Alcohol, Tobacco, & Other Drugs

A Lesson Plan from

iknowmine.org

ONLINE VERSION

Produced by the

ANTHC HIV/STD Prevention &

Substance Misuse Prevention Programs

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

This project has been funded in part with grant funds from the AmerisourceBergen Foundation.

Alcohol, Tobacco & Other Drugs

A Lesson Plan from iknowmine.org (IKM)

Lesson Plan Objectives

The primary purpose of this Lesson Plan is to educate youth about substance use. Youth will learn about substance use, the various kinds of substances, how to get help for themselves, and how to help others. This Lesson Plan is suitable for middle and high school aged youth. Youth will learn from a variety of methods, including a 20 minute presentation, and self-led exploration of the **IKM** website.

Lesson Plan Topics

The lesson plan will cover the following topics:

- Substance Use
- Substance Misuse
- Harmful Use
- Addiction
- Stigma
- Substance Use Disorders
- Dependence
- Tolerance

Lesson Plan Content

The lesson plan includes:

- PowerPoint presentation
- Alcohol, Tobacco, & Other Drugs Lesson Plan Guide
- **IKM** Scavenger Hunt Activity
- Alcohol, Tobacco, & Other Drugs worksheet
- Glossary
- Bingo activity (optional)
- Additional Handouts: substance postcards from **IKM**; Handouts: Language Matters, 5 Facts about Substance Use Disorder (SUD), Questions to Ask Doctor Before Taking Opioids

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Time and Logistics

- This is a 50 minute lesson.
- In the Lesson Plan you will find the supplemental "Bingo" activity, which is an ice breaker activity for the group. This is a good way for youth to get to know each other and to start conversation before the lesson. If you choose to incorporate this into your lesson, the lesson can take up to 1 hour and 10 minutes total. You may also save the activity for another time.
- The number of participants in your group will determine how you will coordinate the Lesson Plan activities. If there are less than 10 individuals in your class, have students work on the scavenger hunt independently. If there are 10-20 students in your class, pair students up. If there are 20+ students, have small groups of 3 or more.

What you need

- Equipment: computer and projector for PowerPoint presentation.
- Computer lab, or multiple computers (book ahead of time if necessary), ideally 1 computer for each student. If limited technological resources, use smart phones, tablets, iPads or other device, for the **IKM** Scavenger Hunt. If necessary you may also contact **info@iknowmine.org** for an offline version of the lesson plan.
- Supplies: markers, pens
- Internet to access **IKM**.
- If you need additional support contact **info@iknowmine.org**.

"Live Carefully - What You Do Will Come Back to You"

-Universal Alaska Native Value

Alcohol, Tobacco & Other Drugs

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Outline	Activity	Method of Instruction	Time
Welcome & Opening	• Welcome participants • Grounding activity	Mini-lecture with activity	5 minutes
Lesson Presentation	• Bingo activity (optional) • Substance Use Overview	Group Presentation to group	20 - 40 minutes
Activity: **IKM scavenger hunt**	• Worksheet: **IKM** scavenger hunt • Report out	Individual, Group or Pairs (refer to "How to prepare" section)	20 minutes
Discussion & Debrief	• Large group discussion	Large Group Reflection	5 minutes

How to prepare

- Download the "Alcohol, Tobacco, and Other Drugs" Lesson Plan Guide from **IKM**.
- Download the Substance Use presentation from **IKM**. Review the presentation and practice if you have time.
- Download and print the **IKM** Worksheet and **IKM** Scavenger Hunt Handouts (one per student).
- Order the substance use "postcards" from **IKM**, which are free of charge.
- Meet with potential partners to decide how you will work together for the Lesson Plan. For example: we suggest having a behavioral health aide (BHA), community health aide (CHA), counselor, or other volunteer, to sit in on the lesson for support. That way if youth feel emotional, they have someone to talk with.
- If you bring in someone from your community, have them share local resources with the class.
- Explore the Alcohol, Tobacco, & Other Drugs content on **IKM**.
- Preview the **IKM** Worksheet and Answer Key.

"Always learn and maintain a balance"

-Unangan Cultural Value

Alcohol, Tobacco & Other Drugs

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Collaborate & Partner

We encourage you to get in touch with someone in your community (or the community that you serve) about the topics covered in this lesson: Alcohol, Tobacco, and Other Drugs. If possible, invite community partners to teach the lesson with you or have someone sit in for support. These partnerships could include:

- School counselors
- Social workers
- Recovery resources (I.E., recovery group leaders)
- Community health aides (CHA)
- Behavioral health aides (BHA)
- Psychologists
- Other local knowledge-bearer

It is not an easy task to teach a lesson if it is your first time teaching a new topic. If you would like, we encourage you to reach out to a local knowledge-bearer in your community who can help. You can also contact **info@iknowmine.org** for technical assistance.

Other Resources

Consider showing the **Safe in the Village (SITV)** movie to supplement the Alcohol, Tobacco & Other Drugs Lesson Plan. SITV is a video program to help start conversations about healthy relationships and safe behaviors with Alaska Native youth. The film is about three friends in rural Alaska navigating life issues like sex, alcohol, and bullying while thinking about their futures. It also demonstrates the importance of having trusted adults and goals in life. SITV is a story about Matt, Sarah and Ben, three young people who are faced with making hard choices in life. Included in the program is a short film (30m), actor interviews (25m) and a discussion guide. For more about SITV or to order visit **iknowine.org/sitv**.

Find more lesson plans focused on different health topics for Native youth at **healthynativeyouth.org**.

"Respect Spiritual Values" *-Bristol Bay Yup'ik Value*

Note: Statements that are italicized and underlined are lesson directions and directions for you as an educator and for reference only. You can consider all regular text a script.

Welcome the students in your class, introduce yourself and whoever else may be assisting with the lesson. Hand out the "Presentation Worksheet" to each student.

Welcome to today's lesson about Alcohol, Tobacco & Other Drugs. We will use the website iknowmine.org to learn more about the topics. IKM is a youth wellness website designed for Alaska Native youth. For the next hour, we are going to learn about how different substances interact with the teenage body and brain, different types of substance use disorders, and where to find help around substance misuse. We'll do this by having a brief lecture followed by a couple of activities using iknowmine.org. I've given each of you a worksheet, please use this activity as your notes for today's lesson.

Grounding Activity

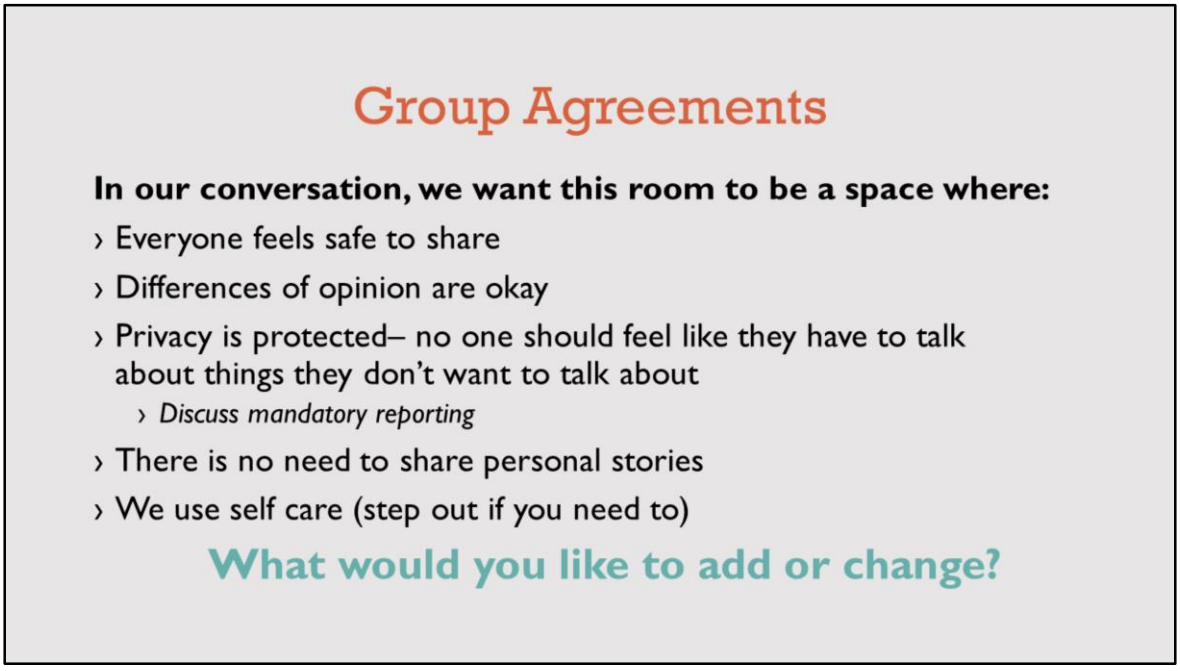
- Sit with back straight and eyes in front of you
- Put both feet flat on the floor
- Close your eyes
- Focus on your breathing

Today we will be discussing things like Alcohol, Tobacco, and Other Drugs, and topics related to substance use. Some of the things we talk about can be sensitive and may cause strong feelings of emotions. To work through this I want to start by doing a quick grounding activity. This activity is meant to calm your heart and mind and bring your attention back to our discussion. If at any point during this lesson you feel your mind wander or you become uneasy, you can do this activity to help focus and bring your attention back to the lesson.

Grounding Activity

Sit with your back straight against the back of your chair and focus your eyes in front of you. Put both feet flat on the floor and place each hand on the top of your legs, palms down. Close your eyes. We will now focus on our breathing. Breathe in slowing for 3 seconds (1…2…3…) Bring your mind's focus on your body, how does your body feel sitting in the chair? What does the chair feel like under you? What does the floor feel like beneath you? Can you feel the energy flowing through your hands to the rest of your body? Remember to keep taking deep breaths. Next, while still sitting, push your feet into the ground, imagine the energy-draining down from your mind, down through your body, and out through your feet into the ground. As the energy drains from your mind, feel how heavy each body part becomes, your torso feels heavy and

now your arms as you relax those muscles. Lastly, feel the heaviness go down your legs, through your feet and down into the ground. Now that we have calmed our energy and grounded ourselves, slowly open your eyes and come back to the present.



If you have the resources, feel free to write group agreements on dry erase board or poster board before the lesson.

Before we begin today's lesson, let's make some group agreements.

- Please no sharing of personal stories. Instead, say "I have a friend that…," or, "I've seen this in my community..."
- Practice self-care. If you need to, step out in order to gather yourself, just know that we will follow you just to make sure you're okay.
- This is a safe space and we will all ensure confidentiality. When people share private information in this group, it should be kept private. I've asked you not share personal stories, but if the discussion happens to reflect a personal situation or if someone does share a personal story, it is important that we all agree to keep it in this classroom.

- *This would be a good opportunity to also talk about us facilitators as Mandatory Reporters:*

Say: As a Mandatory Reporter, it is my legal responsibility to report any time we hear of a minor being hurt by others or if we hear that they are going to seriously harm themselves or others. This is a federal law, and it exists to protect young people.

Although I am a mandatory reporter, I want you to know that I am a safe person to talk to, and I hope that you can feel comfortable and safe talking to me.

- Show respect for others, even if you disagree with them. If someone says something that you disagree with, it would be a violation of the Group Rules to say, “That’s stupid,” or “You’re wrong.”
- Be supportive of each other. Protect others’ feelings and know that some of these topics can be very sensitive.
- Ask: ss there anything else anyone would like to add?

Our Words Matter

- How we talk about substance use and overdose can impact how we think of, and treat, other people.
- An individual should not be defined by their substance use, but by their whole being.

~~Junkie, Addict~~ → **Person with Substance Use Disorder**

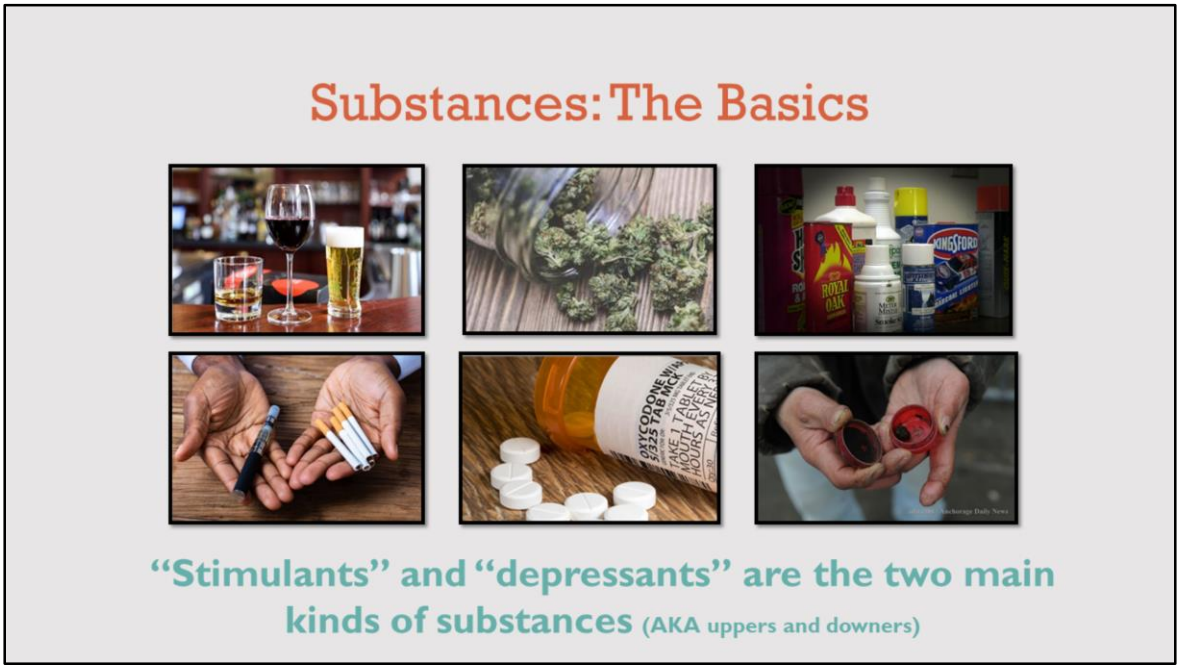
~~Addicted to X~~ → **Has an X use disorder**

Today we will be going over sensitive topics and information related to substance use. As we just discussed we want this to be a space where everyone feels safe to share. It is important to recognize that language can be very powerful, especially when discussing alcohol and other drugs and the people who use them.

Stigma is a mark or disgrace or honor on somebody because of the choices they have made. The negative stigma associated with substance use is typically portrayed through negative language, reinforcing stereotypes and hindering care. Stigmatizing language is harmful to an individual using substances and limits compassion from loved ones and care providers.

In today's classroom, we will be using neutral and caring language. Referring to individuals who use substances as "junkies" or "addicts" is not only disrespectful but also portrays that individual in a negative light. Instead of using negative words try to use phrases that are people-first such as "person who uses substances" or "person with substance use disorder"

*Supplemental material "Language Matters" found on IKM's resources page can be used to further explore why language around substance use.



Let students know that they will have an opportunity to learn more in depth about the various kinds of substances in an activity later on, after the presentation. We will explore information using iknowmine.org about the following: "Alcohol", "Tobacco", "Marijuana", "Prescription Opioids", "Heroin", "Cocaine", "Methamphetamine (Meth)", "Hallucinogens", "Spice", and "Inhalants" provide further information on background details, signs of use, and consequences of use. Example of use: Read the front of postcard to class then pass around for students to read and explore further.

A substance is a type of product that has the power to change the chemistry of a person's brain and in turn, change bodily functions. This can include alcohol, tobacco, and even caffeine

Have class list out other examples of substances they may be familiar with.

Different substances can be categorized into two types: stimulants and depressants.

Stimulants, sometimes called "uppers," are substances that increase alertness and energy while also causing some other very serious side effects that we will talk about shortly. Examples of stimulants include caffeine, cocaine, and methamphetamines.

Depressants, sometimes called “downers,” depress the central nervous system of the brain causing multiple effects such as a slowed heart rate and slowed or stopped breathing. Examples of depressants are prescription opioids, alcohol, marijuana, and heroin.

People often use more than just one substance. This is called polysubstance use.

See the full list of substances covered below.
-Alcohol– such as hard liquor, wine, and beer
-Tobacco– a naturally found plant that is grown to make products such as chew, dip, cigarettes, e-cigarettes, vaping, and Iqmik
-Marijuana– a naturally found plant that can be used by vaping, smoking, or consuming edibles
-Prescription Opioids– such as pain relief medication prescribed by a doctor
-Heroin– an illegal type of opioid that is injected sniffed, or snorted
-Cocaine– a white powder or a crystal rock substance made from the leaves of the coca plant
-Methamphetamine (Meth)– a white powder or rock that stimulates the brain
-Hallucinogens– pills or liquids that alter a person’s awareness and creates hallucinations
-Spice– a mix of natural herbs and laboratory chemicals that cause mind-altering effects
-Inhalants— which are common household chemicals that are inhaled

Substances: The Body

Here are a few examples

Alcohol can cause liver and heart damage and increase risk for cancer and other diseases

Tobacco increases risk of lung and heart disease, yellowing of teeth and skin

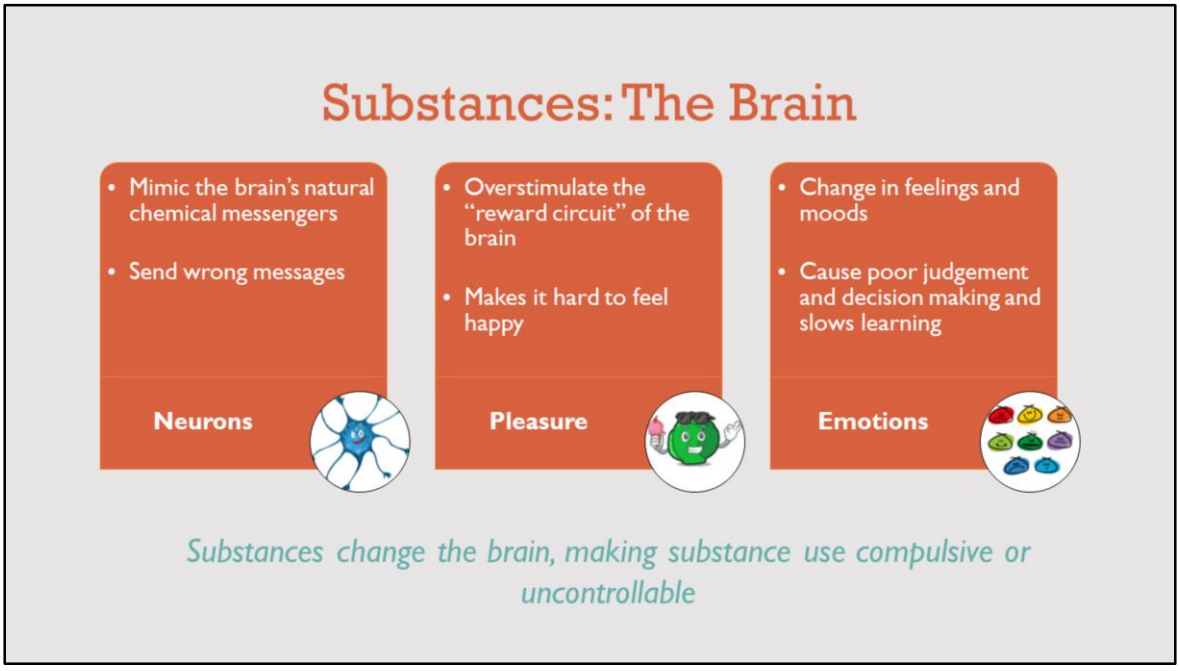
Prescription Opioids/Heroin can cause confusion and nausea while also slowing or stopping heart rate and breathing

Cocaine can lead to nasal damage, loss of smell, and damage to the intestine

Using substances can affect almost every system in your body. Long term substance use can cause or worsen health problems like cancer, heart disease, lung disease, liver function, and mental disorders. How people use substances can lead to infectious diseases like HIV, hepatitis, and tuberculosis. Some of these health issues occur when drugs are used in high doses for long periods of times, however, each person and substance is different, therefore health consequences can occur after just one use.

Substances can alter the body in many different ways, here are a few examples:

- Alcohol can lead to liver damage, cardiovascular disease, and multiple types of cancer
- Tobacco in any form can harm several organs in the body, causing cancer, stroke, heart disease, and lung problems
- Prescription Opioids, when not taken as directed by your doctor, can cause slowed or stopped breathing, unresponsiveness, and death from overdose
- Cocaine can lead to nasal damage, loss of smell, damage to the intestines, weight loss, and lung damage
- Inhalants can cause muscle spasms, tremors, trouble walking and talking, and can cause difficulty when trying to learn new things



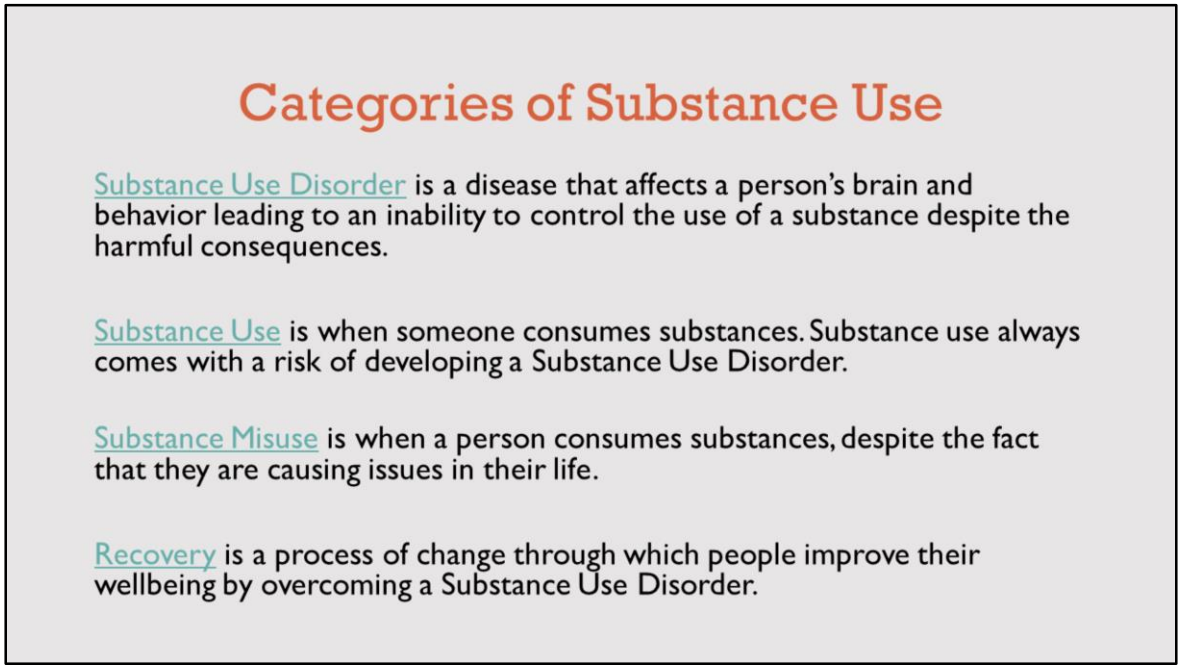
The human brain continues to develop until a person is about 22-25 years old. Using substances while the brain is still developing can cause serious, non-reversible effects in the brain. There are three big ways that substances can affect the brain, 1) by attacking neurons, 2) by overstimulating, and 3) by crossing circuits and changings emotions.

1) Neurons:
Drugs are chemicals. When someone puts these chemicals into their body, either by smoking, injecting, inhaling, or consuming them, they make their way into the brain's communication system and change the way nerve cells normally send, receive, and process information. Different substances– because of their different chemical structures—change the brain in different ways. Some depressants, like marijuana and heroin, have chemical structures that mimic our body's natural neurotransmitter. They do this by pretending to be our brain's receptors and activating a nerve that shouldn't be activated. Because they are "fake" neurotransmitters, they are able to send wrong messages from the brain to the body.
Stimulants, such as cocaine and methamphetamine, cause nerve cells to release the wrong amount of dopamine, changing the stimulation of nerves. This causes mixed messages to be sent in the brain and blocks communication. An example of this

would be having someone whisper in your ear but it sounding like someone shouting in a microphone.

2) Pleasure:
Our brains are wired to make sure we will repeat survival activities, like eating, by connecting those activities with pleasure. Whenever this reward circuit is kick-started, the brain notes that something important is happening that needs to be remembered and teaches us to do it again and again without thinking about it. A common example of this is when you feel hungry your brain tells you to eat, which tastes good and makes you full and happy. Because substances "hijack" this pleasure circuit, the brain remembers to and wants to continue using those substances in the same way it remembers to eat food.
After repeated substance use, the brain starts to adjust to the increase of "fake" dopamine by making less real dopamine. As a result, it is harder to feel pleasure. When this happens, a person feels sad, depressed, and is unable to enjoy things or activities that use to make them happy. Now, in order for a person to feel that same happiness again, a continued or higher dose of the substance must be used.

3) Emotions:
In addition to actually changing the way the brain communicates with the rest of the body, substances can cause sudden mood changes– like going from extreme happiness to feeling frustrated and angry. Substances can also cause miscommunication in the brain when it comes to judgment, making a person do, say, or act in a manner they wouldn't usually.
All substances can cause serious changes in your brain even after just one use.



The "Substance Use, Misuse or Disorder" Postcard can be used during this slide to talk more and discuss the types of substance use.

Now that we know how substances impact a person's body and change brain function, we are going to learn about substance use disorders, which are various medical conditions that affect when and how much of a substance a person uses.

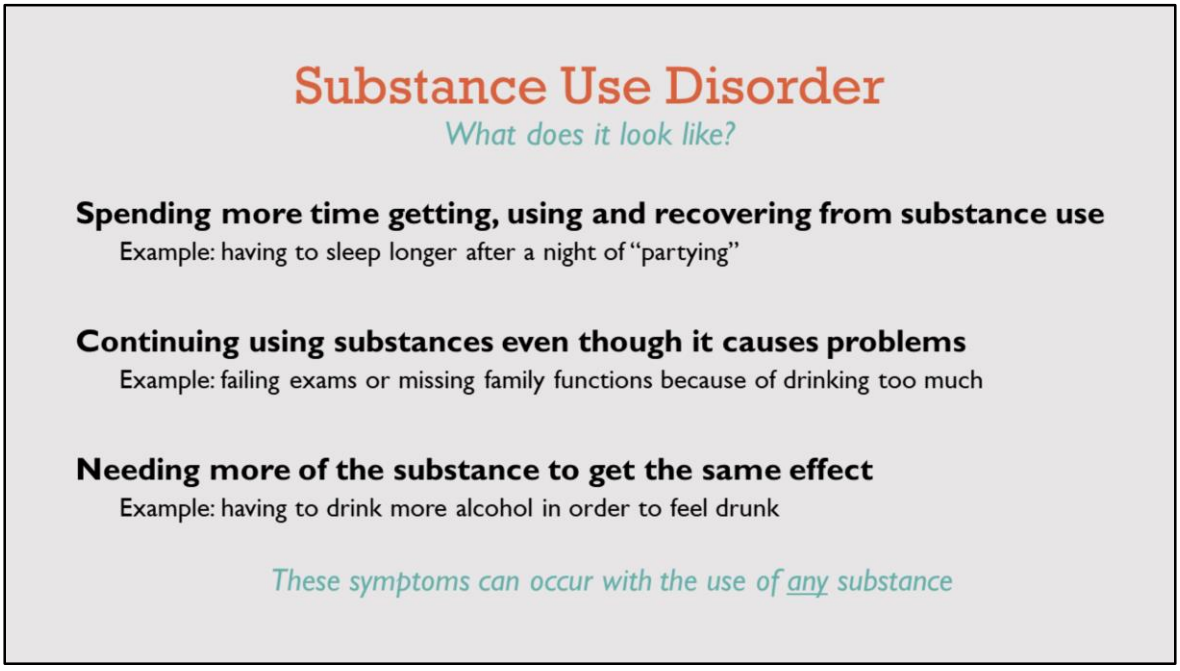
Substance Misuse, Dependency, and Addiction are all types of Substance Use Disorders. Substance Use Disorders are diseases that affect a persons' brain and lead to an inability to control the use of legal or illegal drugs or medication despite any harmful consequences. People with Substance Use Disorders sometimes develop a tolerance for a substance, which means they need larger amounts to feel the effects (to feel pleasure, or "high"), they can become addicted, meaning intensely craving a substance despite the consequences, and they can also experience withdrawal symptoms when trying to cut back or stop using the substance.

By Substance Use we are talking about the consumption, eating, drinking, inhaling, of any type of substance. Somebody can begin using substances for various reasons, including peer pressure, to find a sense of adventure, or because they were

prescribed by a doctor. While many people can drink alcohol or use certain drugs without developing a substance use disorder, using any type of substance for any length of time creates a risk of developing a substance use disorder.

Substance Misuse is when a person uses substances regularly, despite the fact that it is causing issues in their life. Misusing substances can lead to harmful or problematic use, which is when the misuse affects a person's health and wellbeing, such as suffering from an overdose, and injury from being intoxicated, or longer-term health issues such as liver disease. Substance misuse affects a person's relationships with friends, family, and themselves. Issues from substance misuse can be simple, such as being late to work or missing school or complex such as blacking out and losing memories. Someone who is misusing substances may develop a tolerance for that substance—meaning they need more than previously used to achieve the same experience. People who misuse substances will continue to use them despite the consequences they cause.

Recovery is when a person who has a Substance Use Disorder changes their behaviors to improve their health by limiting their substance use. Recovery is a life-long process that encourages positive changes within a person's lifestyle. Expecting someone to abruptly stop using substances instead of slowly decreasing their dose is not realistic. Relapsing, or using substances again after a period of not using, is a part of the recovery process and can ultimately help achieve a person achieve their goal of remission. There are many pathways to recovery. People will choose the pathway that best supports their cultural values, financial situation, their mental and behavioral needs and the nature of their substance use disorder. Options may include support groups, therapy, detox services, treatment- both in-patient and out-patient, and services that support people in responsive and respectful ways to help improve their health, relationships, and cultural needs.



Even with knowing all these definitions, it may still be hard to know who may be experiencing a Substance Use Disorder (SUD). SUDs can look different for everyone.

<u>If somebody is experiencing a Substance Use Disorder they will usually have one or more of the following signs and symptoms:</u>
- Spending more time getting, using and recovering from substance use
-Having to sleep longer after a night of "partying"
- Continuing using substances even though it causes problems
-Failing exams or missing family functions because of drink too much
- Needing more of the substance to get the same effect
-Having to drink more alcohol in order to feel drunk

<u>Other signs that somebody has a Substance Use Disorder are:</u>
- Using substances in larger amounts than they're supposed to, like taking more of their prescription than directed
-Making efforts to stop using, but being unable to do so without help
-Having strong cravings and urges to use the substance
-Taking increased risks related to the substance, like going to dangerous places to buy or use the substance

-Continuing to use the substance even though they know its harmful
-Having withdrawal symptoms when stopping use

If a person stops using substances after their brain has developed a dependency they will experience withdrawal symptoms. These symptoms are the brain and body reacting to the lack of chemicals from the substances. Common examples of withdrawal symptoms include muscle aches, nausea, vomiting, insomnia, agitation, anxiety, diarrhea, chills, and sweating. These symptoms can occur with stopping the use of any substance(s), if the person has developed a dependency.

Ask: Can you think of signs that somebody may be suffering from a Substance Use Disorder?

Being Aware

Why do people use substances?

- Doctor prescribed (Prescription Opioids)
- Because they are bored or are pressured by their peers
- To cure feelings of sadness, anxiety, stress, or other

Signs to look for:

- Skipping school, trouble with law, and issues with friends and family
- Weight loss, lack of regular physical activity, changes in eating habits

Alternative activities:

- Participating in after school activities such as sports teams and theatre groups
- Attending community and school sporting activities
- Participating in cultural activities such as hunting, dancing, or cooking

Now that we know about how substances can affect the brain and body and we have a background in the different types of substance use disorders I want to share with you a few things to remember.

People start using substances for a lot of different reasons, including health reasons. Sometimes kids and teens try drugs to fit in with a group of friends. Or they might be curious or bored. Someone may use illegal drugs for many reasons, but often because they help the person escape from reality for a while. Using a substance might temporarily make someone who is sad or upset feel better or forget about problems. But this escape lasts only until the substance affects wears off.

If someone is using illegal substances, you might notice changes in how the person looks or acts. Some signs of use might include: loss of interest in school, change in friends, becoming moody, cranky, or worried all the time, or abnormal loss or gaining weight.

There are multiple things to look for in a friend who you think might have a substance use disorder. These include:
-Getting worse than usual grades in school and/or skipping school

-Changes in normal behavior– not eating, not hanging out as much as they used to, or losing weight fast

While removing yourself from situations where people are using substances can sometimes be difficult, it is good to be aware of alternative activities to do instead and to be prepared with ideas on how you would remove yourself from the situation.

Let's take a quick minute to answer Question 9: Critical Thinking question on your worksheet.
Allow 2-3 minutes for students to respond to the worksheet question. Once all students have had time to write a response, proceed to the next slide.

Resources for Help

What should I do if someone I know needs substance use help?

- Talk to a trusted adult such as your Teacher or School Counselor
- Talk with your Primary Care Provider or Behavioral Health Aide
- Alaska CareLine
  - 877-266-HELP (4357)
  - Text 4help to 839863
- Call the National Suicide Prevention Lifeline
  - 1-800-273-TALK (8255)
- Remember, you are worthy!

If you think somebody you know, or yourself, has a substance use disorder have them, or yourself talk with a trusted adult. This can be a teacher, a parent, your primary care doctor, a family friend, an elder, a behavioral health aid, or anybody in your community who you feel comfortable opening up to. If you need help immediately, or don't have an adult you can talk to, you can call Alaska's CareLine or the National Suicide Prevention Lifeline where you'll be connected with a trained professional who is able to talk with you about multiple life issues including substance use.

Remember, you (or your friend) are worthy of care and support. No matter your choices, somebody is here to help.

Postcards can also be used as additional references for resources on access to care.

Scavenger Hunt

In the absence of the internet, have students refer to, and answer the activity questions using the Substance Postcards.

Students can work individually, in pairs, or in small groups depending on the class size and number of available substances to research.

We will now do an interactive scavenger hunt using iknowmine.org or the iknowmine Substance Postcards.

I am going to assign each of you a substance, you will then go onto iknowmine.org, or used your assigned postcard, and answer the questions on the following page. You will have about 20 minutes to complete this activity. Please answer each question as best as you can, and we will report out our findings to each other at the end. If you have any questions or need help please raise your hand.

After ~15 minutes gather the student's attention and have each student, pair, or group report out on one of their findings.

Group Discussion

1. How would you help someone who might be struggling with drugs or alcohol?
2. What is something new you learned today?
3. What is something you can share with friends, family, or your community from today's lesson?

Have students gather into a circle, or report back to their original seats.

Before we end our class today I want to go through and do a group discussion some things we learned. I'm going to ask some questions to the group and I would really like as much participation as possible. Remember there are no wrong answers.

How would you help someone who might be struggling with drugs or alcohol?
Example: Ask a parent or adult to help you, ask a positive role model to help, connect them with resources or information such as the hotlines or websites mentioned. Challenges may include that the person doesn't know why need help or doesn't want help.

What is something new you learned today?
Example: *Any facts from presentation, worksheets or activities. Definitions of substance use, misuse, abuse, addiction, tolerance. Facts about substances, how drugs/alcohol affect the brain and body, resources for help, etc*.

What is something you can share with friends, family, and your community from today's lesson?
Example: *Any facts from presentation, worksheets or activities. Definitions of substance use, misuse, abuse, addiction, tolerance. Facts about substances, how drugs/alcohol affect the brain and body, resources for help, etc.*

Thank You!

For questions, comments, or technical assistance please contact
info@iknowmine.org

This project was created by ANTHC's HIV/STD Program and Substance Misuse Prevention Program

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Alcohol, Tobacco, and Other Drugs: A Lesson from IKM

IKM Scavenger Hunt

"Help other people"
-Cup'ik Value

Go to **www.iknowmine.org** and find your assigned topic under "My Body". Read through the material provided and answer the following questions. Be prepared to report your findings.

Substances Covered on IKM:

- Alcohol
- Tobacco
- Prescription Opioids (Pain Medicine)
- Marijuana
- Heroin
- Cocaine
- Methamphetamines
- MDMA (Molly/Ecstasy)
- Inhalants
- Other Drugs

1. What other names, or types, does this substance go by/have? Can you think of any others not listed out on the website?

2. What are two ways this substance (or topic) can affect someone? Are there harms associated with this substance?

3. What are two things that this substance can do to your brain or body?

4. What are two possible outcomes that can happen as a result of using this substance? This can be short or long term.

5. What are some common signs you might see if somebody is using this substance?

6. List one external (outside) resource/website listed that can provide more information on the substance.

7. List one way you would help a friend who might be struggling with substance use.

This publication has been funded at least in part with grant funds from the AmerisourceBergen Foundation.

8. Write out three sentences that you would say to somebody who was trying to get you to use this, or any, substance.

9. What is a new fact you learned about this substance?

10. Chat with one of your classmates and share some info about the substance you learned about. Report one fact to the group about their substance.

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Alcohol, Tobacco, and Other Drugs: A Lesson from IKM: Worksheet

I{taqangin lulalix matalix an}a}iingin matakun /
Hi{tanangis luulal ama matal an}a}iingin matakus/

"Believe in them and keep them going through time"

Traditional Value of the Unangan/Unangax

1. What are the two categories of substances/drugs?
    a. _____
    b. _____

2. Substance Use Disorder (SUD) is a chronic brain disease that makes somebody continue to misuse substances.
    a. True
    b. False

3. What is a sign that somebody has a SUD?
    a. Spending more time getting, using, and recovering from substance use
    b. Needing more of the substances to get the same effect
    c. Continuing to use substances even though it causes problems
    d. All of the above are signs

4. Which statement is true?
    a. Using a substance does not mean one will develop issues with that substance
    b. Using a substance sometimes leads to developing SUD
    c. People use substances for lots of reasons
    d. All of the above are true statements

5. There are at least 3 ways substances can change a person's brain. Please fill in the blanks.
    a. Substances mimic the brain's natural _____.
    b. Substances overstimulate the _____ of the brain.
    c. Substances change _____ and _____.

6. Let's check your knowledge of substances. Please fill in the blanks.
    a. Tobacco increases risk of _____ and _____, and causes the skin to look old and aged.

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b. Inhalants spread toxic chemicals throughout the body causing _____, hearing loss, and liver, kidney and _____ damage.
c. Cocaine has been linked to _____ and _____.
d. Opioids can cause confusion and nausea while slowing down or _____ heart rates and _____.
e. Alcohol can cause liver and heart damage, and increase risk for _____ and other diseases

7. Here are additional resources you can use if you, or a friend need more information or help.
   a. Talking with a trusted adult
   b. iknowmine (www.iknowmine.org)
   c. National Institute on Drugs (www.teens.drugabuse.gov)
   d. _____
      Phone Number: _____

8. Critical Thinking: If somebody were to ask you to use substances, it's good to have a plan on how to respond. One example might be "No thank you. I have a basketball game tomorrow so I want to be ready for that." Can you think of a response if someone were to ask you to use? Please write your response below.

_____

_____

_____

_____

_____

9. Critical Thinking: If you were a community leader, what is one thing you would do to prevent youth from misusing substances?

_____

_____

_____

_____

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Alcohol, Tobacco, and Other Drugs: A Lesson from IKM: Worksheet

I{taqangin lulalix matalix an}a}iingin matakun /
Hi{tanangis luulal ama matal an}a}iingin matakus/

"Believe in them and keep them going through time"

Traditional Value of the Unangan/Unangax

1. What are the two categories of substances/drugs?
    a. Stimulants
    b. Depressants

2. Substance Use Disorder (SUD) is a chronic brain disease that makes somebody continue to want to misuse substances.
    a. True ✓
    b. False

3. What is a sign that somebody has a SUD?
    a. Spending more time getting, using, and recovering from substance use
    b. Needing more of the substances to get the same effect
    c. Continuing to use substances even though it causes problems
    d. All of the above are signs ✓

4. Which of the following does not put a person at risk for a SUD?
    a. Using a substance does not mean one will develop issues with that substance
    b. Using a substance sometimes leads to developing SUD
    c. People use substances for lots of reasons
    d. All of the above are true statements ✓

5. There are at least 3 ways substances can change a person's brain. Please fill in the blanks.
    a. Substances the brain's natural chemical messengers
    b. Substances overstimulate the "reward circuit" of the brain
    c. Substances change feelings and moods

6. Let's check your knowledge about substances. Please fill in the blanks.
    a. Tobacco increases risk of lung disease and heart disease, and causes the skin to look old and aged.
    b. Inhalants spread toxic chemicals throughout the body causing blackouts, hearing loss, and liver, kidney and bone marrow damage.

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c. Cocaine has been linked to strokes and heart attacks.
d. Opioids can cause confusion and nausea while slowing down or stopping heart rates and breathing.
e. Alcohol can cause liver and heart damage, and increase risk for cancer and other diseases

7. Here are additional resources you can use if you, or a friend need more information or help.
   a. Talking with a trusted adult
   b. iknowmine (www.iknowmine.org)
   c. National Institute on Drugs (www.teens.drugabuse.gov)
   d. _____

      Phone Number:_____

8. Critical Thinking: If somebody were to ask you to use substances, it's good to have a plan on how to respond. One example might be "No thank you. I have a basketball game tomorrow so I want to be ready for that." Can you think of a response if someone were to ask you to use? Please write your response below.

_____

_____

_____

_____

_____

9. Critical Thinking: If you were a community leader, what is one thing you would do to prevent youth from misusing substances?

_____

_____

_____

_____

_____

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

iknow mine

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Glossary

- **accurate** *(adjective)*: free from mistakes or errors
- **addiction** *(noun)*: a brain disorder or illness associated with compulsive (uncontrollable) behavior, such as drug use, despite negative consequences
- **addictive** *(adjective)*: something, such as a drug, that causes changes to the brain that results in compulsive (uncontrollable) behavior despite negative consequences
- **analyze** *(verb)*: to study or examine something closely or carefully in order to understand it
- **benefit** *(noun)*: something that produces good or helpful effects
- **bias** *(noun)*: an attitude that always favors one way of thinking or feeling
- **cited** *(adjective)*: referred to
- **claim** *(verb)*: to state something as true; *(noun)*: something that is stated as true
- **cocaine** *(noun)*: an addictive illegal drug that produces a temporary increase in alertness and feelings of pleasure
- **compare** *(verb)*: to examine one or more things in order to find similarities or differences
- **conclusion** *(noun)*: a final decision based on reasoning
- **conduct** *(verb)*: to direct or take part in the management of
- **consequence** *(noun)*: something caused by a set of conditions
- **contribute** *(verb)*: to play a part in an end or result
- **crisis** *(noun)*: a situation that has reached an unstable point and that has a high chance of having a negative outcome
- **critical** *(adjective)*: important or necessary
- **critically** *(adverb)*: using careful judgment
- **data** *(noun)*: information such as measurements that are used as a basis for making conclusions
- **dependence** *(noun)*: the quality of having a need for a drug because of repeated use so that physical withdrawal symptoms are experienced if the drug is removed
- **develop** *(verb)*: to grow or cause something to grow larger or more advanced
- **documentation** *(noun)*: records or materials used to prove or show something
- **evaluate** *(verb)*: to determine the importance, value, or condition of something by carefully analyzing it
- **evidence** *(noun)*: something that gives proof or a reason to believe something
- **exaggerated** *(adjective)*: overstated beyond the truth
- **heroin** *(noun)*: an illegal opioid drug that has no medical use
- **inaccurate** *(adjective)*: containing mistakes
- **interpret** *(verb)*: to explain or tell the meaning of
- **investigate** *(verb)*: to study closely
- **journal** *(noun)*: a magazine or periodical that reports on things related to a specific topic
- **legitimate** *(adjective)*: being exactly as described, not false
- **limitation** *(noun)*: something that controls how much of something is possible or allowed
- **method** *(noun)*: a process, way, or technique for doing something
- **misleading** *(adjective)*: giving the wrong idea; making you believe something that is not true

This publication has been funded at least in part with grant funds from the AmerisourceBergen Foundation.

Sources:

- This handout has been adapted from the “Be a Science Fact-Checker: Learn how to evaluate science-based claims in the media” class activity created by the National Institute on Drug Abuse (NIDA).
- Definitions are sourced from: *Merriam-Webster Collegiate Dictionary* and *Scholastic Children’s Dictionary*.

- **misuse** *(verb)*: to use something in a way that is unintended or harmful, such as misuse of a prescription drug
- **navigate** *(verb)*: to make one's way over or through; to steer through
- **opioid** *(noun)*: one of a group of drugs that produce relaxation, pleasure, and pain relief. Opioids can be addictive and potentially deadly due to overdoses.
- **opposed** *(adjective)*: completely different from
- **outcome** *(noun)*: something that comes about as an effect or end
- **overdose** *(noun)*: a lethal or toxic amount of a drug; *(verb)*: to take a lethal or toxic amount of a drug
- **oversee** *(verb)*: to watch over or direct
- **peer** *(noun)*: one belonging to the same group based on age or status
- **persuade** *(verb)*: to win over to a certain belief or position
- **physical** *(adjective)*: of or relating to the body
- **precaution** *(noun)*: an action taken to avoid a dangerous situation or to lead to a positive result
- **present** *(verb)*: to bring to one's attention
- **procedure** *(noun)*: a particular way of doing something
- **provide** *(verb)*: to supply or make available
- **publish** *(verb)*: to produce or prepare for the public to see
- **related** *(adjective)*: having a close connection
- **relevant** *(adjective)*: having something to do with the matter at hand
- **reliable** *(adjective)*: able to be believed
- **reputable** *(adjective)*: respected and trusted by most people
- **research** *(noun)*: a careful study, experiment, or collection of information that has the goal of finding and reporting new knowledge
- **result** *(noun)*: something determined by an investigation or calculation
- **review** *(verb)*: to go over or examine carefully
- **rigorous** *(adjective)*: done carefully with a large amount of attention to detail
- **scan** *(verb)*: to look over quickly
- **scroll** *(verb)*: to move up or down or across a display screen
- **skeptical** *(adjective)*: relating to or marked by doubt
- **source** *(noun)*: a person, book, or document that is used as a reference
- **stigma** *(noun)*: a mark or disgrace on somebody because of the choices they have made.
- **support** *(verb)*: to provide proof or evidence for
- **treat** *(verb)*: to care for or deal with medically
- **treatment** *(noun)*: the act or matter of caring for or dealing with medically
- **ultimately** *(adverb)*: in the end

BINGO

How to Play

1. Introduce yourself.
2. Ask someone if they match the info in a box.
3. If they do, write their FULL name in the box. If they don't, ask someone else.
4. Keep talking to people until you have BINGO (all sqaures filled in)!

Someone who has lived in a different town.	**Someone who has had a pet other than a dog or cat.**	**Someone who knows their Native language.**	**Someone who is wearing something from their culture/tribe.**	**Someone who has broken the same bone twice.**
Someone who has crashed their snow machine (snow-go).	**Someone who is learning to make traditional art.**	**Someone who loves eating airplane food.**	**Someone who is left handed.**	**Someone who has danced in a cultural event (i.e., AFN, Qatnut, powwow, or similar).**
Someone who is part of a sports team.	**Someone who has more than three siblings.**	**Someone who likes rap music.**	**Someone who goes on an annual camping trip.**	**Someone who has caught a caribou.**
Someone who traditional dances	**Someone who has the same favorite TV show as you.**	**Someone who wants to go into the medical field.**	**Someone you've never met before.**	**Someone who has the same birth-month as you.**
Someone who knows how to cook a traditional food.	**Someone who doesn't have Facebook.**	**Someone who sings or drums traditionally.**	**Someone who doesn't like muktuk.**	**Someone who has a G.P.A. of 3.0 or higher.**

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

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5 Facts about Substance Use Disorder People Usually Don't Know

I{taqangin lulalix matalix an}a}iingin matakun / Hi{tanangis luulal ama matal an}a}iingin matakus/
Believe in them and keep them going through time – Unangan/Unangax cultural value

There's a lot of stigma (or judgement) and misunderstanding surrounding substance use disorders, treatment, and recovery. But someone with a substance use disorder should never let social judgement stand in the way of getting the help they need and deserve. Here are nine facts to know so you can be better prepared to help yourself or someone else.

Fact #1: Substance use changes the brain, which can make drug use compulsive or uncontrollable

Someone may start out doing drugs occasionally or may have been prescribed medicine by a doctor. Over time, continued drug use rewires the brain to compulsively seek substances, despite negative consequences. With opioids, a person may like the euphoria/feeling at first, but soon the drug is needed just to feel "normal" and not get sick from withdrawal.

Fact #2: Expecting someone to "quit cold turkey" (quit using substances without medical help) is unrealistic

Changing substance use behavior is a process. In the beginning, someone using drugs may not think there is a problem. Next, they may realize it is a problem but are not sure how to or if they should get help. Then they need to figure out how to deal with it and take steps in a healthier direction, including getting professional help, changing friends, learning drug refusal skills, and more.

Fact #3: Getting help early is more effective than waiting for "rock bottom"

Because behavior change is a process, instead of letting someone hit their lowest point, it's important to help them right away. It is much easier to help when they are still engaged in school or work, have social supports, and interested in sports or hobbies. Structure, purpose, and social connections are really needed for a good outcome and healing.

Fact #4: Someone can be unsure about treatment and it can still be effective

While some people may welcome the opportunity for treatment, most will likely feel conflicted about stopping their substance use. Studies show those who enter drug treatment programs as a result of loving pressure do much better in treatment, regardless of the reason they sought treatment in the first place.

Fact #5: Relapse (or drug use) is common and represents a learning opportunity

Using drugs while receiving treatment and recovery services doesn't meant that treatment hasn't worked. As with all chronic diseases, many people have one or more relapses before achieving long-lasting recovery. Relapses happen both when the person is doing well or when struggling, and can serve as a learning opportunity to identify what may contribute to relapse—and to find ways to prevent it for the future. The most important thing is connecting people to care and letting them know that they matter.

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Adapted from "9 Facts about Addiction People Usually Get Wrong" from Partnership for Drug-Free Kids

Words Matter: Changing the Language of Addiction

"In handling words, as in handling a pole, a speaker must be careful not to strike or hit anyone's face, or to break anything by accident." (From Haa Tuwunáagu Yís, for Healing Our Spirit: Tlingit Oratory)

Language matters. How we talk about substance use and overdose can frame how people view it, and how they respond. Addiction is no longer the primary, defining characteristic of an individual, but one of several aspects of the whole person. We must speak, write and think in a way that acknowledges the human being first, rather than their condition or disease.

Tips for Changing Your Language

1. **People-first language**. Always use person first language, which means referring to a person before describing his or her behavior or condition. This is important because it acknowledges that a person's condition, illness or behavior is not that person's defining characteristic. "Person with a cocaine-use disorder" instead of "cocaine user" or "addict." A person might have an addiction, but this does not make him or her "an addict."
2. **Use language that reflects the medical nature of substance use disorders**. There are a multitude of factors contributing to drug addiction, ranging from personal factors to social, environmental and political ones. Avoid terms that reinforce a belief that addiction is a failure of morals or personality, rather than a medical issue. "Addictive disease" and "substance use disorder" instead of "abuser" or "junkie."
3. **Use language that promotes recovery**. This means people, including healthcare professionals, should use language that conveys optimism and supports recovery, and respects the person's autonomy. "Opted not to" and "not in agreement with the treatment plan" instead of "unmotivated" or "non-compliant."
4. **Avoid slang and idioms**. Slang terms and idioms have negative connotations and a significant level of stigma attached to them. While slang and idioms are rarely used in professional literature, they are also important to avoid when speaking to other colleagues or healthcare professionals. "Positive" or "negative" when referring to drug tests, instead of "dirty" or "clean."
5. **Focus on treatment.** Treatment focuses on restoring a person's ability to lead a meaningful life, function productively, and stay alive. Success is often portrayed as "getting clean," meaning abstinence from any drug use, illicit or otherwise. Equating recovery and abstinence can sometimes be counterproductive and even dangerous when medication-assisted treatment, such as methadone or buprenorphine, are the best existing treatments for opioid addiction. Studies repeatedly show patients that participate in medication-assisted treatments are more likely to adhere to a treatment regimen, less likely to relapse, and less likely to overdose than patients in traditional abstinence-based treatment.

Say this:	Instead of this:
Person who uses drugs	Drug user
Person with non-problematic drug use	Recreational, casual, or experimental user
Person with drug dependence, person with substance use disorder, person with problematic drug use; person who uses drugs (when use is not problematic)	Addict; drug/substance abuser; junkie; dope head, pothead, smack head, crack head, etc.; druggie; stoner
Substance use disorder; problematic drug use	Drug habit
Has a X use disorder	Addicted to X
Abstinent; person who has stopped using drugs	Clean
Actively uses drugs; positive for substance use; positive drug screen	Dirty drug screen
Respond, program, address, manage	Fight, counter, combat drugs and other combatant language
Safe consumption facility or space	Fix rooms
Person in recovery; person in long-term recovery	Former addict; reformed addict; ex-addict
Person who injects drugs	Injecting drug user
Opioid substitution therapy; medication as a treatment tool	Opioid replacement therapy; Medication as a crutch
Person living with substance use disorder	Battling/suffering from an addiction
Person arrested for drug violation	Drug offender
Chooses not to at this point	Non-compliant/bombed out
Had a setback	Relapsed
Maintained recovery	Stayed clean

"This publication has been funded at least in part with grant funds from the AmerisourceBergen Foundation."

References:

1. *Adapted from "Language Matters" by the National Council for Behavioral Health-State Association of Addiction Services and Language Handout from Manitoba Harm Reduction Network*
2. *https://filtermag.org/2018/10/15/the-language-of-addiction-new-york-times-insists-on-perpetuating-stigma/*
3. *https://www.cjr.org/local_news/opioid-journalist-advice.php?facebook&utm_content=bufferf9837&utm_medium=social&utm_source=facebook.com&utm_campaign=buffer*

Questions to Ask Your Doctor Before Taking Opioids

Pingnatugyarag: **learn to do things yourself** – Cup'ik cultural value

Opioids are often prescribed to patients to help relax the body, manage pain from illness or surgery, or sometimes help with a cough or diarrhea. To successfully manage your pain while minimizing the risk of dependence, it's important to talk about all of your options with your healthcare provider and ask as many questions as possible before taking an opioid medication. Print out this list of questions to bring to your next appointment as a starting point when talking to your provider:

1. Why are you prescribing me an opioid?
2. Is this the right medication for me?
3. How long should I take this medication?
4. How will this medication make me feel?
5. Are there any side effects from this medication, such as withdrawals once I am done taking the medication? If so, how can I reduce or prevent them?
6. I have heard that opioids are very addictive. Can I become addicted even though it is a prescribed medication?
7. What do I do if I start to feel like I am dependent on the medication? What support is available to help me?
8. I have a history of trauma, anxiety, depression, and personal and/or family history of substance use disorder. Should I take this medication?
9. Substance use disorder runs in my family, should I take this medication?
10. Should I start with a shorter prescription or fewer pills?
11. Are there any non-opioid medications, such as ibuprofen, that I can take as an alternative?
12. I am currently taking other prescription drugs. Is it safe to take opioids with other medication?
13. After I've finished this medication, how can I safely discard it? What about any other unused or expired medications?

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Adapted from the handout "12 Questions to Ask Your Doctor before Taking Opioids" from Shatterproof.org