

SHOULD I TAKE A CHANCE?

High School Unit on Addiction

Teacher Handbook



Based on the *Should I Take a Chance?* addiction unit developed in cooperation with the Delaware Department of Education

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DCGP - Educating Youth

This handbook and its accompanying Student Workbook were created to provide health educators with an easy-to-implement version of the ***Should I Take a Chance?*** high school unit on addiction available on the Delaware Department of Education (DOE) Health Education website. Funding for the creation of this book is provided by the Delaware Council on Gambling Problems (DCGP) through its contract for services with the State of Delaware, Department of Health & Social Services (DHSS), Division of Substance Abuse and Mental Health (DSAMH).

Table of Contents

Understanding this Unit of Instruction	9
K-U-Ds (Know-Understand-Do) for <i>Should I Take a Chance?</i>	
Student Learning Map for <i>Should I Take a Chance?</i>	
Getting Started	13
Lesson One: Let’s Think About Addiction	15
Lesson Two: Communicating About Addiction	23
Lesson Three: Who/What Influences You?	27
Lesson Four: Cues and Clues	33
Lesson Five: What Can I Do?	45
Final Project (Transfer Task) for <i>Should I Take a Chance?</i>	
Resources	55
American Society of Addiction Medicine Public Policy Statement: Definition of Addiction	
About Delaware Council on Gambling Problems	
Warning Signs of Compulsive (Problem) Gambling	
10 Smart Things for Everyone to Consider Before Deciding to Drink or Gamble	
Recommended Online Resources	

Understanding this Unit of Instruction

This handbook was designed to assist you in teaching your high school students about addiction to substances and behaviors (particularly gambling). The proliferation of legalized gambling in the United States has increased scientific scrutiny of pathological gambling as a serious national problem. Although no substance is ingested into the body, it has been established beyond question that some people develop a true addiction to the activity of gambling.

The primary mission of the Delaware Council on Gambling Problems (DCGP) is to increase public awareness that pathological (also known as compulsive or problem) gambling is a treatable disorder. As part of the advancement of its mission, DCGP has a longstanding partnership with the Delaware Department of Education to develop and implement a unit of instruction which incorporates pathological gambling into a high school addictions unit.

The lesson plans and activities contained in *Should I Take a Chance?* are compatible with the recent redefinition of addiction published by the American Society of Addiction Medicine (ASAM) in their *Public Policy Statement: Definition of Addiction*. The entire ASAM document has been reproduced in the Resource section of this Handbook. We strongly urge you to review this document prior to teaching the *Should I Take a Chance?* high school unit on addiction. For more information about addiction from ASAM, and to check for any updates to their definition of addiction after August 15, 2011, please go to: <http://www.asam.org/for-the-public/definition-of-addiction>.

It is important to note that the *Should I Take a Chance?* high school unit on addiction uses five of the eight Delaware Health Education Standards in five lessons, which is a time-efficient way to help your students meet those standards. The lessons are guided by essential questions and are supported with a KUD, a student learning map, a word wall, and graphic organizers. The final project, called a transfer task, is designed to demonstrate student understanding of the content and their ability to advocate for important beliefs about addiction.

Important transferable concepts in this unit include:

1. Addiction changes the brain
2. Genetics play a significant role in susceptibility to addiction, although there are other risk factors that can lead to addiction
3. Advocacy strategies are important to self-management and the avoidance or misuse of substances and gambling
4. Speaking up for oneself and learning how to access useful resources help avoid future trouble.

K-U-Ds for High School Health Unit: *Should I Take a Chance?*

Key Learning and Unit Essential Question(s)
<p>Key Learning(s):</p> <p>Health is personal power. We can use this power to help ourselves and others to avoid addictions.</p>
<p>Unit Essential Question(s):</p> <ol style="list-style-type: none">1. Is addiction caused by a lack of willpower?2. What role does genetics play in addiction, and what other risk factors are involved?
Health Education Standards and HS Grade Level Expectations Addressed in the Unit
<ol style="list-style-type: none">1. Students will understand essential health concepts in order to transfer knowledge into healthy actions for life. Specify core concepts to be addressed: ATOD, Personal Health and Wellness, Mental Health<ol style="list-style-type: none">1.1 Predict how healthy behaviors impact health status1.4 Analyze how genetics and family history can impact personal health.2. Students will analyze the influence of family, peers, culture media, technology and other factors on health behavior.<ol style="list-style-type: none">2.1 Analyze how the family influences the health of individuals.2.2 Analyze how culture supports and challenges health beliefs and practices.2.3 Consider how peers influence healthy and unhealthy behaviors.2.6 Analyze how the perceptions of norms influence healthy and unhealthy behaviors.3. Students will demonstrate the ability to access information, products and services to enhance health.<ol style="list-style-type: none">3.1 Evaluate the validity of health information, products and services.3.2 Utilize resources from home, school and community that provide valid health information.3.5 Access valid and reliable school and community health services.4. Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.<ol style="list-style-type: none">4.1 Utilize skills for communicating effectively with family, peers and others to enhance health.8. Students will demonstrate the ability to advocate for personal, family, and community health.<ol style="list-style-type: none">8.3 Assume the role of an advocate for improving personal, family and community health.8.4 Present health messages and communication techniques to a specific target audience.

Model from Learning-Focused Strategies. Thompson, M., Thompson, J. (2008)

<u>KNOW</u>	<u>UNDERSTAND</u>	<u>DO</u>
<ul style="list-style-type: none"> • Characteristics and risks of addiction to substances • Characteristics and risks of addiction to behaviors including pathological gambling • Concepts of use, misuse, abuse, tolerance, chasing, and addiction to substances • Patterns in addictive behaviors • Genetics play a significant role in susceptibility to addiction, although there are other factors that can lead to addiction • Treatment and recovery from addiction to substances and pathological gambling is an ongoing process 	<ul style="list-style-type: none"> • Addiction changes the brain. • Addiction is not caused by a lack of willpower. • Advocacy strategies are important to self-management to avoid use or misuse of substances and participation in underage drinking or gambling. • Speaking up for oneself and becoming resourceful helps avoid trouble. 	<ul style="list-style-type: none"> • Use communication skills to support an addiction-free life • Analyze influences in life that help or hinder personal health choices regarding substance abuse and pathological gambling • Access local programs and services for education, treatment, and recovery from addiction to substances and pathological gambling • Advocate for education, treatment, and recovery from addictions

Model from Learning-Focused Strategies. Thompson, M., Thompson, J. (2008)

Student Learning Map for High School Health Unit: *Should I Take a Chance?*

Key Learning(s): Health is personal power. We can use this power to help ourselves and others to avoid addictions.

Unit Essential Question(s):

- Is addiction caused by a lack of willpower?
- What role does genetics play in addiction, and what other risk factors are involved?

Concept: Addiction	Concept: Communication	Concept: Who/What influences you?	Concept: Cues and clues	Concept: Advocacy
Lesson Essential Question(s): • What is addiction?	Lesson Essential Question(s): • How do we communicate what we know?	Lesson Essential Question(s): • What is risky? • Does everybody do it?	Lesson Essential Question(s): • Who can help?	Lesson Essential Question(s): • How can I help others avoid addictions, including pathological gambling?
Vocabulary: Abuse Addiction Chasing Craving Misuse Tolerance Use	Vocabulary: Characteristics Consequences Risk Risk Factors	Vocabulary: Social norms Risk refusal	Vocabulary: Recovery Treatment Valid resources	Vocabulary: Advocacy Cautions Strategies

Getting Started

We suggest that you invite Delaware Council on Gambling Problems (DCGP) to make a kickoff presentation to your classes on the first day you begin your addictions unit. Our interactive presentation, entitled ***Addiction: Gambling with Your Future***, introduces general addiction concepts and vocabulary that will be explored and reinforced by the ***Should I Take a Chance?*** unit. More importantly, ***Addiction: Gambling with Your Future*** introduces specific information about problem gambling that may be unfamiliar to many teachers. The presentation utilizes short videos, a rap song and a gambling simulation to engage student interest. This introductory presentation requires one class period. Please schedule this presentation with us at least 3-4 weeks before you intend to begin the ***Should I Take a Chance?*** unit of instruction to make sure we are available on the start date you have chosen.

If you would like to arrange for a kickoff presentation, or have any questions or concerns about implementing the ***Should I Take a Chance?*** unit of instruction, please contact the Director of Prevention Services for Youth at (302)-655-3261 or email your request to seadog@dcgp.org.

We also strongly recommend you review the **Resources** section at the end of this Handbook prior to starting the ***Should I Take a Chance?*** unit of instruction.

Finally, we would very much appreciate your feedback regarding ***Addiction: Gambling with Your Future*** and ***Should I Take a Chance?*** Once you have used one or both of these educational tools in your health classes, please share your experiences, successes and/or suggestions for improvement with us for consideration in future publications. Please contact the Director of Prevention Services for Youth at (302)-655-3261 or email your comments to seadog@dcgp.org.

Lesson One

Let's Think About Addiction

Lesson One: Let's Think About Addiction

Essential Question: What is addiction?

Delaware Health Education Standard(s): 1. Concepts, 2. Accessing Information

Time: One or two class periods

Teacher preparation

1. Decide whether or not you would like DCGP to make an introductory presentation to kickoff this unit of instruction. If you would like the DCGP presentation, make arrangements as indicated on Page 13 of this Handbook.
2. Create one poster-sized copy of fishbone diagram (on newsprint) with markers for each group of four students
3. Provide one copy of the Student Workbook to each student, which contains copies of the following for Lesson One:
 - Word Wall
 - Substance Risk Comparison (Marijuana and Tobacco Use)
 - Fishbone Activity
4. Access to internet sites <http://www.dcgp.org> and http://teens.drugabuse.gov/new_media/video.php?video=HDVwcdcCYXU
5. Need to know:
 - Addiction as recently redefined by the American Society of Addiction Medicine (ASAM). A copy of ASAM's "Public Policy Statement: Definition of Addiction" (August 15, 2011) has been included for your review in the Resources section of this Handbook. For more information about addiction from ASAM, and to check for any updates to their definition of addiction, please go to: <http://www.asam.org/for-the-public/definition-of-addiction>.
 - Word wall words –list follows
 - Gambling and other behaviors can be just as addictive as substances like drugs.
 - Gambling is associated with co-occurring risk behaviors such as delinquency, crime, poor school behaviors, and burdens on family members similar to other addictions.
 - Genetics and family history have a substantial impact on personal health and increase the potential for addiction.
 - Substance and behavior addictions change brain chemistry and the way the brain-body connections work (reward system).
 - Tolerance is a characteristic of addiction whereby the person needs more and more stimulus (substance or activity) in an attempt to achieve the same intensity of the high they experienced the first time.

- Addiction is often accompanied by denial which makes it difficult to persuade someone to seek treatment.

Teaching Steps

1. Arrange to have a representative from Delaware Council on Gambling Problems conduct a free interactive “kickoff” presentation about addiction for all classes. Or, teacher can provide their own introduction to the unit. Introduction should include:
 - the general concept of addiction as it applies to alcohol, tobacco, marijuana, and other drugs, and behaviors such as gambling, as described by the American Society of Addiction Medicine
 - a brief overview of behavioral addictions, especially problem gambling
 - Demonstrate problem gambling by using a selection of information and videos from Delaware Council on Gambling Problems website <http://www.dcgp.org/youth-adults.html> .
 - Discussion of *10 Smart Things for Everyone to Consider Before Deciding to Drink or Gamble* (found in the Resources section of the Teacher Handbook and the Student Workbook).
2. Define “risk” and discuss “risk factors” for addiction. Put the following up on the whiteboard and discuss with the class:

Risk: the potential that a chosen action or activity will lead to a loss or undesirable outcome (Wikipedia)

Risk Factors for Addictions (variables associated with increased risk):

Genetics (brain chemistry predisposed to addiction can be hereditary)

Trauma (brain injury can cause the brain to function differently)

Childhood Abuse/Neglect

Having a Mental Illness or Condition (e.g., Depression, Anxiety, ADHD, PTSD)

Peer Pressure

Family Behavior (what is normal?)

Early Use

Stress

Acceptability of Substance or Behavior by Community

Nature of Substance (e.g., physical dependence)

3. Show two short videos from:

http://teens.drugabuse.gov/blue_media/video.php?video+HDVwcdcCYXU

- “Anyone Can Become Addicted to Drugs” NIDA (2:03 minutes)
- “Life’s Complicated Enough” NIDA (1.21 minutes)

4. Show two short videos from:
<http://www.dcgp.org/education.html>
 - “17 & Addicted Part 1” DCGP (1:39 minutes) - the first video on the web page
 - “Delaware Council on Gambling Problems – Dr. Karnik Interview” DCGP (2:24 minutes) – the fourth video on the web page
5. After a short class discussion of videos:
 - Discuss Word Wall Words, and then ask students to use these words in a sentence about addiction.
6. Assign students to groups of four. Have each group list the risks of marijuana use and the risks of tobacco use on the **Substance Risk Comparison** worksheets provided in their Student Workbook.
 - Have an individual from each group of four report to the class while the teacher or designated student writes the main risks provided by each group. Teacher may use newsprint or the chalkboard/white board to display the class results in two columns (one for tobacco and one for marijuana).
 - Point out similarities of risks, as well as differences between the two columns. Generalize this discussion to include other addictions including behavioral addictions like problem gambling.
7. Introduce **Fishbone Activity**
 - Distribute one prepared poster-sized fishbone diagram on newsprint and markers to each group of four students
 - Assign each group to either Substance Addiction or Behavioral Addiction
 - Direct the students to the **Fishbone Activity** in their Student Workbook.
 - Have the students assigned to Substance Addiction work individually to
 - List 7 behaviors typical of someone addicted to a substance
 - Have the students assigned to Behavioral Addiction work individually to
 - List 7 behaviors typical of someone addicted to gambling
 - Groups will combine the best ideas from their individual fishbone worksheets onto one newsprint fishbone diagram.
 - Fishbone diagrams from each group should be collected by the teacher for use in Lesson Two.

Word Wall

Abstinence- The act or practice of refraining from indulging an appetite or desire.

Abuse- the use of illegal drugs or the inappropriate use of legal drugs to produce pleasure, alleviate stress, or to alter or avoid reality (or all three).

Addiction- a chronic relapsing disease characterized by compulsive seeking, problematic behavior, and long lasting changes in the brain. There are two types of addiction: substance (when an individual is addicted to something put into the body, e.g., alcohol, tobacco or other drugs) and behavioral (when an individual becomes addicted to an activity, e.g., gambling).

Advocacy (Health)- a skill developed in health education to enable the person to take a clear health-enhancing stand that encourages others to make healthy choices. Information is accurate and relevant and is shared with compassion and conviction to an appropriate audience. (2002 CCSSO-SCASS Health Education Assessment Project known as HEAP)

Chasing- a characteristic of gambling addiction where the gambler gambles more and more often with more and more money in a futile attempt to win back what has already been lost.

Craving- a powerful and often uncontrollable desire for drugs/alcohol/gambling.

Misuse- the use of legal drugs for purposes other than those intended by the manufacturer.

Recovery (from Addiction)- a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Recovery usually requires abstinence from the addictive behaviour or substance.

Risk- the potential that a chosen action or activity will lead to a loss or undesirable outcome (Wikipedia)

Risk Factor- any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury (World Health Organization)

Tolerance- a characteristic of addiction in which it takes more and more of a substance or stimulus to attain the same “high” as during initial use; often leads to dependence.

Trauma- results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

Use- appropriate (dose/time/reason) administration of a drug/substance.

Most of the definitions above were modified from <http://teens.drugabuse.gov/utilities/glossary.php>. The full text of SAMHSA's working definition of recovery and trauma can be found at <http://www.samhsa.gov/>

SUBSTANCE RISK COMPARISON



RISKS OF MARIJUANA USE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____



RISKS OF TOBACCO USE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

What risks are similar?

What risks are different?

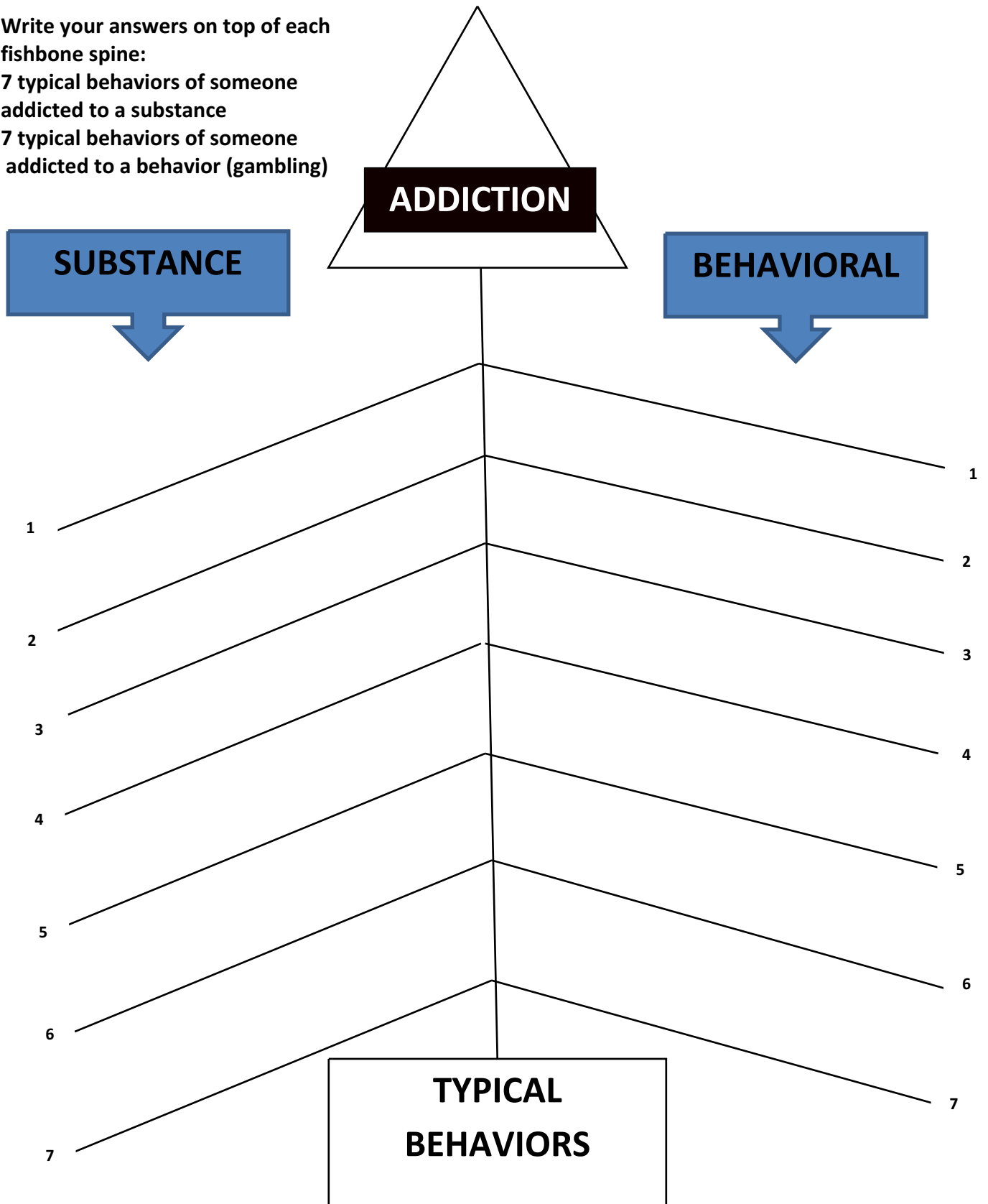
How would these risks compare with the risks associated with alcohol, drugs, or gambling?

FISHBONE ACTIVITY

Write your answers on top of each fishbone spine:

7 typical behaviors of someone addicted to a substance

7 typical behaviors of someone addicted to a behavior (gambling)



LESSON TWO

Communicating About Addiction

Lesson Two: Communicating about Addiction

Essential Question: How do we communicate what we know?

Delaware Health Education Standard(s): 1. Concepts, 4. Interpersonal Communication

Time: One class period

Teacher preparation

1. Review directions for Final Project (Transfer Task) and Evaluation Form (found in Teacher Handbook and in Student Workbook, Lesson Five)
2. Fishbone diagrams from Lesson One and markers
3. Review websites <http://learn.genetics.utah.edu/content/addiction/reward/> and www.addictionrecov.org
4. Access internet site <http://www.dcgp.org/education.html> to download PowerPoint slide presentations for :
 - Typical Behaviors Common to Addicts
 - Serious Potential Consequences Common to All Addictions
 - Differences in Addictions: Substances vs. Gambling
5. Communicating About Addiction worksheet (in Student Workbook, Lesson Two)

Teaching steps

1. Introduce directions for student Final Project, also called transfer task, as a means to demonstrate student understanding. The directions for the project and evaluation are located in Lesson Five in the Teacher Handbook and in the Student Workbook. Assign a date for completion and answer any questions.
2. Review how the brain works using the ten power point slides with voice-over from <http://learn.genetics.utah.edu/content/addiction/reward/> (6 minutes).
3. Ask the class: what might the reward pathway have to do with addiction?
4. Have students gather in the same groups of four from Lesson One, and return the Lesson One Fishbone Activity to each group.
5. Process typical behaviors of addictions by using Peer Group Seminars. Pair up each 'Substance' addiction group to present their Fishbone Activity information to a 'Behavioral' addiction group and vice versa. Each group should now have a completed Fishbone Activity on newsprint. When finished the students should post their completed Fishbones around the classroom.
6. Teacher will summarize: addictions, whether behavioral or substance, have many similar behaviors.
7. To reinforce learning from the Fishbone Activity, present to the class the PowerPoint presentation found on <http://www.dcgp.org/education.html> entitled: "Typical Behaviors Common to Addicts".

8. Have all the students stand up and stretch. Ask for a volunteer to act as class scribe (to write down all answers on the chalkboard). Explain to the rest of the students that anyone who volunteers an answer to the following question may sit down. Ask the class to brainstorm: What sort of serious consequences might result from being addicted to a substance or a behavior? When the answers have been exhausted, have all students return to their seats.
9. Present to the class the PowerPoint presentation found on <http://www.dcgp.org/education.html> entitled: "Serious Potential Consequences Common to All Addictions".
10. Ask the class: what are the major differences between substance addiction and a behavioral addiction like problem gambling?
11. Present the PowerPoint presentation found on <http://www.dcgp.org/education.htm>:
 - Differences in Addictions: Substances vs. Gambling
12. Using the Communicating about Addiction worksheet, have each student decide which addiction they will focus on for their Final Project. Then ask the students to list four or more key facts about addiction that they feel are the most important to communicate to a sixth grade audience for their Final Project, the advocacy campaign.
13. To think about for next class: Why do people have such trouble talking about addiction?

COMMUNICATING ABOUT ADDICTION

Directions:

Think about your Final Project, an Advocacy Campaign for Sixth Graders. Decide which addiction will be the focus of your project and write it down below.

What key facts about addictions do you think are the most important to communicate to your sixth grade audience? List at least 4 (or more) key facts below.

The addiction I plan to focus on for my final project is: _____

Key facts about addiction in general or the specific addiction I will be focusing on for my final project are:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

LESSON THREE

Who/What Influences You?

Lesson Three: Who/What Influences You?

Essential Questions: What is risk? Does everybody do it?

Delaware Health Education Standard(s): 1. Concepts, 3. Analyzing Influences, 4. Interpersonal Communication

Time: One class period

Teacher preparation

1. Review the social norms theory as it is explained on the following website:
<http://www.ou.edu/judicial/pae/pdf/iv/b/IVBiiSocialNormingTheory.pdf> The social norms theory says that people generally over-estimate the negative behavior of their peers, and, if people think that risky behavior is the norm, they are more likely to participate in that risk behavior (drinking underage, not wearing seatbelts, skipping school, etc.). The social norms strategy uses actual data from a target population, e.g., Delaware students, to reassure and re-inform the target group about the actual norms (using real data). Repeated and consistent messages about the real data will reduce misconceptions and increase healthy choices. Optional: Create a short PowerPoint presentation to illustrate the following points:
 - Research shows that our behavior is influenced by our perception of how others behave.
 - It is very common for us to misperceive or exaggerate the negative health behaviors of friends/family/others that are important to us.
 - If we believe that risky behaviors are common (the “norm”) among people who are important to us (even if they really are not), we are more likely to participate in those risky behaviors, too.
 - IMPORTANTLY, if we learn that healthy behaviors are the common practices among people who are important to us; our own behaviors are likely to be healthier.
2. Copies for each student (found in the Student Workbook for Lesson Three):
 - Who/What Influences You?
 - Perception vs. Reality Worksheet
 - Who/What Influences Me Homework (optional)
3. Teacher answer sheet for Perception vs. Reality Worksheet (to follow)

Teaching steps

1. Trigger thought by brainstorming characteristics and consequences of addictions using posted fishbone diagrams. Briefly review risk factors for addiction discussed in Lesson One.

2. Review and answer student questions about transfer task (final project).

Teacher tip: Addiction can be a difficult topic to discuss for some students more than others. Be aware that some personal sharing may occur. Remind students that personal information might be best shared with a school counselor or school nurse.

3. Start the conversation: How do we talk about addictions with others? Have 30-second small group conversations. Have each group share one thought with the rest of the class.
4. Have each small group select two questions to discuss from the Who/What Influences You? worksheet found in their Student Workbook. All group members will write down their group's answers to the questions. One group member will be chosen from each group will report to the class.
5. Perception vs. Reality (social norms theory)
 - The teacher sample/answer key Perception vs. Reality student worksheet is attached to this lesson.
 - Students will complete the worksheet using the "My Estimate" column.
 - Groups of four will discuss their responses, noting the "group range" on the worksheet (lowest student estimate to highest student estimate in the group)
 - Teacher will read the list of questions. As each question is read, one member from each group will report out their group range to the teacher. The teacher will list the question number and the group ranges on the blackboard/whiteboard.
 - Teacher will share the actual data ("data sets say") from the teacher answer key with the class, writing the answer next to each question with the group ranges already shown on the board. Discuss how the class data compares to actual data collected from other Delaware students. Did we tend to over-estimate?
 - Teacher will explain Social Norms Theory (Berkowicz, et al). Teacher tip: review link provided in Teacher preparation step 1 prior to class.
6. Homework (optional). Assign Who/What Influences Me? Worksheet.
7. To think about: What are your thoughts about enhancing communication about addiction with others?

Who/What Influences You?

CLASSROOM EXERCISE

Directions:

Choose two questions from the list below. Place a check mark next to each question you have chosen and write your answer below it. Be prepared to explain to the class why you have chosen your answers.

- What makes communicating about addictions a challenge?

- Who would you trust to provide the best information to answer questions you have about addiction?

- Which is more challenging: refusing an invitation to try an addictive substance or refusing an invitation to try an addictive behavior?

- Why is it difficult to refuse doing things that you know might be potentially addictive?

- What are the possible positive and negative consequences of discussing addiction with others (family, friends, teachers, etc.)?

- What are key words to use – and key words to avoid – when you are trying to politely refuse an invitation to participate in a potentially addictive activity?

Perception vs. Reality

Directions:

Read each statement and then decide what percentage of DELAWARE students reported engaging in the activity listed under “My Estimate”. Discuss your answers in a group of (4) students to determine the “Group Range” (lowest student estimate to highest student estimate, e.g. 45 – 60) for each statement.

	My Estimate	Group Range	Data Sets Say
1. High school students that tried marijuana	60	45 - 60	47
2. High school students that drank alcohol in the past month			42
3. High school students that tried smoking cigarettes			46
4. High school students that smoked and tried to quit			12
5. High school students who have been offered, sold or given illegal drugs on school property			22
6. High school students that have taken prescription drugs without a prescription			19
7. High school students that bet money or property in a game in past year			45
8. Eighth Graders that know where they could buy alcohol			32
9. Eighth graders that have smoked marijuana, used alcohol or other drugs in the last month			23
10. Fifth graders that have bet money on lottery tickets, team sports, bingo, or video games in past year			54

Sources:

High School data is from the 2011 Delaware Youth Risk Behavior Survey

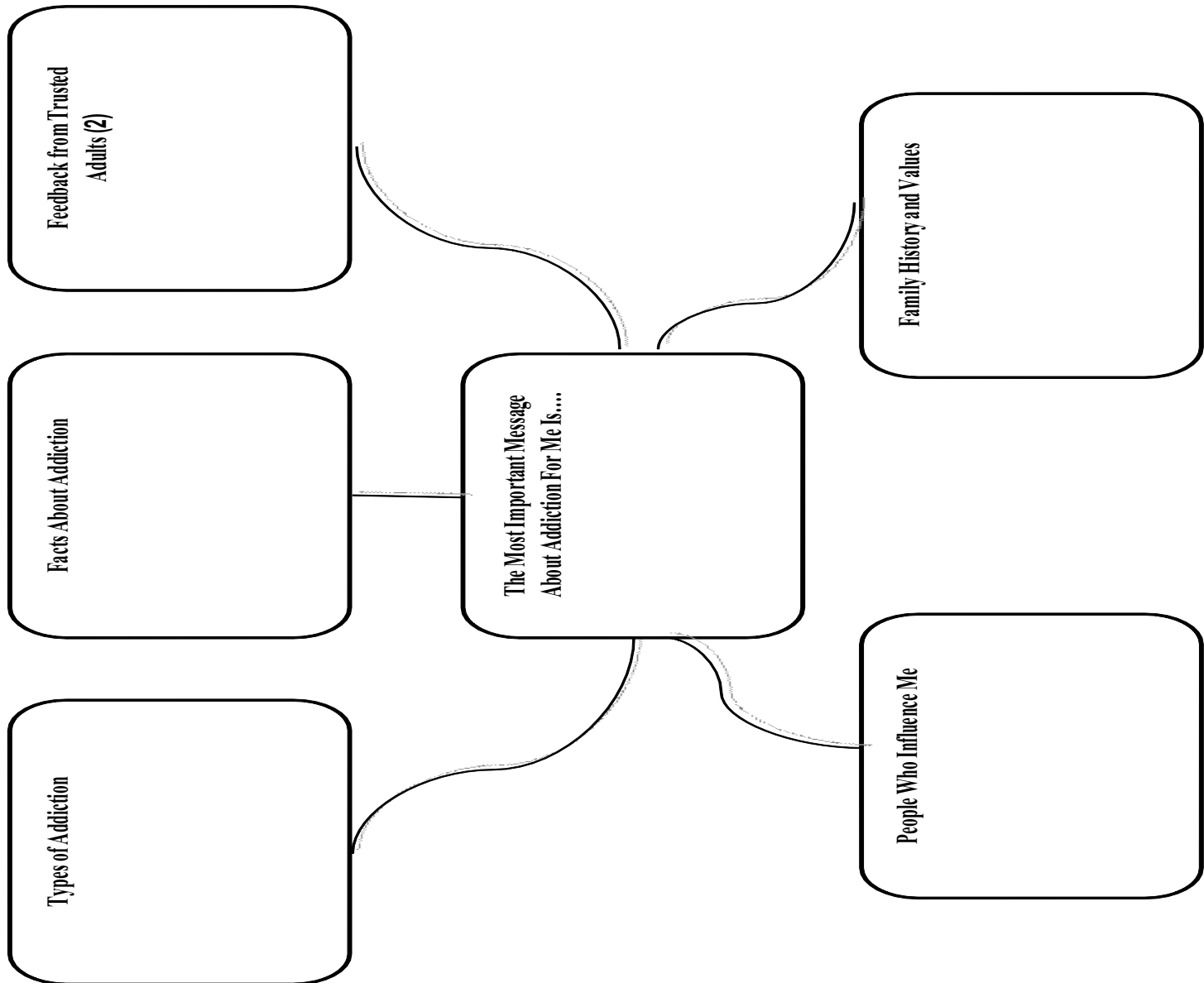
Eighth grade data is from 2011 Delaware School Survey

5th Graders is from 2008 Delaware School Survey

Who/What Influences Me?

HOMEWORK

Find out what two adults think about addiction. Record both verbal and non-verbal responses.



Lesson Four

Cues and Clues

Lesson Four: Cues and Clues

Essential Question: Who can help?

Delaware Health Education Standards(s): 1. Concepts, 3. Accessing Information

Time: One class period

Teacher preparation

1. Read through the five story ladder scenarios. Plan to assign one story ladder to each small group.
2. Think about valid internet resources whose addresses provide some information about the reliability of the site. Plan how you will discuss validating internet resources with your students by pointing out:
 - Commercial companies often end with .com
 - Community organizations such as the Delaware Council on Gambling Problems often end in .org (www.dcgp.org)
 - Government agencies often end in .gov (www.cdc.gov)
 - Colleges and universities end in .edu (www.udel.edu)
 - Public school systems often end in k12.state.us (www.doe.k12.de.us)
3. If possible, arrange for access to the internet within the classroom for this lesson.
4. Gather enough telephone books to provide one book for each pair or small group of students.
5. The Resource Agency Scavenger Hunt worksheet is found in the Student Workbook. Although students will be working in pairs or small groups, keep in mind all members of each group are to write down the resources in their own Workbook for future reference.

Teaching steps

1. Assign one story ladder scenario to each small group (3-4) students.
 - Each student will add one sentence to the story starter in turn—taking at least two turns.
 - As a group, two concluding sentences will be added.
 - A member of each group will read their completed story to the class.
 - Constructive student input should be encouraged after each story is read.
2. Introduce the need for resources if someone has an issue with addiction.
 - Have students locate the Resource Agency Scavenger Hunt worksheet in their Student Workbook. Students can work in pairs or small groups according to teacher preference and availability of telephone books and access to the internet, but all students are to write down the resources in their individual workbooks.
 - Briefly discuss the basics of using a telephone book, allowing each pair/small group to follow along with an actual telephone book.
 - Taking turns with a telephone book or a terminal to access the internet, student pairs/small groups will find resources for help with alcohol, tobacco, drugs and gambling addiction and write down the name, contact information and services each resource can provide.
 - Pairs/small groups will share their information with other pair/small groups

until they have two resources listed for each addiction in their workbooks.

- Teacher will examine workbooks to make sure students have two valid resources for each addiction.

3. Discuss with the class:

- What is a “valid” resource? What clues might tell you if a website or telephone listing provides trustworthy information and services?
- Are there many resources available for those with addictions?
- Do some addictions have more resources available than others?

4. If time allows, students may begin working on their Final Project (transfer task).

Story Ladders

Directions:

Working in a small group, take turns writing one sentence each for two turns. As a group, write the last two sentences to make the story complete. Please select a reader from your group to present to the class.

Scenario 1: College Plan

My parents and I have saved \$20,000 for my college tuition. I have a tremendous opportunity to double my money by betting on my favorite sports team. It is a sure thing...

Story Ladders

Directions:

Working in a small group, take turns writing one sentence each for two turns. As a group, write the last two sentences to make the story complete. Please select a reader from your group to present to the class.

Scenario 2: Poker Night

My credit card is maxed out. I think I could earn enough to pay it off if I borrow \$500 to play poker on Tuesday evening with my friends. Last week someone won \$1,000.....

Story Ladders

Directions:

Working in a small group, take turns writing one sentence each for two turns. As a group, write the last two sentences to make the story complete. Please select a reader from your group to present to the class.

Scenario 3: **I Can Quit When I Want**

I have been told that I have an alcohol “issue.” I drink a lot sometimes, but I am sure I can quit whenever I want to. I’m just not ready to quit yet, because...

Story Ladders

Directions:

Working in a small group, take turns writing one sentence each for two turns. As a group, write the last two sentences to make the story complete. Please select a reader from your group to present to the class.

Scenario 4: A Calming Effect

I enjoy smoking marijuana. It calms me when I am nervous. My grades are OK so...

Story Ladders

Directions:

Working in a small group, take turns writing one sentence each for two turns. As a group, write the last two sentences to make the story complete. Please select a reader from your group to present to the class.

Scenario 5: My Little Brother

My little brother has started drinking with his friends. He won't listen to me so I think I will...

Resource Agency Scavenger Hunt

Directions:

Use the internet or telephone book as directed to find one valid resource for help with each of the following addictions: alcohol, tobacco, drugs and problem gambling. Write the name of the resource and how to contact them (mailing address, telephone number, and email address) in the squares below. Indicate what services the resource provides in the box below the resource name.

ADDICTION:	ALCOHOL	TOBACCO	DRUGS	PROBLEM GAMBLING
RESOURCE NAME AND CONTACT INFORMATION				
SERVICES PROVIDED (EDUCATION, SUPPORT, TREATMENT, RECOVERY, ADVOCACY, ETC.)				

Share your information with other pairs/small groups. Write down those resources that are different from the ones you found so that you have a second valid resource for each type of addiction.

ADDICTION:	ALCOHOL	TOBACCO	DRUGS	PROBLEM GAMBLING
RESOURCE NAME AND CONTACT INFORMATION				
SERVICES PROVIDED (EDUCATION, SUPPORT, TREATMENT, RECOVERY, ADVOCACY, ETC.)				

To think about for class discussion:

What is a “valid” resource? What clues might tell you if a website or telephone listing provides trustworthy information and services?

Are there many resources available for those with addictions?

Do some addictions have more resources available than others?

LESSON FIVE

What Can I Do?

Lesson Five: What Can I Do?

Essential Question: How can I help others avoid addictions and pathological gambling?

Delaware Health Education Standard(s): 1. Concepts, 8. Advocacy

Time: One class period as well as time for presentations and bumper stickers as decided by teacher

Teacher preparation

- Worksheets used in this lesson (also found in the Student Workbook)
 - K-W-L (I Know-I Wonder-What Did I Learn?)
 - Strategies and Cautions for Health Advocacy (Fill in the Blank Form)
 - Final Project Transfer Task Directions/Rubric
 - Student Evaluation of Presentations
- Materials
 - Colorful poster paper cut in 4x12" rectangles for bumper stickers
 - Markers and tape that can be used on class and hallway walls
- Review Strategies and Cautions of Health Advocacy (Teacher List) prior to class so you will be prepared to guide the students to fill in the blanks on their form.
- The following Health Education Standard 8 Performance Indicators for Grades 9-12 serve as strategies for Lesson Five:
 - 8.12.1 Use accurate peer and societal norms to formulate a health-enhancing message. *
 - 8.12.2 Demonstrate how to influence and support others to make positive health choices. *
 - 8.12.3 Work cooperatively as an advocate for improving personal, family, and community health. *
 - 8.12.4 Adapt health messages and communication techniques to a specific target audience. *

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Teaching steps

1. Introduce advocacy using word wall definition.
2. Direct students to the K-W-L worksheet in the Student Workbook
 - Brainstorm strategies and cautions related to advocacy
 - Teacher will demonstrate how to use the K-W-L by translating one or two examples from the brainstorming session onto the board/whiteboard
 - Students will complete 2-3 more entries on their K-W-L and then share their ideas with a partner.

3. Teacher-led summative discussion of the “L” of the student K-W-Ls is then used to create a student-generated list of advocacy strategies and cautions.
 - Students will write key points from this discussion on their Strategies and Cautions for Health Advocacy Fill-in-the Blank Form found in the Student Workbook.
 - Students should be encouraged to pay special attention to this list as a means to self-critique their transfer task (final project).
4. To Summarize and review, ask: “What are some key points about addiction?” Write student responses on the board/whiteboard for use in transfer task (final project), and make sure the following key points are included:
 - There are natural reward pathways in the brain responsible for driving our feelings of motivation, reward, and behavior.
 - If one begins certain behaviors (substance abuse, gambling, etc.) as an adolescent, a lifetime addiction is more likely to develop.
 - An individual’s social environment and family history may influence the risk of addiction.
 - Addiction influences society with many negative ethical, legal and social issues.
5. Students will create bumper stickers advocating a life free of addiction to substances and/or pathological gambling.
 - Students may work individually or in small groups.
 - Students are encouraged to be creative and lively, but factual.
 - Bumper stickers may be placed around the school in strategic places to reinforce the concept of advocacy.
6. Student transfer tasks (final projects) may be considered the assessment for the unit.
 - They may be done individually or in pairs
 - Transfer tasks should be worked on in class, and if necessary, finished as homework.
7. There are a total of eight presentation evaluation sheets in the Student Workbook. Student presentations of their transfer tasks can be evaluated in a number of ways:
 - Gallery walk with projects numbered. Students will be randomly assigned four to eight project numbers and grade those projects using attached evaluation sheets.
 - All students place names on paper slips. Draw six names and those students will present projects to whole class.
 - Students may volunteer to present project to class. Extra points are given to volunteers.
 - Teacher may collect all of the transfer tasks and then choose the best projects for student presentations at a later date.
8. Consider sharing the best projects with the Delaware Council on Gambling Problems for their website, www.dcgp.org. Contact the Director of Prevention Services for Youth at DCGP at (302) 655-3261 for information on submission including parental permission for student work.



KNOW-WONDER-LEARN (KWL)
Cautions and Strategies for Advocacy

I <u>K</u> NOW	I <u>W</u> ONDER	What Did I <u>L</u> EARN?
<p>Advocacy is to increase public awareness about an issue.</p> <p>My values may be different than other people’s values.</p> <p>I need to influence policy about risky behavior practices at school.</p> <p>I will deliberately speak out on topics that I believe in.</p>	<p>Do I have clear goals?</p> <p>What are the social norms at this school?</p> <p>Do I have enough back-up data?</p> <p>Will people listen to my point of view?</p>	<p>I need to use logic to support my position.</p> <p>I need to consider the impact of promoting my views.</p> <p>I must be careful not to insult those I am trying to influence.</p> <p>I need to collaborate with others who think as I do-I can’t do this alone.</p>

Strategies and Cautions for Health Advocacy

Teacher Tip: First take a look at the NHES Advocacy Standard and The Characteristics of Effective Health Education (Kirby). Prior to class, review the following list gathered from an internet search—though not from a single source—that is intended to be a helpful tool for the teacher to lead a classroom discussion about strategies and cautions for health advocacy. Students should write the results of the classroom discussion on their graphic organizer provided in the Student Workbook. The Health Education Standard 8 Performance Indicators for Grades 9-12 (8.12.1– 8.12.4) are used as the first four strategies below. These strategies, together with the first four cautions on the next page, have been written in **(bold)** on the teacher pages of this activity to show you what has been provided to students on their form to get them started in the discussion.

Strategies

- **Use accurate peer and societal norms to formulate a health-enhancing message. ***
- **Demonstrate how to influence and support others to make positive health choices. ***
- **Work cooperatively as an advocate for improving personal, family, and community health. ***
- **Adapt health messages and communication techniques to a specific target audience. ***
- Try to influence policy
- Increase public awareness of issue
- Understand your core values may be different than others
- Deliberately speak out to advance your position
- Use simple hard hitting messages with scientifically sound logic
- Know your audience
- Promote positive change
- Use age-appropriate information and dialogue
- Be organized
- Be clear
- Have passion
- Maintain composure
- Use handouts
- Collaborate with like-minded folks
- Use personal experience to light fires
- Set goals

* Reprinted, with permission, from the American Cancer Society. *National Health Education Standards: Achieving Excellence, Second Edition*. (Atlanta, GA: American Cancer Society, 2007), 36, cancer.org/bookstore.

PAGECautions

- **Know the issues and be prepared**
- **Have back-up data for non-compliant or argumentative folks**
- **Use accurate societal norms to influence others**
- **Consider the personal and societal impact of your topic**
- Be careful not to use culturally insensitive slights
- Do not criticize other's views – do not alienate those with different opinions – it will weaken your strategies
- Do not argue—discuss!
- Be sure to be respectful
- Do not lose cool
- Be engaging
- Go with talking points
- Use logic to refute negative comments
- Know some will disagree
- Be inclusive
- Be careful not to use culturally insensitive slights
- Do not criticize other's views-do not alienate those with different opinions-it will weaken your strategies
- Do not use religion to advance view

Final Project (Transfer Task) for: Should I Take A Chance?

You are a high school student who must complete a school service project. You have recently reviewed the data from the DE Youth Risk Behavior Survey that says that students report using marijuana, alcohol, tobacco and gambling at very young ages. Knowing that early use can lead to altered brain pathways, you have decided your service project should be an educational campaign about one specific addiction that advocates a life free of addiction for sixth graders.

To complete your project, you will need to do the following:

- 1) Pick one addiction that you believe is a strong threat to the health of sixth graders.
- 2) Decide on a catchy and appropriate title for your educational and advocacy project.
- 3) Prepare a PowerPoint slide presentation, video, handout(s), or a poster that is an example of a public service announcement that could be delivered to sixth graders
- 4) Present a strong point of view regarding the danger of the addiction you chose with supporting data appropriate for a sixth grader.
- 5) Deliver a short demonstration/presentation of your project (3-4 minutes in length)

Rubric for Addictions Education and Advocacy Campaign

4	The presentation includes the use of creative technology and shows evidence of comprehensive understanding of the challenges associated with addictions. The presentation communicates the student's position with relevant information, shows understanding of the audience and demonstrates definitive passion/conviction.
3	The presentation shows evidence of the use of technology and shows evidence of some understanding of the challenges associated with addiction. The presentation communicates the student's position with relevant information, shows awareness of the audience and demonstrates moderate passion/conviction.
2	The presentation shows some use of technology and shows minimal understanding of the challenges associated with addiction. Student work is incomplete and may have inaccuracies. The presentation shows some awareness of the audience but may lack passion/conviction.
1	The presentation shows some or no use of technology and shows little or no understanding of the challenges associated with addiction. Student work is incomplete and inaccurate. No passion or conviction is demonstrated.

Student Project Evaluation Form for Presentations **Presentation Date:** _____

Please evaluate the presentation made by your classmate(s) by giving a score of 4 = (best) to 1 = (least) to each of the categories below. Add up the scores in each category to get the total score. After you have evaluated all of the presentations assigned to you, please give your completed Student Workbook to the teacher.

Presentation # _____ **Presentation Title** _____

Presentation by (student names) _____

Score each of the following categories 4 = (best) to 1 = (least) and then total your score:

_____creativity + _____communicating the message + _____respect for time +
_____knowledge of addiction + _____supporting a position = **Total Score** _____/20

How do you feel about this position on addiction?

=====

Student Project Evaluation Form for Presentations **Presentation Date:** _____

Please evaluate the presentation made by your classmate(s) by giving a score of 4 = (best) to 1 = (least) to each of the categories below. Add up the scores in each category to get the total score. After you have evaluated all of the presentations assigned to you, please give your completed Student Workbook to the teacher.

Presentation # _____ **Presentation Title** _____

Presentation by (student names) _____

Score each of the following categories 4 = (best) to 1 = (least) and then total your score:

_____creativity + _____communicating the message + _____respect for time +
_____knowledge of addiction + _____supporting a position = **Total Score** _____/20

How do you feel about this position on addiction?

Resources



ASAM

American Society of Addiction Medicine

Public Policy Statement: Definition of Addiction

Short Definition of Addiction:

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Long Definition of Addiction:

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Addiction affects neurotransmission and interactions within reward structures of the brain, including the nucleus accumbens, anterior cingulate cortex, basal forebrain and amygdala, such that motivational hierarchies are altered and addictive behaviors, which may or may not include alcohol and other drug use, supplant healthy, self-care related behaviors. Addiction also affects neurotransmission and interactions between cortical and hippocampal circuits and brain reward structures, such that the memory of previous exposures to rewards (such as food, sex, alcohol and other drugs) leads to a biological and behavioral response to external cues, in turn triggering craving and/or engagement in addictive behaviors.

The neurobiology of addiction encompasses more than the neurochemistry of reward.¹ The frontal cortex of the brain and underlying white matter connections between the frontal cortex and circuits of reward, motivation and memory are fundamental in the manifestations of altered impulse control, altered judgment, and the dysfunctional pursuit of rewards (which is often experienced by the affected person as a desire to "be normal") seen in addiction--despite cumulative adverse consequences experienced from engagement in substance use and other addictive behaviors. The frontal lobes are important in inhibiting impulsivity and in assisting individuals to appropriately delay gratification. When persons with addiction manifest problems in deferring gratification, there is a neurological locus of these problems in the frontal cortex. Frontal lobe morphology, connectivity and functioning are still in the process of maturation

during adolescence and young adulthood, and early exposure to substance use is another significant factor in the development of addiction. Many neuroscientists believe that developmental morphology is the basis that makes early-life exposure to substances such an important factor.

Genetic factors account for about half of the likelihood that an individual will develop addiction. Environmental factors interact with the person's biology and affect the extent to which genetic factors exert their influence. Resiliencies the individual acquires (through parenting or later life experiences) can affect the extent to which genetic predispositions lead to the behavioral and other manifestations of addiction. Culture also plays a role in how addiction becomes actualized in persons with biological vulnerabilities to the development of addiction.

Other factors that can contribute to the appearance of addiction, leading to its characteristic bio-psycho-socio-spiritual manifestations, include:

- a. The presence of an underlying biological deficit in the function of reward circuits, such that drugs and behaviors which enhance reward function are preferred and sought as reinforcers;
- b. The repeated engagement in drug use or other addictive behaviors, causing neuroadaptation in motivational circuitry leading to impaired control over further drug use or engagement in addictive behaviors;
- c. Cognitive and affective distortions, which impair perceptions and compromise the ability to deal with feelings, resulting in significant self-deception;
- d. Disruption of healthy social supports and problems in interpersonal relationships which impact the development or impact of resiliencies;
- e. Exposure to trauma or stressors that overwhelm an individual's coping abilities;
- f. Distortion in meaning, purpose and values that guide attitudes, thinking and behavior;
- g. Distortions in a person's connection with self, with others and with the transcendent (referred to as God by many, the Higher Power by 12-steps groups, or higher consciousness by others); and
- h. The presence of co-occurring psychiatric disorders in persons who engage in substance use or other addictive behaviors.

Addiction is characterized by²:

- a. **Inability to consistently Abstain;**
- b. **Impairment in Behavioral control;**
- c. **Craving;** or increased "hunger" for drugs or rewarding experiences;
- d. **Diminished recognition of significant problems** with one's behaviors and interpersonal relationships; and
- e. **A dysfunctional Emotional response.**

The **power of external cues** to trigger craving and drug use, as well as to increase the frequency of engagement in other potentially addictive behaviors, is also a characteristic of addiction, with the hippocampus being important in memory of previous euphoric or dysphoric

experiences, and with the amygdala being important in having motivation concentrate on selecting behaviors associated with these past experiences.

Although some believe that the difference between those who have addiction, and those who do not, is the *quantity* or *frequency* of alcohol/drug use, engagement in addictive behaviors (such as gambling or spending)³, or exposure to other external rewards (such as food or sex), a characteristic aspect of addiction is the *qualitative way* in which the individual responds to such exposures, stressors and environmental cues. A particularly pathological aspect of *the way* that persons with addiction pursue substance use or external rewards is that preoccupation with, obsession with and/or pursuit of rewards (e.g., alcohol and other drug use) persist despite the accumulation of adverse consequences. These manifestations can occur compulsively or impulsively, as a reflection of impaired control.

Persistent risk and/or recurrence of relapse, after periods of abstinence, is another fundamental feature of addiction. This can be triggered by exposure to rewarding substances and behaviors, by exposure to environmental cues to use, and by exposure to emotional stressors that trigger heightened activity in brain stress circuits.⁴

In addiction there is a significant impairment in executive functioning, which manifests in problems with perception, learning, impulse control, compulsivity, and judgment. People with addiction often manifest a lower readiness to change their dysfunctional behaviors despite mounting concerns expressed by significant others in their lives; and display an apparent lack of appreciation of the magnitude of cumulative problems and complications. The still developing frontal lobes of adolescents may both compound these deficits in executive functioning and predispose youngsters to engage in “high risk” behaviors, including engaging in alcohol or other drug use. The profound drive or craving to use substances or engage in apparently rewarding behaviors, which is seen in many patients with addiction, underscores the compulsive or avolitional aspect of this disease. This is the connection with “powerlessness” over addiction and “unmanageability” of life, as is described in Step 1 of 12 Steps programs.

Addiction is more than a behavioral disorder. Features of addiction include aspects of a person’s behaviors, cognitions, emotions, and interactions with others, including a person’s ability to relate to members of their family, to members of their community, to their own psychological state, and to things that transcend their daily experience.

Behavioral manifestations and complications of addiction, primarily due to impaired control, can include:

- a. Excessive use and/or engagement in addictive behaviors, at higher frequencies and/or quantities than the person intended, often associated with a persistent desire for and unsuccessful attempts at behavioral control;
- b. Excessive time lost in substance use or recovering from the effects of substance use and/or engagement in addictive behaviors, with significant adverse impact on social and occupational functioning (e.g. the development of interpersonal relationship problems or the neglect of responsibilities at home, school or work);

- c. Continued use and/or engagement in addictive behaviors, despite the presence of persistent or recurrent physical or psychological problems which may have been caused or exacerbated by substance use and/or related addictive behaviors;
- d. A narrowing of the behavioral repertoire focusing on rewards that are part of addiction; and
- e. An apparent lack of ability and/or readiness to take consistent, ameliorative action despite recognition of problems.

Cognitive changes in addiction can include:

- a. Preoccupation with substance use;
- b. Altered evaluations of the relative benefits and detriments associated with drugs or rewarding behaviors; and
- c. The inaccurate belief that problems experienced in one's life are attributable to other causes rather than being a predictable consequence of addiction.

Emotional changes in addiction can include:

- a. Increased anxiety, dysphoria and emotional pain;
- b. Increased sensitivity to stressors associated with the recruitment of brain stress systems, such that "things seem more stressful" as a result; and
- c. Difficulty in identifying feelings, distinguishing between feelings and the bodily sensations of emotional arousal, and describing feelings to other people (sometimes referred to as alexithymia).

The emotional aspects of addiction are quite complex. Some persons use alcohol or other drugs or pathologically pursue other rewards because they are seeking "positive reinforcement" or the creation of a positive emotional state ("euphoria"). Others pursue substance use or other rewards because they have experienced relief from negative emotional states ("dysphoria"), which constitutes "negative reinforcement." Beyond the initial experiences of reward and relief, there is a **dysfunctional emotional state** present in most cases of addiction that is associated with the persistence of engagement with addictive behaviors. The state of addiction is not the same as the state of intoxication. When anyone experiences mild intoxication through the use of alcohol or other drugs, or when one engages non-pathologically in potentially addictive behaviors such as gambling or eating, one may experience a "high", felt as a "positive" emotional state associated with increased dopamine and opioid peptide activity in reward circuits. After such an experience, there is a neurochemical rebound, in which the reward function does not simply revert to baseline, but often drops below the original levels. This is usually not consciously perceptible by the individual and is not necessarily associated with functional impairments.

Over time, repeated experiences with substance use or addictive behaviors are not associated with ever increasing reward circuit activity and are not as subjectively rewarding. Once a person experiences withdrawal from drug use or comparable behaviors, there is an anxious, agitated, dysphoric and labile emotional experience, related to suboptimal reward and the recruitment of brain and hormonal stress systems, which is associated with withdrawal from virtually all pharmacological classes of addictive drugs. While tolerance develops to the "high," tolerance does not develop to the emotional "low" associated with the cycle of intoxication and

withdrawal. Thus, in addiction, persons repeatedly attempt to create a “high”--but what they mostly experience is a deeper and deeper “low.” While anyone may “want” to get “high”, those with addiction feel a “need” to use the addictive substance or engage in the addictive behavior in order to try to resolve their dysphoric emotional state or their physiological symptoms of withdrawal. Persons with addiction compulsively use even though it may not make them feel good, in some cases long after the pursuit of “rewards” is not actually pleasurable. Although people from any culture may choose to “get high” from one or another activity, it is important to appreciate that addiction is not solely a function of choice. Simply put, addiction is not a desired condition.

As addiction is a chronic disease, periods of relapse, which may interrupt spans of remission, are a common feature of addiction. It is also important to recognize that return to drug use or pathological pursuit of rewards is not inevitable.

Clinical interventions can be quite effective in altering the course of addiction. Close monitoring of the behaviors of the individual and contingency management, sometimes including behavioral consequences for relapse behaviors, can contribute to positive clinical outcomes. Engagement in health promotion activities which promote personal responsibility and accountability, connection with others, and personal growth also contribute to recovery. It is important to recognize that **addiction can cause disability or premature death, especially when left untreated or treated inadequately.**

The qualitative ways in which the brain and behavior respond to drug exposure and engagement in addictive behaviors are different at later stages of addiction than in earlier stages, indicating progression, which may not be overtly apparent. As is the case with other chronic diseases, the condition must be monitored and managed over time to:

- a. Decrease the frequency and intensity of relapses;
- b. Sustain periods of remission; and
- c. Optimize the person’s level of functioning during periods of remission.

In some cases of addiction, medication management can improve treatment outcomes. In most cases of addiction, the integration of psychosocial rehabilitation and ongoing care with evidence-based pharmacological therapy provides the best results. Chronic disease management is important for minimization of episodes of relapse and their impact. Treatment of addiction saves lives †

Addiction professionals and persons in recovery know the hope that is found in recovery. Recovery is available even to persons who may not at first be able to perceive this hope, especially when the focus is on linking the health consequences to the disease of addiction. **As in other health conditions, self-management, with mutual support, is very important in recovery from addiction.** Peer support such as that found in various “self-help” activities is beneficial in optimizing health status and functional outcomes in recovery. ‡

Recovery from addiction is best achieved through a combination of self-management, mutual support, and professional care provided by trained and certified professionals.

† See ASAM Public Policy Statement on Treatment for Alcohol and Other Drug Addiction, Adopted: May 01, 1980, Revised: January 01, 2010

<http://www.asam.org/advocacy/find-a-policy-statement/view-policy-statement/public-policy-statements/2011/12/15/treatment-for-alcohol-and-other-drug-addiction>

‡ see ASAM Public Policy Statement on The Relationship between Treatment and Self Help: A Joint Statement of the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, and the American Psychiatric Association, Adopted: December 01, 1997

<http://www.asam.org/1TREATMENT%20AND%20SELF-HELP%20-%20JOINT%2012- 972.pdf>

Explanatory footnotes:

1. The neurobiology of reward has been well understood for decades, whereas the neurobiology of addiction is still being explored. Most clinicians have learned of reward pathways including projections from the ventral tegmental area (VTA) of the brain, through the median forebrain bundle (MFB), and terminating in the nucleus accumbens (Nuc Acc), in which dopamine neurons are prominent. Current neuroscience recognizes that the neurocircuitry of reward also involves a rich bi-directional circuitry connecting the nucleus accumbens and the basal forebrain. It is the reward circuitry where reward is registered, and where the most fundamental rewards such as food, hydration, sex, and nurturing exert a strong and life-sustaining influence. Alcohol, nicotine, other drugs and pathological gambling behaviors exert their initial effects by acting on the same reward circuitry that appears in the brain to make food and sex, for example, profoundly reinforcing. Other effects, such as intoxication and emotional euphoria from rewards, derive from activation of the reward circuitry. While intoxication and withdrawal are well understood through the study of reward circuitry, understanding of addiction requires understanding of a broader network of neural connections involving forebrain as well as midbrain structures. Selection of certain rewards, preoccupation with certain rewards, response to triggers to pursue certain rewards, and motivational drives to use alcohol and other drugs and/or pathologically seek other rewards, involve multiple brain regions outside of reward neurocircuitry itself.

2. These five features are not intended to be used as “diagnostic criteria” for determining if addiction is present or not. Although these characteristic features are widely present in most cases of addiction, regardless of the pharmacology of the substance use seen in addiction or the reward that is pathologically pursued, each feature may not be equally prominent in every case. The diagnosis of addiction requires a comprehensive biological, psychological, social and spiritual assessment by a trained and certified professional.

3. In this document, the term "addictive behaviors" refers to behaviors that are commonly rewarding and are a feature in many cases of addiction. Exposure to these behaviors, just as occurs with exposure to rewarding drugs, is facilitative of the addiction process rather than causative of addiction. The state of brain anatomy and physiology is the underlying variable that is more directly causative of addiction. Thus, in this document, the term “addictive behaviors” does not refer to dysfunctional or socially disapproved behaviors, which can appear in many cases of addiction. Behaviors, such as dishonesty, violation of one’s values or the values of others, criminal acts etc., can be a component of addiction; these are best viewed as complications that result from rather than contribute to addiction.

4. The anatomy (the brain circuitry involved) and the physiology (the neuro-transmitters involved) in these three modes of relapse (drug- or reward-triggered relapse vs. cue-triggered relapse vs. stress-triggered relapse) have been delineated through neuroscience research.

Relapse triggered by exposure to addictive/rewarding drugs, including alcohol, involves the nucleus accumbens and the VTA-MFB-Nuc Acc neural axis (the brain's mesolimbic dopaminergic "incentive salience circuitry"--see footnote 2 above). Reward-triggered relapse also is mediated by glutamatergic circuits projecting to the nucleus accumbens from the frontal cortex.

Relapse triggered by exposure to conditioned cues from the environment involves glutamate circuits, originating in frontal cortex, insula, hippocampus and amygdala projecting to mesolimbic incentive salience circuitry.

Relapse triggered by exposure to stressful experiences involves brain stress circuits beyond the hypothalamic-pituitary-adrenal axis that is well known as the core of the endocrine stress system. There are two of these relapse-triggering brain stress circuits – one originates in noradrenergic nucleus A2 in the lateral tegmental area of the brain stem and projects to the hypothalamus, nucleus accumbens, frontal cortex, and bed nucleus of the stria terminalis, and uses norepinephrine as its neurotransmitter; the other originates in the central nucleus of the amygdala, projects to the bed nucleus of the stria terminalis and uses corticotrophin-releasing factor (CRF) as its neurotransmitter.

5. Pathologically pursuing reward (mentioned in the Short Version of this definition) thus has multiple components. It is not necessarily the amount of exposure to the reward (e.g., the dosage of a drug) or the frequency or duration of the exposure that is pathological. In addiction, pursuit of rewards persists, despite life problems that accumulate due to addictive behaviors, even when engagement in the behaviors ceases to be pleasurable. Similarly, in earlier stages of addiction, or even before the outward manifestations of addiction have become apparent, substance use or engagement in addictive behaviors can be an attempt to pursue relief from dysphoria; while in later stages of the disease, engagement in addictive behaviors can persist even though the behavior no longer provides relief.

Adopted by the ASAM Board of Directors April 12, 2011.

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American Society of Addiction Medicine

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About Delaware Council on Gambling Problems

Delaware Council on Gambling Problems is gambling neutral. The organization is a private non-profit health agency, most of whose funding is provided by its contract with the State of Delaware, Department of Health & Social Services (DHSS), Division of Substance Abuse and Mental Health (DSAMH).

The mission of the Delaware Council on Gambling Problems is to raise public awareness that compulsive gambling is a treatable disorder, and to facilitate the development of a network of services for compulsive gamblers and their loved ones in Delaware. Accomplishment of the mission is carried out through a program encompassing:

- Public education and education through public speaking, literature distribution, community presentations, among other activities
- Advocacy at all levels of government and social policy
- Prevention
- 24-hour toll-free helpline, crisis stabilization and referral services
- Training of health professionals in identification and treatment of compulsive gambling
- Outpatient treatment

Warning Signs of Compulsive (Problem) Gambling

- **Become increasingly obsessed with the idea of gambling**
- **Become hooked on the high of gambling**
- **Gamble more and more money, more and more often over time**
- **Use gambling as a way to escape life's problems**
- **Lose interest in normal activities**
- **Try, but fail, to stop or control gambling**
- **Have an attitude that no win is ever big enough**
- **Lie about losses and exaggerate wins**
- **"Chase" their losses**
- **Bet until their last dollar is gone**
- **Get in worse and worse financial and emotional trouble over time**
- **Need to be "bailed out" financially**
- **Beg, borrow, or steal money to gamble or pay off gambling related debts**

For More Information on Problem Gambling

If you are interested in general information about problem gambling or about the programs offered by Delaware Council on Gambling Problems (DCGP), please call our office at **(302) 655-3261** or check out our website at www.dcgp.org.

If you know someone who needs help with a gambling problem, please ask them to call the DCGP toll-free helpline: **1-888-850-8888**. The DCGP helpline is staffed 24/7/365 to provide crisis stabilization and referral services to problem gamblers and their loved ones.

10 Smart Things for Everyone to Consider Before Deciding to Drink or Gamble



1. If your close family members have a history of addiction, be aware that you are more at risk of developing an addiction of your own. **To be safe**, you may want to **avoid potentially addictive activities** – including drinking and gambling.
2. Safeguard your brain and protect your future. Please wait until you are of legal age to try drinking or gambling. **The minimum legal ages to drink alcohol or gamble in the State of Delaware are:**
 - You must be age 21 to drink alcohol
 - You must be age 21 to gamble in casinos, on VLT/slot machines, or on the internet
 - You must be age 18 to play charity bingo, purchase lottery tickets, pull-tabs or scratch-offs, or make a pari-mutuel bet (e.g. horse racing)

It is not just that it is the law. The important thing to remember is your brain is not fully formed until you are in your early twenties (21 to 25 years old). **Why risk permanent damage to your brain by participating in risky activities while it is especially vulnerable?**

3. If your friends are encouraging you to gamble or drink with them, give it some very serious thought before joining them. If your “inner voice” says it is NOT a good idea for you to join them, for whatever reason, trust your inner voice. **Practice comfortable ways to say NO so you are not surprised by an invitation, such as:**
 - “I would really rather not (drink or gamble), but thanks for asking.”
 - “No thanks, I need to keep my brain clear for an exam on Monday.”
 - “Sorry, I am saving my extra money for a birthday present for my girlfriend.”
 - “I’ve seen what (drinking or gambling) has done to some people I know and would rather not go down that road.”



ONCE YOU ARE OF LEGAL AGE:

4. If you decide to gamble, first budget your money wisely. Decide what bills or expenses you need to pay before you get paid again. Cover these expenses first before deciding how much money you can spend for ANY form of entertainment, including gambling. Remember: gambling is a form of entertainment, NOT an easy way to make money. **Expect to lose.**
5. If you decide to gamble, **use your own money.** If you have to borrow money in order to gamble (whether it be from a friend, a family member, or a cash advance from your credit card or college loan) - then you cannot afford it.
6. **Know when to stop before you start.** For those who decide to gamble, this means deciding ahead of time what specific amount of money you can easily afford to lose (called a loss limit) and never allowing yourself to gamble beyond that limit. For those who decide to drink, this means deciding ahead of time that you will have one or two drinks, and never drinking beyond that limit. **Best Bet: once you set a limit for yourself, stick to it.**
7. If you make plans to drink or gamble, **leave all access to your extra cash safely at home.** This includes money budgeted for monthly expenses, credit/debit cards, checkbooks, etc.
8. **Never bet something you cannot afford to lose.** Before you bet a prized possession in a poker game, bet your sobriety in beer pong, bet your reputation in strip poker, or bet your life in Russian roulette; remember a losing bet can have devastating, even permanent consequences.
9. If you decide to gamble, **do it with a clear head.** Combining gambling with legal or illegal substances (e.g. alcohol, prescription drugs, marijuana, etc.) can seriously impair your judgment and result in bad decisions, like spending way beyond what you can afford.
10. For some people, drinking or gambling can develop into an addiction. **Be clear about what drinking and gambling are to you and get help as soon as possible if you need it.** If you (or a loved one) have a problem with drinking, please speak with a trusted adult, school counselor or Wellness Center about what to do next.

If gambling is creating a serious problem for you (or a loved one), please speak with a trusted adult, school counselor or Wellness Center about your problem first. Together you can call Delaware Council on Gambling Problems toll-free:

GAMBLING PROBLEM HELPLINE 1-888-850-8888.

We are available to talk to you 24 hours/day, 7 days/week, and 365 days/year.

Check out our website: www.dcgp.org for more information.

Recommended Online Resources

<http://learn.genetics.utah.edu/content/addiction/reward/> University of Utah Genetics

www.addictionrecov.org Illinois Institute for Addiction Recovery

www.asam.org American Society of Addiction Medicine

www.cdc.org Centers for Disease Control

www.dcp.org Delaware Council on Gambling Problems, Inc.

www.hbo.com/addiction/ offers a feature-length documentary film "ADDICTION" broken into nine separate segments

www.ncpgambling.org National Center on Problem Gambling

www.nida.nih.gov National Institute on Drug Abuse, National Institutes of Health

<http://www.ou.edu/judicial/pae/pdf/iv/b/IVBiiSocialNormingTheory.pdf>
"Social Norms Approach" by Alan D. Berkowitz, Ph.D., Independent Consultant, Trumansburg, NY on the University of Oklahoma website.

www.soberrecovery.com/links/gamblingaddiction.html for recovery resources

www.teens.drugabuse.gov great website for information on teen addiction

www.udel.edu/delawaredata/ University of Delaware data from Youth Risk Behavior Survey, Delaware Student Survey and Delaware Tobacco Survey

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