that would hurt me?

**Mike:** That isn’t what I’m saying. I just don’t want it.

**Pete:** *(angrily)* You and Jamaal are both losers. We’ll see how good you really are tomorrow night when they run all over you. The coach won’t be too happy about that, and I’ll make sure of it!

**Mike:** Whatever!

**Narrator:** *Mike walks away.*

### ► Role play ends.

**5. ASK** participants:

- a. What decision-making skills did Jamaal and Mike use?
- b. Which other skills could they have applied? Why?
- c. What might have been another outcome of this scenario?
- d. What might have happened if Mike and Jamaal had said nothing, and something happened to Pete?
- e. What are good reasons for saying no in this situation?
- f. Does pressure from a fellow teammate or club member feel different from a friend's pressure?

**6. SUMMARIZE** the learnings from this role play: There may come a time when members of your sports team or other group are doing OxyContin or other drugs and they ask you to participate. This is a difficult situation for any young person. Unlike with your close friends, it may seem harder to say no to teammates or fellow group members—in such a group, there is more pressure to “fit in” and stay an active member of the group.

In this role play, Mike believed that Pete was going to try to persuade the coach that he was not good enough to play. He didn't argue with Pete but stuck to his belief that OxyContin is dangerous and that Pete may have had a problem with the drug. Mike thought that Pete believed he was in control of the drug. This is a common belief among people who abuse drugs. Even though Pete believed he was in control, OxyContin is a very dangerous and addictive drug and could have negatively affected his ability to play in the football game.

In this situation the following decision-making skills were used:

- **Refusal:** Jamaal verbally refuted Pete's argument in favor of taking OxyContin.
- **Extrication and nonverbal refusal:** By walking away, Jamaal removed himself from the risky person and communicated nonverbally that he would not take the drug.
- **Refusal:** Mike verbally declined the drug.
- **Extrication:** Mike walked away.

**7. REMIND** participants that unauthorized possession or distribution of a prescription drug is illegal and carries an extra penalty when it is done on school grounds.

# Activity 2 • Role Play: Best Friends

## Overview

Participants engage in a role play that highlights what happens when one of three friends has a drug addiction. The other two friends need to decide whether to help him deal with the addiction or to just stand by and let him continue to use drugs.

## Procedures

1. **ASK** for two boys and one girl to participate in the role play.
2. **DISTRIBUTE** copies of the role play to the volunteers.
3. **ALLOW** the volunteers a few minutes to review the role play in a separate area, while you **EXPLAIN** the subject of the role play to the remaining participants.
4. **PROCEED** with the role play.

### ► Role play begins.

**Narrator:** *Jason, Samantha, and Luke are seniors in high school. They have been friends since they were in elementary school, and their families are friends as well. Not long ago, Jason sought help for an addiction to OxyContin and has been clean for a few months. His friends stood by him then and continue to watch out for him. Lately Jason has appeared anxious and is always asking his friends for money. Samantha suspects that he is now using heroin.*

**Samantha:** Hey Jason, what's going on? Are you feeling all right? You look like you're sick.

**Jason:** Hey guys. I'm just a little tired. Look, I'm a little short today—can I borrow some cash?

**Samantha:** What for?

**Luke:** Who are you, his mother? Just give him some money.

**Jason:** Yeah, man, I just want to get something to eat.

**Samantha:** If that's what you want, come on, I'll buy you lunch.

**Jason:** Forget it. I'm not eating right now; I want the money for later.

**Samantha:** Then, no, I'm not giving you any money.

**Jason:** Luke, what about you? Come on, man, you have some cash for me, right?

**Luke:** I don't know. Samantha's right; you don't look right. You look spaced out and you're shaking. Are you using again?

**Jason:** (*very agitated*) I can't believe you guys! I quit that stuff—you know that.

**Narrator:** *Jason walks away from Samantha and Luke.*

**Luke:** Something's wrong with him. Should we talk to his brother?

**Samantha:** Yeah, maybe.

► **Role play ends.**

5. **TELL** participants: In this role play, the young people are not facing a risky situation involving drugs. Instead, we see two friends forced to make a difficult decision about another friend who they suspect is using drugs. But even though the situation is different, the decision-making skills available to Samantha and Luke remain the same.

6. **ASK** participants:

- a. What skills were used in this scenario?
- b. Why doesn't Samantha trust Jason?
- c. Do you think Jason's friends should tell his brother about their concerns?
- d. Whom else could they turn to?
- e. How would they feel if something happened to Jason and they had not told any one about their concerns?

7. **SUMMARIZE** the learnings from this role play: This role play is another example of how you may find yourself in an uncomfortable situation and may not be sure what to do. There are various ways you can handle a situation like this, some better than others.

Samantha and Luke faced the possibility that Jason might have been using drugs again. They put the following skills into practice:

- **Forecasting:** Using their knowledge of Jason's addiction history and his physical appearance, they forecasted that he would buy drugs with the money.
- **Refusal:** When Jason became agitated at their refusal to give him money, they verbally confronted him about his reasons for wanting the money, stating their reasons for not giving it to him.

8. **REMIND** participants: If you are worried about yourself, a friend, or a family member who may be abusing alcohol or other drugs, you don't have to face it alone. You can talk to a trusted adult, school official, school resource officer, juvenile police officer, or a nurse or doctor.

# Activity 3 • Homework Assignment

## Overview

You review with participants their answers to Session 2's homework questions and guide them on fleshing out the details of their PSAs.

## Procedures

1. **REVIEW** participants' answers to Session 2's homework questions:
  - a. Which fact will you use in your PSA?
  - b. Who is the target audience you want to reach? (Be specific about age, gender, ethnicity, and so on.)
  - c. What is the message you want to convey? Try to express it in ten to fifteen words.
  - d. What type of medium will you use for your PSA (TV, radio, magazines, or billboards)?
2. **TELL** participants that their PSAs should include the following elements:
  - The fact you have chosen to highlight.
  - A myth compared to the fact.
  - Examples of verbal and nonverbal refusal skills.
  - If your PSA is a TV or radio ad, it should be about thirty seconds long.
3. **TELL** participants: To create a PSA for TV, you must first map out your idea on a storyboard. A *storyboard* is like a blueprint for creating TV shows and movies. It helps the director visualize what a script will look like on film or on TV. The storyboard contains boxes in which the scenes are sketched and areas below the boxes for describing the audio and video for each scene. If you are creating a PSA for TV, use the storyboard template on the PSA Worksheet to record your ideas.  
  
 If you choose to create a script for a radio PSA, write the script on the PSA Worksheet.  
  
 If you are creating a PSA for a magazine or a billboard, you may use a separate piece of paper and illustrate it with drawings, photographs, or other kinds of art.
4. **REMIN**d participants to bring their PSA Worksheets to the next session.





# SESSION



## Prescription for Trouble

**“It is  
dangerous  
— possibly deadly —  
to take someone  
else’s prescription  
medication.”**

# SESSION 4

## PRESCRIPTION FOR TROUBLE

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### OVERVIEW

**In this session, participants review and continue to learn the physiological, legal, and social consequences of drug use.** In Activity 1, they perform a role play highlighting the physiological effects of illegal OxyContin use. In Activity 2, a role play emphasizes the legal consequences of using OxyContin illegally. In Activity 3, participants review their TV storyboards, radio scripts, and print ads, and discuss their progress in developing their PSAs.

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### MATERIALS

- The sheet listing decision-making skills which you created in Session 2
- Role Play: Prom Scene handout (appendix H): several copies for volunteers participating in the role play
- Role Play: Legal vs. Illegal Use handout (appendix I): several copies for volunteers participating in the role play

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### ADDITIONAL PREPARATION

The two role plays in this session deal with issues of substance use in school and at a school-sponsored event. The role play in Activity 2 also highlights the topic of distributing drugs in school. Before leading this activity with your group, you should research and know your school's policy on distributing illegal substances in school: How does the principal address this issue? What is the school's policy for dealing with a youth who is found to be under the influence of an illegal substance while in school or at a school-sponsored event?

## OPENING THE SESSION

Before the session begins, **POST** the sheet with the list of decision-making skills.

**BEGIN** the session by briefly reviewing information covered in previous sessions. You may want to **HIGHLIGHT** a few facts about the physiological, legal, and social consequences of heroin and OxyContin use. **EXPLAIN** what this session will cover. **REMIND** participants to refer to the list of decision-making skills as needed.

## Activity 1 • Role Play: Prom Scene

### Overview

Participants engage in a role play that highlights the physiological effects of using OxyContin illegally. The scenario features two couples in a limousine on the way to the prom.

### Procedures

1. **ASK** for two girls and two boys to participate in the role play.
2. **DISTRIBUTE** copies of the role play to the volunteers.
3. **ALLOW** the volunteers a few minutes to review the role play in a separate area, while you **EXPLAIN** the subject of the role play to the remaining participants.
4. **PROCEED** with the role play.

### ► Role play begins.

**Narrator:** *John and Miguel are best friends. They are going to the junior prom with their girlfriends, Jessica and Sara. The scene takes place in a limousine on the way to the prom. Sara has never been to a prom, and she is very anxious about going with John, who is new to the school. John took some OxyContin from his aunt's medicine cabinet and wants to share it with Miguel, Jessica, and Sara.*

**John:** Look what I found in my aunt's medicine cabinet. I've heard this stuff is great. My friend Al, from my old school, told me how to do it, so I can share it with you guys.

**Jessica:** Yeah! I heard it's an incredible rush.

**Sara:** I don't know, John. I'm nervous about this prom, and I have never taken anything like this before.

**Miguel:** Me, either, Sara, but it's a prescription from a doctor—it can't hurt you. Besides, we're sharing it; we're not even taking a whole one.

**John:** The bottle says to take one every twelve hours, so my aunt must take two a day and she always seems fine. Miguel's right: we're not even taking a whole one, we're splitting it.

**Narrator:** *John begins to crush the pill. Sara is scared. She doesn't know anything about OxyContin. She's heard about cocaine and heroin, but is OxyContin safer? She is becoming very apprehensive.*

**Sara:** No, John, I don't think this is such a good idea.

**John:** I told you, Sara: it's my aunt's. Don't worry about it. She takes these every day and she seems fine.

**Narrator:** *Miguel is feeling a bit uneasy but doesn't want to look like a little kid in front of Jessica.*

**Miguel:** I suppose we can try it once. Why not? You're right, John—maybe we'll have a better time at this stupid prom.

**Narrator:** *Despite Sara's objections, John, Miguel, and Jessica sniff the OxyContin. They arrive at the prom; as they enter, Jessica stumbles into a wall and Miguel begins to feel sick and falls down. A teacher notices their strange behavior and calls for an ambulance to take Miguel to the hospital. Meanwhile, the teacher questions John, Jessica, and Sara about what is going on. Sara is afraid to tell on her friends, but she is worried about Jessica and John because they took the drug also.*

### ► Role play ends.

#### 5. ASK participants:

- What decision-making skills were used in this situation?
- What are the possible outcomes of this situation?
- What have you learned about OxyContin as a prescription drug?
- Is it legal to take someone else's prescription drugs?
- If you were the writer, how would you end this story so that it would have an impact on other kids?

6. **TELL** participants: A realistic ending to this situation might be that Sara goes on to attend a major university, John ends up in jail for distribution of a Class A substance, and Miguel gets lucky, survives that night, and goes on to join the military. Unfortunately, Jessica dies later that night from heart complications.

7. **SUMMARIZE** the learnings from this role play: The following skill was used in this scenario:
- **Verbal refusal:** Sara found herself in an uncomfortable and unsafe position. She used verbal refusal skills to protect herself from the risky behavior.
- Because she was in a car, Sara felt that she could not extricate herself from the situation. However, she could have asked to be let out of the vehicle, or she could have called someone to find alternative transportation.
- Miguel, however, was not able to refuse the drugs and gave in to the pressure. As a result, he is now in a position to use this experience to improve his ability to forecast potentially risky situations.
8. **REMIND** participants that taking another person's prescription medication and distributing it to others is illegal; they could go to jail. Furthermore, it is dangerous—and possibly deadly—to take another person's prescription medication.

## Activity 2 • Role Play: Legal vs. Illegal Use

### Overview

Participants engage in a role play that highlights the legal and social consequences of using drugs and the difference between legal and illegal use of a prescription drug such as OxyContin.

### Procedures

1. **ASK** for two boys and one girl to participate in the role play, and another volunteer of either gender to play the teacher.
2. **DISTRIBUTE** copies of the role play to the volunteers.
3. **ALLOW** the volunteers a few minutes to review the role play in a separate area, while you **EXPLAIN** the subject of the role play to the remaining participants.
4. **PROCEED** with the role play.

### ► Role play begins.

**Narrator:** *Three months ago Kevin injured his shoulder at hockey practice and had to have surgery. After the operation, Kevin was in severe pain and was prescribed OxyContin. Both the doctor and Kevin's mother explained to Kevin that OxyContin is a very powerful drug and must be used only as directed by the doctor. When Kevin returns to school, his arm is in a sling. Kids gather around to ask what happened and whether he will be able to play hockey again. After a few minutes, most of the kids go to class, but Kevin's friends Joey and Emma remain.*

**Joey:** So, did they give you anything for the pain?

**Kevin:** Yeah, the doctor gave me OxyContin.

**Joey:** He gave you O.C.s? You got some on you?

**Kevin:** Yeah. Why?

**Joey:** Can you spare a few for a good friend?

**Kevin:** No, the doctor told me not to give them out. I shouldn't even have them in school.

**Joey:** Come on, it's no big deal. Just give me two.

**Kevin:** Fine, just two. Don't tell anyone.

**Joey:** Do you want one, Emma?

**Emma:** No, thanks.

**Narrator:** *Joey chews one of the pills and they all head off to class. During the next class, Joey begins to fall asleep.*

**Emma:** Hey, did you take the O.C. that Kevin gave you? You look a little weird.

**Joey:** Yeah, I did.

**Narrator:** *The teacher has overheard Emma and Joey talking about Joey's having taken the OxyContin.*

**Teacher:** Is everything OK with you, Joey? You seem like you're sick.

**Joey:** I'm fine. Just a little tired.

**Teacher:** I would feel a lot better if you went to see the nurse.

**Joey:** (*angrily*) I don't need to see the nurse! I'm just tired!

**Teacher:** Let's go. We're going to the nurse.

**Narrator:** *The teacher brings Joey to the nurse and tells her about overhearing Joey tell Emma that he took an OxyContin. Joey feels really sick; he finally admits that he took an OxyContin and doesn't feel well. The nurse calls Joey's mother to take him to a doctor. The teacher then brings Emma to the principal's office to tell him what happened. Emma explains that Kevin gave pills to Joey but that she said no and didn't take any.*

► **Role play ends.**

5. **ASK** participants:
  - a. What are the refusal skills used in this situation?
  - b. What are the possible outcomes of this situation?
  - c. What, if any, school consequences might the three students face?
  - d. What legal consequences might apply here?
  - e. What could Kevin have done, before coming to class, to avoid the situation?
6. **SUMMARIZE** the learnings from this role play: This scenario highlights the differences between the legal and illegal use of a prescription drug. Kevin was prescribed OxyContin for severe pain due to an injury. Unfortunately, Kevin forecasted badly when he gave two pills to Joey. The principal is obligated to contact the police, who will conduct an investigation. Ultimately they may charge Kevin with distributing a Class A substance in a school zone, and Joey with possession of a Class A substance in a school zone. Both boys could be committed to DYS as juveniles and to a house of correction or a state prison as adults. The boys could also face school penalties such as loss of privileges—including participation in sports or other extracurricular activities—suspension from school, or even expulsion.
 

The following decision-making skill was used in this scenario:

  - **Verbal refusal:** Emma used verbal refusal skills when Joey offered her one of the pills. Without getting confrontational, Emma simply said “no thanks” and disengaged herself from the situation.
7. **REMIND** participants: Always remember that the choice is yours. Making bad decisions about illegal behavior can jeopardize your participation in sports, your performance in school, and college admissions and financial aid. A criminal record, even for a juvenile, does not disappear.

## Activity 3 • Homework Assignment

### Overview

Participants review their TV storyboards, radio scripts, and print ads and discuss their progress in developing their PSAs.

### Procedures

1. **ASK** participants to report on their progress in developing their PSAs. **DISCUSS** any questions they have.
2. **TELL** participants that their homework is to continue to work on their PSAs.





# SESSION



Don't Mix It Up

**“A criminal  
record,  
even for a  
juvenile, never  
disappears.”**

# SESSION 5

## DON'T MIX IT UP

### OVERVIEW

In this session, participants learn about the effects drugs and alcohol can have on decision-making skills. In Activity 1, they review myths and facts about heroin and OxyContin. In Activity 2, participants engage in a role play that highlights how alcohol can inhibit a person's ability to make clear decisions when confronted with drugs. In Activity 3, they discuss their progress in developing their PSAs.

### MATERIALS

- The sheet listing decision-making skills which you created in Session 2
- Role Play: House Party handout (appendix J): several copies for volunteers participating in the role play

### OPENING THE SESSION

Before the session begins, **POST** the sheet with the list of decision-making skills.

**BEGIN** the session by briefly reviewing information covered in the previous sessions.

You may want to **HIGHLIGHT** a few facts about the physiological, legal, and social consequences of heroin and OxyContin use. **EXPLAIN** what this session will cover.

**REMIND** participants to refer to the list of decision-making skills as needed.

## Activity 1 • Myths and Facts

### Overview

Participants discuss common myths about substance abuse.

### Procedures

1. **REVIEW** the myths and facts. **READ** each myth aloud and **ASK** participants why it is a myth, not a fact. **ALLOW** a few responses, then **READ** aloud the accompanying fact.

## Myths and Facts

- a. **Myth:** Heroin is a drug that is used only in inner cities.  
**Fact:** Although heroin has been around for many years, primarily in cities, drug dealers are reported to be targeting a diverse and increasingly younger group of users in suburban and rural communities.
- b. **Myth:** Only street people and lower-class citizens do heroin.  
**Fact:** Drugs do not discriminate. Abusers can be found throughout society, from high school to college to the professional workforce.
- c. **Myth:** Heroin is always white in color.  
**Fact:** Heroin ranges in color from off-white or beige to dark brown or black, depending on how it is processed and what substances are mixed in.
- d. **Myth:** Street heroin is very pure, so I always know what I am getting.  
**Fact:** Heroin is always “cut” (mixed) with other substances. These may include chemicals, quinine, or even poisons such as strychnine (rat poison).
- e. **Myth:** Pure heroin is safer and less addictive than impure heroin.  
**Fact:** All forms of heroin are highly addictive and carry a real risk of overdose.
- f. **Myth:** Heroin can hurt me only if I inject it.  
**Fact:** High purity levels ensure that any method of heroin use—snorting, smoking, or injecting—presents a risk of overdose, addiction, and immediate harm.
- g. **Myth:** Heroin is always injected.  
**Fact:** Heroin users may start by snorting or smoking the drug, but after they are addicted, most end up injecting it. All methods of using heroin are illegal and deadly.
- h. **Myth:** I don’t inject heroin, so I can’t be addicted.  
**Fact:** Many heroin users may initially be attracted by the simpler choice of snorting or smoking the drug, mistakenly believing that these methods of using it will not lead to addiction.
- i. **Myth:** I hate needles; I could never be an addict.  
**Fact:** Eventually, most people who are addicted to heroin end up injecting themselves.
- j. **Myth:** Snorting or smoking heroin is not as dangerous as injecting it.  
**Fact:** Alternative methods of consuming heroin reflect the mistaken view that these methods are not dangerous, when in fact heroin taken in any form is addictive and deadly.

- k. **Myth:** Very few people die from using heroin.  
**Fact:** Heroin causes more deaths than any other opiate drug.
- l. **Myth:** Unlike other drugs, heroin doesn't harm the brain.  
**Fact:** Heroin users lose control as the drug affects brain neurons and the pathways that govern sensations of pleasure and reward. These changes in the brain short-circuit the user's ability to experience normal pleasures, while creating a need for more drugs.
- m. **Myth:** OxyContin isn't heroin.  
**Fact:** Although OxyContin is a prescription drug, it is an opiate like heroin and produces similar effects. OxyContin is also addictive, so it can lead to the same problems as heroin addiction.
- n. **Myth:** Using OxyContin will not make me a heroin addict.  
**Fact:** OxyContin is sometimes used illegally. After they are addicted, some abusers may switch to heroin as a less expensive alternative.
- o. **Myth:** Using prescription medication once in a while isn't drug abuse.  
**Fact:** When prescription medications are not used properly or are used specifically to get high, it is considered drug abuse.
- p. **Myth:** Prescription drugs aren't dangerous.  
**Fact:** Prescription drugs are safe and effective when taken properly and under the supervision of a doctor or other qualified health-care professional. Abuse of a drug is dangerous and can even be deadly.
- q. **Myth:** Giving prescription drugs to someone else is no big deal.  
**Fact:** Giving prescription drugs to someone without a prescription is illegal. Going to jail is a big deal.
- r. **Myth:** I can drive a car after using heroin or OxyContin.  
**Fact:** It is illegal to drive a car while under the influence of any illegal substance. Furthermore, as with any illegal substance, a person who is under the influence of heroin or OxyContin loses the ability to control him- or herself and the ability to control a motor vehicle. Users also run a high risk of making bad decisions, thus putting themselves and others in harm's way.
- s. **Myth:** A juvenile record disappears on my seventeenth birthday.  
**Fact:** A criminal record, even for a juvenile, never disappears.

2. **ASK** participants whether any of the myths or facts surprised them.

# Activity 2 • Role Play: House Party

## Overview

Participants engage in a role play that highlights the decision-making skills two boys use at a party.

## Procedures

1. **ASK** for three boys and one girl to participate in the role play.
2. **DISTRIBUTE** copies of the role play to the volunteers.
3. **ALLOW** the volunteers a few minutes to review the role play in a separate area, while you **EXPLAIN** the subject of the role play to the remaining participants.
4. **PROCEED** with the role play.

### ► Role play begins.

**Narrator:** *The scene takes place in the family room of a house. There is a pool table in the middle of the room; coolers of beer are in the corner. Reggie and Ryan, who are both eighteen, walk in to see everything set up for the party. A few of their friends have already arrived and are well on their way to getting drunk.*

**Reggie:** Look at him—he looks like he’s wasted already.

**Ryan:** No kidding.

**Narrator:** *Reggie grabs a soda, Ryan pours himself a beer, and they sit down on the couch to watch the action at the pool table. Reggie notices that there are more kids arriving every minute, some of whom they don’t know.*

**Reggie:** Who are these guys? I’ve never seen them before.

**Ryan:** I have—they hang around at the corner store. Don’t you remember Billy? He played basketball with us.

**Reggie:** Oh, yeah; he was real good then. I thought he’d go pro. Instead, he’s a real stoner.

**Ryan:** Yeah, I know. What a waste. What’s he even doing here?

**Reggie:** I see him and those guys around the basketball court downtown, and they always seem wasted. I just don’t trust them.

**Ryan:** At least they brought some girls with them. I’d like to meet her (*pointing to Tanya*) before the night’s over.

**Reggie:** You better watch out, Ryan—she might be somebody’s girlfriend.

**Narrator:** *The party continues. At this point lots of kids have arrived. Everyone is partying and playing pool, including Ryan, who has finally met Tanya. Billy walks over to Tanya and offers some heroin.*

**Billy:** Hey, you and your friend want some dope?

**Tanya:** Is it good stuff?

**Billy:** Yeah! I got it from a guy I know.

**Tanya:** All right. Come on, Ryan, this stuff will loosen you up a bit.

**Ryan:** *(nervously)* I don’t know, Tanya—you don’t know what’s in that stuff.

**Tanya:** It’s okay, Ryan. Billy’s a friend of mine. He wouldn’t give us anything that has bad stuff in it. Do you want to try it? I’ll show you how.

**Ryan:** No, thanks. I don’t like needles.

**Tanya:** *(laughing)* We don’t need needles! You can snort it or you can smoke it. I take it this is your first time?

**Ryan:** Really, I’m all set.

**Billy:** Lighten up. Tanya likes guys that can have a little fun—right, Tanya?

**Narrator:** *Ryan has had a few beers and isn’t thinking clearly. He really wants to impress Tanya but doesn’t see a way out of the situation. Fortunately for Ryan, Reggie comes looking for him.*

**Reggie:** There you are, Ryan. I’ve been looking for you. What’s going on?

**Ryan:** Just hanging here with Tanya and her friends. *(Leaning over to Reggie and whispering)* We need to get out of here.

## ► Role play ends.

### 5. ASK participants:

- a. What decision-making skills were used in this situation?
- b. What would you do in a situation like this?
- c. How and when would you have left the party?
- d. What effect did alcohol have on this situation?
- e. What illegal activities were taking place at the party?
- f. What are some of the legal consequences that Reggie and Ryan could face?

6. **SUMMARIZE** the learnings from this role play: In this scenario, even though Ryan engaged in risky behavior by illegally drinking underage, he was able to avoid an even riskier situation.

The following decision-making skills were used in this scenario:

- **Forecasting:** Reggie and Ryan recognized high-risk people and put themselves on alert.
- **Refusal:** Ryan verbally refuted Tanya's argument about the purity of the heroin and refused to use.
- **Extrication:** Ryan told Reggie that they should leave the party.

7. **REMINDE** participants: When you go to a party expecting a certain scenario to take place, and it does not, what do you do? You need an alternative plan. When you plan to attend a party with a friend or a group of friends, discuss beforehand what your boundaries are regarding use of alcohol and other drugs, especially when you don't know the host or other people at the party. Make a commitment to yourself and to your friends to watch out for each other. Make a pact that, at any party, you will help your friends enforce those boundaries for one another. Make a conscious choice not to use drugs or alcohol or to be present when drugs and alcohol are being used. Always be prepared to say no or to leave a risky situation.

## Activity 3 • Homework Assignment

### Overview

Participants discuss their progress in developing their PSAs.

### Procedures

1. **ASK** participants to report on their progress in developing their PSAs. **DISCUSS** any questions they have.
2. **TELL** participants to finalize their PSAs and prepare to present them to the group at the final session.





# SESSION



## What's Your Plan?

**“When an  
addict stops using,  
he or she goes  
through a painful  
withdrawal  
process.”**

# SESSION 6

## WHAT'S YOUR PLAN?

### OVERVIEW

In this session, participants present their homework, review content, and develop plans for refusing drugs. In Activity 1, they present their final PSAs to the group. In Activity 2, participants watch a series of evocative slides and discuss how the images relate to the physiological, legal, and social consequences of drug use. In Activity 3, they discuss developing a plan of action to employ if they find themselves in a potentially risky or dangerous situation.

### MATERIALS

- The sheet listing decision-making skills which you created in Session 2
- The CD containing the PowerPoint slides
- Desktop or laptop computer
- Projector
- Projection screen (or white wall or large white backdrop)

### ADDITIONAL PREPARATION

Ahead of time, reserve a projector and a projection screen. If no screen is available, you may use a white wall or large white backdrop. Before the session, set up the computer with the PowerPoint CD and the projection screen.

### OPENING THE SESSION

Before the session begins, **POST** the sheet with the list of decision-making skills. **BEGIN** the session by briefly reviewing information covered in the previous sessions. **ASK** participants whether they have any questions or comments about the last two role plays. You may want to **HIGHLIGHT** a few facts about the physiological, legal, and social consequences of heroin and OxyContin use. **EXPLAIN** what this session will cover. **REMIND** participants to refer to the list of decision-making skills as needed.

# Activity 1 • PSA Presentations

## Overview

Participants present to the group the PSAs they have created.

## Procedures

1. **ASK** for volunteers to share their PSAs with the group.
2. **ASK** each participant the following questions as he or she presents the PSA:
  - a. Who is the target audience you want to reach?
  - b. What is the message you want to convey?
  - c. What medium did you use for your PSA?
  - d. What information from this program did you use in your PSA?

# Activity 2 • Evocative Slide Show

## Overview

Participants watch a series of evocative still images that should prompt group discussion about the physiological, legal, and social consequences of drug use.

**Note:** *This activity is designed to stimulate participants to think about what they have learned about heroin and illegal prescription drug use and relate it to the images before them. After each slide, you will ask the participants how what they have learned in the program relates to that image. To aid you in guiding the discussion, possible responses to the question appear after the description of each slide. There are no “right” answers to the question; the purpose of the activity is to reinforce lessons learned in the program, thus boosting participants’ immunity to pressures to take drugs.*

## Procedures

1. **TELL** participants: You will view a series of evocative images related to information that we have discussed in this program. As you view each slide, think about what you have learned in this program that relates to the image. You will have an opportunity to discuss each image before we proceed to the next one.
2. **SHOW** each slide for a few seconds. Then **REMOVE** the slide and **ASK** participants: What information have you learned that relates to this image?

**Slide 1:** Three bags of heroin.

- *Heroin is a powdery substance that is white or brown.*

**Slide 2:** A college campus.

- *A criminal record, such as drug possession, can affect college admission and scholarships.*
- *Drug addiction can make it impossible to go to college.*

**Slide 3:** A girl sniffs drugs off a mirror.

- *Heroin can be snorted.*
- *When snorted, heroin is as addictive as it is when injected.*
- *All kinds of people do heroin.*

**Slide 4:** A father catches his daughter doing drugs at home.

- *Doing drugs can affect a person's relationship with her parents.*
- *Drug addiction causes a person to do things she never thought she would do, such as lie to her parents or hide illegal drugs in her home.*
- *A person who has used heroin can appear dazed.*
- *All kinds of people do heroin.*

**Slide 5:** Three young people leave a friend in front of a hospital emergency room.

- *Using heroin or OxyContin, even once, can cause an overdose.*
- *Using drugs can affect one's ability to respond to a medical emergency.*
- *Using drugs can affect a person's relationship with his or her friends.*

**Slide 6:** A police officer stops the young people in front of the hospital emergency room.

- *Driving under the influence of drugs is illegal.*

**Slide 7:** A girl is in jail.

- *If a person is caught with drugs or driving under the influence of drugs, she could go to jail.*

**Slide 8:** OxyContin pills.

- *OxyContin is a legal prescription drug that comes in a variety of strengths.*

- *When taken without a prescription or taken in a manner not directed by a doctor, OxyContin is illegal.*
- *Possession of OxyContin (or any prescription drug) without a prescription is against the law.*

**Slide 9:** Someone steals bottles of pills from a pharmacy.

- *Drug addiction can cause a person to commit crimes to support his or her drug habit.*
- *OxyContin is expensive to buy illegally, so some addicts commit crimes to get the drug.*

**Slide 10:** A boy mugs a woman while other masked youth watch.

- *Drug addiction can cause a person to commit crimes to support his or her drug habit.*

**Slide 11:** Someone uses a hypodermic needle.

- *Most heroin users who begin by snorting the drug end up injecting it.*
- *Over time, a drug user develops tolerance to the drug and requires greater amounts of the drug to produce similar results. This is the reason many heroin users end up injecting heroin rather than snorting or smoking it.*
- *Injecting drugs can have many serious health consequences, such as the danger of contracting HIV/AIDS, hepatitis B, hepatitis C, and other blood-borne diseases.*

**Slide 12:** A boy plays basketball while on drugs.

- *Using drugs can affect a person's ability to participate in sports and other activities.*
- *A person who has used heroin can appear dazed, and his breathing will be noticeably slower, making it difficult for him to function normally.*

**Slide 13:** A boy vomits while his mother consoles him.

- *Using heroin or OxyContin has many physiological effects, including vomiting.*

**Slide 14:** A young man screams in pain.

- *When a heroin or OxyContin addict stops using the drug, the body goes through a painful withdrawal process, which includes severe pain in the joints, sweating, diarrhea, and hallucinations.*

**Slide 15:** Handcuffs.

- *Using, possessing, being in the same room with, and distributing drugs are all against the law. If caught, a person will be arrested.*

**Slide 16:** A cemetery.

- *Using heroin or OxyContin can cause a lethal overdose, even the first time.*

**Slide 17:** Graduation.

- *When a person successfully uses forecasting, refusal, avoidance, and extrication skills, he or she will most likely enjoy milestones such as high school and college graduation.*

## Activity 3 • What's Your Plan?

### Overview

Participants discuss developing a plan of action to employ if they find themselves in a potentially risky or dangerous situation.

**Note:** *In this activity, you will ask participants to imagine that they are in certain situations and to think about how they would respond. Encourage participants to say more than simply, “I would say no and walk away.” Ask them to think about why they are saying no (for example, possible loss of a scholarship, or fear of dying, addiction, or arrest) and exactly how they would articulate their reasons in the given situation.*

### Procedures

1. **READ** aloud each of the following vignettes. After each one, **CALL** on a participant and **ASK** how he or she would respond to the situation using decision-making skills learned in the program.
  - You are on the volleyball team. The captain, whom you look up to, offers you OxyContin and says it will make you play better. How do you respond?
  - You are out with someone on whom you have a massive crush. He or she offers you drugs. How do you respond?
  - You are at a house party. Someone comes out of the bathroom with a bottle of prescription pills and offers you one. How do you respond?

- One of your friends has been prescribed OxyContin for severe pain after an accident. He or she offers you a pill, explaining that it can't be dangerous because OxyContin is a prescription drug. How do you respond?
- You are at a dance club. You see someone put something into your friends' drink. How do you respond?

2. **ASK** each participant to name two things that he or she learned in the program.
3. **REMIND** participants that it is important to have a plan prepared ahead of time for dealing with a situation that involves drugs or alcohol. **TELL** them that knowing the facts, having a plan, and practicing that plan can prepare them for handling a situation well and making the right decisions.
4. **CONGRATULATE** participants on completing the program.





# APPENDIXES

A thru J



# APPENDIX A

## HEROIN AND OXYCONTIN FACT SHEET

### FACTS

#### OxyContin

- OxyContin is the brand name of a legal drug that physicians prescribe for moderate to severe pain.
- OxyContin contains oxycodone, a synthetic form of opium in a timed-release tablet.
- Taking OxyContin without a doctor's supervision may lead to physical addiction.
- When taking OxyContin illegally, the user crushes the timed-release tablet. The user's body thus receives a powerful and possibly lethal twelve-hour dose all at once.
- Most people who abuse the drug do so for its euphoric effects, to relieve pain, and to avoid withdrawal symptoms. Those who take the drug repeatedly can develop a tolerance to the drug's effects.
- OxyContin can cause severely slowed breathing, which can lead to death.

#### Heroin

- Heroin is an illegal drug made from opium.
- Heroin is highly addictive and the most frequently abused of all the opiates.
- Heroin use produces tolerance, physical addiction, and even death.
- Many heroin users start out snorting or smoking the drug but eventually develop a tolerance. They end up injecting heroin directly into the bloodstream with a needle because of the need to produce the original high.
- Heroin causes more deaths than any other illegal drug.

#### Opiates

- Heroin and OxyContin are both opiates derived from the poppy plant.
- Heroin and OxyContin are highly addictive.
- Both create a false feeling of euphoria.
- Both can easily cause an overdose.

#### Street Terms

- **Heroin:** dope, smack, black tar, horse, H, brown sugar, mud
- **OxyContin:** Oxy's, oxycotton, 80s, hillbilly heroin, poor man's heroin, O.C.s

## Doing Drugs . . .

- Isn't cool
- Creates mistrust
- Can get you arrested
- Is illegal
- Causes painful withdrawal
- Can lead to addiction
- Can cause death

## VOCABULARY WORDS

- **Addiction:** An uncontrollable physical and psychological need for a substance or behavior.
- **Drug abuse:** Using drugs illegally or using prescription drugs in a manner not intended or prescribed.
- **Heroin:** An illegal and highly addictive opiate drug. It is illegal to possess heroin in any of its forms.
- **Illegal:** Against the law. Using a prescription that does not belong to you is illegal.
- **Opiate:** A sedative drug containing opium, an addictive narcotic extracted from the poppy plant. An opiate numbs the senses. Some opiates, such as morphine and codeine, are used medically to relieve pain. Opiates can produce a quick, intense feeling of pleasure followed by a temporary sense of well-being and drowsiness. Opiates are a highly addictive class of drugs.
- **OxyContin:** The brand name of a legal drug prescribed by physicians for moderate to severe pain.
- **Physical addiction:** The body's need for a drug. When a person is exposed to a drug long enough, the body adapts and develops a tolerance for the drug. Higher doses are then needed to achieve the drug's original effects. If the person stops taking the drug, painful withdrawal symptoms occur.
- **Psychological addiction:** A need for a drug that is more emotional or mental than physical. It is the psychological desire to use the drug, not the body's need for it.
- **Tolerance:** The need to progressively increase drug dosage to produce the effect originally achieved with a smaller dose.
- **Withdrawal:** A painful physiological and emotional response that occurs when a person stops using a habit-forming substance.

## GETTING HELP

If you are worried about yourself, a friend, or a family member who might be abusing alcohol or other drugs, call the Massachusetts Substance Abuse Information and Education Helpline at 800.327.5050 for information and for treatment options. This is an anonymous hotline: you can call without giving your name. You can also log on to [www.helpline-online.com](http://www.helpline-online.com).

## THE CHOICE IS YOURS!

You might be surprised that the choices you make today have lifelong consequences. A criminal record, even for a juvenile, never disappears. Making poor choices can jeopardize your school activities, your job, your plans for college and/or the military, and your freedom. Choose to keep your freedom. You do have a choice!

If you commit a crime between the age of seven and your seventeenth birthday, you may be sentenced to the Department of Youth Services (DYS). The DHS is the juvenile justice agency of the Commonwealth of Massachusetts. In 1996 the Massachusetts Legislature enacted the Youthful Offender Law, which changed the way juveniles who commit serious crimes are prosecuted. You now may face the same penalties adults do. If you are seventeen or older and commit a crime, you are an adult—and you will be subject to adult sentences, including prison.

## WANT MORE INFORMATION?

### **U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration**

*Heroin: What's the Real Dope?*

<http://ncadi.samhsa.gov/multimedia/webcasts/mythfactseries/heroin.aspx>

### **National Institute on Drug Abuse**

*Mind over Matter: The Brain's Response to Opiates*

<http://www.nida.nih.gov/MOM/OP/MOMOP1.html>

### **Office of National Drug Control Policy**

[www.whitehousedrugpolicy.gov](http://www.whitehousedrugpolicy.gov)

### **U.S. Drug Enforcement Administration**

[www.dea.gov](http://www.dea.gov)

### **Parents: The Anti-Drug**

[www.theantidrug.com](http://www.theantidrug.com)

### **Office of the Essex District Attorney**

Jonathan W. Blodgett • Ten Federal Street • Salem, MA 01970 •  
978.745.6610 • [www.mass.gov/da/essex](http://www.mass.gov/da/essex)

## APPENDIX B

# A LOOK AT THE LEGAL SIDE

**You might be surprised that the choices you make today have lifelong consequences. A criminal record, even for a juvenile, never disappears.**

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### **1. *What is constructive possession?***

If drugs are found in your locker or your car while you are in class, you can be charged with constructive possession of the drugs. *Constructive possession* means that the drugs are in a place where you have access to them and you can control them when you want to.

### **2. *What is joint venture?***

*Joint venture* means that you participate in some way in a crime with others. For example, if you are a “lookout” during a drug deal, you can be charged with drug distribution as a joint venturer, even if you do not sell drugs yourself. Courts in Massachusetts have defined a *joint venturer* as someone who (1) is present at the scene of a crime, (2) has knowledge that someone intends to commit a crime or shares the intent to commit that crime, and (3) by agreement, is willing and able to help the other person if necessary.

### **3. *What is conspiracy?***

*Conspiracy* is making an agreement to commit a crime. To be charged, just making an agreement is enough; the crime does not have to be completed.

### **4. *What if I am at a party and there is heroin there? What could happen to me?***

You could be charged with knowingly being present where heroin is kept, or with being in the company of a person in possession of heroin—and you could go to jail.

**5. *What if I am driving a car under the influence of drugs?***

You might be arrested, and your car will be towed. Under Massachusetts General Law Chapter 90, Section 24, if you drive a car while your judgment or ability to operate that motor vehicle safely is impaired, either from drinking or from taking drugs, you have committed the crime of driving under the influence. You may be jailed for up to two and a half years, be fined up to \$5,000, and lose your license for one year. These penalties are for a first offense. If you have prior OUI (operating under the influence) offenses, you could go to state prison.

**6. *What if my friend asks me to hold a controlled substance and I give it back to him or her later?***

Don't accept it! After you accept it, you can be arrested for possession.

Don't pass it on! If you pass it on to someone, you have distributed drugs knowingly and intentionally. You do not have to *sell* drugs to be guilty of distribution.

Punishments for possession and distribution of drugs vary, but ultimately you could go to jail.

**7. *What if I know my friend is selling drugs and I let him or her keep them in my car or locker?***

You don't have to sell drugs yourself to be guilty. Even if the drugs belong to your friend, you might be convicted of possession, possession with intent to distribute, distribution, conspiracy to distribute a controlled substance, or trafficking.

**8. *What if I give one of my prescription pills or an illegal drug to a friend at school?***

You do not have to *sell* drugs to be guilty of distribution. If you are found guilty of distributing a controlled substance on school grounds, you face a mandatory sentence that includes commitment to DYS as a juvenile and to a house of correction or a state prison as an adult.

**9. *What happens if I am caught selling, giving, or distributing drugs on school grounds?***

If you are caught selling, giving, or distributing any controlled substance on school grounds—including heroin, OxyContin, and marijuana—or selling any controlled substance within 1,000 feet of school property or within 100 feet of a public park or playground, you face a mandatory sentence of two years in a house of correction, in addition to whatever jail sentence you receive for distributing the drugs.

# APPENDIX C

## PSA WORKSHEET

Over the next few sessions you will be developing a public service announcement (PSA). A PSA is an ad in any medium (TV, radio, magazines, or billboards) that gives general information about a specific topic. Your goal is to create a PSA for a specific target audience which gives them information about how to refuse drugs.

### SESSION 1

Research heroin and OxyContin, and think about what you learned today. Choose one fact about heroin and one fact about OxyContin that you could use in an ad to give your target audience knowledge about how to refuse drugs. You will use one of these facts to develop a PSA. Write those two facts below and bring this worksheet to the next session.

Heroin fact:

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OxyContin fact:

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### SESSION 2

After reviewing the facts you listed above, choose one that you will use in your PSA, and answer the following questions:

1. Which fact will you use in your PSA?

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2. Who is the target audience you want to reach? (Be specific about age, gender, ethnicity, and so on.)

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Construct a TV storyboard, radio script, or print advertisement for a PSA that incorporates the fact you chose. Your PSA should include the following elements:

- If your PSA is a TV or radio ad, it should be about thirty seconds long.

If you are creating a print advertisement such as a magazine ad or a billboard, illustrate it with drawings, photographs, or other kinds of art.

If you are creating a script for a radio PSA, write it here:

This image shows a blank sheet of white paper with horizontal red ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

## TV

To create a PSA for TV, you must first map out your idea on a storyboard. A *storyboard* is like a blueprint for creating TV shows and movies. It helps the director visualize what a script will look like on film or on TV. The storyboard contains boxes in which the scenes are sketched and areas below the boxes for describing the audio and video for each scene. If you are creating a PSA for TV, use the storyboard template below to record your ideas.

### Storyboard


## DECISION-MAKING SKILLS FOR LIFE

**Decision-making skills are critical to your life.** You use them every day, whether you are trying to decide where to go on Saturday night or need to figure out what to do after high school. Decision-making skills are also techniques that will help you avoid or leave risky or dangerous situations. Sometimes you will have to think through a situation ahead of time—*forecast* it—and choose the best way to move forward. Remember that, even with the best forecasting, a situation can change in an instant. It is essential for you to be able to recognize when a situation has suddenly turned risky and be able to remove yourself safely.

Decision-making skills give you more power in all aspects of your life. If you take a strong stand by choosing not to use drugs or alcohol, consider yourself already on the road to success! You have the power to make that choice.

Here are some key decision-making skills you can learn and use in your life:



- **Forecasting:** Thinking through a future situation in terms of risks and benefits. You think through the situation and then make the best possible decision.



- **Avoidance:** Ability to stay away from situations that one knows may be risky. You determine that the risks outweigh the benefits and decide to do something else instead.



- **Refusal:** Verbal or nonverbal refusal to engage in risky behavior.
  - *Verbal:* Rebutting or discrediting arguments that favor risky behavior.
  - *Nonverbal:* Communicating refusal by gestures, gaze, body language, touch, and/or use of space.



- **Extrication:** Ability to remove oneself from a risky or dangerous situation. You have the power to leave a situation at any time.

Although forecasting is usually the first step in positive decision making, avoidance, refusal, and extrication can be used together or individually in any situation. There is no set order in which these steps take place. And always remember—you can extricate yourself at any time.

So think ahead, develop a plan, and be safe!

*This handout was developed collaboratively with Dr. Elias J. Duryea of the University of New Mexico.*

## APPENDIX E

# Role Play: College Party

### OVERVIEW

This role play highlights ways to recognize a dangerous situation and remove yourself safely. The scenario begins at an under-twenty-one dance club where two girls meet up with two local college boys. The boys invite them to an on-campus party where drugs are available.

### ROLE PLAY

**Narrator:** *Lakisha and Ashley are seventeen years old and have been friends since the seventh grade. Lakisha is dating Ben, a local college student, without her parents' permission. The girls meet up with Ben and his roommate, Chris, at an under-twenty-one dance club on Friday night. At 10:00 p.m. Ben and Chris ask the girls to accompany them to a party at the college campus. Because it is still early, the girls decide to go to the party for a while, but they tell the boys they have to be back at the club by midnight when Lakisha's mother will be picking them up. The boys promise that they will drive the girls back to the club. Lakisha, Ashley, and Ben get into Chris's car and head over to the college.*

**Lakisha:** So, what's going on at the college tonight?

**Ben:** There's a frat party and everyone's going to be there. They have a DJ and everything.

**Ashley:** Are you sure it's OK that Lakisha and I are there? We don't even go to college.

**Ben:** Really! I don't think anyone will notice. Trust me.

**Narrator:** *They arrive at the party, which is very crowded. There are several rooms with different things going on and the music is very loud. The girls follow the boys into a room where people are dancing and decide to join in. Shortly afterward, Ben and Chris say they are going to the bathroom. The girls sit down on a couch to wait for Ben and Chris to come back. They realize that many of the partygoers look quite spaced out. At that point, they go to look for the guys. When the girls can't find them, they get nervous.*

**Lakisha:** What are we supposed to do now? There are some weird people here.

**Ashley:** (annoyed) Where are the guys? We've looked everywhere for them. Maybe we should just go outside.

**Lakisha:** Call Chris's cell phone and see where they are.

**Narrator:** *Ashley calls Chris and he answers.*

**Ashley:** Where are you guys? Lakisha and I want to go.

**Chris:** We'll be right out; just stay where I told you. We don't have to leave yet; it's only 10:45. Chill out—we'll be right there.

**Ashley:** Fine.

**Narrator:** *Ashley hangs up and tells Lakisha that they should go back into the dance room and that the boys will meet them there. As they walk back to the room, they notice an open bedroom door. Looking in, they see Ben and Chris sniffing something off a CD case.*

**Lakisha:** Did you see that? What is going on?

**Ashley:** I have no idea, but I am not staying here. Let's go.

**Narrator:** *The boys emerge from the room as the girls are walking out. Lakisha and Ashley keep going and the boys follow. They all go outside. Chris looks very pale and is trying to stay focused.*

**Ashley:** Chris, what is wrong with you? What were you sniffing?

**Chris:** *(slurring his words)* Nothing. Just a little heroin. It's no big deal.

**Ashley:** I can't even understand what you're saying. You are totally messed up.

**Ben:** Relax, Ashley. He's fine. He only did a little. Come on—we still have another hour before we have to drive you back.

**Lakisha:** Don't tell her to relax. You guys are doing heroin and you want us to relax. What would make you do heroin anyway?

**Ben:** *(speaking slowly, as if tired)* I couldn't get any O.C.s, so I took what I could get. C'mon—let's go back inside.

**Ashley:** No, I'm not going back in! Chris doesn't look good. And you! You are not OK either. Let's call your brother, Lakisha, and have him come get us.

**Chris:** No! Don't leave. We still have an hour, and I promised I would bring you back before midnight!

**Ashley:** There is no way I would let you get behind the wheel of a car and drive.

**Lakisha:** You can't even see straight!

**Chris:** I'm fine! I will drive you—no problem!

**Lakisha:** You know what, guys? I'm calling my brother and having him come get us. I am not driving in a car with either of you, now or ever again.

**Ashley:** I'm with Lakisha.

**Ben:** What are you going to tell your brother? Or your parents, when your brother brings you home?

**Lakisha:** I don't know what we'll tell them—but I'm calling.

**Ben:** You know what? Fine! See if we care. Have fun in high school!

**Narrator:** *Ben and Chris stumble back into the party. Lakisha calls her brother and tells him that they are stuck and need a ride. He comes to pick them up.*

## APPENDIX F

# Role Play: Teammates

### OVERVIEW

This role play highlights several decision-making skills. The role play features three boys who are members of the football team. Before a game, the star quarterback offers two younger players OxyContin.

### ROLE PLAY

**Narrator:** *Sophomores Jamaal and Mike are starting tailbacks for the varsity football team this year. They both worked really hard over the summer—attending double and triple practice sessions to get noticed—and it paid off. Pete, who is the team’s star quarterback, has a lot of influence with the coach and has taken the two sophomores under his wing. The day before the first game of the season, Pete approaches them after practice, tries to give them some OxyContin pills, and tells them to take the pills before the game.*

**Mike:** What is it?

**Jamaal:** It’s a painkiller!

**Mike:** Well, yeah, but what will it do for me?

**Pete:** This stuff makes me feel numb for the whole game! No matter who hits me, I can’t feel anything! Trust me; it’s not going to hurt you.

**Jamaal:** *(looks disgusted)* That’s not what I heard. That stuff can kill you. That kid from the lacrosse team almost died from it last year.

**Narrator:** *Jamaal goes to take a shower.*

**Pete:** So, are you going to do this with me or not?

**Mike:** I don’t know. It hurt that kid pretty bad last year!

**Pete:** What are you saying—that I’m stupid, and I would take something that would hurt me?

**Mike:** That isn’t what I’m saying. I just don’t want it.

**Pete:** *(angrily)* You and Jamaal are both losers. We’ll see how good you really are tomorrow night when they run all over you. The coach won’t be too happy about that, and I’ll make sure of it!

**Mike:** Whatever!

**Narrator:** *Mike walks away.*

## APPENDIX C

# Role Play: Best Friends

### OVERVIEW

This role play highlights what happens when one of three friends has a drug addiction. The other two friends need to decide whether to help him deal with the addiction or to just stand by and let him continue to use drugs.

### ROLE PLAY

**Narrator:** *Jason, Samantha, and Luke are seniors in high school. They have been friends since they were in elementary school, and their families are friends as well. Not long ago, Jason sought help for an addiction to OxyContin and has been clean for a few months. His friends stood by him then and continue to watch out for him. Lately Jason has appeared anxious and is always asking his friends for money. Samantha suspects that he is now using heroin.*

**Samantha:** Hey Jason, what's going on? Are you feeling all right? You look like you're sick.

**Jason:** Hey guys. I'm just a little tired. Look, I'm a little short today—can I borrow some cash?

**Samantha:** What for?

**Luke:** Who are you, his mother? Just give him some money.

**Jason:** Yeah, man, I just want to get something to eat.

**Samantha:** If that's what you want, come on, I'll buy you lunch.

**Jason:** Forget it. I'm not eating right now; I want the money for later.

**Samantha:** Then, no, I'm not giving you any money.

**Jason:** Luke, what about you? Come on, man, you have some cash for me, right?

**Luke:** I don't know. Samantha's right; you don't look right. You look spaced out and you're shaking. Are you using again?

**Jason:** *(very agitated)* I can't believe you guys! I quit that stuff—you know that.

**Narrator:** *Jason walks away from Samantha and Luke.*

**Luke:** Something's wrong with him. Should we talk to his brother?

**Samantha:** Yeah, maybe.

# APPENDIX H

## Role Play: Prom Scene

### OVERVIEW

This role play highlights the physiological effects of using OxyContin illegally. The scenario features two couples in a limousine on the way to the prom.

### ROLE PLAY

**Narrator:** *John and Miguel are best friends. They are going to the junior prom with their girlfriends, Jessica and Sara. The scene takes place in a limousine on the way to the prom. Sara has never been to a prom, and she is very anxious about going with John, who is new to the school. John took some OxyContin from his aunt's medicine cabinet and wants to share it with Miguel, Jessica, and Sara.*

**John:** Look what I found in my aunt's medicine cabinet. I've heard this stuff is great. My friend Al, from my old school, told me how to do it, so I can share it with you guys.

**Jessica:** Yeah! I heard it's an incredible rush.

**Sara:** I don't know, John. I'm nervous about this prom, and I have never taken anything like this before.

**Miguel:** Me either, Sara, but it's a prescription from a doctor—it can't hurt you. Besides, we're sharing it; we're not even taking a whole one.

**John:** The bottle says to take one every twelve hours, so my aunt must take two a day and she always seems fine. Miguel's right: we're not even taking a whole one, we're splitting it.

**Narrator:** *John begins to crush the pill. Sara is scared. She doesn't know anything about OxyContin. She's heard about cocaine and heroin, but is OxyContin safer? She is becoming very apprehensive.*

**Sara:** No, John, I don't think this is such a good idea.

**John:** I told you, Sara: it's my aunt's. Don't worry about it. She takes these every day and she seems fine.

**Narrator:** *Miguel is feeling a bit uneasy but doesn't want to look like a little kid in front of Jessica.*

**Miguel:** I suppose we can try it once. Why not? You're right, John—maybe we'll have a better time at this stupid prom.



**Narrator:** *Despite Sara's objections, John, Miguel, and Jessica sniff the OxyContin. They arrive at the prom; as they enter, Jessica stumbles into a wall and Miguel begins to feel sick and falls down. A teacher notices their strange behavior and calls for an ambulance to take Miguel to the hospital. Meanwhile, the teacher questions John, Jessica, and Sara about what is going on. Sara is afraid to tell on her friends, but she is worried about Jessica and John because they took the drug also.*

# APPENDIX I

## Role Play: Legal vs. Illegal Use

### OVERVIEW

This role play highlights the legal and social consequences of using drugs and the difference between legal and illegal use of a prescription drug such as OxyContin.

### ROLE PLAY

**Narrator:** *Three months ago Kevin injured his shoulder at hockey practice and had to have surgery. After the operation, Kevin was in severe pain and was prescribed OxyContin. Both the doctor and Kevin's mother explained to Kevin that OxyContin is a very powerful drug and must be used only as directed by the doctor. When Kevin returns to school, his arm is in a sling. Kids gather around to ask what happened and whether he will be able to play hockey again. After a few minutes, most of the kids go to class, but Kevin's friends Joey and Emma remain.*

**Joey:** So, did they give you anything for the pain?

**Kevin:** Yeah, the doctor gave me OxyContin.

**Joey:** He gave you O.C.s? You got some on you?

**Kevin:** Yeah. Why?

**Joey:** Can you spare a few for a good friend?

**Kevin:** No, the doctor told me not to give them out. I shouldn't even have them in school.

**Joey:** Come on, it's no big deal. Just give me two.

**Kevin:** Fine, just two. Don't tell anyone.

**Joey:** Do you want one, Emma?

**Emma:** No, thanks.

**Narrator:** *Joey chews one of the pills and they all head off to class. During the next class, Joey begins to fall asleep.*

**Emma:** Hey, did you take the O.C. that Kevin gave you? You look a little weird.

**Joey:** Yeah, I did.

**Narrator:** *The teacher has overheard Emma and Joey talking about Joey's having taken the OxyContin.*

**Teacher:** Is everything OK with you, Joey? You seem like you're sick.

**Joey:** I'm fine. Just a little tired.

**Teacher:** I would feel a lot better if you went to see the nurse.

**Joey:** (*angrily*) I don't need to see the nurse! I'm just tired!

**Teacher:** Let's go. We're going to the nurse.

**Narrator:** *The teacher brings Joey to the nurse and tells her about overhearing Joey tell Emma that he took an OxyContin. Joey feels really sick; he finally admits that he took an OxyContin and doesn't feel well. The nurse calls Joey's mother to take him to a doctor. The teacher then brings Emma to the principal's office to tell him what happened. Emma explains that Kevin gave pills to Joey but that she said no and didn't take any.*

## APPENDIX J

# Role Play: House Party

### OVERVIEW

This role play highlights the decision-making skills two boys use at a party.

### ROLE PLAY

**Narrator:** *The scene takes place in the family room of a house. There is a pool table in the middle of the room; coolers of beer are in the corner. Reggie and Ryan, who are both eighteen, walk in to see everything set up for the party. A few of their friends have already arrived and are well on their way to getting drunk.*

**Reggie:** Look at him—he looks like he’s wasted already.

**Ryan:** No kidding.

**Narrator:** *Reggie grabs a soda, Ryan pours himself a beer, and they sit down on the couch to watch the action at the pool table. Reggie notices that there are more kids arriving every minute, some of whom they don’t know.*

**Reggie:** Who are these guys? I’ve never seen them before.

**Ryan:** I have—they hang around at the corner store. Don’t you remember Billy? He played basketball with us.

**Reggie:** Oh, yeah; he was real good then. I thought he’d go pro. Instead, he’s a real stoner.

**Ryan:** Yeah, I know. What a waste. What’s he even doing here?

**Reggie:** I see him and those guys around the basketball court downtown, and they always seem wasted. I just don’t trust them.

**Ryan:** At least they brought some girls with them. I’d like to meet her (*pointing to Tanya*) before the night’s over.

**Reggie:** You better watch out, Ryan—she might be somebody’s girlfriend.

**Narrator:** *The party continues. At this point lots of kids have arrived. Everyone is partying and playing pool, including Ryan, who has finally met Tanya. Billy walks over to Tanya and offers some heroin.*

**Billy:** Hey, you and your friend want some dope?

**Tanya:** Is it good stuff?

**Billy:** Yeah! I got it from a guy I know.

**Tanya:** All right. Come on, Ryan, this stuff will loosen you up a bit.

**Ryan:** (*nervously*) I don't know, Tanya—you don't know what's in that stuff.

**Tanya:** It's okay, Ryan. Billy's a friend of mine. He wouldn't give us anything that has bad stuff in it. Do you want to try it? I'll show you how.

**Ryan:** No, thanks. I don't like needles.

**Tanya:** (*laughing*) We don't need needles! You can snort it or you can smoke it. I take it this is your first time?

**Ryan:** Really, I'm all set.

**Billy:** Lighten up. Tanya likes guys that can have a little fun—right, Tanya?

**Narrator:** *Ryan has had a few beers and isn't thinking clearly. He really wants to impress Tanya but doesn't see a way out of the situation. Fortunately for Ryan, Reggie comes looking for him.*

**Reggie:** There you are, Ryan. I've been looking for you. What's going on?

**Ryan:** Just hanging here with Tanya and her friends. (*Leaning over to Reggie and whispering*) We need to get out of here.

# Choose to Refuse A Heroin and OxyContin Prevention Education Program

This six-session curriculum helps young people ages thirteen through eighteen understand the hazards of heroin and OxyContin and the damage these drugs do to their bodies and minds. They learn decision-making skills and ways to refuse drugs, gain the ability to recognize risky situations, and rehearse their responses to pro-drug pressures they may encounter in their lives.

## Program Strategies

*Choose to Refuse* is based on the theory of behavioral inoculation, which proposes that an individual will better counter persuasive or threatening arguments if he or she learns the content of the argument and practices resistance strategies beforehand.

To help youth make informed decisions when confronting situations involving Heroin or OxyContin, the curriculum uses the following techniques:

### Question-and-answer session

Participants learn the physiological, legal, and social consequences of illegal drug use.

### Role plays

In realistic scenarios involving Heroin and OxyContin, participants practice their new forecasting, avoidance, refusal, and extrication skills.

### Evocative slide show

Participants view evocative still images of scenes that reinforce the content and skills learned in the program.

### Public service announcement

In an ongoing homework assignment, participants apply their growing knowledge to the creation of PSAs about Heroin and OxyContin.

*On completing the program, participants have new communication and behavioral skills for countering appeals and arguments that favor drugs and risk taking. They also possess techniques for extricating themselves from coercive pressures in a variety of contexts.*

“NO”