

## H. Health & Wellness:

<b>H. Health &amp; Wellness:</b>	
<b>Basic</b>	
Knows personal and family health history (medical, dental, mental health)	Individualized instruction
Understands the risks of drug (including nicotine) and alcohol abuse	H-4 through 27
Knows how to recognize and describe the symptoms of a cold, the flu, and other common health problems	H-34, 35
Understands how to maintain oral health care and when to seek out treatment	<a href="http://kidshealth.org/teen/your_body/body_basics/mouth_teeth.html">http://kidshealth.org/teen/your_body/body_basics/mouth_teeth.html</a> <a href="http://kidshealth.org/teen/your_body/take_care/teeth.html?tracking=T_RelatedArticle">http://kidshealth.org/teen/your_body/take_care/teeth.html?tracking=T_RelatedArticle</a>
Knows major parts of the body and their basic function (heart, lungs, etc.)	H-28, 29 <a href="http://kidshealth.org/teen/your_body/body_basics/body_basics.html">http://kidshealth.org/teen/your_body/body_basics/body_basics.html</a>
Has contact information for and knows how to access emergency services (EMS, Fire, next of kin, health proxy, etc.)	Individualized instruction
Knows how and where to get emergency health care	Individualized instruction based upon location
Knows how to use a first aid kit (for a minor cut, minor burn, splinter, etc.)	H-36 through 41
Knows own height and weight	<a href="http://kidshealth.org/teen/food_fitness/dieting/weight_height.html">http://kidshealth.org/teen/food_fitness/dieting/weight_height.html</a>
Knows how to select a doctor, dentist or clinic for regular healthcare	<a href="http://kidshealth.org/teen/your_body/medical_care/medical-care.html">http://kidshealth.org/teen/your_body/medical_care/medical-care.html</a> H-74 through 89 (C, T, U)

## Independent Living Skills Module II

### HEALTH RISKS

You are in control of your personal health. While exercise, proper nutrition and regular doctor's check-ups can help you to maintain good health and may prevent health problems, certain behaviors and bad habits can negatively influence your health.

What kind of behaviors/habits could be harmful to your health?

_____	_____
_____	_____
_____	_____

In the following sections we will discuss some behaviors and habits which could have a negative impact on you and impose a serious risk to your health.



### SMOKING

If you are a smoker, have ever been tempted to start smoking, or know someone who smokes, the following questions and information are important to you!

Why do you think most people start to smoke? (Or why did you start to smoke?)

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Does smoking make people more interesting, mature, or more attractive?

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Do you think that smokers are better liked, more respected, or make more money than non smokers?

Look over the examples below. Do you think that any of them give valid reasons to start smoking?

- Rebecca started to smoke because the boy she really liked smoked.
- Dennis doesn't know why he started. He just thought it was a cool thing to do.
- Elisabeth started because her mother, father, and older brother smoked.
- Amy started to smoke because she wanted to be part of a group of older kids who smoked.
- Chuck started because his best friend told him he should. Otherwise, he would look like a wimp and never get a girlfriend.

The truth is that there are NO valid reasons to start smoking!

What might Rebecca, Dennis, Elizabeth, Amy, and Chuck have done to avoid starting to smoke? What would you do in their individual situation?

What are the health risks and disadvantages of smoking?

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Take an inventory of your knowledge of facts and health risks related to smoking.

### Multiple Choice

- \_\_\_\_\_ 1) Cigarette smokers are more likely than non-smokers to die of cancer of the  
a) pharynx or larynx   b) lungs   c) esophagus   d) lips, tongue, or mouth  
e) all of the above
- \_\_\_\_\_ 2) What gives cigarettes their rich country flavor?  
a) propane   b) butane   c) formaldehyde   d) hydrogen cyanide
- \_\_\_\_\_ 3) How many chemicals in cigarette smoke cause cancer?  
a) none   b) 1   c) 10   d) 30

### True or False

- \_\_\_\_\_ 1) Lung cancer can be cured very easily.
- \_\_\_\_\_ 2) People who don't smoke can get lung cancer.
- \_\_\_\_\_ 3) When a person stops smoking, lung tissues return to normal on their own.
- \_\_\_\_\_ 4) City smog is worse for you than cigarettes.
- \_\_\_\_\_ 5) Low-tar, low-nicotine cigarettes are safer than other kinds.
- \_\_\_\_\_ 6) Children whose parents smoke are more likely to smoke than children of non smokers.
- \_\_\_\_\_ 7) It doesn't matter if teenagers smoke because they can easily stop.

### Multiple Choice Answers

1. e) all of the above.
2. All of the answers given, and they're all deadly.
3. d) There are 30 known carcinogens in cigarette smoke, and probably more that haven't been discovered yet.

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### True or False Answers

1. FALSE. Nine out of ten cases of lung cancers are incurable.
2. TRUE. Occasionally, people who don't smoke will get lung cancer. But 80% of all lung cancers are caused by smoking.
3. TRUE. Unless the lungs are already too severely diseased, they start to repair themselves almost immediately. This happens rapidly in short-term smokers.
4. FALSE. Air pollution plays no significant role in lung cancer.
5. TRUE. However, there is no completely safe cigarette.
6. TRUE. Children who have smoking parents and older siblings are more likely to start smoking themselves.
7. FALSE. Once smoking has become a habit it is very difficult to quit.

BELIEVE IT OR NOT!



I A person who smokes one pack of cigarettes a day inhales a full cup of tar in just one year.

!! When you take one puff of a cigarette, your heart beats ten extra times per minute.

!!! There will be 93,000 new cases of lung cancer discovered this year.

!!!! There are more than thirty million ex-smokers in the United States.



!!!!!! More than 25% of all the fires in the United States are caused by careless smokers.

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### Quitting:

The best way to deal with smoking is, of course, not starting. Once you get in the habit, it isn't easy to quit. Consider this example:

Barry is playing basketball on his local high school team. He is a really good player and might have a chance to get a scholarship to a local college. However, Barry has started smoking. Now, during the games, he is short of breath and doesn't seem to have as much energy as he used to. Barry does not believe that this is a result of smoking since he has only smoked for eight months. And anyway, he feels that it would be hard for him to quit, particularly because his girlfriend also smokes. *What do you think of Barry's dilemma? What advice would you give Barry?*



Quitting smoking takes a lot of commitment and you have got to believe that you can do it. Smokers will often think (mistakenly) that they will gain a lot of weight once they stop smoking, but studies show that the average weight gain after quitting is not more than five pounds. If you do want to stop smoking, the following organizations provide information and assistance:

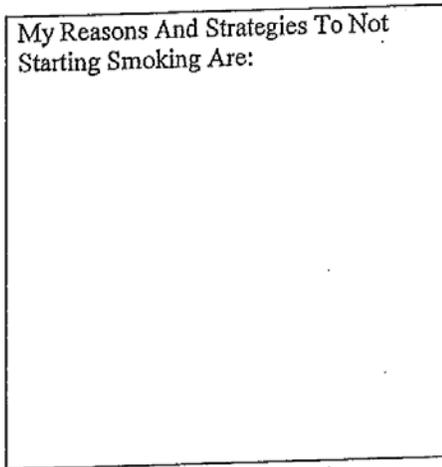
American Lung Association of Boston  
1015 Commonwealth Avenue  
Brighton, MA  
(617) 787-4501

Department of Public Health  
150 Tremont Street  
Boston, MA  
(617) 727-2700

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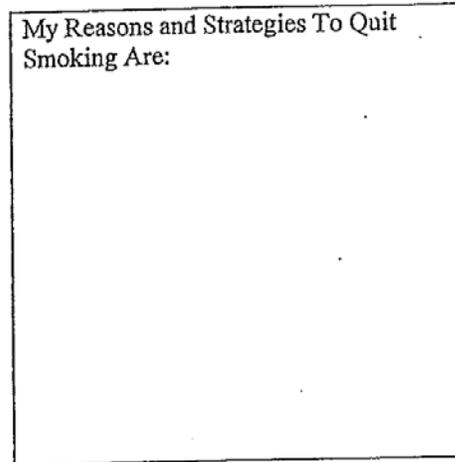
Summary:

My Reasons And Strategies To Not Starting Smoking Are:



or

My Reasons and Strategies To Quit Smoking Are:





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**Depression:** Feeling isolated or alone, hopeless about the future and wanting to escape.  
**Curiosity:** Not everyone who takes drugs is a heavy user, and many quit after the first try. But studies show that experimenting with pot and alcohol can lead to harder drugs.

For example, the Center on Addiction and Substance Abuse reports that if a person has smoked marijuana more than one hundred times, the likelihood of using cocaine goes up 70 percent.

**Fitting in:** Being popular is a key desire for most of us. Unfortunately, some take risks against their own judgement in order to hang with the cool clique.  
**Learned Behavior:** Some young people who watch their parents dealing with their problems by taking drugs may follow their example during difficult times.  
**Lack of Self-Esteem:** People who don't feel good about themselves are more likely to do things that are harmful. Most drug users and drinkers will admit they do it to fill up an empty feeling inside or to try to appear cool.  
**Feeling Unsure about Sexuality:** Young people dealing with same-sex attractions may be drawn to drinking and drugs in order to ease fear and confusion.  
(adapted from *Finding Our Way: The Teen Girls Survival Guide*. Abner and Willarosa, 1995)

### Peer Pressure:

Some youth might be goaded into experimenting with drugs by their friends or peers.

Consider the following:

Alexander has had the same group of friends for several years. They used to play a lot of baseball and hockey together. Now some of his friends are getting into alcohol and drugs, smoking marijuana and drinking hard liquor. Actually, that is all they seem to talk about. Alex's friends keep pressuring him to start smoking and drinking as well. They tell him that if he wants to hang with them, he will have to use too. Alex really doesn't want to get into drugs, but neither does he want to lose his friends.

Do Alex's friends still have the same qualities they had before they started to use? How have they changed?

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What would you do in Alex's situation?

PEER PRESSURE IS NOT A REASON TO BEGIN USING DRUGS!!!

### Curiosity:

Another reason some people start to take drugs is to check out what it is like.

#### Consider:

Susan was curious to find out what it would be like to try drugs. Some of the people she knew talked about how "cool" it was. Susan thought that if you were just trying, you wouldn't become addicted and could easily stop. So Susan tried. Now six months later, Susan is hooked on crack cocaine. She dropped out of high school, lost most of her friends and is into criminal activities to support her habit.

What do you think happened?

Are you aware of the dangers of trying any drug?

### Escape:

Some people start to drink and to take drugs so that they don't have to think about painful things.

#### Consider:

Jason has gone through some pretty tough times and experienced several painful events. He tries to avoid thinking about them by drinking alcohol whenever he can. He feels that drinking takes his mind off things and helps him to not care. However, he has

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to drink more and more these days to achieve that temporary effect and Jason is often depressed.

Do you think that Jason is at risk of developing a serious alcohol problem?

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Do you think that Jason's problems and painful memories are still the same after the effects of alcohol have worn off?

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What could Jason do to address his problems? Where could he turn for help?

Problems will not go away by drowning them in alcohol or other drugs. You will still have them when you sober up.

Remember that it is illegal for anyone under 21 to drink alcohol.

### Fitting In:

Some people start to take drugs to be a part of the crowd or to boost their self-esteem.

### Consider:

Emily's family moved to town two weeks ago. She is in her senior year in high school but doesn't know many people in her classes yet. She feels left out and thinks the other kids don't like her. This morning a couple of kids invited Lisa to go down to the park after school. Emily knows that these kids are doing drugs at the park. She thinks she would still like to go because maybe if she were to hang out with them and do the things that the other kids do, she might be accepted in her new school. Emily also believes that drugs might help her to be less shy and feel better about herself. But she is still scared. She knows that taking drugs is dangerous.

What do you think Emily should do?

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Do you think that Emily really would be accepted by other kids in her school if she started taking drugs?

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Do you think she would feel better about herself if she took drugs?

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What would you do in her situation?

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What could Emily do to make friends instead of using or hanging out with drug users?

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### TRYING DRUGS IS ALWAYS DANGEROUS!!!

- There are risks involved even in trying drugs. Even a first time experience could end with a car accident, violent behavior, damage to your health, etc.
- You can become addicted to drugs a lot quicker than you might think! Certain drugs are thought to be habit-forming from the first usage.

### Possible Signs of Addiction

- ❖ You get high more than two times a week
- ❖ You do it without thinking about whether you want to do it
- ❖ You don't have any friends who don't get high
- ❖ You're using more and more drugs to get the same high
- ❖ You get high on your own
- ❖ You get high just to get high – not to socialize

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Use the following quiz to test your knowledge about drugs.

### True or False

- \_\_\_\_\_ 1) Alcohol is a drug.
- \_\_\_\_\_ 2) Marijuana can cause a decrease in the male hormone, testosterone, and lower sperm production.
- \_\_\_\_\_ 3) Marijuana is psychologically addictive.
- \_\_\_\_\_ 4) Black coffee will help sober up a person who is drunk.
- \_\_\_\_\_ 5) Experimenting with "coke" for the first time is not dangerous.
- \_\_\_\_\_ 6) Sniffing glue, paint thinner, or other deliriants can cause serious brain damage.
- \_\_\_\_\_ 7) Frequent use of "coke" by injection can produce "coke bugs" - the sensation that insects or snakes are crawling under the skin.
- \_\_\_\_\_ 8) "Angel dust" is actually an animal tranquilizer.
- \_\_\_\_\_ 9) THC (the main chemical in marijuana) stays in the body for about one month after use.
- \_\_\_\_\_ 10) Drinking alcohol during pregnancy can cause birth defects in the unborn baby.

### Answers:

- 1) TRUE
- 2) TRUE.
- 3) TRUE.
- 4) FALSE.
- 5) FALSE.
- 6) TRUE
- 7) TRUE
- 8) TRUE
- 9) TRUE
- 10) TRUE

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### CONCERNED?

#### CHOOSE TO BE A FORCE FOR CHANGE

“What can I do?”

If you or someone you care about needs help, there is a lot that you can do! There are a number of treatments to choose from. The form of treatment will be determined by the drug a person is using, what the user is willing to go through to ‘kick the habit’, and sometimes, even how much time and money a user has to devote to the treatment. Some outpatient programs are free, some group therapy sessions are offered on a daily basis. Using some of the numbers listed below will allow you to get help for yourself or your friend:

Alateen/ Alanon, M-F, 10-3 p.m.	(781) 843-5300
Alcoholics Anonymous	(617) 426-9444
Southeast	(508) 775-7060
Worcester	(508) 752-9000
West	(413) 532-2111
Drug & Alcohol Referral Service	(800) 999-9999
MA Drug & Alcohol Hotline, 24 hrs	(800)-327-5050
Nat'l Alcohol & Drug Hotline, 24 hrs	(800) 252-6465

What's more, you can be a force for change in your community, your school, and in your life. Agencies exist that need YOU to get the message out about the desire to feel good without drugs, alcohol, or cigarettes. Calling some of the numbers below and getting involved will get you on your way to becoming a powerful voice for change in your own life and the lives of others!

S.A.D.D., Students Against Drunk Driving, (508) 481-3568. The only student-based activist organization dealing with underage drinking, drug abuse, and death due to drinking or drugging, and driving.

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**Department of Public Health – Tobacco Control.** (617) 624-5900. DPH offers community-based programs throughout Massachusetts that assist teens in their attempts to address cigarette, alcohol, and drug use in their schools, area businesses, and their communities.

**Girls Incorporated.** Girls Inc. offers a program called “friendly PEERsuasion” that teaches teens to educate each other about avoiding the hazards of alcohol, tobacco, and other drugs. It is the only substance abuse program that specifically targets girls. There are over 1, 000 affiliates throughout the country.

Girls Inc. programs in Massachusetts are located in:

Haverill		978-372-0771
Holyoke		413-532-6247
Lee	(Lee Youth Assn)	413-243-5535
Lowell		978-458-6529
Lynn		781-592-9744
Marlborough	(Boys and Girls Club)	508-485-4912
Pittsfield		413-442-5174
Springfield	(Springfield Girls Club)	413-739-4743
Springfield	(Carew Hills Girls Club)	413-736-1479
Taunton		508-824-9511
Worcester		508-755-6455

**Partnership for a Drug-Free America,** (212) 922-1560). A private, non-profit coalition organized to prevent drug use among kids. 405 Lexington Ave, 16<sup>th</sup> Flr. New York, NY 10174

**Massachusetts Prevention Centers.** Mass Prevention provides a wide range of resources to meet a variety of needs. Most notably, they offer individuals and community organizations the resource tools needed to build stronger neighborhoods as well as offer ways to address alcohol and drug abuse in schools and urban areas. Each office listed below covers more than a dozen cities and towns in its region.

Boston Region	95 Berkeley St., Boston, MA	(617) 423-4337
Greater Western Region	10 Main St., Florence, MA	(413) 584-3880
Greater Worcester Region	531 Main St., Worcester, MA	(508) 752-8083
Lower Pioneer Valley Region	110 Maple St., Springfield, MA	(413) 732-2009
Merrimack Valley Region	38 Prospect St., Lawrence, MA	(978) 688-2323
Metro/Southeast Region	942 W. Chestnut St., Brockton, MA	(508) 583-2350
Metro/ suburban Region	552 Mass Ave., Cambridge, MA	(617) 441-0700
Metrowest/ West Region	158 Union Ave., Framingham, MA	(508) 875-5419
North Shore Region	27 Congress St., Sale, MA	(978) 745-8890
Southeast Coastal Region	105 William St., New Bedford, MA	(508) 996-3147

**National Cocaine Hotline,** 1-800-COCAINE, or 800-262-2463. A referral service for drug treatment and prevention programs.

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Drug and Alcohol Hotline, 1-800-327-5050. Provides referrals for inpatient and outpatient treatment programs.

Bridge Over Troubled Waters, 617-423-9575. Offers youth assistance with referrals, counseling, short-term housing and employment.

FACTS YOU SHOULD KNOW

ALCOHOL AND SEDATIVE/HYPNOTICS

Drug Name	Trade Name	Street Names
<i>Barbiturates</i>		
Secobarbital	Seconal	Reds, red devils, seccies
Pentobarbital	Nembutal	Yellows, yellow jackets, yellow bullets
Amobarbital	Amytal	Blue heavens, blue dolls, blues
<i>Benzodiazepines</i>		
Diazepam	Valium	Vals
Chlordiazepoxide	Librium	Libs
	Xanax	
Rohypnol	Same	Date rapè drug, roofies, la rocha, forget pill, Mexican valium
<i>Non-Barbiturate Sedative-Hypnotics</i>		
Methaqualone	Quaalude, Sopor	Ludes, sopes, soapers, Qs
Ethchlorvynol	Placidyl	Green Weenies
Methaprylon	Noludar	Noodlelars
Gamma Hydroxybutyrate	GHB	Liquid ecstasy, Georgia Home Boy, Grievous bodily harm, scoop,

Somatomax

(GHB is a colorless, odorless, salty-tasting liquid used frequently at Raves. Produces a psychedelic high, a sense of relaxation, and mild euphoria. Risks include: headache, muscle stiffness, seizures, respiratory failure, coma, and death. Alcohol significantly increases the risks of the drug.)

Symptoms

Acute Use:

Behavioral:

- Euphoria
- Disinhibition
- Relief of anxiety

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Physiological:

- Sedation, drowsiness to comatose
- Impaired motor coordination: slurred, staggering, sluggish, sloppy

Chronic Use:

Behavioral:

- Mood swings
- Anxiety
- Aggression

Physiological:

- Impotence in males
- Malnutrition
- Tolerance
- Memory problems
- Fetal abnormalities

*Alcohol exclusively:* digestive ulcers, pancreatitis, gastric problems, liver and brain damage, cancer.

### Withdrawal Effects

- Anxiety
- Physical/emotional tremors
- Irregular heartbeat
- Hallucinations: visual, auditory, tactile
- Convulsions
- Coma
- Death

## STIMULANTS

Drug Name	Trade Name	Street Names
<i>Cocaine</i>		
Cocaine HCL (hydrochloride)	None	Coke, blow, toot, snow, girl, lady, C, candy cane, scorpion, Yeyo, paradise
Freebase Cocaine	None	Crack, rock, base, baseball, bazooko, beemers, bones, boulya, caviar, love, issues, Yale
<i>Amphetamines</i>		
d,l amphetamine	Benzedrine, Obetrol, Biphetamine	Crosstop, black beauties, whites, bennies, cartwheels, roses, turnarounds
Methamphetamine	Methadrine	Crank, Meth, Crystal, Ice, jugs, speed
Dextroamphetamine	Dexedrine	Dexies, Christmas trees, beans, brownies

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### Symptoms

*Acute Use:*

Physiological:

- Increased heart rate and blood pressure
- Dilated pupils
- Seizures

Behavioral:

- Euphoria, hyperstimulation
- Decreased appetite, increased wakefulness
- Enhanced feelings of control and power
- Enhanced mental and physical performance
- Sexual acting out, addiction

*Chronic Use:*

Physiological:

- Insomnia
- Alcohol or other drug use
- Skin picking/ulcerations
- Problems with memory, concentration
- Tolerance
- Bingeing or weight loss

Behavioral:

- Emotional and physical depression
- Craving
- Jitteriness, anxiety
- Mood swings
- Paranoia, psychosis

### Withdrawal Effects

*Short-Term Use:*

- Agitation
- Depression
- Extreme Drug Craving

*Long-Term Use:*

- Inability to Experience Pleasure
- Death

## OPIATES AND OPIOIDS

Drug Name	Trade Name	Street Names
<i>Opiates</i>		
Opium	Pantopon	"O", op, poppy
Codeine	Empirin	Number 4s, Number 3s, loads, sets, doors
Morphine	Varies	Murphy, morph, Miss Emma
Diacetyl Morphine	Heroin	Anti-freeze, bigH, boy, dooley, brown sugar, white boy, H, horse, juck, china white, smack, witch hazel, black tar
Oxycodone	Percodan, Tylox	Percs
<i>Opioids (Synthetic)</i>		
Methadone	Dolophine	Juice
Propoxyphene	Darvon, Darvocet	Pink lady, pumpkin seeds
Meperidine	Demerol	

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Symptoms

*Acute Use:*

Physiological:

- Inability to feel pain
- Constricted pupils
- Nausea
- Vomiting
- Dry mouth and skin
- Decreased heart rate, blood pressure

Behavioral:

- Sleepiness
- Sedation

*Chronic Use:*

Physiological:

- Intolerance of physical/emotional pain
- Dryness of skin, mouth, digestive system (constipation)
- Tolerance
- HIV and hepatitis infection due to needle sharing
- Decreased appetite

Behavioral:

- Decreased sexual interest
- Emotional irritability

Withdrawal Effects

- Biologically-based pain (physical and emotional)
- Flu-like symptoms:
  - Runny nose, watery eyes
  - Goose flesh
  - Profuse perspiration
  - Dilated pupils
  - Stomach cramps/diarrhea

PSYCHEDELICS

Drug Name	Trade Name	Street Names
LSD	Lysergic acid diethylamide	Acid, gooney birds, Ozzie's stuff, blotter, trip, Lucy, ghost, sugar
Mushrooms	Psilocybin	Shrooms, magic mushrooms
Peyote cactus	Mescaline	Mesc, peyote, buttons
MDA, MDMA, MDM	Methylene-dioxy amphetamine	Love drug, XTC, ecstasy, Adam, Eve
Marijuana		Weed, reefer, doobie, herb, ganja, chiba, Philly blunts, J, Maryjane, snop, boo, pot, grass, bud
PCP	Phencyclidine	Angel dust, goon, whack, crazy coke, crystal T, dust joint, zoom, special K, mint leaf, killer weed, ketamine
Dimethyltryptamine	DMT	Yopa, cohoba
(Has similar effects/risks as LSD, but wears off in less than an hour and carries an increased risk of anxiety attacks)		

## Independent Living Skills Module II Symptoms

### Physiological:

Drooling  
Chills  
Sweating  
Headaches  
Nausea  
Vomiting  
Flashbacks with chronic use

### Behavioral:

Yawning  
Laughter, euphoria  
Distortion of sensory perception (time, space, light,  
sound, color, body feeling)  
Feeling of mind expansion, heightened awareness  
Rapidly changing emotional states  
Pseudohallucination  
Hallucination  
Panic

## INHALANTS

### *Volatile Solvents*

- gasoline, kerosene
- alcohol
- lighter fluid
- correction fluid
- nail polish remover
- airplane glue
- cleaning fluids
- antifreeze

### *Aerosol Sprays*

- metallic spray paints
- freon
- hairspray
- fluoride-based sprays
- vegetable oil

### *Organic Nitrates*

- amyl nitrate (Locker Room)
- butyl nitrate (Rush)

### *Street Names*

Ames, boppers, pearls  
Poppers, snappers, climax

### *Anesthetics*

- nitrous oxide ("laughing gas")
- whipped cream containers
- dry cleaning fluid

Laughing gas, buzz, bomb, whippets

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### Symptoms

#### *Acute use:*

- Numbness or "blankness"
- Chemical odor on clothes or breath
- Dried glue or ring around nose or mouth
- Runny nose, red or watery eyes
- Dilated pupils
- Dizziness, stupor
- Slobbering
- Inability to think or act clearly
- Distorted/disturbed vision
- Lack of muscle and reflex control

#### *Chronic Use:*

- Drastic weight loss
- Loss of memory
- Central nervous system damage
- Possibly permanent damage to liver, kidneys, blood, bone marrow, eyes, mucous membranes, and lungs
- Death ("Sudden sniffing death" from heart failure)

### Withdrawal

- Not physically addictive
- Psychological dependence very common
- In treatment, inhalant abusers have lowest rate of recovery

## Independent Living Skills Module II

### HERBAL DRUGS

(These drugs are unregulated by the Food and Drug Administration and their effects and proper dosages are unknown.)

Drug Name	Trade Name	Key ingredient in products found on the market:
Ma Huang	Ephedrine/ Ephedra	Cloud 9, Herbal Ecstasy, Ultimate Xphoria

Marketed as a natural energy booster. Also found in decongestants, asthma medications, herbal formulas and teas, and dietary supplements. High doses have serious side effects, including death. Combining Ephedra with decongestants or MAO inhibitor antidepressants can be fatal. Even combining it with caffeine puts a lot of strain on the heart.

Corynanthe Yohimbe                      Yohimbe

Found in health stores as a "natural" drug marketed to boost energy and sexual performance. Its major ingredient can cause fatigue, liver damage, and skin rashes. When mixed with over-the-counter drugs containing phenylpropanolamine, such as decongestants and diet aids, it can lead to seizures and death.

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### "DATE RAPE DRUGS"

Two types of drugs are currently in wide circulation and worthy of further mention in this section. They are referred to as "date-rape-drugs" because they are frequently the drugs of choice for people at raves or clubs who are trying to take advantage of unsuspecting partygoers.

GHB (a.k.a. liquid ecstasy, grievous bodily harm, georgia home boy) can come in powder, tablet, capsule, and clear liquid forms. When it is slipped into an alcoholic drink, it can become even more toxic. GHB is increasingly involved in poisonings, overdoses, date rapes, and fatalities.

Rohypnol (a.k.a. roofies, La Rocha, Mexican valium, rope, forget pill) is a tranquilizer like Valium, but it is 10 times more potent. It produces amnesia, muscle relaxation, and slowing of movement. These effects can last up to 8 hours. It has been slipped into drinks at raves and nightclubs to cause a sedative effect, earning its reputation as a date rape drug. Withdrawal symptoms range from headaches, muscle pain, and confusion, to hallucinations and convulsions. Seizures can occur a week or more after one has stopped using the drug.

**BOTTOM LINE:** Be extra alert when drinking anything, even soda, with people you don't know very well, and watch for strange effects such as dizziness and confusion after a drink. And never, every, ever, leave your glass unattended

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### Alcohol

Alcohol (beer, wine and liquor) is the most commonly abused drug in the United States. Over a billion dollars are spent every year to address the ill effects of the abuse of this particular drug.

Studies show that more than half of all 8<sup>th</sup> graders and 8 out of 10 12<sup>th</sup> graders report having tried alcohol. Many teenagers also report binge drinking (defined as 5 or more drinks in a sitting). In 1998, 30% of 12<sup>th</sup> graders surveyed reported having been drunk in the past. (Source: Monitoring the Future, 1998).

The short-term effects of alcohol use can be dizziness, talkativeness, giddiness, slurred speech, hangovers, disturbed sleep, nausea, and vomiting. Long-term effects include permanent damage to vital organs such as the brain and liver. Excessive alcohol use in a single drinking episode can even cause death due to alcohol poisoning.

While alcohol may make you feel "buzzed", more relaxed and confident, in reality it is connected to several very disturbing statistics. More Americans are addicted to alcohol than all other drugs combined. In the 15-24 year age, 50% of deaths (from accidents, homicides, and suicides) involve alcohol or drug abuse. Also, children and siblings of alcoholics are *seven* times more likely to suffer from alcoholism than the children and siblings of non-alcoholics. So if you have a close relative who is an alcoholic, it is even more important that you make smart decisions about drinking.

**In the state of Massachusetts, drinking is illegal for anyone under the age of 21, yet a large percentage of youth experiment with alcohol every year. The risks are very real. With alcohol and all other drugs, know the facts and make a wise choice for your life.**

## Independent Living Skills Module II

As you have seen clearly in the previous pages, all drugs are harmful and often have deadly consequences. Unfortunately, drugs are available in too many places. Some people might try to pressure you to take drugs, or circumstances in your own life might make you more vulnerable to the temptation of drugs. Therefore, it is incredibly important for you to think about how you would resist and avoid drugs.

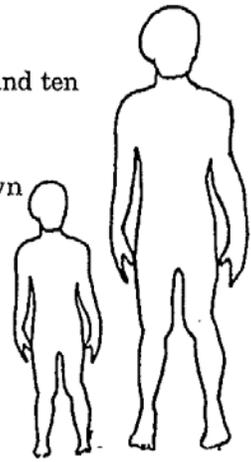
Fill out the chart below:

<p>I would say <u>no</u> to drugs by:</p> <p></p> <p></p> <p></p>
<p>My strategies to avoid drugs are:</p> <p></p> <p></p> <p></p>

Name \_\_\_\_\_

# Body Parts

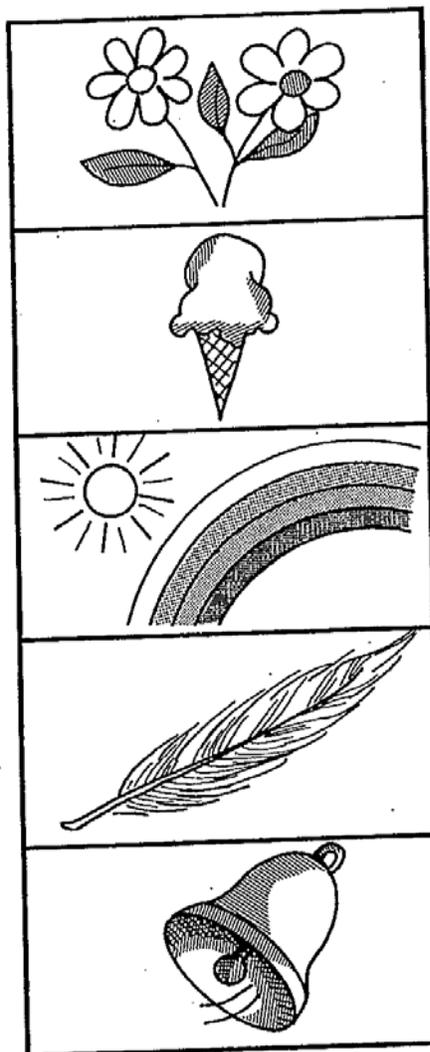
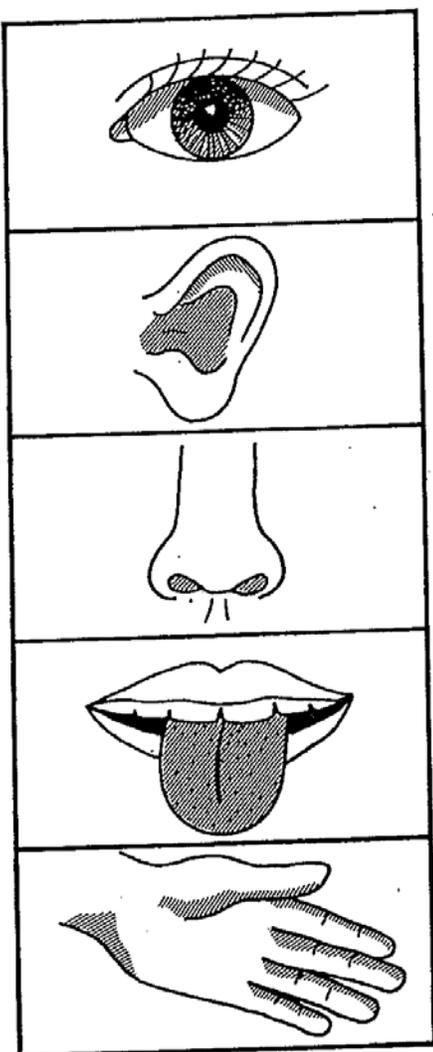
Let's start with my  head. On top, you see, it is covered with  hair. On each side of my head, I have an  ear, so I can hear you. I also have two big  eyes. They let me see you. My  nose is for smelling. My mouth has two  lips for kissing and licking. Inside it has  teeth for chewing and a  tongue for tasting my food. It lets me talk, too. My head sits on my  neck. It lets me look to my  left and  right and up and  up down.  down. Inside my  chest, my  heart beats  day and  night. When I eat, my  stomach fills with food. My two  arms can hug you, and with my two  hands and ten  fingers, I can catch a ball and write my name! And down  below, with those two  legs, two  feet, and ten  toes of mine, I sure do get around!



Name \_\_\_\_\_ Date \_\_\_\_\_

## Body Parts

Look at the pictures on the left and tell the body part shown. Then match each body part with the picture on the right of something it can do.



Now draw something on the back of this sheet that you can SEE, HEAR, SMELL, TASTE, or TOUCH right now!

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Independent Living Skills Module II

MINOR ILLNESSES

If you do not have any symptoms which indicate the need for medical attention, you might be able to treat minor illnesses with over-the-counter medication. However, always evaluate carefully whether or not you should see a medical professional. If any symptoms persist, you need to get medical assistance! As with all prescription drugs, you need to read the instructions and warnings carefully before using any over-the-counter medication.



ACTIVITY

Visit your local pharmacy or drug store and research products designed to treat various minor illnesses. Record your findings in the chart below.

Minor Illness	Medication	Price	Possible Side Effects/ Warning Signs
Upset stomach			
Fever			
Common cold			
Headache			
Allergies			
Heartburn			
Others:			

## Independent Living Skills Module II

### Taking Care of Yourself

Making the right decisions about how to respond to illnesses and health problems is very important. Read the following examples and discuss with your social worker, staff, or foster parent how you would best handle the following situations.

You wake up in the morning with an upset stomach. You feel as if you have diarrhea and might vomit. What would you do?

You wake up in the middle of the night with a pounding headache. You are dizzy and have abdominal pain. You take your temperature and see that it reads 104°. What would you do?

You are on your way home from work and feel as though you are getting a cold. Though you don't have a fever, your muscles are aching and your sinuses are congested. What would you do?

You are watching TV in the early evening when, all of a sudden, you discover that you have a rash. You have a temperature of 100°. What would you do?

### First-Aid Scenarios 1—Kitchen Burn

In a small cramped kitchen, you and some friends are preparing a spaghetti dinner. The water is boiling and the pasta is now ready to be carried to the sink to drain. You pick up the pot of bubbling pasta water and start in the direction of the sink. The pot holder slips slightly, causing the water to splash on to your arm. The scalding water burns your forearm. You are experiencing a lot of pain, with a red, blistering burn on your arm. What is the appropriate first response?

What is the injury or illness you are treating? \_\_\_\_\_

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What is the appropriate first response?

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**First-Aid Scenarios**  
**2—Tennis**

You are playing tennis with your friend. You hear an older man on the court next to you say he hasn't played in quite awhile. He says his left arm and shoulder are a bit sore. Suddenly he grabs his chest. He stubbornly says he'll continue as soon as this passes. You go over to offer help. When you ask him to lie down in the shade he refuses because he says he feels nauseous. What are your next actions as first responder?

What is the injury or illness you are treating? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the appropriate first response?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**First-Aid Scenarios**  
**3—Soccer in the Park**

At a barbeque in the park, a pick-up soccer game starts up. You're having fun and really going for it at high speed. Suddenly you step in a hole and feel your ankle fold over. A burst of pain shoots through your lower left leg. The ankle joint swells and turns purple in minutes. What should the first-aid response be?

What is the injury or illness you are treating? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the appropriate first response?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**First-Aid Scenarios**  
**4—At the Food Court**

You are with friends at the mall. Everyone wants to go have short ribs at the Chinese place. During the meal there is lots of conversation and laughter. Josh starts to gag and looks panicked. He holds his throat and is not making any noise or coughing. What is the appropriate response?

What is the injury or illness you are treating? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is the appropriate first response?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**First-Aid Scenarios**  
**5—In Algebra Class**

Your class has been in session for about 15 minutes. The instructor is going over homework on the board. The student in the desk next to you suddenly becomes rigid and starts to jerk violently. The student slumps to the floor and the convulsing continues. You're next to a shelf stacked with books and other supplies. What is the appropriate response?

What is the injury or illness you are treating? \_\_\_\_\_

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What is the appropriate first response?

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Independent Living Skills Module II



Every home should have a First-Aid Emergency Kit. Do you? \_\_\_\_\_

What items do you think should be included in a first-aid kit?

In addition to the first-aid kit, what are some other items you should have in your home to care for minor medical problems or to provide emergency treatment until professional care can be obtained?

Did you think of these items for your first-aid kit:

- antiseptic cream or ointment
- Band-Aids (different sizes)
- gauze pads
- rubbing alcohol
- roll of gauze bandages
- scissors
- white tape
- cotton balls

Other important household medical care items include:

- aspirin
- Ipecac Syrup
- non-aspirin pain reliever
- tweezers
- oral thermometer

# Health Information Form-for Adults

A. Identification				B. Emergency Contacts			
Name (Last)		(First)	(Middle)	In Case of Emergency, Notify: Primary Contact			
				Name (last)		(First)	(Middle)
Maiden Name							
Primary Address				Relationship			
City	State	Zip	Country	Address			
Alternate Address				City	State	Zip Code	Country
City	State	Zip Code	Country	Home Phone		Work Phone	
Home Phone		Work Phone		Cell Phone		Email Address	
Cell Phone		Email Address					
Date of Birth		Sex:		In Case of Emergency, Notify: Secondary Contact			
		<input type="checkbox"/> Male <input type="checkbox"/> Female		Name (last)		Name (middle)	Name (first)
Height	Weight	Eye Color	Hair Color				
Race		Birthmark/Scars		Relationship			
Blood/RH Type	Special Conditions	Marital Status	Address				
Occupation				City	State	Zip Code	Country
Company Name				Home Phone		Work Phone	
City	State	Zip Code	Country	Cell Phone		Email Address	
Phone Number		Languages Spoken		In Case of Emergency, Notify: Medical Contact			
Primary Health Insurance Carrier		Policy Number		Doctor (Indicate Specialty)			
Secondary Health Insurance Carrier		Policy Number					
				Phone Number			

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# Health Information Form-for Adults

Dentist	Telephone Number
Pharmacy	Telephone Number

## C. Healthcare Provider

Healthcare Provider Specialty	Primary Care Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Emergency Phone No.(after hours)
Name		Email Address	
Group or Association		Fax	
Address		Web Address/URL	
City	State	Zip Code	Country

Healthcare Provider Specialty	Primary Care Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Emergency Phone No.(after hours)
Name		Email Address	
Group or Association		Fax	
Address		Web Address/URL	
City	State	Zip Code	Country

Healthcare Provider Specialty	Primary Care Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Emergency Phone No.(after hours)
Name		Email Address	
Group or Association		Fax	
Address		Web Address/URL	
City	State	Zip Code	Country

# Health Information Form-for Adults

Healthcare Provider Specialty	Primary Care Physician <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	Emergency Phone No.(after hours)
Name		Email Address	
Group or Association		Fax	
Address		Web Address/URL	
City	State	Zip Code	Country

## D. Insurance Providers

Insurance Provider Type				E-mail Address	Fax
Company Name				Web Address/ URL	
Address				Primary Insured Person-Name	Social Security No.
City	State	Zip Code	Country	Name of Employer	
Contact - Name		Phone		Address	
Identification-Group Number		Member(ID) Number		City	State
Contact Information-Phone		Emergency Phone No.(after hours)		Zip Code	Country
				Phone Number	

Insurance Provider Type				E-mail Address	Fax
Company Name				Web Address/ URL	
Address				Primary Insured Person-Name	Social Security No.
City	State	Zip Code	Country	Name of Employer	
Contact-Name		Phone		Address	
Identification-Group Number		Member(ID) Number		City	State
Contact Information-Phone		Emergency Phone No.(after hours)		Zip Code	Country
				Phone Number	

Insurance Provider Type				E-mail Address	Fax
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# Health Information Form-for Adults

Company Name				Web Address/ URL:			
Address				Primary Insured Person-Name		Social Security No.	
City	State	Zip Code	Country	Name of Employer			
Contact-Name		Phone		Address			
Identification-Group Number		Member(ID) Number		City	State	Zip Code	Country
Contact Information-Phone		Emergency Phone No.(after hours)		Phone Number			

## E. Legal Documents/Medical Directives

<input type="checkbox"/> Living Will <input type="checkbox"/> Durable Power of Attorney for Healthcare <input type="checkbox"/> Power of Attorney				Fax			
Document Location (Physical Location)				Contact (Name of person who has access to the document)			
Location Name (for example Bank of America)				Address			
Address				City	State	Zip Code	Country
City	State	Zip Code	Country	Contact Information			
Legal Representative (Name of person who you have assigned legal authority)				Home Phone		Cellular Phone	
Address				Pager		E-mail Address	
City	State	Zip Code	Country	Work Phone		Work E-mail Address	
Contact Information				Fax			
Home Phone		Cellular Phone		Date Filed			
Pager		E-mail Address		Organ Donation:			
Work E-mail Address		Work Phone		Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No		State Where Registered	

<input type="checkbox"/> Living Will <input type="checkbox"/> Durable Power of Attorney for Healthcare <input type="checkbox"/> Power of Attorney				Fax			
Document Location(Physical Location)				Contact ( Name of person who has access to the document)			

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# Health Information Form-for Adults

Location Name (for example Bank of America)				Address			
Address				City	State	Zip Code	Country
City	State	Zip Code	Country	Contact Information			
Legal Representative (Name of person who you have assigned legal authority)				Home Phone		Cellular Phone	
Address				Pager		E-mail Address	
City	State	Zip Code	Country	Work Phone		Work E-mail Address	
Contact Information				Fax			
Home Phone		Cellular Phone		Date Filed			
Pager		E-mail Address		Organ Donation:			
Work E-mail Address		Work Phone		Organ Donor <input type="checkbox"/> Yes <input type="checkbox"/> No		State Where Registered	

## F. Medical History (Check appropriate)

	Date of Onset		Date of Onset
<input type="checkbox"/> Acquired Immunodeficiency Syndrome (AIDS) or HIV Positive:		<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Arthritis		<input type="checkbox"/> Hypoglycemia	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Jaundice	
<input type="checkbox"/> Bronchitis		<input type="checkbox"/> Kidney Disease	
<input type="checkbox"/> Cancer		<input type="checkbox"/> Low Blood Pressure	
<input type="checkbox"/> Chlamydia		<input type="checkbox"/> Mental Retardation	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Pain or Pressure in Chest	
<input type="checkbox"/> Dizziness		<input type="checkbox"/> Palpitations	
<input type="checkbox"/> Emphysema		<input type="checkbox"/> Periods of unconsciousness	
<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Rheumatic Fever	
<input type="checkbox"/> Eye Problem		<input type="checkbox"/> Rheumatism	
<input type="checkbox"/> Fainting		<input type="checkbox"/> Seizures	
<input type="checkbox"/> Frequent or Severe Headaches		<input type="checkbox"/> Shortness of Breath	
<input type="checkbox"/> Glaucoma		<input type="checkbox"/> Stomach Liver or Intestinal Problems	
<input type="checkbox"/> Gonorrhea		<input type="checkbox"/> Syphilis	
<input type="checkbox"/> Hearing Impairment		<input type="checkbox"/> Tuberculosis	
<input type="checkbox"/> Heart Condition		<input type="checkbox"/> Tumor	
<input type="checkbox"/> Hemodialysis		<input type="checkbox"/> Thyroid Problems	

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# Health Information Form-for Adults

<input type="checkbox"/> Herpes		<input type="checkbox"/> Urinary Tract Infection	
<input type="checkbox"/> High Blood Cholesterol		<input type="checkbox"/> Other	

## G. Infectious Diseases

Disease	Age	Date	Remarks
Chicken Pox			
Hepatitis			
Measles			
Mumps			
Pertussis /Whooping Cough			
Pneumonia			
Polio			
Rubella			
Scarlet Fever			
Other			

## H. Immunizations

Immunization for	Booster 1		Booster 2		Booster 3	
	Age	Date	Age	Date	Age	Date
Diphtheria						
Hepatitis B						
Measles						
Mumps						
Pertussis/Whooping Cough						
Polio						
Rubella						
Smallpox						
Tetanus						
Tuberculosis						

# Health Information Form-for Adults

Typhoid						
Other						

## I. Allergies/Drug Sensitivities

Allergy/Sensitivity Type <i>(include medications foods environmental or other)</i>	Reaction	Date last Occurred	Treatment

# Health Information Form-for Adults

## J. Family Member History

	Mother	Father	Sibling(s)	Grandparent(s)	Children
Enter ages of relatives					
If deceased, indicate age and cause of death					
Check all items that apply for their present state of health or any illnesses they have had					
Alcoholism					
Arthritis					
Asthma					
Cancer					
Diabetes					
Emphysema					
Glaucoma					
Heart Condition					
Hemodialysis					
Hepatitis					
High Blood Cholesterol					
High Blood Pressure					
Kidney Disease					
Mental Retardation					
Rheumatic Fever					
Seizures					
Smoking					
Stomach Liver or Intestinal Problems					
Stroke					
Thyroid Disorders					
Tuberculosis					
Tumor					

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# Health Information Form-for Adults

## N. Doctor Visits

Date	Doctor	Reason	Diagnosis

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# Health Information Form-for Adults

O. Hospitalizations		
Hospitalization Type (includes emergency room visits)		Diagnosis
Admission Date	Discharge Date	
Doctor		
Hospital		
Reason		Complications

Hospitalization Type (includes emergency room visits)		Diagnosis
Admission Date	Admission Date	
Doctor		
Hospital		
Reason		Complications

Hospitalization Type (includes emergency room visits)		Diagnosis
Admission Date	Discharge Date	Admission Date
Doctor		
Hospital		
Reason		Complications

# Health Information Form-for Adults

## P. Surgeries

Date	Doctor	Results
Hospital		
Surgical Procedure		
Description		Comments

Date	Doctor	Results
Hospital		
Surgical Procedure		
Description		Comments

Date	Doctor	Results
Hospital		
Surgical Procedure		
Description		Comments

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# Health Information Form-for Adults

## Q. Lab or Imaging (Examples: X-ray, MRI, Mammogram)

Test Type	Date	Test Type	Date
Requesting Doctor	Administered by	Requesting Doctor	Administered by
Reason		Reason	
Result		Result	

Test Type	Date	Test Type	Date
Requesting Doctor	Administered by	Requesting Doctor	Administered by
Reason		Reason	
Result		Result	

## R. Medical Devices (Examples: pacemaker, insulin pumps, breathing devices)

Device Type	Doctor	Device Type	Doctor
Hospital	Date	Hospital	Date
Reason		Reason	

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# Health Information Form-for Adults

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## S.Physical/Occupation Therapy

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Therapy Type	Start Date	Stop Date	Frequency	Therapist

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# Health Information Form-for Adults

## T. VISION

Date of Visit	Physician	Date of Visit	Physician
Vision RX		Vision RX	
Date of Visit	Physician	Date of Visit	Physician
Vision RX		Vision RX	

## U. Dental Health

Date of Visit	Dentist	Problems	Resolution