



MARIJUANA AND E-CIGARETTES:

Facts teens can use to make healthy choices



Department of
Community and Human
Services Behavioral
Health and Recovery



MARIJUANA AND E-CIGARETTES: FACTS TEENS CAN USE TO MAKE HEALTHY CHOICES

The Seattle Times Newspapers In Education (NIE)

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Introduction

This guide supplements the special section, published in The Seattle Times on May 29, 2016, entitled “Marijuana and e-cigarettes: Facts teens can use to make healthy choices” in partnership with King County Public Health. The following guide connects to Washington State Health Education Standards. The guide will be available for download in June on The Seattle Times Newspapers In Education (NIE) website (nie.seattletimes.com). Teachers are encouraged to modify the guide to fit their individual classroom needs.

What works in drug prevention curricula

Studies show that programs that are “most successful at reducing drug use are school based social resistance skills training programs” (Dusenbury 421). These training programs are most effective when they utilize interactive teaching techniques and active learning engagement of students. This works in contrast to the belief that drug education programs must be delivered with the teacher at the center of dispersing knowledge. Teachers need not be experts at the subject matter, but they do need to be able to engage students with the subject matter at hand as “interactive techniques can be used well in drug education...and are more likely to be effective than other non-participative approaches” (Powney 87).

It is also important that these programs “be sensitive to the ethnic and cultural backgrounds of the youth they target if they are to be successful.” Research shows that prevention programs are most effective when “culture and learning styles of the recipients are reflected” (Gosin 364). This can be difficult when most classrooms have a number of cultures represented, therefore any lesson is most effective when properly adapted for a specific classroom and the cultures represented inside it.

The lessons included in this guide correspond to components 2.3 and 2.4 of the Washington State Health Standards. The lessons in this guide emphasize competence enhancement and social influence, to help teens identify both risk and protective factors that predict substance use. Starting by encouraging students to identify their own understanding about drugs, this program builds outwards incorporating understandings of influences of substance use as well as the related consequences. Throughout, activities are meant to promote active student participation, critical thinking and support positive decision making.

This program, by itself, is not meant to constitute or supplement an entire drug prevention program, but is meant to complement pre-existing preventative drug use education. It should be made congruent and consistent with other drug prevention messages that students have already been presented with. Sufficient and continued follow up is essential for the ultimate effectiveness of any drug prevention program, in order to mitigate the “myriad of other influences kids are exposed to that are ongoing,” (Dusenbury 422). For this reason, involvement of the greater community including parents and other influences is crucial to the success of drug prevention programs. There are a number of programs that focus on parent involvement and provide guidelines for parent workshops. The lessons included in this guide correspond to components 2.3 and 2.4 of the Washington State Health Standards, and can be adapted for middle and high school grades:

- **Component 2.4: Acquires skills to live safely and reduce health risks**
 - Analyzes the stages of addiction and dependency and the impact on the individual, family, and society. Distinguishes how cultural and community norms influence use and abuse of drugs. Example: Recognizes community norms influence drug-free behavior through billboards and drug-free zone signs.
- **Component 2.3: Develops skills that prevent and control non-communicable diseases**
 - Composes a list of community agencies, public policies, and resources available for prevention and treatment of non-communicable diseases.

The subjects covered here correspond with multiple Health and Physical Education Classroom Based Assessments (CBAs) developed by the Washington State Office of Superintendent of Public Instruction (OSPI), including Sara’s Story (Middle School), Tobacco Times (Middle School) and New Student Orientation (High School). These and other OSPI-Developed Assessments for Health and Physical Education can be found at www.k12.wa.us/HealthFitness/Assessments.aspx.

References

- Dusenbury, L., & Falco, M. (1995, December). Eleven Components of Effective Drug Abuse Prevention Curricula. *Journal of School Health*, 65(10), 420-425.
- Gosin, M. N. (2003). Participatory Action Research: Creating an effective prevention curriculum for adolescents in the Southwestern US. *Health Education Research*, 18(3), 363-379.
- Powney, J., & Lowden, K. (2001, May). From Information to Moral Issues: Dilemmas in Drug Education. *Scottish Educational Review*, 33(N1), 84-92.

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Suggestions for teaching sensitive subjects

How should I deal with parental concerns?

If you know you will be dealing with a sensitive subject in your course, make sure to note it on the syllabus or discuss it in parent night at the beginning of the year. Allow parents to voice any concerns before, acknowledge these concerns and assure them that you will do your best to keep these concerns in mind when you are teaching. Emphasize the goals and objectives for studying the subject, as well as the educational standards you are teaching. You may also choose to send a note home to parents (paper or electronically) when the time for teaching the subject actually gets closer. Provide parents with access to resources (through links or seminars) so that they can continue the discussion at home, although encourage them to engage in discussion with their student rather than mandate a certain opinion. Inform your administration or your other support systems about what you are teaching, and the steps you have taken to accommodate concerned parents. This will make it easier for them to support you if later concerns are raised.

How can I support the diverse opinions and backgrounds of my students?

Share diverse perspectives and narratives by showing video clips or assigning readings. Make sure to include positions that students might otherwise not consider as well as those to which students can relate. Use these as a concrete starting ground for discussion, rather than forcing any individual into the spotlight. Allow students a way to share their own perspectives or ask questions, and be sure to allow them to do so in a way that does not incriminate themselves. Anonymous question boxes or class polls/votes can be a good way to survey the class without calling out individuals.

What sort of ground rules do I need to establish before dealing with this subject?

Before starting, inform your class about what you will be studying and brainstorm a list of respectful discussion guidelines. This will increase student buy-in, rather than forcing students to accept a list of demands. See if you can frame these rules positively as “do’s” instead of “don’ts” for instance “Do wait for people to finish speaking before sharing your own opinion,” instead of “don’t interrupt.” Make sure to reflect at the end of each session, what guidelines did the class as a whole do a good job of following? What is something that the class could work on? Is there something that needs to be changed or added to the discussion rules?

How can I deal with a “hot moment” in class?

Perhaps the best approach to this is to try to avoid hot moments by acting as an active facilitator. Model respectful, composed behavior yourself. Draw students’ attention back to the pre-established ground rules if they start getting worked up. Allow students a time and space to take a break if needed. Reward students who engage by asking relevant, thought provoking, and respectful questions. Consider possible triggers beforehand and come up with a plan to diffuse any potentially hostile situations by acknowledging the validity of people having different views and situations. You may even want to conduct a private survey of student experience with the topic before engaging with it as a class, this might better inform you about potentially contentious issues. Never make an example of students or share their situations publically with the class, remind students to extend the same respect to their peers.

How can I engage students while still focusing on the academic value of the subject?

Set objectives for discussions that are aligned with standards. Share these objectives with students and include them in the responsibility of keeping the discussion/session on track. Occasionally discourse may stray, when you notice this it might be time to take a class vote – is the direction the discussion has gone in still appropriate or important to the issue at hand? If not, redirect. It is also important to make sure that students see the relevant value of the information to their own personal lives – help them make these connections. Encourage students that are interested in tangential topics to conduct their own research outside of class and allow them to share what they find out.

What do I do if I personally have a pre-established or strong opinion about this subject?

Regardless of your opinion, it is important to be informed about all sides and positions of the topic at hand. This is not to say you need to be an expert, but you should be able to provide students with the necessary direction of where they can find answers to any questions that they have. You may or may not choose to share your opinion with the class (this is up to you and the rules of your school district) if you do choose to share your opinion, have a prepared and articulate answer. Additionally, wait until the end of the discussion so that you do not influence your students’ opinions. Make sure to distinguish (both with yourself and with your students) the difference between fact and opinion. Challenge students to support their own opinions with facts.

Where can I go for more resources?

Many of the sites mentioned on the back of the supplement contain additional information and resources for teachers.

References

<http://teaching.berkeley.edu/sensitive-topics-classroom>

<http://learning.blogs.nytimes.com/2012/03/23/10-ways-to-talk-to-students-about-sensitive-issues-in-the-news/>

http://bento.cdn.pbs.org/hostedbento-prod/filer_public/SBAN/Images/Classrooms/Ten%20Tips%20for%20Facilitating%20Classroom%20Discussions%20on%20Sensitive%20Topics_Final.pdf

www.teachhub.com/classroom-management-handling-sensitive-topics

www.psychologicalscience.org/teaching/tips/tips_1100.cfm

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Curriculum Scope and Sequence

Before you Begin

- Explain the reasoning behind the program as well as the goals of the program. Students should understand that this was not prompted by a specific incident, but rather is preventative in nature and aims to act before an incident occurs. Allow students to contribute their own ideas about why it is important to learn about this topic.
- Establish classroom behavior expectations and norms for dealing with difficult subject matters such as drug use and abuse— including expectations for participation and for treating classmates during.
- Take the pre-class survey to determine students' prior knowledge about marijuana and e-cigarettes.
- Send a note home to parents.

Lesson Index

1. **Pre-Class Survey, Page 5**
2. **Consequences: Drugs and the Law (S.S. EALR 1; H1.Su3; H1.Su5)**
 - Page 6 – Lesson Plan
 - Page 7 – Comprehension Questions
 - Page 7 – Vocabulary
 - Page 8 – Answer Keys
3. **Truth and Perception (H2.W3; H1.Su1)**
 - Page 9 – Lesson Plan
 - Page 10 – Vocabulary
 - Page 11 – “What’s your perception”
 - Page 13 – Comprehension Questions and Answer Key
4. **Developing Refusal Skills (H4.Su3; H7.Su3; H4.Su4)**
 - Page 14 – Lesson Plan
 - Page 16 – Resource Evaluation Grid
 - Page 17 – ‘Redefining addiction guidelines could impact insurers, taxpayers’
 - Page 19 – ‘Genes tied to cigarette addiction’
5. **Drug Knowledge Quiz, Page 20**

Next Steps

- Reflect, reflect, reflect!
- Organize a parent or community event.
- Take the drug knowledge quiz (or have students design their own).
- Invite a doctor, medical worker, other health professional, or even someone versed in drug law to come speak to the class. We do not recommend that speakers talk about their own past drug use.
- Have students visit the <http://listen2yourselfie.org> webpage, then write, draw or create a video about what’s important to them. They can share their content on the YouTube, Instagram and other sites with the hashtag #listen2yourselfie.

Continue to incorporate drug prevention curriculum into your class.

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Pre-Class Survey

Name: _____ Date: _____

Period: _____

After completing the pre-class survey, read over pages 2-3 of "Marijuana and e-cigarettes: facts teens can use to make healthy choices". Your teacher may choose to discuss some of these responses as a class and/or have you turn in this survey anonymously.

What do you know you know about marijuana?

- What does marijuana look like?
- What is synthetic marijuana?
- What are some other names for marijuana?
- Why do you think youth would choose to use marijuana?
- What are the short term effects, for youth, of using marijuana?
- What are the long term effects, for youth, of using marijuana?

What do you know about e-cigarettes?

- How are e-cigarettes different than regular cigarettes?
- What are some other devices that people use to consume tobacco?
- Why do you think youth would choose to use e-cigarettes?
- What are some of the risks of using e-cigarettes?

Write at least 2 questions you have about marijuana.

1.

2.

Write at least 2 questions you have about e-cigarettes/tobacco.

1.

2.

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Consequences: Drugs and the Law

Standards

Social Studies EALR 1: CIVICS The student understands and applies knowledge of government, law, politics, and the nation's fundamental documents to make decisions about local, national, and international issues and to demonstrate thoughtful, participatory citizenship.

Component 1.2: Understands the purposes, organization, and function of governments, laws, and political systems

H1.Su3: Determine benefits of abstaining from or discontinuing use of tobacco, alcohol, and marijuana.

H1.Su5: Compare and contrast school, local, state, and federal laws related to substance possession and use.

Objectives

1. Students will identify legal (and other) consequences of underage drug use in Washington state.
2. Students will analyze marijuana legalization in Washington state by applying marijuana laws to various situations involving underage drug use.

Materials

- Pages 4 and 6 of “Marijuana and e-cigarettes: facts teens can use to make healthy choices”
- Paper
- Pencils
- Notecards
- Computer/internet access

Opening Question: What is a consequence?

Answer: A consequence is the result or effect of an action or condition.

Using this definition, describe a time when you experienced a **negative** consequence. Then describe a time when you experienced a **positive** consequence. Are there different kinds of consequences? What might be an example of a natural consequence? What is an example of a legal consequence?

Procedure

1. Make the situation cards. Take a stack of note cards and write one of the following situations per card:
 - Driving under the influence as a minor
 - Possessing marijuana as a minor
 - Using marijuana at school to help curb anxiety about a class presentation coming up
 - Using marijuana in a place that is under federal jurisdiction (like the visitors center at a national park)
 - Being high when a friend overdoses and needs medical attention
2. Pass out the situation cards to the class, with each small group or pair receiving one of the cards.
3. Explain to students that they will pretend to be a lawyer that has just received a letter from a potential client caught in the situation listed on the card. The client wants to know what kind of consequences they will be facing. Students must research the law(s) most relevant to the client's situation and write a letter describing the legal consequences that they may face if convicted of the charge. Students may also choose to include other consequences that the client may face, including positive consequences that may result from making different choices in the future. Encourage students to research school policies on marijuana as well.
4. Students may use the information available on page 6 of “Marijuana and e-cigarettes: facts teens can use to make healthy choices”, they might also want to use a computer to access www.liq.wa.gov/mj2015/faqs_i-502 or other sites to learn more about Washington laws.
5. When students are finished, have them take the “How well do you know the law” quiz on page 4 of “Marijuana and e-cigarettes: facts teens can use to make healthy choices” while covering up the answers with a sheet of paper. After they finish taking the quiz, have them compare results and discuss the answers in pairs or with the class. What did they already know? What did they find surprising or new? What do they think is the reasoning behind the laws?

Extension

1. Many of the consequences discussed here are legal consequences, ask students to think of other consequences that might happen for someone who chooses to use marijuana as a minor (for example, what kind of social consequences might happen)? What might be the consequences to school work or a job? What are some health consequences (see page 2)? Alternatively, what are some positive consequences for choosing not to use marijuana as a minor? Have students brainstorm their own lists of situations and consequences.

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Assessments/Activity Sheets

Name: _____ Date: _____

Period: _____

Comprehension Questions

Use the information on pages 4 and 6 of “Marijuana and e-cigarettes: Facts teens can use to make healthy choices” to answer the following questions.

1. What are the consequences involved related to a vehicle accident while driving under the influence (think about consequences related to finances, health, legal status, future plans, etc.)?
2. What is the age range in which a person is considered to be a juvenile under the Washington statute?
3. How long will any juvenile (that is also a minor) caught with marijuana have their driving privileges revoked for?
4. Has the FDA approved marijuana as a safe and effective medication?
5. What must youth (under the age of 21) acquire in order to use marijuana for medical purposes if they want to be protected from arrest and prosecution?
6. Under what jurisdiction is a national park visitor’s center?
7. In what case is it possible to receive protection from criminal charges of drug possession?
8. Today’s newly legal marijuana has a much higher content of _____ than marijuana did years ago.
9. Until about what age is the brain still developing?
10. How does marijuana use impact a developing brain?

Vocabulary

Match the words to the numbered definitions in the chart below. Write the number of the corresponding definition next to the word it describes.

Name: _____ Date: _____

Period: _____

A. Anecdotally	1. A result or effect of an action or condition
B. Consequence	2. Latitude or power, but not an obligation, to exercise a right or to do or not do something
C. Cultivation	3. A mental state achieved by focusing one’s awareness on the present moment, while calmly acknowledging and accepting one’s feelings, thoughts, and bodily sensations, used as a therapeutic technique
D. Discretion	4. To determine the order for dealing with (a series of items or tasks) according to their relative importance
E. Facility	5. A place, especially including buildings, where a particular activity happens
F. Influence	6. A written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations
G. Jurisdiction	7. Not necessarily true or reliable, based on personal accounts rather than facts or research
H. Mindfulness	8. Coming after something in time; following
I. Minor	9. The act of caring for or raising plants
J. Prioritize	10. Power or right of a legal or political agency to exercise its authority over a person, subject matter, or territory
K. Prosecutor	11. The power to change or affect someone or something
L. Revoked	12. A lawyer who works for a state or government organization and is responsible for starting legal proceedings and then proving in court that the suspect committed the crime he’s accused of.
M. Statute	13. A person under the age of full legal responsibility
N. Subsequent	14. To take back or withdraw

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Answer Key to Vocabulary

- | | |
|-------|-------|
| A. 7 | H. 3 |
| B. 1 | I. 13 |
| C. 9 | J. 4 |
| D. 2 | K. 12 |
| E. 5 | L. 14 |
| F. 11 | M. 6 |
| G. 10 | N. 8 |

Answer Key to Comprehension Questions

- What are the consequences involved related to a vehicle accident while driving under the influence (think about consequences related to finances, health, legal status, future plans, etc.)?** Time out of your life, in a hospital or rehab facility, your ability to get around—to see friends, to school, to work— if you lose your license. You might end up having to pay for a lawyer, and pay for a bunch of other costs. A crash might also result in someone else being injured or killed.
- What is the age range in which a person is considered to be a juvenile under the Washington statute?** Anyone age 12-20.
- How long will any juvenile (that is also a minor) caught with marijuana have their driving privileges revoked for?** For the first offense, driving privileges will be revoked for one year, or until the person reaches 17 years old. A second or subsequent offense will result in the taking away of driving privileges for two years or until the individual is 18 years old, whichever is longer.
- Has the FDA approved marijuana as a safe and effective medication?** No the FDA has not approved marijuana as a safe and effective medication. *Although many people use marijuana to treat conditions including pain and nausea caused by HIV/AIDS, cancer, and other conditions, the scientific evidence to date is not sufficient for the marijuana plant to gain FDA approval. Two synthetic cannabinoids, dronabinol and nabilone, are available in pill form. These drugs are FDA approved and available by prescription. They are used in some patients to treat nausea and vomiting due to chemotherapy. Dronabinol is also used to treat loss of appetite and weight loss in patients with HIV/AIDS or cancer.*
- What must youth (under the age of 21) acquire in order to use marijuana for medical purposes if they want to be protected from arrest and prosecution?** A medical card. *Studies suggest that the younger a person starts using marijuana regularly, the more likely they are to become addicted. The teenage brain is still developing, and some studies suggest regular use can cause problems with brain development, memory, learning and attention, school completion, and behavioral problems. Some studies have shown that adolescents who use marijuana regularly are at higher risk of developing depression or schizophrenia.*
- Under what jurisdiction is a national park visitor's center?** Federal jurisdiction.
- In what case is it possible to receive protection from criminal charges of drug possession?** Under the Good Samaritan law, if you are seeking medical assistance for an overdose.
- Today's newly legal marijuana, has a much higher content of **THC**, than marijuana did years ago. *Cannabinoids, the active ingredient in marijuana, affect areas throughout the body, but they mostly affect the central nervous system (brain and spinal cord). The main cannabinoid chemical in marijuana that causes intoxication is tetrahydrocannabinol (THC). Another cannabinoid of medical interest is cannabidiol (CBD), which does not cause intoxication.*
- Until what age is the brain still developing?** About age 26.
- How does marijuana use impact a developing brain?** Marijuana can cause problems with brain development in adolescents through around 25 years of age that can be long-lasting. The teenage brain is still developing, and some studies suggest regular use can cause problems with brain development, memory, learning and attention, school completion, and behavioral problems. Studies suggest that the younger a person starts using marijuana regularly, the more likely they are to become addicted.

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Truth and Perception

Standards

H2.W3: Describe how values, media, and technology influence health decisions and behaviors.

H1.Su1: Analyze why individuals choose to use or not use substances.

Objectives

1. Students will evaluate how different factors (including cultural and community norms) affect rates of adolescent drug use.
2. Students will describe “protective” and “risk” factors that influence adolescent drug use, including critiques of media influence.

Materials

- Pages 5 and 7 of “Marijuana and e-cigarettes: facts teens can use to make healthy choices”
- “What’s your perception” graph hand out
- Two colors of pencils, markers or crayons to label graphs
- Examples of marijuana/tobacco advertisements (optional)

Opening Question(s)

Define the word ‘perception’. Now define the word ‘truth’. How are these two words related? What is the relationship between truth and perception?

Procedure

1. Pass out a copy of the “What’s your perception?” hand out. Tell students to use what they know about what influences decisions to shade in the graphs to show their perception (guess) of the following:
 - i. What percentage of 12th grade students in Washington have smoked cigarettes in the past 30 days?
 - ii. What percentage of 12th grade students in Washington have drunk alcohol in the past 30 days?
 - iii. What percentage of 12th grade students in Washington have smoked marijuana in the past 30 days?
 - iv. What percentage of 12th grade students in Washington have used pain killers to get high in the past 30 days?
2. Direct students to the next two graphs, ask them to shade in the following:
 - i. What percentage of youth of each ethnicity/race use marijuana?
 - ii. What percentage of youth of each ethnicity/race use e-cigarettes?
3. After students have finished filling out the hand-out, assign students to read (or read as a class) pages 5 and 7 of “Marijuana and e-cigarettes: facts teens can use to make healthy choices”. Students should use the graphs on these two pages to shade in (with a new color) the real percentages of student substance use on their graphs. Facilitate a discussion:
 - How are the numbers of students who use substances different than what you expected?
 - What factors do you think are most important in determining who uses marijuana? E-cigarettes? Other drugs? Are these factors fair?
 - Why do you think some groups have a higher risk of using? (See box below for more information to help students engage in this discussion)
 - What factors are not mentioned in the articles that you think play a large factor in your decision to use/not use these substances?
4. Have individual students brainstorm a list of sources that influence perception and drug use. See if students can sort them into the following categories:
 - a. **Risk factors:** things that might make someone more likely to use (i.e. parents who use drugs or alcohol, racial discrimination, or mental illness)
 - b. **Protective factors:** things that might make someone less likely to use (i.e. strong family relationships, school involvement, or policies limiting availability of substances)
5. Compile a class list of risk factors and protective factors. Encourage students to reflect on what has the most influence for them personally. What role does perception play? How can perception function as both a risk and a protective factor? Brainstorm ways an individual can strengthen protective factors or limit risk factors (note: it is important to acknowledge that some of these may, unfortunately, be out of individual control), such as starting a substance abuse prevention club like the one at Mercer Island High School (page 5).

For more information about risk factors and protective factors, as well as how these factors may create disparities for different groups, please visit the following resources online:

Substance Abuse and Mental Health Services Administration:

<http://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors>

National Institute on Drug Abuse:

<https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-risk-factors>

Partnership for Drug-Free Kids: <http://www.drugfree.org/join-together/study-shows-racial-disparities-in-completion-of-substance-abuse-treatment/> And the following articles from The Seattle Times:

- Health, poverty and inequality in wealthy Seattle: <http://www.seattletimes.com/business/health-poverty-and-inequality-in-wealthy-seattle/>

- Map: Why measuring disparities in King County matters:

<http://blogs.seattletimes.com/opinionnw/2015/01/02/map-why-measuring-disparities-in-king-county-matters/>

Some activities in this lesson were adapted from the European Drug Addiction Prevention’s UNPLUGGED project, additional UNPLUGGED curriculum is available at <http://www.drinkingandyou.com/site/pdf/eudapteach.pdf>

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Extensions

Peer Pressure Activity

1. Send a group of students into the hall. While the students are in the hall, divide the rest of class into two groups. Each group should make up their own 'code' or rules for belonging. After groups have determined their rules, invite the students from the hall back into the room. Explain to the students that each group has a "code" or set of rules that they must follow in order to join. Invite them to try and join the groups. After a set amount of time, stop the game and allow a different group of students to go out in the hall.
2. After the activity, facilitate a reflective discussion or allow students to reflect on their own about how this activity made them feel: How did it resemble real life? What does it have to do with perception? How can peer pressure be a risk factor or a protective factor for drug use?

False Advertisement Activity

1. Ask students to write or draw a picture of where they see marijuana advertisements in their community. Ask what sort of message are they trying to send you? How does this conflict with reality/the truth? How can the messages of these advertisements affect your perception? Now think about e-cigarette/cigarettes advertisements in your community. How are the two types of advertising similar? Read the facts about e-cigarette advertising on page 3 of "Marijuana and e-cigarettes: facts teens can use to make healthy choices".

Adaption:

- Conduct a group reading with students following along.
- Have students stand up and create a body movement representing "risk" and a body movement represents "protective", invite them to perform these body movements whenever a "risk" or "protective" factor is mentioned.

Vocabulary

Name: _____ Date: _____

Period: _____

As you read, look for the following vocabulary words that appear in today's article. Write down what you think the words mean based on the "context," or how the words are used in the sentence in which they appear. Next, look up the definitions in a dictionary and see how close your guess was for each word.

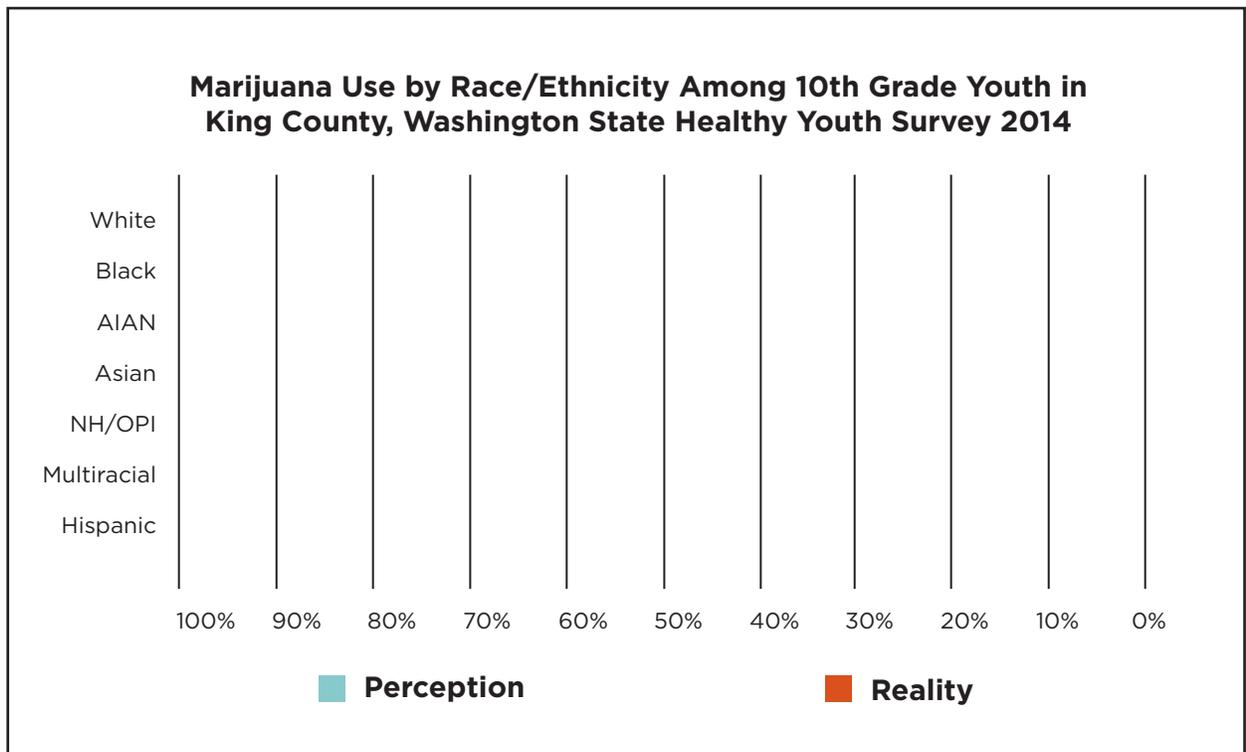
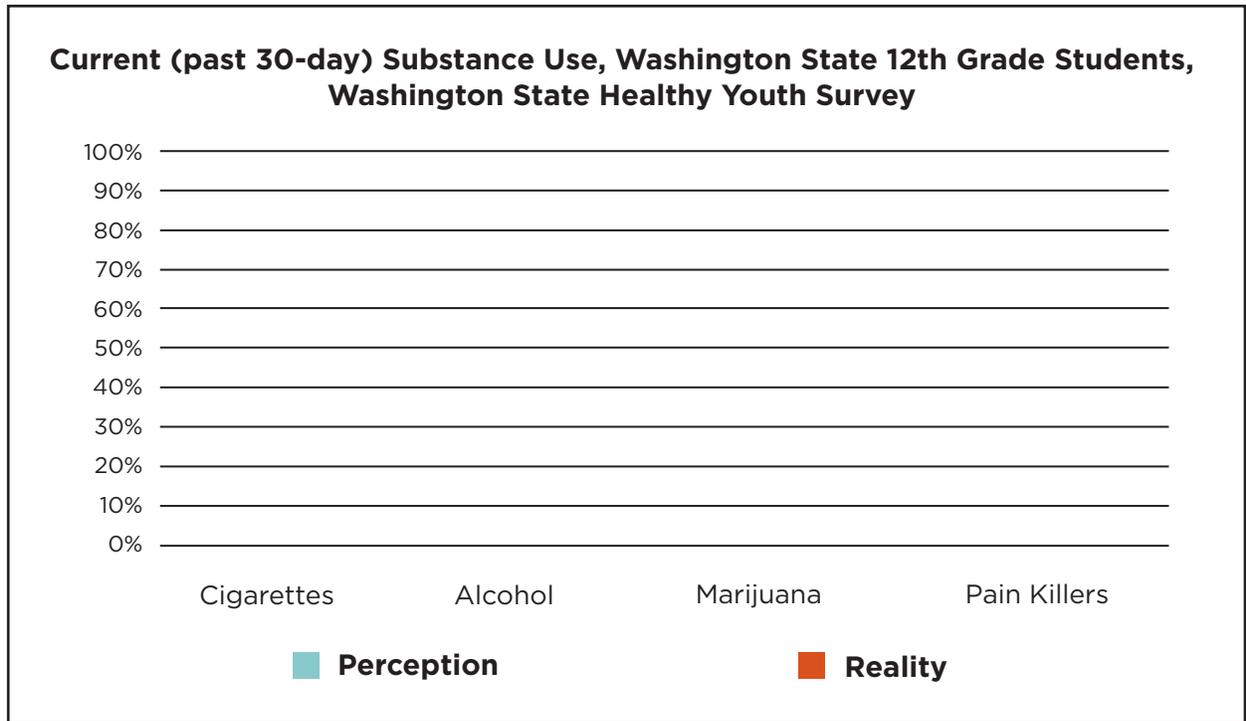
advantage
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agitation
dependence
destructive
disorder
distorting
high-risk
media
misperception
orientation
routinely
techniques
tolerance
withdrawal

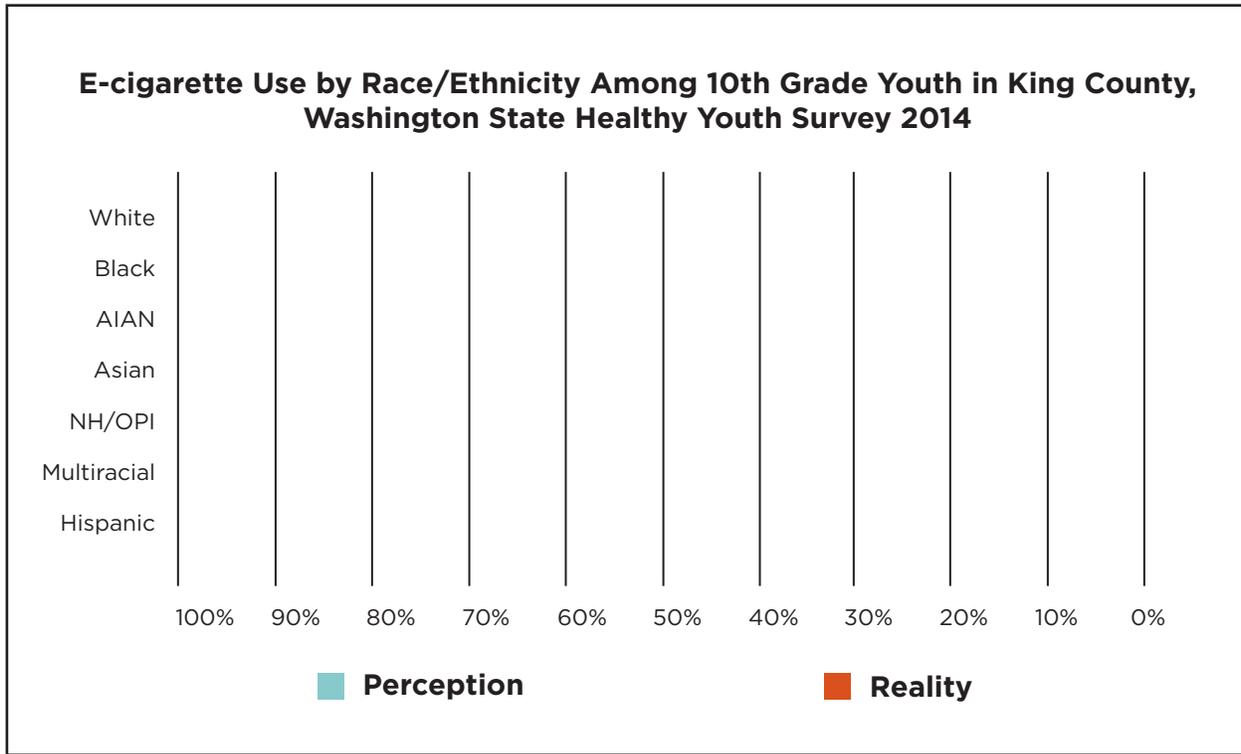
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Assessments/Activity Sheets: "What's your perception?"

Name: _____ Date: _____

Period: _____





In the space below, please reflect on how your perception of student substance use is different and/or the same as the reality of student substance use.

MARIJUANA AND E-CIGARETTES: FACTS TEENS CAN USE TO MAKE HEALTHY CHOICES

Name: _____ Date: _____

Period: _____

Comprehension Questions

Use the information on pages 5 and 7 of “Marijuana and e-cigarettes: Facts teens can use to make healthy choices” to answer the following questions.

Page 5

1. Observe the graphs on this page:
 - a. What percentage of 12th grade students in Washington have smoked cigarettes in the past 30 days?
 - b. What percentage of 12th grade students in Washington have drunk alcohol in the past 30 days?
 - c. What percentage of 12th grade students in Washington have drunk alcohol in the past 30 days?
 - d. What percentage of 12th grade students in Washington have used pain killers to get high in the past 30 days?
2. How much more likely to use tobacco were students who routinely saw online ads?
3. What are advergames? Why are they effective for advertisers?
4. According to the 2014 Washington State Healthy Youth Survey, about how many high school seniors do not use marijuana?

Page 7

5. What are some symptoms of marijuana withdrawal?
6. What are some typical signs of substance dependence?
7. What percentage of American adults report being in recovery from abuse or addiction?
8. Observe the graphs on this page:
 - i. Which group has the highest marijuana use?
 - ii. Which group has the lowest marijuana use?
 - iii. Which group has the highest e-cigarette use?
 - iv. Which group has the lowest e-cigarette use?

Answers to Comprehension Questions

Page 5

1.
 - a. 13 percent
 - b. 33 percent
 - c. 27 percent
 - d. 6 percent
2. 71 percent more likely
3. Advergaming is a technique used by marketers to blur the advertisement and content. They are effective because often consumers do not recognize that they are viewing an ad, which makes them more vulnerable to the persuasive arguments.
4. About 3 out of every 4 high school seniors do not use marijuana.

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5. Symptoms of marijuana withdrawal include restlessness, irritability, mild agitation, insomnia, sleep (EEG) disturbance, nausea, sweating, runny nose and cramping.
6. Typical signs of substance dependence include an increase in tolerance, losing control of usage, or being unable to stop use.
7. More than 10 percent of American adults report being in recovery from abuse or addiction.
8.
 - i. 10th graders that identify as AIAN (American Indian/Alaska Native) had the highest marijuana use.
 - ii. 10th graders that identify as Asian had the lowest marijuana use.
 - iii. 10th graders that identify as AIAN (American Indian/Alaska Native) had the highest e-cigarette use.
 - iv. 10th graders that identify as Asian had the lowest e-cigarette use.

MARIJUANA AND E-CIGARETTES: FACTS TEENS CAN USE TO MAKE HEALTHY CHOICES

Developing Refusal Skills

Standards

H4.Su3: Describe verbal and nonverbal communication skills to avoid tobacco, alcohol, and marijuana.

H7.Su3: Demonstrate use of refusal skills to avoid substance use.

H3.Su4: Analyze valid and reliable information to prevent or treat substance dependency and addiction.

Objectives

1. Students will identify and practice using refusal skills to avoid substance abuse.
2. Students will evaluate resources for preventing and treating substance abuse.

Materials

- Page 8 of “Marijuana and e-cigarettes: facts teens can use to make healthy choices”
- Paper
- Pencils
- Computer/internet access
- Newspaper articles about addiction (optional)

Opening Question:

If someone at a party offered you drugs, how confident are you that you could refuse?

Pretend you are at a party with a few friends, at one point you don't see anyone you came with. You go into the bathroom, and all of them are in there smoking marijuana that a classmate gave them. They automatically expect you to join them, but you don't want to—and now you don't know how you're going to get home because the friend you rode with is smoking. You don't want to get into a car with someone who is high. What do you do?

Procedure

1. Have students visit www.thecoolspot.gov/right_to_resist.aspx to learn more about and practice refusal skills. Students can use what they learned to revise how they would plan to deal with the situation from the warm-up activity. Discuss what students decided to change? Why?
2. Make a T chart in front of the class. Label one side “looks like” and one side “sounds like”, ask students to brainstorm ideas for what effective refusal skills look like and sound like.
3. Once you have a good list, ask students to stand up, find a partner, and demonstrate good resistance technique (i.e. standing up straight, making eye contact, being direct). Next ask students to find a new partner and demonstrate bad resistance technique (i.e. slouching, mumbling, and looking away). Repeat this a few times as needed. Reflect on how students feel using each technique.
4. In small groups, ask students to role play the situation described in the warm up to practice refusal skills, with one person being the refuser.
5. Students should then create a new situation in which they might be offered marijuana or another illegal substance. Students can take turns being the ‘refuser’. They may choose to follow the S.T.O.P. refusal skill model, or try out different ones to see which feels most natural:

S.T.O.P. Refusal Step Model

1. Say “NO” in a firm voice
 2. Tell why not
 3. Offer other ideas
 4. Promptly leave
6. As a class, review Page 8 of “Marijuana and e-cigarettes: facts teens can use to make healthy choices”.
 7. Ask students to visit at least two of the online resources available on the bottom of page 8 and to fill out the corresponding resource evaluation grid.

MARIJUANA AND E-CIGARETTES: FACTS TEENS CAN USE TO MAKE HEALTHY CHOICES

Extension

Defining Addiction

1. Divide the class into small groups (the activity will work best if there is an even number of students). Give each student a copy of one of the following two articles from The Seattle Times (or you can use other articles that you think would be appropriate for your students).
 - Redefining addiction guidelines could impact insurers, taxpayers
 - Genes tied to cigarette addiction
2. After students are done reading and marking up their article, have them get into pairs or small groups (with at least one person who read each article represented in each group). Students will then give a basic overview of the article that they read to the rest of their group.
3. Using what they learned from the article students should work together to brainstorm answers to the following questions:
 1. What is addiction?
 2. What causes/contributes to addiction?
 3. What are some signs of addiction?
 4. How does addiction affect the community?
 5. What are some barriers to dealing with addiction?
 6. How can you support someone going through addiction?
4. Students may choose to conduct other research on addiction. They might design their own posters or public service announcements informing others about addiction.

MARIJUANA AND E-CIGARETTES: FACTS TEENS CAN USE TO MAKE HEALTHY CHOICES

Assessments/Activity Sheets: Resource Evaluation Grid

Name: _____ Date: _____

Period: _____

Resource Evaluation Grid

	Example	Resource #1	Resource #2
What is the name of this resource?	The Cool Spot – The right to resist		
Who provides this resource?	National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, U.S. Department of Health and Human Services, USA.gov		
How do you contact this resource?	This resource is a website – it is not a direct contact website.		
In what ways might this resource be helpful?	To learn how to refuse substances such as marijuana and alcohol.		
Are there any drawbacks to this resource?	There this is no direct person that you can speak to if you are having a problem.		
Describe a situation where you might direct someone to use this resource?	I might tell a friend to use this resource if they were having trouble saying “No” to marijuana and alcohol.		

MARIJUANA AND E-CIGARETTES: FACTS TEENS CAN USE TO MAKE HEALTHY CHOICES

Redefining addiction guidelines could impact insurers, taxpayers

Originally published May 11, 2012 at 10:05 p.m. at seattletimes.com | Updated May 12, 2012 at 8:34 a.m.

The Diagnostic and Statistical Manual of Mental Disorders dictates whether insurers will pay for treatment; courts use it to assess whether a criminal defendant is mentally impaired; and pharmaceutical companies rely on it to guide research.

By *Ian Urbina*

WASHINGTON — Psychiatrists and other specialists rewriting the manual that serves as the nation's arbiter of mental illness have agreed to revise the definition of addiction, which could result in millions more people being diagnosed as addicts and pose huge consequences for health insurers and taxpayers.

The revision to the manual, the Diagnostic and Statistical Manual of Mental Disorders, or DSM, would expand the list of recognized symptoms for drug and alcohol addiction, while reducing the number of symptoms required for a diagnosis, according to proposed changes posted on the website of the American Psychiatric Association, which produces the book.

In addition, the manual for the first time would include gambling as an addiction, and it might introduce a catchall category —“behavioral addiction—not otherwise specified”—that some public-health experts warn would be too readily used by doctors to diagnose addictions to shopping, sex, Internet use or playing video games.

The manual has long been embraced by government and industry. It dictates whether insurers, including Medicare and Medicaid, will pay for treatment, and whether schools will expand financing for certain special-education services.

Courts use it to assess whether a criminal defendant is mentally impaired, and pharmaceutical companies rely on it to guide their research.

The broader language involving addiction was debated this week in Philadelphia at the association's annual conference and is intended to promote more accurate diagnoses, earlier intervention and better outcomes, the association said. “The biggest problem in all of psychiatry is untreated illness, and that has huge social costs,” said Dr. James Scully Jr., chief executive of the group.

The addiction revisions in the manual, scheduled for release next May, have provoked controversy similar to concerns raised about proposals on autism, depression, bipolar personality disorder and other conditions.

While the association says the addiction changes will lead to health-care savings in the long run, some economists say 20 million substance abusers could be newly categorized as addicts, costing hundreds of millions of dollars in additional expenses.

“The chances of getting a diagnosis are going to be much greater, and this will artificially inflate the statistics,” said Thomas Babor, a psychiatric epidemiologist at the University of Connecticut and an editor of the international journal *Addiction*.

Misdirected treatment

Many diagnosed as addicts under the new guidelines would have only a mild problem, he said, and scarce resources for drug treatment in schools, prisons and health-care settings would be misdirected.

The psychiatric association's review panel has demanded more evidence to support the revisions on addiction, but several researchers involved with the manual have said the panel is not likely to make significant changes to the proposal.

The controversies about the revisions have highlighted the outsize influence of the manual, which brings in more than \$5 million annually to the association and is written by a group of 162 specialists in relative secrecy.

While other medical specialties rely on similar diagnostic manuals, none have such influence.

“The DSM is distinct from all other diagnostic manuals because it has an enormous, perhaps too large, impact on society and millions of people's lives,” said Dr. Allen Frances, a professor of psychiatry and behavioral sciences at Duke, who oversaw the writing of the current version of the manual and worked on previous editions.

He has been one of the most outspoken critics of the new draft version, saying overly broad and vaguely worded definitions will create more “false epidemics” and “medicalization of everyday behavior.”

Frances has also questioned whether a private association, whose members stand to gain from treating more patients, should be writing the manual, rather than an independent group or a federal agency.

Alcohol addiction

Under the new criteria, people who often drink more than intended and crave alcohol may be considered mild addicts. Under the old criteria, more serious symptoms, such as repeatedly missing work or school, being arrested or driving under the influence, were required before being diagnosed as an alcohol abuser.

Dr. George Woody, a professor of psychiatry at the University of Pennsylvania School of Medicine, said that by describing addiction as a spectrum, the manual would reflect more accurately the distinction between occasional drug users and full-blown addicts. Currently, only about 2 million of the nation's more than 22 million addicts get treatment, partly because many lack health insurance.

Some critics of the new manual have said it has been tainted by researchers' ties to pharmaceutical companies.

“The ties between the DSM panel members and the pharmaceutical industry are so extensive that there is the real risk of corrupting the public-health mission of the manual,” said Dr. Lisa Cosgrove, a fellow at the Edmond J. Safra Center for Ethics at Harvard. She published a study in March that said two-thirds of the manual's advisory-task-force members reported ties to the pharmaceutical industry or other financial conflicts of interest.

Scully, the association's chief, said the association had required researchers involved with writing the manual to disclose more about financial conflicts of interest than was previously required.

Ties to drug companies

Dr. Charles O'Brien, a professor of psychiatry at the University of Pennsylvania who led the addiction working group, has been a consultant for several pharmaceutical companies, including Pfizer, GlaxoSmithKline and Sanofi-Aventis, all of which make drugs marketed to combat addiction.

He has also worked extensively as a paid consultant for Alkermes, a pharmaceutical company, studying a drug, Vivitrol, that combats alcohol and heroin addiction by preventing craving. He was the driving force behind adding "craving" to the new manual's list of recognized symptoms of addiction.

"I'm quite proud to have played a role, because I know that craving plays such an important role in addiction," O'Brien said, adding he had never made any money from the sale of drugs that treat craving.

Dr. Howard Moss, associate director for clinical and translational research at the National Institute on Alcohol Abuse and Alcoholism, in Bethesda, Md., described strong opposition from many researchers to adding "craving" as a symptom of addiction. He added that he quit the group working on the addiction chapter partly out of frustration with what he described as a lack of scientific basis in the decision making.

"The more people diagnosed with cravings," Moss said, "the more sales of anti-craving drugs like Vivitrol or naltrexone."
—Ian Urbina

Genes tied to cigarette addiction

Originally published April 3, 2008 at 12:00 a.m. at seattletimes.com | Updated April 2, 2008 at 10:58 p.m.

Three separate studies also shed more light on how genetics and lifestyle habits join forces to cause cancer.

By Seth Borenstein

Associated Press

WASHINGTON — Scientists have pinpointed genetic variations that make people more likely to get hooked on cigarettes and more prone to develop lung cancer, a finding that could lead to screening tests and customized treatments for smokers trying to kick the habit.

The discovery by three separate teams of scientists makes the strongest case so far for the biological underpinnings of nicotine addiction and sheds more light on how genetics and lifestyle habits join forces to cause cancer.

“This is kind of a double-whammy gene,” said Christopher Amos, a professor of epidemiology at the M.D. Anderson Cancer Center in Houston and author of one of the studies. “It also makes you more likely to be dependent on smoking and less likely to quit smoking.”

A smoker who inherits these genetic variations from both parents has an 80 percent greater chance of lung cancer than a smoker without the variants, the researchers reported. That same smoker on average lights up two extra cigarettes a day and has a much harder time quitting than smokers who don't have these genetic differences.

The researchers disagreed on whether the variants directly increased the risk of lung cancer or did so indirectly, by causing more smoking.

The three studies, paid for by governments in the U.S. and Europe, are being published in the journals *Nature* and *Nature Genetics*.

The scientists studied the genes of more than 35,000 white people of European descent in Europe, Canada and the United States. Blacks and Asians will be studied soon and may yield different results, scientists said.

Unknown factor

The researchers aren't sure if what they found is a set of variations in one gene or in three closely connected genes.

The gene variations, which govern nicotine receptors on cells, could help explain some of the mysteries of chain smoking, nicotine addiction and lung cancer. These oddities include why there are 90-year-old smokers who don't get cancer and people who light up an occasional cigarette and don't get hooked.

“This is really telling us that the vulnerability to smoking and how much you smoke is clearly biologically based,” said professor Dr. Laura Bierut of Washington University in St. Louis, a genetics and smoking expert who did not take part in the studies. The smoking rate among U.S. adults has dropped from 42 percent in 1965 to less than 21 percent.

Bierut said a simple, inexpensive test could be developed to screen people for the variants. Kari Stefansson, lead author of the largest of the three studies, agreed. He is chief executive of deCode Genetics of Iceland.

Testing risks

Such testing could carry risks of its own, bioethicist Arthur Caplan of the University of Pennsylvania warned. People who have been found to have a genetic predisposition to addiction and lung cancer could find it harder to get health or life insurance, he said.

“The good news is that getting these risk estimates will help focus anti-smoking campaigns, and some people will want to voluntarily get into anti-addiction programs early, where they will probably work better,” Caplan said.

Smoking-related diseases worldwide kill about one in 10 adults, according to the World Health Organization.

Among other findings

- Smokers who get the set of variants from only one parent see a risk of lung cancer that is about one-third higher than that of people without the variants. They also smoke about one more cigarette a day on average than other smokers. This group made up about 45 percent of the population studied.
- Smokers who don't have the variants are more than 10 times more likely to get lung cancer than nonsmokers. Smokers without the variant have about a 14 percent risk of getting lung cancer. The risk of lung cancer for people who have never smoked is less than 1 percent, said another study author, Paul Brennan of the International Agency for Research on Cancer in Lyon, France. Brennan and Amos, working on different teams, linked the genetic variation itself—when triggered by smoking—directly to lung cancer.

Brennan said the nicotine receptors that the variants act on also can stimulate tumor growth. But Stefansson said the increased lung-cancer risk was indirect: The variants led to more smoking, which led to more cancer.

MARIJUANA AND E-CIGARETTES: FACTS TEENS CAN USE TO MAKE HEALTHY CHOICES

Drug Knowledge Quiz

Name: _____ Date: _____

Period: _____

- Name at least three potential health effects of using marijuana:
 - 1.
 - 2.
 - 3.
- What is the psychoactive chemical in marijuana?
- It is illegal to sell an e-cigarette to anyone under the age of _____ in Washington.
- What is “synthetic marijuana” and why is it dangerous?
- E-cigarettes have been approved by the FDA as a “quit smoking aid”.
True
False
- A typical hour-long hookah smoking session involves inhaling _____ times the volume of smoke inhaled from a single cigarette.
- What is an advergame?
- What is a legal consequence of using marijuana as a minor?
- What is a social or health consequence of using marijuana?
- Name a group that is considered to be at “high-risk” for marijuana use.
- Pretend you are at a party with a few friends, at one point you don’t see anyone you came with. You go into the bathroom, and all of them are in there smoking marijuana that a classmate gave them. They automatically expect you to join them, but you don’t want to—and now you don’t know how you’re going to get home because they guy you rode with is smoking. You sure don’t want to get into a car with him if he is high. What do you do?