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Helping communities collaborate and support a non-formal tobacco-free education program for youth ages 8 to 12.
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HEALTH ROCKS!®
INTRODUCTION

WHAT IS HEALTH ROCKS!®?

HOW TO USE THIS CURRICULUM

PLANNING GUIDE
WHAT IS HEALTH ROCKS®?

Health Rocks® is a series of leader’s curricula for a healthy living program aimed at 8 to 10 year olds, with the goal of bringing youth, families and communities across the United States together to reduce tobacco, alcohol and drug use by youth. This beginning-level Guide provides information and activities targeted at 8 to 12 year olds.

DRUGS - Reference to drugs includes those drugs not permitted by law (illegal) and lawful drugs (prescription or over-the-counter) which are obtained or used illegally unless otherwise specified.

4-H has worked for decades to help younger youth develop skills that serve them for life. Some of these skills — such as communicating with others, relating to change and responsible decision making — help younger youth develop internal strength to resist risky behaviors. A healthy living program built upon the strong foundations of life skill development and decision making, results in a program that truly reduces tobacco, alcohol and drug use by younger youth.

Younger youth who have personal social skills and competencies are more resistant to substance abuse. Ultimately, we want them to make knowledgeable decisions about tobacco, alcohol and drug use and to understand the consequences of their choices. By understanding the facts, younger youth are more likely to make healthy decisions and less likely to be influenced by peer pressure, the media and other emotional factors.

IMPLICATIONS FOR THE HEALTH ROCKS® PROGRAM

Chances are at least some of the 8 to 12 year olds you’ll be working with in this program level have tried tobacco, alcohol, or some type of drug. Participants at the younger end of this age range are definitely on the edge of deciding whether to experiment with substances. Many may have family members who use tobacco products, drink alcohol, use illegal drugs, or misuse prescription or over-the-counter drugs.

PROGRAM GOALS:

- Reduce youth smoking and tobacco use.
- Help youth build life skills which lead to healthy lifestyle choices with special emphasis on youth smoking and tobacco use prevention.
- Help youth understand influences and health consequences of tobacco, drug and alcohol use to make healthy choices.
- Engage youth and adults in partnership to develop and implement community strategies that promote healthy lifestyle choices.
- Build positive, enduring relationships, with youth involved as full partners, through widely varying “communities of interest” to address youth risk behaviors.
Understand that younger youth are not only wrestling with issues of substance experimentation and use, they are trying to figure out who they are and how they fit into life in general. Helping them develop the know-how and skills helps protect them. Younger youth are good by nature and need strong support to develop healthy lives.

**YOUNGER YOUTH AND RISK**

Younger youth often engage in behaviors that threaten their development. The Centers for Disease Control and Prevention (CDC) developed the Youth Risk Behavior Surveillance System (YRBSS) to monitor priority health risk behaviors that contribute to the leading causes of death, disability and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include:

- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.
- Alcohol and other drug use.
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection.
- Behaviors that contribute to unintentional injuries and violence.¹

The focus of this curriculum is tobacco, alcohol and drugs. However, other factors are included. It is important that younger youth realize they have a lot to lose by engaging in risky behaviors. Younger youth who are focused on future goals and supported by life skills and decision-making abilities, are less likely to sabotage their health and future.

**HOW TO USE THIS CURRICULUM**

**TEENS AS VOLUNTEER LEADERS**²

*Health Rocks!* is designed to be taught by teens and adults working as partners. "Teens as Volunteer Leaders" is a proven model for involving teens in delivering curriculum and programs to younger youth. This cross-age approach is highly effective in building leadership and life skills in both teens and younger youth who participate in the program. Younger youth respond well to teen instructors who provide a positive role model. This can be especially beneficial when talking about issues such as tobacco, alcohol and drug use.

In addition to benefiting program participants, teen leaders benefit from working in partnership with caring adults. This partnership allows teen leaders to explore and try out new roles and new skills in a safe environment. More information on “Teens and Volunteer Leaders” and “Training Teens to Deliver Programs” can be found in: *Teens as Volunteer Leaders: Recruiting and Training Teens to Work with Younger Youth in After School...*
LEADER TRAINING

Appendix D provides a sample Training Outline for use with teen and adult partners implementing Health Rocks!. By participating in organized training, teen and adult facilitators are able to experience activities and practice skills prior to working with participants. This will also allow for an assessment of teaching strengths along with feedback on areas which may need improvement or better coordination between partners.

It is important to establish participation ground rules during training and with youth participants during implementation. Youth participants need to be comfortable expressing themselves in a judgment-free and supportive environment.

Appendix D provides some teaching tips that may enhance the teen and adult partnership and help them build on their teaching strengths.

TARGET AUDIENCE

Health Rocks! is designed to be used in a variety of educational settings and in a variety of different ways. Materials can be used in 4-H Clubs, after-school settings, in classrooms, or with special interest groups. The recommended age is 8 to 12 years; however, this age range is just a guideline. Some participants may be older, but may function at a younger developmental level. They are ideal participants for Health Rocks! activities and learning experiences can be easily adapted to meet the needs of specific groups.

Please refer to the policies and procedures at your university, school or organization regarding informed parental consent before implementing this curriculum.

It is extremely important for teens and adults teaching the program to have an understanding of how younger youth think, feel and act. In addition to chronological age, younger youth also have a physical, mental, emotional and social age. These different developmental ages mean that development and ability to perform tasks will vary. While some younger youth may perform ahead of others in some aspects, they may be behind in others.

The following chart (taken from page 44 of Teens as Volunteer Leaders: Recruiting and Training Teens to Work with Younger Youth in AfterSchool Programs) describes the Characteristics of Youth Grades 4-6.
CHARACTERISTICS

Physical
Growth continues at a steady rate. Small muscles have developed so they can do activities such as hammering, sawing, playing musical instruments, etc. By the end of this period, they may be as coordinated as an adult, although lapses of awkwardness are common.

IMPLICATIONS FOR PROGRAMMING
Provide for lots of physical involvement. Use hands-on activities that allow younger youth to make and do things.

Social
Peer influence grows. To be accepted by peer group is rewarding. Peer group can become a club, gang, or secret society. Prejudice can develop during this period. Independence from adults increases. Discusses and evaluates others, develops a concept of "fair" and "unfair" as it relates to others.

Provide activities through clubs and group activities. Use activities that allow the younger youth to make decisions about what they make, do, and use. Group younger youth in same sex groups when possible.

Emotional
Growing independence. Beginning of disobedience, back-talk, and rebelliousness. Common fears are the unknown, failure, death, family problems, and non-acceptance. Concept of right and wrong continues to develop. Sense of humor develops. Concept of self is enhanced by feelings of competence. Strong attachment to their own sex and shows antagonism toward opposite sex.

Don't compare younger youth to one another. Emphasize progress and achievement.

Intellectual
Reading becomes an individual experience. Abstract thought is possible and plans can extend over several weeks. Activities can be evaluated with insight. Attention span increases. Ability to understand "Why?"

Use short, simple instructions. Include real-life objects when teaching and involve their senses when possible.
EXPERIENTIAL LEARNING

Hands-on learning experiences have long been recognized as an effective way to help youth of all ages learn. *Health Rocks!* is designed using experiential learning to actively engage learners, while encouraging them to think for themselves, work hard and ultimately learn more. The Experiential Learning Model is presented below:

EXPERIMENTAL LEARNING MODEL

EXPERIENCE - Describe the activity you'll have participants do. Encourage them to think about what they might see or what might happen. Then, let participants experience the activity; perform or do it.

SHARE - Ask questions about the activity and the experience after they've completed it. Participants describe the results and their reactions.

PROCESS - Ask questions about something that was important about the experience. Participants analyze the experience and reflect upon the results.

GENERALIZE - Now apply the results to real-world examples. Ask questions to help participants connect subject matter to life skills and the bigger world.

APPLY - Help participants apply what they have learned to their lives. Give them opportunities to practice these new skills or use new information.
PROJECT ORGANIZATION

*Health Rocks!* is divided into three sections:

- All About Me
- What Influences Me
- Taking it Beyond Me

These sections are designed to help participants build on their knowledge of tobacco, alcohol and drugs, and how they made decisions related to these substances. The curriculum addresses outside influences on behavior choices, such as peer pressure and the media. Finally, the curriculum moves participants to a larger perspective by focusing on their commitment to long-term healthy life choices and empowering their community to become involved in the movement.

While activities can be used individually, you may find it useful to use them in sequence as the topics build on one another. Each chapter begins with an Overview that provides background information. You can supplement with information from resources listed in Appendix B. Throughout this curriculum, national data about tobacco, alcohol and drug use are given. While current when this curriculum was written, you may want to check current data and statistics. Because local data and statistics are very powerful, you may also want to include references to this information. Sources of information are included in Resources (Appendix B) or may be acquired from your state health department. A Glossary (Appendix C) contains familiar and unfamiliar words or terms with definitions as they relate to the curriculum.

A *Summing Up* handout and *What Do You Know* evaluation are located at the end of each chapter. *Summing Up* restates the highlights of the chapter and can be sent home with the participants. The evaluation helps reinforce what you have been teaching and helps see if participants have gained knowledge. There is a Retrospective Impact Evaluation (Appendix A) at the end of the guide. It is designed to be completed after all sessions. It will measure what the participants learned from the time the program started until the end.
SETTING THE STAGE FOR PROGRAMMING WITH ESSENTIAL ELEMENTS

To create the most positive environment for Health Rocks!, it's important to set the stage for positive youth development and learning. Here are some important things that should be in place to help younger youth acquire the skills and abilities they need:

**Belonging**
*An Positive Relationship With a Caring Adult.* This caring adult can be an instructor, mentor, or other volunteer. Such relationships provide warmth, closeness, caring, support and good communication.

*An Emotionally and Physically Safe Environment.* The program should protect participants from physical or emotional harm. Such environments have clear and consistent rules, structure, continuity and predictability.

*An Inclusive Environment.* Your program should be marked by a sense of belonging for all who attend, encouraging and supporting participants with positive and specific feedback. Healthy groups celebrate the success of all and take pride in the collective effort.

**Mastery**
*Opportunities for Mastery.* Everyone who participates in Health Rocks! should feel good about their abilities and skills. Mastery is the building of social, emotional, physical and intellectual skills, and then having opportunities to demonstrate proficiency. Mastery is developed over time, with repetition.

*Opportunities to Experience Engagement in Learning.* Your program can help younger youth understand the subject area and develop understanding. An engaged learner has a higher degree of self-motivation and a large capacity to create.

**Independence**
*Opportunities to See Oneself as an Active Participant in the Future.* Participants should be able to envision a future and see their role within it. Your program should help younger youth develop a sense of hope and a clear vision about the future.

*Opportunities for Self-Determination.* Younger youth should become independent, empowered, and develop a sense of self-worth. They need to develop a personal sense of influence over their lives and exercise their potential to become self-directed teens and adults.
**Generosity**

*Opportunities to Value and Practice Service to Others.* *Health Rocks!* can help younger youth provide service to others, which helps them gain exposure to the larger community. Service to others helps them develop positive ethics and values.

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**LIFE SKILLS**

Life skills are the abilities that assist us in leading productive and satisfying lives and help us function well in the environments in which we live.

In the *Health Rocks!* curriculum there are a number of life skills that are taught. These are similar to life skills that are addressed in other 4-H programs. They include:

- information gathering
- analyzing information
- critical thinking
- decision making
- goal setting
- planning/organizing
- problem solving
- consequences of actions
- communication
- concern for others
- contributions to group effort
- healthy life choices
- managing feelings
- personal safety
- responsible citizenship
- self-responsibility
- sharing
- social responsibility
- social skills
- stress management
- teamwork
- using scientific methods

The activities in *Health Rocks!* help participants develop these life skills. Each activity identifies the major life skills that are being met.
These standards were developed by the Joint Committee on National Health Education Standards sponsored by the American Cancer Society. They provide program goals for all grade levels. Each activity in this curriculum identifies the health education standard being addressed.

<table>
<thead>
<tr>
<th>STANDARD</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Students will comprehend concepts related to health promotion and disease prevention to enhance health.</td>
</tr>
<tr>
<td>2</td>
<td>Students will analyze the influence of family, peers, culture, media, technology, and other factors in health behaviors.</td>
</tr>
<tr>
<td>3</td>
<td>Students will demonstrate the ability to access valid information and products and services to enhance health.</td>
</tr>
<tr>
<td>4</td>
<td>Students will demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.</td>
</tr>
<tr>
<td>5</td>
<td>Students will demonstrate the ability to use decision-making skills to enhance health.</td>
</tr>
<tr>
<td>6</td>
<td>Students will demonstrate the ability to use goal-setting skills to enhance health.</td>
</tr>
<tr>
<td>7</td>
<td>Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks.</td>
</tr>
<tr>
<td>8</td>
<td>Students will demonstrate the ability to advocate for personal, family, and community health.</td>
</tr>
</tbody>
</table>
IN VolVING FAMILIES AND COMMUNITIES
Younger youth experience risk and protective factors across the domains of individual, family, peer, school and community. In other words, these ‘worlds' work together to either protect or pressure them as to tobacco, alcohol, drugs and other risks.7

Several studies indicate that parents play an important role in prevention. Since younger youth learn the majority of social skills at home, it makes sense that the quality of family relationships influences whether younger youth use tobacco, alcohol, or drugs. For these reasons, it is important to involve families in Health Rocks! at every opportunity.

The community also plays a big role in the development of younger youth. It is important that families and communities rally together to provide appropriate support for the development of life skills and decision making in future citizens and leaders. Within each section of this curriculum there are activities targeted toward family and community involvement. Partnering with other community organizations in the delivery of Health Rocks! can provide community-wide resources and support.
SECTION 1: ALL ABOUT ME

CHAPTER 1:
KEEPING HEALTHY

Activity 1A: Is That a Fact?
- Younger youth will learn actual numbers of their peers (youth statistics) who are using any drug illegally.
- Life Skills: healthy life choices, analyzing information
- National Health Education Standard 1
- 30 minutes

Activity 1B: Is It Legal or Is It Illegal?
- Younger youth will identify harmful versus helpful drugs and legal versus illegal drugs.
- Life Skills: teamwork, healthy life choices
- National Health Education Standard 3
- 30 minutes

Activity 1C: Take a Deep Breath
- Younger youth will learn about the health and cosmetic effects of using drugs and experience how smoking affects lung capacity.
- Life Skills: healthy life choices, concern for others, using scientific methods
- National Health Education Standard 1
- 30 minutes

Activity 1D: It's Risky Business
- Younger youth will describe specific health risks associated with using tobacco, alcohol, or drugs and identify personal health priorities.
- Life Skills: self-responsibility, personal safety
- National Health Education Standard 7
- 45 minutes

Activity 1E: Running Free!
- Younger youth will understand about addictions and experience how addictions might feel.
- Life Skills: healthy life choices, analyzing information
- National Health Education Standard 1
- 30 minutes

CHAPTER 2:
YOU CHOOSE!

Activity 2A: Should I or Shouldn't I?
- Younger youth will learn decision-making steps and identify options when a decision needs to be made.
- Life Skills: problem solving, decision making
- National Health Education Standard 5
- 30–45 minutes

Activity 2B: Don't Get Dragged Down
- Younger youth will predict consequences of each option and choose a healthy option when making a decision.
- Life Skills: problem solving, decision making
- National Health Education Standard 5
- 60 minutes

Activity 2C: Let Your Head Rule
- Younger youth will use decision-making skills and identify how emotions affect decision making.
- Life Skills: critical thinking, managing thinking, decision making
- National Health Education Standard 5
- 45 minutes

Activity 2D: Putting It All Together
- Younger youth will use decision-making skills.
- Life Skills: critical thinking, decision making, problem solving
- National Health Education Standard 5
- 45 minutes
SECTION 1: ALL ABOUT ME

CHAPTER 3: DEALING WITH DIFFICULT SITUATIONS

Activity 3A: Keeping It All Together
- Younger youth will identify sources of stress in their lives.
- Life Skills: stress management, concern for others, teamwork
- National Health Education Standard 7
- 30 minutes

Activity 3B: The Chains That Bind
- Younger youth will identify sources of stress in their lives, implement options for relieving stress, learn ways to manage stress positively and help others overcome stress in healthy ways.
- Life Skills: stress management, concern for others
- National Health Education Standard 7
- 45–60 minutes

SECTION 2: WHAT INFLUENCES ME

CHAPTER 4: OH, THE PRESSURE!

Activity 4A: Circle of Friends
- Younger youth will increase their awareness of why people use tobacco, alcohol and drugs.
- Life Skills: social skills, healthy life choices
- National Health Education Standard 2
- 45 minutes

Activity 4B: My Power Players
- Younger youth will identify and describe how family, peers, and others influence choices.
- Life Skills: self-responsibility, critical thinking
- National Health Education Standard 2
- 45 minutes

Activity 4C: How to Say “NO!”
- Younger youth will demonstrate verbal and non-verbal refusal skills to avoid tobacco, alcohol and drugs.
- Life Skills: communication, social skills
- National Health Education Standard 4
- 45 minutes

Activity 4D: The Choices That Matter
- Younger youth will identify and describe how family, peers, media and technology influence choices and identify good and bad choices and the consequences associated with those choices.
- Life Skills: consequences of actions, healthy life choices
- National Health Education Standard 2
- 30–45 minutes
SECTION 2: WHAT INFLUENCES ME

CHAPTER 5: TECHNOLOGY & MEDIA MESSAGES

Activity 5A: Messages in Our Community
- Younger youth will identify and share ways that media influences healthy behaviors.
- Life Skills: responsible citizenship, social responsibility, information gathering
- National Health Education Standard 2
- 45 minutes

Activity 5B: What are the Messages in My Community?
- Younger youth will identify how media and technology influence thoughts, feelings and healthy choices.
- Life Skills: communication, critical thinking
- National Health Education Standard 2
- 45 minutes

Activity 5C: Lights! Camera! Action!
- Younger youth will demonstrate and express opposing or anti messages about tobacco, alcohol and drugs.
- Life Skills: planning/organizing, teamwork
- National Health Education Standard 3
- 60 minutes

SECTION 3: TAKING IT BEYOND ME

CHAPTER 6: COMMITMENT TO CARING

Activity 6A: Sharing It with the Community
- Younger youth will promote healthy choices related to tobacco, alcohol and drugs and encourage others to adopt healthy behaviors related to tobacco, alcohol and drugs.
- Life Skills: responsible citizenship, social responsibility, teamwork, concern for others
- National Health Education Standard 8
- 45 minutes

Activity 6B: The Best I Can Be
- Younger youth will pledge to adopt a personal drug-free life.
- Life Skills: self-responsibility, goal setting, planning/organizing
- National Health Education Standard 7
- 45 minutes

Activity 6C: Celebrating Health Rocks!
- Younger youth will celebrate their commitment to make healthy choices related to tobacco, alcohol and drugs, and encourage others to adopt healthy choices related to tobacco, alcohol and drugs.
- Life Skills: sharing, contribution to group effort, healthy life choices
- National Health Education Standard 8
- 45–90 minutes

4-H HEALTH ROCKS!® HEALTHY LIFE SERIES
CITATIONS FOR INTRODUCTION


SECTION 1:
ALL ABOUT ME

1. CHAPTER 1:
KEEPING HEALTHY

2. CHAPTER 2:
YOU CHOOSE!

3. CHAPTER 3:
DEALING WITH DIFFICULT SITUATIONS
CHAPTER 1: KEEPING HEALTHY

OVERVIEW:
TOBACCO, ALCOHOL AND DRUG USE STATISTICS

ACTIVITY 1A:
IS THAT A FACT?
30 minutes — Younger youth will learn actual numbers of their peers (youth statistics) who are using any drug illegally.

ACTIVITY 1B:
IS IT LEGAL OR IS IT ILLEGAL?
30 minutes — Younger youth will identify harmful versus helpful drugs and legal versus illegal drugs.

ACTIVITY 1C:
TAKE A DEEP BREATH
30 minutes — Younger youth will learn about the health and cosmetic effects of using drugs and experience how smoking affects lung capacity.

ACTIVITY 1D:
IT'S RISKY BUSINESS
45 minutes — Younger youth will describe specific health risks associated with using tobacco, alcohol, or drugs and identify personal health priorities.

ACTIVITY 1E:
RUNNING FREE!
30 minutes — Younger youth will understand about addictions and experience how addictions might feel.
OVERVIEW:
TOBACCO, ALCOHOL AND DRUG USE STATISTICS

DRUGS - Reference to drugs includes those drugs not permitted by law (illegal) and lawful drugs (prescription or over-the-counter) which are obtained or used illegally unless otherwise specified.

FACING RISKS HEAD ON
Recent statistics confirm what parents, teachers and other concerned adults suspect. Children and teens continue to use tobacco, alcohol, and drugs in significant numbers. Knowing this, we can be better prepared to help younger youth make more responsible decisions about the use of these substances.

TOBACCO USE
Consider tobacco use. Each day in the United States, about 3,900 young people between the ages of 12 and 17 start smoking.¹

According to the latest Monitoring the Future (MTF) survey, almost half of American youth have tried cigarettes by their senior year in high school. About 19% of seniors have smoked within the past month, while 10% of 12th graders smoked daily. Although cigarette smoking slightly decreased between 2010 and 2011, there is another concern. For the first time in 2010, questions were included on the MTF survey about the use of hookahs and small cigars. In 2011, 19.5% of 12th grade students reported having smoked a small cigar.²

Smokeless tobacco use peaked in the mid-1990s and have been declining since. However, recent reports have indicated that the trend of reduced use has reversed. This form of tobacco has gone from being a product used mostly by older men to one used predominantly by young men and boys. A study found that “snuff use may be a gateway form of nicotine dosing among males in the United States that may lead to subsequent cigarette smoking.”³

According to the MTF survey, there has been an increase in the young people
who thought smoking was dangerous — what has been labeled ‘perceived risk.’ For the past three years perceived risk has increased in all three grades; perceived risk levels are currently the highest ever observed. Generally, perceived risk has been an important indicator of changes in future use of a drug. The bad news is that 18.4% of 8th grade students have smoked a cigarette. The good news is that disapproval of cigarette smoking is still rising and is at very high levels among teens, largely due to educational programming.11

Despite the strong trend of disapproval, this means we are still raising younger youth who will continue to use cigarettes, cigars and other tobacco products. Why? Nearly nine of 10 smokers begin smoking by age 18. According to a report from the National Institute on Drug Abuse, more than 6 million of those smokers under 18 years of age will die prematurely from a tobacco-related disease.12

Tobacco is often seen as a ‘gateway drug,’ one used first by younger youth who move on to alcohol, marijuana, or other drugs. Studies show that illegal drug use is almost nonexistent among people who have never used tobacco. Tobacco use, then, becomes the ‘gateway’ to other experimentation and use.11

ALCOHOL USE
Alcohol is typically the substance of choice among younger youth, with the average age of first consumption being 11 for boys and 13 for girls.14 More than one-third have used alcohol at least once in their lifetime by the 8th grade. Three out of four students have consumed alcohol at least once in their lifetime by the end of high school. Still, rates for high school seniors are lower than they were at the beginning of the 1980s, with drinking and bingeing trends dropping during this decade. More than half of high school seniors and almost 15% of 8th graders report having been drunk at least once in their life.15

Many younger youth, teens, parents and communities believe underage drinking is an inevitable ‘rite of passage’ from which adolescents can easily recover because their bodies are more resilient. However, the opposite is true. The brain goes through dynamic change during adolescence and alcohol can seriously damage long-term and short-term growth processes. Damage from alcohol at this time can be long-term and irreversible. In addition, short-term or moderate drinking impairs learning and memory.16

DRUG USE
Marijuana is the most widely used illegal drug among younger youth. Each day roughly 3,800 youth under the age of 18 use marijuana for the first time.7 Almost 25% of 10th graders have used marijuana in their lifetime and 17.6% have used it within the past month. Almost 1 in 9 high school seniors reported using spice, a synthetic form of marijuana, in the last 12 months.10 The strength of marijuana today is as much as 10 times stronger.
than what was used in the early 1970s.¹⁹

Inhalants are the second most common illegal drug used by teens. Eighth
graders are the most common users of inhalants, 13.1% of 8th graders have
used inhalants — glues, solvents, gasoline, butane and aerosols. Inhalants had
been the most common among 8th graders, but have been surpassed by the
increase in marijuana use. More than 16% of 8th graders reported the use of
marijuana in the past year and 7.2% in the past month.²⁰

According to the MTF survey, after several years of perceived risk associat-
ed with ecstasy in decline, the use of ecstasy appears to be rebounding,
mostly among older teens. Several drugs showed signs of steady use. These
include prescription-type drugs such as narcotics, tranquilizers and seda-
tives. Vicodin and OxyContin are narcotic prescription pain relievers. Slight
decreases were reported in the use of Vicodin, however, the use of
OxyContin remains steady. Almost 7% of 12th graders reported using Ritalin
illegally, a medicine prescribed for ADHD.²¹ Valium and Xanax are the two
tranquilizers most commonly used by students. Using a prescription drug
not intended for the user and for the purpose of getting high is illegal.
Over-the-counter (OTC) medications being used inappropriately include
cough and cold medications containing DXM, diet pills, sleep aids and
motion sickness medication.

GOAL
Participants will comprehend how drugs affect behaviors and the health
consequences of drug use.

OBJECTIVES
Participants will:

☐ Learn actual numbers of peers (youth statistics) who are using any
drugs illegally.

☐ Identify harmful versus helpful drugs and legal versus illegal drugs.

☐ Learn about the health and cosmetic effects of using drugs.

☐ Experience how smoking affects lung capacity.

☐ Describe specific health risks associated with using tobacco, alcohol, or
other drugs.

☐ Identify personal health priorities.

☐ Understand about addictions.

☐ Experience how addictions might feel.

NOTE: Refer to the Glossary (Appendix C) for definitions of unfamiliar
words or terms.
ACTIVITY 1A:
IS THAT A FACT?

Objective:
Participants will:

- Learn actual numbers of peers (youth statistics) who are using any drug illegally.

Life Skills Learned:
- Healthy Life Choices
- Analyzing Information

National Health Education Standard 1:
Students will comprehend concepts related to health promotion and disease prevention to enhance health.

Time Needed:
30 minutes

Materials Needed:
- Signs with words FACT or ASSUMPTION (Print from CD)
- Tape
- Optional: Signs with numbers 0 to 10 (Print from CD one number per page)

CONNECTING TO TOBACCO, ALCOHOL AND DRUG USE

Many younger youth overestimate the number of their peers who use substances such as tobacco, alcohol, or drugs. Overestimating how many others their age smoke is among the predictors for starting smoking and acquiring the habit. Similarly, younger youth often overestimate the true prevalence of peer alcohol and other drug use, which can be especially important during the transition to junior high school. 23

Younger youth often think EVERYONE is smoking, drinking, or using drugs. This makes them feel helpless and like they are the only ones who are not participating. They may feel as if they have less control. According to the social learning theory, younger youth are influenced by the behaviors of others. If they think lots of their peers or family members are using tobacco, alcohol, or drugs, it must be a normal thing to do. So they do it also. This is very troublesome.
DRUGS - Reference to drugs includes those drugs not permitted by law (illegal) and lawful drugs (prescription or over-the-counter) which are obtained or used illegally unless otherwise specified.

EXPERIENCE THE ACTIVITY

STEP 1.
Explain that sometimes when we do something, we do it because we know the facts; and sometimes we do it because we made an assumption or guess. A FACT is reality or true; while an ASSUMPTION is something we assume or think is true, but when we look at the facts, it’s not always correct.

STEP 2.
Tell participants you are going to read a statement and they are to decide if it is based on FACT or ASSUMPTION. If they believe it’s a FACT, they will stand under the FACT sign. If they believe it’s an ASSUMPTION, they will stand under the ASSUMPTION sign. (FACT/ASSUMPTION Statements are found in Step 3.)

STEP 3.
After each statement is read and participants have responded, ask them how they know the statement is a FACT or an ASSUMPTION. Discuss responses.

For example: “It’s January and the sun is shining, so I won’t wear a coat to school.” Once outside, however, you realize it’s cold! So, did you base your decision on FACT (checking the temperature outside) or ASSUMPTION (wishful thinking)?

FACT/ASSUMPTION STATEMENTS

Most kids my age are using drugs.
ASSUMPTION

Using someone else’s prescription medicine is okay.
ASSUMPTION

Smoking even one cigarette can hurt you.
FACT
My friend did not say hello to me, so he/she must be mad.

**ASSUMPTION**

May has 31 days.

**FACT**

People who smoke are more relaxed.

**ASSUMPTION**

Toilet bowl cleaner might be used in making methamphetamine.

**FACT**

If someone is coughing, it means he/she is a smoker.

**ASSUMPTION**

Because it’s Friday, I’m going to have a spelling test.

**ASSUMPTION**

Drinking alcohol makes you look more grown up.

**ASSUMPTION**

If it’s 90 degrees outside, it’s warm enough to go swimming.

**FACT**

We’re going on a picnic, so there will be hot dogs.

**ASSUMPTION**

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Explain that facts are true and can be proven. Many people don’t figure things out using facts. Instead, they make assumptions, make a guess, or imagine the truth, because it’s easier than finding the facts. While sometimes assumptions are true, it’s always best to check the facts before making a decision.

Explain this is true of younger youth who think they should smoke because “everyone is doing it.” They aren’t basing their decision on fact. Explain they will now estimate how many of their peers (younger youth their age) smoke.
STEP 4.
Ask for 10 volunteers to come up in front. Tell the volunteers they are a ‘pretend group’ representing 10 AVERAGE American youth. They could be a group of 10 friends shopping at the mall, a circle of friends playing ball in the park, or a 4-H Club. Explain that some of them smoke cigarettes.

Ask the rest of the group to guess how many of the pretend group would be likely to smoke cigarettes. 0? 1? 2? 3? 4? More?

Divide the volunteers according to the number the audience agrees upon. For example, if they agree that 7 smoke, divide the pretend group into a group of 7 and a group of 3.

STEP 5.
Ask the group: How close do you think you are to the actual number? Do you think the estimate is high or low?

Explain that only 1 out of every 10 8th graders smokes. This means 9 out of 10 DON’T SMOKE.

Explain that in some communities trying a cigarette and cigarette use is much higher, and in some communities it is much lower. The figures shown here represent the American average. If the group has higher rates than average, use this activity as an opportunity to get feedback on why participants think rates are higher.

STEP 6.
Repeat steps 5 and 6 for other statistics (from Monitoring the Future study, 2011):
- Alcohol: 8 out of 10 8th graders DO NOT drink.
- Marijuana: 8 out of 10 8th graders DO NOT use marijuana.
- Smokeless Tobacco: 9 out of 10 8th graders HAVE NOT used smokeless tobacco.
- Inhalants: 9 out of 10 8th graders HAVE NOT used inhalants.
- Prescription-type Drugs: 9.7 out of 10 8th graders HAVE NOT used OxyContin or Vicodin.

Share:
- Do you believe the numbers that were shared? Why? Why not?
- Where else might you learn factual information?
Process:
☐ How did knowing the real numbers of your peers using tobacco, alcohol, or drugs change your feelings about their use?
☐ Why do you think it's important to know the real numbers?
☐ Based on what you learned, how might you think differently about tobacco, alcohol, or drugs?
☐ What was the most important thing you learned?

Generalize & Apply:
☐ Why is it important to find the facts, instead of what others think?
☐ Would it be harder or easier to refuse tobacco, alcohol, or drugs if most of your friends were using them?
☐ Do most youth your age in America use tobacco, alcohol, or drugs? Why do you think they stay away from these substances?
☐ Knowing what you do, how would you answer a friend who says everyone smokes?
☐ How does what you learned help you make future decisions?

STEP 7.
Divide into groups of 3 or 4 and have them create a skit, cheer, saying, etc. based on what was learned. Encourage them to put actions to the words and perform for the entire group.

STEP 8.
Reflection:
Which of the statistics about younger youth using tobacco, alcohol, or drugs was the highest? Which was the lowest?

STEP 9.
Discuss the “Family Corner” and “Community Corner” with participants. Encourage them to do one or both. If they choose to work as a group, help them follow through.
☐ Family Corner: Share what you learned about tobacco, alcohol and drug use with your family. Were they surprised by the numbers?
☐ Community Corner: Have your group perform their skit, cheer, saying, etc. at a community event or school assembly.

EASE OF TEACHING TIP:
Many states have participated in the Youth Risk Behavior Survey conducted by the Centers for Disease Control. Go to http://apps.nccd.cdc.gov/yrbss/ to find out if your state participates and get the latest data. For more local information, check with your local school system or health department, or contact your state health department.

EASE OF TEACHING TIP:
You may identify participants who are having trouble understanding key points or gaining skills. Provide special help and encouragement. Incorporate different learning styles to reinforce information. For example, if participants are visual learners, have them draw pictures to go with the skit.