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WINTER, 1987

# CHOICES

A publication of ABCDE .....  
Alliance of Barrington Communities for  
Drug Education



# LETTERS TO THE EDITOR

ALLIANCE of  
BARRINGTON COMMUNITIES  
For DRUG EDUCATION



ABCDE is a community effort to reduce school-age alcohol-drug abuse. Through its newsletter, CHOICES, ABCDE promotes education and awareness to achieve that goal.

## Peer Pressure

...My Mom is constantly asking me if I have encountered "peer pressure" at parties, or even from my friends. She is very worried about alcohol and drug use and reads all the information she can get her hands on. I can't believe some of the comments made in such articles, some even written by students. They make it seem as if everywhere a teenager turns, someone is shoving drugs or alcohol in your face, forcing you to use it.

I consider myself a part of the "fast lane" and have certainly been in the environment of alcohol and drug use. I have never felt any peer pressure to use any chemicals or any uneasiness when not taking part. I am not saying that I've never been offered a beer, but I have never felt uncomfortable saying "no".

I have never been sneered at or made fun of for my decision either. One just accepts the fact that you don't feel like drinking.

I think that most articles published in such magazines exaggerate peer pressure, and I would just like parents to trust their kids to make their own decision and moralities because all teenagers aren't as bad as they're made out to be.

ELW, Age 15

## On Who's Time?

...For the information of the Barrington Community: Every weekend and holiday of the year the Barrington Police Department is out on the streets enforcing laws concerning underage drinking and illegal substance use. Isn't it wonderful for the taxpayers to know that they are paying the bill for this job



ALL KINDS OF PEOPLE WRITE US

to be done? No! It isn't wonderful, because parents are the people who are responsible for controlling the inappropriate behaviors of their children, and not the taxpayers. Come on parents, kids are drinking on your time- and money!

-J.M., a parent



## Designated Drinkers

...I had a scary dream one night. In the dream, I drove a few friends to a big keg party. They drank but I did not. After awhile the Barrington Police showed up and everybody scattered. In the confusion, my Designated Drinker passengers and I got separated from each other and I drove home alone. The others piled into an already overcrowded car with a very intoxicated driver. In my dream, everyone got home safely that time. When I awoke, I began to question the whole idea of Designated Drivers and Designated Drinkers.

I hope my dream will provide some food for thought for teens who use the Designated Driver system when they party.

M.B.

## Not Alone Now

...I would like to write in support of the efforts of the Alliance of Barrington Communities for Drug Education (ABCDE) and its newsletter "Choices."

Often, in the past the police felt that they were alone in the fight against illegal drug and alcohol use. We no longer feel that we are alone because of the public support shown by ABCDE and the community. This support has greatly aided our enforcement efforts.

The ability of the Barrington community to recognize the problem is the first step toward controlling the drug and alcohol problem that confronts the entire nation. The educational efforts to inform the community by ABCDE have been outstanding, particularly the two summer workshops for community members and professionals. There is no quick fix, but all of our mutual efforts can lead us to our goal of a "drug-free youth."

Keep up the great work!

Jeff Marquette, Chief

Barrington Police Department

## A Worry

...Are you aware of the drug use by Barrington Middle School students? I know, because I saw my younger sister's friends get high on pot and drunk on beer. I am worried about my sister. These are 13 year old kids!

name withheld

## Without Words

...I am reaching a better understanding of peer pressure. Often, it is not spoken words, but the NEED to be in the RIGHT places, doing the RIGHT things in order to be "in".

C.M.

## What do you think?

YOUR COMMENTS PLEASE...Write CHOICES, PO Box 768, Barrington, IL 60010. Include your name and address; only initials will be printed. We reserve the right to edit for space and clarity.

# It's an Illness, It's OK to Recover!

In 1951 the United Nations' World Health Organization published this definition of alcoholism:

Alcoholism is an illness characterized by loss of control over drinking which results in serious problems in any one of the following areas: job, school, or financial affairs; relationships with family and friends; or physical health.

One of the reasons that people do not understand the problems of alcoholism or drug addiction (chemical dependency) is that they have not separated out the myths, images or early memories concerning drunks or drunken behavior. Note that the definition does not include some false ideas like: an alcoholic is someone who drinks every day; if you drink beer or wine, you run little risk of becoming an alcoholic; he could stop drinking if he had the will power; you can't help an

alcoholic until he hits rock bottom.

Abuse of alcohol can lead to alcoholism—a preventable, treatable, progressive illness. Untreated, the disease leads to death.

Now the nation is concerned about the adolescent risk of chemical dependency. The average age of experimentation has dropped to 12.9 years for boys and 11.7 years for girls. If adolescents use alcohol and other mood-altering drugs regularly, some do become extremely dependent on chemicals, most of them psychologically and some physically dependent as well. Whether or not the drug use is related to family, emotional or other problems, these young lives become oriented toward the chemical use instead. It can progress very rapidly to addiction, especially in young males with alcoholic parents.



## TAKING THE FIRST STEP

The decision to seek professional help for a drug or alcohol situation in your family can be, all at once, unnerving, humiliating, confusing and hopeful. There are distinct dangers involved in taking a first step: (1) taking too small a step and not going anywhere, and (2) taking too big a step and falling on your face.

Most of us have been raised to "solve your own problem," either alone or with the aid of family and friends. Unfortunately, if our problem happens to be drug or alcohol abuse, either in ourselves or in a loved one, we become somewhat blinded to the true nature of the problem since we ourselves are a part of it. To solve a problem of chemical abuse in our family we need outside help. But what is the first step?

The first step, as our friends in Alcoholics Anonymous (AA) have said for years, is to admit that what we need is help. As a matter of fact, twelve-step programs such as AA or Narcotics Anonymous (NA), and self-help support programs like Ala-Non have been first steps for many millions of people, particularly if alcoholism or addiction is clearly indicated. But what if the problem is not yet at the level of addiction or alcoholism? And what if there are complicating factors in the individual, family, school, or the social group?

Another first step is that of professional assessment or diagnosis. An assessment includes interviews with the child and his or her family, a psychosocial and chemical use history,

records of educational performance, and may also include results from psychological testing, medical testing (e.g. urine drop screens for drugs), and data from other sources such as teachers, friends, and relatives. As in medicine, diagnosis of a chemical problem is designed to increase our knowledge of the origin and maintenance of a problem. Moreover, diagnosis lets us decide on a next step. If the diagnosis is chemical dependency, then the next step is abstinence, AA and possibly residential treatment. If the diagnosis is use or abuse, a plan must be devised that will effectively alter the abuse pattern. The important point is: the next step cannot be made without the first step. To go directly to a residential treatment program upon discovering that a child is using chemicals may be as irresponsible as not doing anything at all. While you can't kill a mosquito with angry words, a hammer can do more damage than you may intend.

The next steps beyond diagnosis are numerous and specific to each family. They may include counseling, self-help groups, altering the living situation or lifestyle, referral for medical or psychiatric evaluation, parent education programs, educational assistance, etc. If this step does not produce the desired results, it is advisable to try something else along the same lines rather than panic and move on to the next step; after all, it took years to get the problem to this point, and it may take more than a few weeks to change it. Professionals are

equipped with a variety of interventions for people and situations unresponsive to simple suggestions. Furthermore, do not hesitate to seek a second opinion. If you are uncomfortable with the quality of care you are getting from one professional, see someone else.

If several attempts at professional assistance fail, or if the problem becomes worse despite any and all interventions, more control is necessary. At this time, institutional intervention is probably indicated, and this usually means an inpatient alcohol-drug treatment program, an adolescent psychiatric program, or other residential-educational placement. The criteria for seeking inpatient treatment are (1) the actions of the person are endangering self, family, or society, and (2) outpatient, professional intervention has failed.

Finally, it is important that we recognize that regardless of what steps had to be taken to remediate the problem, followup and aftercare are important for the prevention of recurring problems. This may involve support groups at a treatment center, programs such as AA, ongoing counseling or psychotherapy, "tuneup" visits from time to time with whomever one feels comfortable discussing personal issues, and, in general, a commitment to a life of personal growth.

Larry Bennett  
Executive Director  
Barrington Youth Services

# The Whole Family's Involved

Why does a drug abuse prevention program involve understanding and support for children who have alcoholism or addiction in their homes? Mainly because the children, as shown by genetic studies, are more susceptible to developing the disease. In addition, chemical dependency is a family disease—the behavior of family members becomes a response to and is centered around the sick family member; their lives are shaped accordingly. Examine this simple analogy:

Your hand is a family. Pretend that there is a blister on the pad of your thumb (the alcoholic) and the fingers are the spouse and children. Try to do routine things with that hand. Pick up a pencil and write, clean eyeglasses, cut meat. These are routine functions of a hand and those fingers do not function normally as they would if the thumb were healthy. Further, pretend that the blister is there for a long time and becomes more sore. It would not take long for those fingers to curl, crook, or change to accommodate the sore thumb.

The children in an alcoholic home are not victims, they are survivors and through the resiliency found in most of us, each does the best he can. Often, these behavior patterns are maintained when they become adults.

In his book **BROKEN BOTTLE, BROKEN DREAMS: Understanding and Helping the Children of Alcoholics**,\* Charles Deutsch says, "A striking similarity exists among families that have nothing else in common but their alcoholism. Regardless of income or size, or whether it is mom, dad, or both who have alcoholism, most of these families appear to be dominated in various degrees by five conditions: (1) the centrality of the alcoholic and alcohol-related behavior; (2) denial and shame; (3) inconsistency, insecurity, and fear; (4) anger and hatred; (5) guilt and blame."

Deutsch is quick to point out that these characteristics may not be unique to alcoholic families. Families where high stress situations, such as one where a parent is dying, or schizophrenic, or violent, may show these characteristics in comparable strength. He also points out that relatively normal and healthy families share some of these same tendencies, but in a much less powerful and destructive form. It is also important to note that families of alcoholics also know love, fun, and times when warm feelings, pride and laughter



predominate.

This is a disease of denial; the needs of the alcoholic and his denial that he has a problem causes the family to live inconsistently with the needs of other family members. Everything revolves around the alcoholic who believes his own explanations and excuses for his behavior (denial). Children respond with feelings of insecurity, fear, anger and guilt. But, since father (or mother) denies having a problem, these feelings are not acknowledged and must be stuffed inside. The children live by the hope that a promise to quit and a tearful "I'm sorry" are signs of recovery rather than symptoms of the disease. The inconsistencies that occur in the family—when the alcoholic is drinking, when he is not—leads to insecurity and fear. Deutsch quotes one teenager, "We learned to walk on eggshells without cracking a single one." That kind of feeling allows less possibility for normal personal growth and development.

Because children in an alcoholic home are repeatedly disappointed, neglected or abused by the people they love and need most, feelings of anger, even when unexpressed, turn into guilt and anxiety. Each child may enact those unexpressed feelings in his own way: a generalized, helpless rage; a sense that injustice and cruelty are the rules of life; self-pity and feelings that life isn't worth living. Still others may not allow themselves to feel any anger and withdraw. Guilt usually coexists with fear and anger becomes a kind of defense against helplessness and hopelessness.

An understanding, listening, supportive community outside the home can change the chances for these children to grow and develop personal living skills.

\*published by Teachers College Press, Columbia Univ., N.Y., 1982.

## ACOA's

One of my parents is an alcoholic. After attending quite a few Ala-non meetings, I was invited to one for Adult Children of Alcoholics (ACOA). It is great and I've decided to continue in the group. In addition to the support of the new friends there, I've learned that because I was raised in an alcoholic family, I am a candidate for workaholicism and need to learn how to handle stress. Because my family did not always function normally, I need to learn what normal is so that I don't overdo. I worry about how much extra work I take on. ACOAs like myself need to learn how to say no. We do not want to get in the burnout cycle from not knowing our limits. ACOAs tend to be very conscientious, loyal and dedicated workers, but need to avoid being superresponsible on the job—that keeps us from dealing with our personal feelings. If we overdo, our bodies rebel and we develop physical symptoms, maybe heart palpitations, stomach disorders, leg cramps. We tend to ignore these warning signs and fatigue, sleep problems or other signs appear. After a period of slowing up of activities, we start over again.

Experts give these suggestions to ACOAs to help reduce stress (which leads to burnout):

- be aware of priorities and live by them;
- discover limitations;
- learn to meditate daily to reduce stress;
- build in playtime for yourself;
- have friends outside school or work;
- check things out, be realistic about what's happening.
- don't hesitate to seek professional counseling.

ACOA's need to develop these habits. Otherwise, we may move toward abuse of alcohol or other drugs, or depression.

The ACOA group is good for me. I'm comfortable there. Other high school people may want to check it out.

(from a Barrington High School student)





A child cannot control his parent's drinking.

## Family Matters

What can happen when a family functions in a nurturing, supportive system?

- \* Each family member is recognized as a person rather than how tasks are performed.
- \* Individual differences are acknowledged and accepted.
- \* Each member is responsible for his actions and their consequences.
- \* Rules are clearly stated and flexible (few "shoulds").
- \* Atmosphere is relaxed, allowing for warmth and fun.
- \* All feelings are acknowledged and members feel free to talk about their inner feelings.
- \* All subjects are open for discussion; no secrets.
- \* Parents are in agreement with each other, avoiding coalitions with one child or more against the other parent.
- \* The family faces and works out problems and stress.
- \* Each person feels loved and develops a good feeling about himself.



Individual differences are acknowledged and accepted.

## KIDS LIKE US

I bet you think no one knows how you feel when your mom or dad drinks too much, right? Wrong! I do know how you feel because one of my parents is an alcoholic. It is not easy, is it? When I was your age I felt so alone with the problem at home. I was scared to tell anyone, and sometimes when it was really bad, my stomach would hurt because I thought it might be my fault. None of my friends ever spent the night at my house because I did not want them to know. I felt ashamed.

Know what else I felt? MAD! I thought drinking meant that my alcoholic parent did not really love me. I hated those booze bottles, and sometimes I even thought I hated my alcoholic parent. Then I would feel guilt, and my stomach would hurt more.

When I grew up and moved away, I met other people who were like me. We talked a lot, and I learned a lot about drinking problems like the one that messed up my family. I felt free at last! You will probably feel that way some day too, even though it does not seem possible to you now.

I wish I had known the truth about alcoholism when I was your age. It would have made me feel a LOT better. I care about you, and I want you to know these facts. Please try to remember them when things get bad.

**FACT 1.** Alcoholism is a disease, just like diabetes or heart trouble. Your parent is not a bad person; he or she just has a disease that makes him or her lose control when drinking...they do not want to be sick. Maybe the disease makes them do mean or stupid things that they would not do if they were well.

**FACT 2.** You cannot control your parent's drinking. And it is NOT YOUR FAULT. So do not worry about hiding the bottles or trying to be perfect so you will not trigger a drinking spree. No one is perfect and you are not the reason why your parent drinks.

**FACT 3.** You are not alone. There are lots of kids just like us--7 million children with alcoholic parents in America.

**FACT 4.** You can talk about the problem, and it will make you feel better. There is a group of kids just like us called Alateen.

Even if you cannot go to Alateen meetings, please don't forget the four facts, O.K.? They will make you feel better.

A Friend Who has Been There

(adapted from "Helper Kit" for children of alcoholics, Nat'l Inst. on Alcohol Abuse and Alcoholism)

## DO YOU KNOW HOW TO HELP?

If a child from an alcoholic home turns to you for guidance or friendship, here are some "do" and "don't" hints that may be helpful.

- (1) DO follow through; you may be the only person the child has approached about the family problem. Develop an awareness of resources (see back page of CHOICES).
- (2) DO listen; encourage the child to talk about what he-she likes and dislikes about his-her life.
- (3) DO make sure he-she understands 3 basic facts.

-He or she is not alone; there are more than 7 million children of alcoholics under age 20 in the U.S.

-The child is not responsible for the problem and cannot control a parent's drinking behavior.

-The child is a valuable worthwhile individual and is special for being himself or herself.

- (4) DO be aware that children of alcoholics may be threatened by displays of affection, especially physical contact.
- (5) DO be aware of your own

limitations; help the child seek an appropriate helping professional if needed.

(6) DON'T act embarrassed or uncomfortable when the child asks for help. It may be discouraging for the child and increase his or her sense of isolation and hopelessness.

(7) DON'T criticize the child's parents or be overly sympathetic. The child may gain the greatest benefit just by having an adult friend with an understanding ear.

(8) DON'T share the child's problems with others who do not have to know. This is important in terms of building trust with the child and also protects the child from peers and others who might "label" him or her.

(9) DON'T make plans with the child if you can't keep the date. Stability and consistency in relationships are necessary if the child is to develop trust.

(10) DO limit your discussions to the feelings of the child and his or her understanding of the disease of alcoholism.

# Who do you like least?

Some ways of giving and taking chemicals are listed. RANK them from 1-10, according to your feeling about each. Number ONE is the person toward whom you have the MOST POSITIVE feeling. The only right answer is your honest answer, including no answer at all.

- Someone who offers marijuana to a friend.
- The grandparent who serves wine to everyone in the family, young and old, at Thanksgiving dinner.
- A babysitter who gives children's aspirin to a cranky tired child.
- A neighbor who offers you a few valium to help you during a time of personal stress.
- A person who continues to smoke at a meeting without asking non-smokers if it bothers them.
- The bartender who serves a regular customer who appears to be intoxicated.
- The older brother who supplies beer to his sister and her high school classmates.
- The manufacturer of colorful, cleverly shaped, sweet tasting vitamins advertised to "help children grow big and strong."
- A person who gives his pet beer in order to entertain his friends.
- The executive of a corporation who knowingly allows pollutants to be put into the air we breathe.

# IT'S O.K. TO ASK!

Many people have problems which require the help of a professional mental health person--psychologist, psychiatrist, social worker, or counselor. CHOICES asked Ken and Barbara Holliday, Barrington psychologists, to suggest the kind of questions to ask which will help with the selection process.

## WHO TO CALL?

To get recommendations for a therapist talk to people you trust, such as friends who have successful experiences in counseling, your physician, minister, or school personnel when a child is involved. If these sources are not available therapists are listed in the yellow pages. Whatever advice you are seeking or problem you are trying to resolve, be sure to call as many professionals as it takes until you feel comfortable with the answers to your questions. It will be important that you have confidence in the professional you choose so that you can work openly and honestly in therapy.

## BASICS TO ASK

Describe your problem and ask if the professional handles that type of problem, if yes, then ask:

How soon can I have an appointment? What are your fees? Will insurance cover part of the cost of therapy with you? Where is your office located?

What is your training and professional experience? With what types of clients do you work?

You need to know that the therapist deals with problems of your type and how much experience he-she has had with that problem. If he does not handle the problem you are presenting, ask for the name of another professional who does.

What are the diagnostic procedures you use to determine the specific cause of my problem and solutions for it?

A variety of diagnostic procedures and therapeutic approaches may be used; be sure you understand this process and ask questions for clarification.

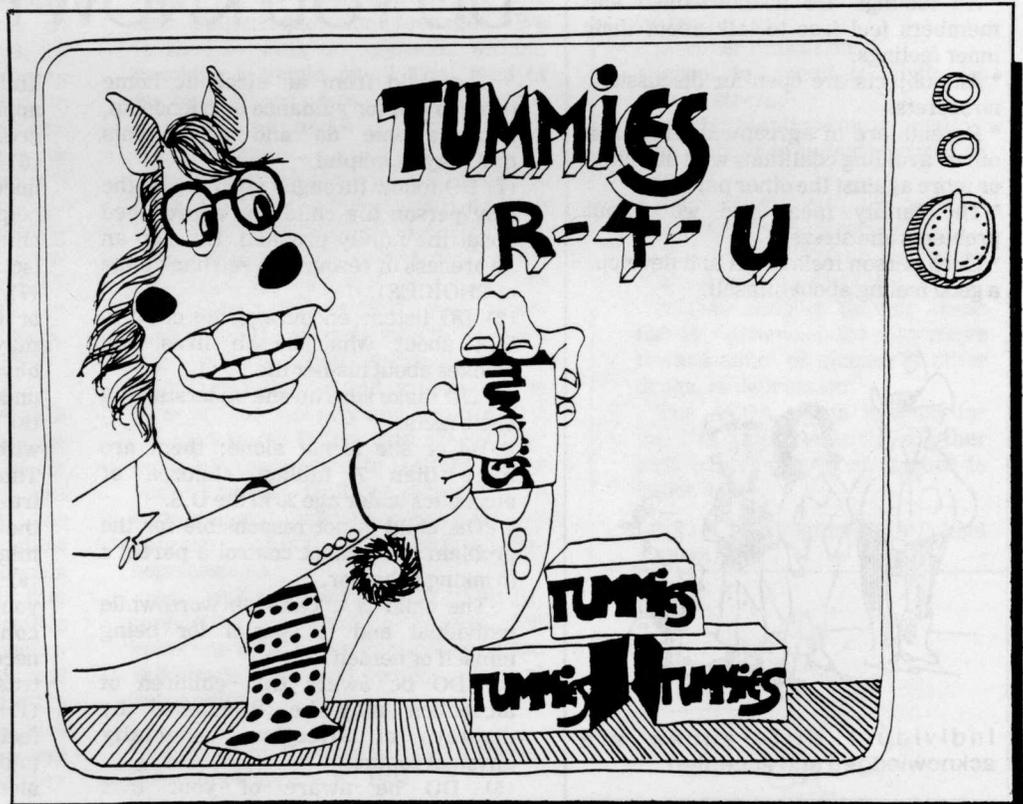
How will I define goals for my therapy and how will I know I am making progress toward those goals?

Each therapist will answer this question based on his own therapeutic orientation. You as the client need to know how to assess your progress toward your goals in counseling.

"Success" depends on several factors, including the therapist's skill at choosing an appropriate intervention strategy and the client's willingness to follow through with appropriate tasks between sessions. But the therapist should be able to indicate the criteria for "success."

Length of time varies and depends on the severity of the problem and the therapist's orientation.

**Drugs advertised on TV are meant to be taken only when you are sick**



# Don't call me 'chicken'

Peer pressure: what is it? To me, it is the "push" and tension that I feel when my friends or others my age want me to do what they are doing—to go out partying, be rude to another student, or talk back to a teacher. I think of it as a negative thing.

Sometimes the pressured feeling comes from spoken words; people tell you what to do as if you can't think for yourself. "You're chicken if you don't play quarters." "You can't handle a couple of beers cuz you're too goody." "You won't cut the class because you're scared the teacher will lower your grade." Teasing and cutting down a person so that he or she will conform to what the group wants can be devastating.

There is also the non-verbal body language of friends, a silent pressure which makes you know what people want you to do. One Saturday night at a "big bash," my good friends and I were sitting around a big table loaded with a case of beer, cigarettes, a towel, a glass, and a quarter for playing the game of "quarters." (This is a drinking game where beer is chug-a-lugged if a flipped quarter misses the glass.) We

all sat staring at the table and the beer. "Well, who's going to start?" someone said, and they all looked at me. I told them I wasn't playing and would just watch. At that moment I could "feel" all of their eyes on me and "hear" all their inner thoughts about me. Because of the way they were looking at me, I felt like yelling at them, telling them I didn't need to drink to have a good time and that I could have just as much fun drinking pop and talking to everyone. But, I didn't say anything like that; I felt devastated because there was nothing I could do except make myself feel as small as possible and just sit there. My reaction hit hard as I drove home that night. I felt lucky that I didn't give in to the silent pressure just to fit in. Some people do.

It is difficult to deal with peer pressure in high school. It is a tender, sensitive time of wanting to be your own person, yet wanting to fit in. After trying the first time not to give in, it isn't as difficult the next time—if you remember that you are your own person.

(By a Barrington High School student)



do you know if your sitter drinks on the job?

## Teach kids what they CAN do

Research supports the concern of parents and teachers about peer pressure being a major factor in drug and alcohol abuse. The single most powerful factor in predicting future drug and alcohol abuse may be the fact that a child or adolescent's friends are using illegal drugs or approve of their use. Hence, we constantly remind our children to avoid peer pressure, to avoid the influence of the crowd. Yet the message seems to be disregarded by a large number of teens.

In an article, "Why Teaching Kids to Avoid Peer Pressure Won't Work" (Prevention Forum, March 1986), Anthea George, Director of Life Skills Training Assoc., Inc., offers the suggestion that we teach kids what they CAN do. We need to show more interest in encouraging success than in preventing failure.

According to George, peer pressure is the opposite of self-direction. Rather than teaching young people to avoid peer pressure, we need to teach them about choices and doing what is right for them. Peer pressure is not so much an outside force as it is a lack of internal structure. She claims that we should worry less about peer pressure because there will always be a desire to conform; replacing this desire with fear about the consequences of conforming is a counterproductive effort. It is impossible to convince a

teenager that his or her own friends are really the enemy to be avoided. Peer pressure has not grown stronger—individual control has gotten weaker.

What then? George suggests that we concentrate our efforts on developing the desire to control one's own life and to achieve success. At the core of self-direction is the ability to solve personal problems and to make decisions. It is impossible to do the right thing for yourself without having these skills. Research indicates that successful and self-controlled people have different beliefs and problem solving skills than those who are less successful and self-controlled. These beliefs and skills enable them to direct their own life and to know what is right for them.

Successful and well-adjusted teens have five separate beliefs that unsuccessful teens do not have:

1. What happens to me is caused in some way by what I do or decide;
2. Good things will happen if I make good decisions and take positive action;
3. Few problems are without an opportunity or a challenge somewhere;
4. There are many more choices in life than it first seems;
5. I can deal with life's problems.

George believes the last belief is the most important. I can handle it—emphasize the "I." Without this positive expectation, others will

provide direction and answers.

Another positive step is to learn the skill of problem solving and decision making through a five step process the author refers to as IDEAL:

- Identify the problem
- Describe the possibilities
- Evaluate the ideas
- Act out a plan
- Learn for the future

Learning for the future involves learning from both positive and negative experiences in order to grow. Obstacles can be turned into opportunities and challenges.

The two greatest failures are the failure to learn and the fear of failing itself. The latter is perhaps the most significant obstacle in the way of success; it is a negative and self-destructive emotion. Expect failure and prepare for it! It is less likely to happen or have negative effects if a person doesn't dwell on failure.

Teens can practice decision making skills CONSCIOUSLY every day. In Anthea George's view, "...deciding whether to be successful, and being successful, in part, is being drug and alcohol free."

(For a copy of Ms. George article, send a long, stamped, self-addressed envelope to PEER PRESSURE, CHOICES, PO Box 768, Barrington, IL 60011.

# 'Keep doing more of the same'

Chemical abuse is a continuum: little kids react to adult alcoholism or addiction and, when older, respond by using alcohol and other drugs inappropriately. In other words, "Kid's behavior (drug use) is related to someone else's use." With this in mind, Earl J. Emery, Substance Abuse Specialist for Springfield (Ohio) City Schools, advised the ABCDE Board of Directors that drug abuse is not a problem to be solved, but a dilemma to be managed. Emery was contracted by school district 220 and ABCDE to look at our community and school drug abuse programs and services to be sure they were consistent and on-target.

Concerning ABCDE, Emery reported that we need to "recognize that this group has performed a giant role in the community's response to alcohol and other drug use-abuse and has a continuing role to play..." Emery emphasized that ABCDE needs to give continued attention and focus to these issues:

1. support for organizations who adopt intervention policies (e.g., police, schools);
2. support agencies who provide assessment and treatment services for families and students;
3. support recovering families by establishing a philosophy in the community that it is "O.K. to recover from a chemical problem";
4. provide recovering adolescents with opportunities to take part in healthy alternatives;

## LOOKING AT THE FUTURE

According to Dr. Robert DuPont, the teen ages between 14 and 21 are pivotal in determining the extent of future drug use. He observed, "If we can delay drug taking decisions until they are older and wiser, we will have gone a long way." Dr. DuPont of Georgetown Medical School, Washington D.C., is president of the American Council on Drug Education and a former director of the National Institute on Drug Abuse. His findings are based on clinical observations and discussions with counselors, educators and other physicians.

In a talk at a conference of the National Parents' Resource Institute for Drug Education (PRIDE) in Atlanta, DuPont commented that teens who could be more prone to drug use may have some of these traits: impulsive; pessimistic; lacking in ambition; have trouble thinking beyond the next five minutes; lack empathy for others; tendency to react passively to punishment; ability to lie without feeling guilt. He offered some suggestions to parents which may help discourage potential drug use.



Barbara Meyer, Joan Toren and Earl Emery talk about ABCDE goals.

5. support families who give their underage children the message that it is not acceptable for them to use alcohol and other drugs;
6. continue to confront the problem at its age-specific behavior with appropriate programs (e.g. offer personal skill building exercises at early ages, consequences when experimentation or use surfaces, etc.);
7. continue to seek out and help the 20% of high risk youth (20-30% of students live with an alcoholic parent).

Emery commented that not too many communities have as much going on in prevention and intervention programs. However, like the never ending battle with crab grass, the battle against drug abuse by school age youth is a never ending dilemma to be managed.

# WRONG IS WRONG

Of the many books about children and drugs, one with very straightforward information for parents is a paperback by Bob Meehan called "Beyond the Yellow Brick Road" (Contemporary Books, Inc., Chicago, 1984). Meehan, a drug addict and alcoholic has helped thousands of kids and parents during the 16 years that he has not used alcohol or other drugs.

His book covers all the reasons why kids take drugs. But the most helpful part of his book is the no-nonsense guide for parents. Wrong is wrong, he says, and parents need to be clear that their love will not allow a child to destroy himself or his family. Meehan distinguishes between love and permissiveness; he defines love as "not accepting wrong behavior." Love requires that we distinguish between the person (who is good) and the person's behavior (not always good). Permissiveness is tolerating wrong behavior.

On a WGN radio talk show, Meehan said, "Parents who back up their limits like themselves for the message they give to their kids." They are influenced more by the things parents do than by what they say.



-Help teens become more future oriented to diminish the craving for immediate gratification from drugs.  
 -Make punishment (consequences) so unpleasant that kids want to be good (not use drugs).  
 -Talk to teens frequently about where things are going. Let them know you're on their side.  
 -Reinforce honesty. Tell children, "If you have to lie about something you're thinking about doing, don't do it."

## CREDITS

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# Highlights of teen drug survey

The University of Michigan conducted its 11th national drug survey of seniors (1985) using 16,000 students from 132 public and private high schools. The drop in reported teen use of illegal drugs, alcohol and cigarettes since 1980 seems to have stalled.

- Cocaine use increased 1 percent over last year; 17 percent of the '85 seniors had tried it at some time while 7 percent used it in the month prior to the survey. Cocaine use rose regardless of students' college plans and sex; all regions of the country except the South reported an increase.

- Daily alcohol use among the seniors increased slightly to 5 percent; monthly and annual use decreased slightly. However, 45 percent of boys and 28 percent of girls reported drinking heavily (5 or more drinks in a row) at least once in the prior two weeks.

- While marijuana use had decreased since 1979, it remained the same as the 1984 level in this survey. About 5 percent use marijuana daily (11 percent in 1979). It is the most widely used illicit drug in the group surveyed. Alcohol is the most used drug but is considered a legal or licit drug.

- Daily smoking of cigarettes rose from 19 percent in 1984 to 20 percent in 1985. (peak was 29 percent in 1977)

- PCP use increased with about 5 percent having tried the drug (use of this dangerous drug seems to be concentrated in areas in and around larger cities).

- Amphetamines are the second most widely used illegal drugs, followed by cocaine. Just under 7 percent had used amphetamines in the past month; 26 percent reported trying them at some time. LSD and methqualone (Quaalude) use had declined.

- Overall, 61 percent of the class of 1985 reported trying an illicit drug at some time in their lives, with 40 percent using a drug other than marijuana (almost identical to class of '84). Active use of an illicit drug in the month prior to the survey was reported by 30 percent. Half used an illicit drug other than marijuana and half used marijuana only.

Lloyd D. Johnston, director of the survey, commented that the "rates of illicit drug use which exist among American young people today are still troublesomely high and certainly remain higher than in any other industrialized nation in the world." The fact that the use of cocaine, one of the most dependence-producing substances known to man, is once again increasing gives grounds for real concern.

THE NATIONAL COUNCIL ON ALCOHOLISM says

- that 3.3 million teens have serious drinking problems
- that some 100,000 ten and eleven year olds get drunk at least once a week, usually on beer or wine.

## GENETICS

Modern research is making it increasingly evident that heredity is a major contributing cause of alcoholism and alcohol abuse. In his research at Tufts' Medical School, psychiatrist Dr. Domenic Ciraulo discovered that alcoholics respond differently to a Valium-like drug, alprazolam. Alcoholics got a euphoric feeling from the substance, while people who weren't alcoholics and weren't related to alcoholics didn't like the drug and didn't get euphoric. "We think this reflects a basic difference in the nervous system of alcoholics--specifically, either something different in brain receptors or an alteration in neurotransmitters," he said. Further research will include sons of alcoholics to see if they respond the same way to alprazolam. "If so, this could mean that their predisposition to alcoholism lies in the fact that they have a different nervous system."

Dr. Ciraulo is also examining the effects of a compound produced by the body called salsolinol. When a person drinks alcohol, his body manufactures salsolinol, which is believed to have an addictive, opiate-like quality. "Some people can take alcohol or leave it, but those who form higher amounts of salsolinol may be predisposed to alcoholism because alcohol feels better to them and is more addictive."

A recent pamphlet of the National Institute on Alcohol Abuse and Alcoholism describes other significant research concerning the inheritance of alcoholism. If reliable biological indicators of alcoholic predisposition can be found, then individuals who have those indicators can make informed choices about drinking.

(Sources: "Tufts Journal" vol. 7, No. 15, 6-19-86, and "Alcoholism: An Inherited Disease," U.S. Dept. Health & Human Services publ (ADM)85-1426)



learn about drugs before your kids do.

**Recovery  
from drug  
addiction  
is OK!**

## Most cocaine use starts with marijuana

By Mark S. Gold, M.D.

From everything we know about the vulnerability of the young to neural insult we should be alarmed about developing organisms being exposed to illicit drugs. In addition, young adults and adolescents are more likely to use prescription drugs for non-medical reasons. Adolescents progress to the use of multiple substances more quickly than adults and are more likely to use several substances concurrently. Those substances that pose risks to the greatest number of adolescents are alcohol, marijuana and cigarettes, followed by stimulants, including cocaine.

It seems that today some people view cocaine use as if it were a separate drug-using phenomenon. On the contrary, people who use cocaine have already experienced the use of other drugs, especially marijuana. Ninety-eight percent of the people who have tried cocaine in their lifetime have also used marijuana and at least 93 percent used marijuana first. The probability of cocaine use increases with the frequency of marijuana use. Nearly three-fourths of adults who have used marijuana 100 times or more have tried cocaine.

Eighty-four percent of the current cocaine users are also current marijuana users. In addition, 80 percent of current cocaine users report having five or more drinks in a row at least once in the two weeks prior to interview, and 50 percent smoke cigarettes daily. Thus, the population at risk for cocaine use has not only tried marijuana but is more likely to be current and frequent users of marijuana.

From *PRIDE*, Vol. 7, No. 1, Jan. 1986, editorial. Dr. Gold is Director of Research at Fair Oaks Hospital, Summit, NJ; founder of the 800-COCAINE information hotline; and author of 800-COCAINE.

# CRACK

CRACK is a new form of smokable cocaine which is experiencing an unprecedented and alarming popularity among teenagers. It is also increasingly available and cheaper than the powdered form of cocaine.

CRACK has two unique properties. First, it is cheap and easy to make by mixing cocaine with baking soda and water. When this paste hardens, it is broken into small pieces resembling soap chips or professionally pressed into small pellets. These pellets are sold for \$10 to \$15 each.

Second, CRACK is highly addictive. This form of cocaine is five to ten times more potent (it is smoked) than sniffing cocaine powder. It reaches the brain in less than 10 seconds but the resulting euphoric high lasts about 15-20 minutes, and is followed by a crushing depression. It is the depression that causes the CRACK users to crave another hit of the drug within a few minutes after taking the first one. CRACK addicts report addiction occurred after as few as two uses.

While cocaine is a local anesthetic, it is also a central nervous system stimulant. Some persons may overdose at low dosages if they are particularly susceptible to the drug's effects: quickened pulse and circulation; increased blood pressure, heart rate, breathing rate. This is followed by depression, nervousness, irritability, loss of sensitivity to heat and cold, hunger, weariness. At slightly higher dosages, massive seizures can occur, with cardiorespiratory failure and death.

## PCP It's for animals

Phencyclidine, or PCP, was developed in the 1950s as an anesthetic agent in human surgery but was discontinued due to unwanted, unpleasant side effects, chiefly hallucinations. Today, its only legal use is in veterinary medicine.

PCP (angel dust, killer weed, supergrass, hog, elephant tranquilizer) is a potent drug found in pure white crystal-like powder, tablet or capsule form. It can be swallowed, smoked, sniffed, or injected. Sometimes PCP is sprinkled on marijuana or parsley and smoked.

Effects vary and are unpredictable. Angel dust can cause increased heart rate and blood pressure, flushing, sweating, dizziness, and numbness. Larger doses can cause drowsiness, convulsions, and coma—or death from repeated convulsions, heart and lung failure, or ruptured blood vessels in the brain. Aggressive and violent behavior can appear in persons who are not normally that way; this behavior can lead to death from drowning, burns, falls, and car accidents.

## SMOKERS

It takes just 3 seconds for a cigarette to affect you— it makes your heart beat faster, shoots your blood pressure up, replaces oxygen in your blood with carbon-monoxide, and leaves cancer-causing chemicals to spread through your body. At least 60% of the smoke you inhale is gas, including acrolein, cyanide, nitric oxide, acetone, ammonia, and carbon monoxide.

If you quit and STAY off cigarettes, your body starts repairing the damage. In most cases, it can be as if you never smoked. Then you have better wind for sports and dancing; food tastes better; food, flowers, and you smell better; you'll have more money in your pocket.



nicotine makes you nervous!

## Early drinking and the immature brain

Neurologists report that the earlier the age of alcohol abuse, the more serious the physical and cognitive impairment. Early onset alcoholics display more severe patterns of alcohol misuse than late-onset alcoholics. Indeed, age of onset appears to be a more important factor than duration of excessive drinking for determining pathological drinking patterns.

The researchers speculate that the physical immaturity of the brain may make adolescents more vulnerable. The development of myelin sheaths that protect brain fibers and stabilize impulse conduction is not completed until the early twenties. The last areas of the human brain to complete myelination are the frontal regions which have a particular sensitivity to the deleterious effects of alcohol. Thus, excessive alcohol intake may have more serious negative consequences for the future cortical functioning of the young developing brain than for the mature brain.

*G.P. Lee and C.C. DiClemente, "Age of Onset Versus Duration of Problem Drinking," Journal of Studies on Alcohol, 46(1986), 398-402.*

## MARINOL IS NOT MARIJUANA

News reports about a newly available drug, dronabinol (trade name Marinol) are causing confusion about its use. Marinol is a synthetic replication of THC, one of the over 420 chemicals found in the cannabis plant (marijuana); Marinol is not part of the illegal drug marijuana; it is not used in treatment of cancer. Chemotherapy is the cancer treatment and Marinol has been shown to be effective for a few chemotherapy patients who may not respond to the already available drugs used to stop the nausea and vomiting that follow chemotherapy. Marinol is available by prescription only.

Because of the misleading reports, we need to make it very clear to children that Marinol is not marijuana!

## ALCOHOL FACTS

**ALCOHOL** (a chemical, ethyl alcohol or Ethanol; medically, a depressant narcotic drug, potentially addicting both mentally and physically; absorbed directly into the bloodstream through tissue lining of stomach and small intestine. It is NOT a stimulant).

### SOME PHYSICAL EFFECTS

- ...Main effect on brain, spinal cord, knocks out control center; can alter balance of brain chemicals
- ...Liver damage, increases risk of cirrhosis
- ...Ulcers, gastritis, pancreatitis
- ...Impairs life-saving reflexes

### SOME MENTAL and EMOTIONAL EFFECTS

- ...Failure of judgment
- ...Blocks emotional growth
- ...Personality changes, disorders
- ...Hallucinations

### HAZARDS

- ...Causes the disease of alcoholism
- ...Academic failure, school related problems
- ...Legal problems
- ...Birth defects caused by mother's use-abuse of alcohol
- ...Overdose can result in death (respiratory paralysis)
- ...Traffic accidents, fatalities

...Interacts with other drugs, often intensifies effect; combined with other addictive drugs, can speed up addiction to them: Other Depressants + Alcohol = depressant (downer) effect multiplied, body slows down, even breathing may stop, user may die; Marijuana + Alcohol = drinker may be unaware of extent of intoxication- timing and depth perception distorted; Cocaine + Alcohol = sedative effect (even though cocaine is technically a stimulant) AND multiplies the depressant effect of alcohol

### DISEASE OF ALCOHOLISM

- ...Primary illness, like cancer, TB, diabetes, etc., can strike a person at any age; an adolescent may become addicted in 3-6 months
- ...It doesn't matter how much or how little a person drinks. Dependency exists when behavior related to the use of alcohol leads to problems in any area of the person's life; in spite of these problems, the person continues to drink.
- ...Chronic disease, not curable, but treatable
- ...Fatal if not treated

## "WE KNOW HOW YOU FEEL"

Nar-Anon Family Groups is an anonymous support group for family members or friends of a drug "user." Weekly meetings are designed to help those whose lives are affected by the drug user's illness—panic, frustrations, desperation. ... "We have learned there is much we can do to avoid standing in the way of his recovery." Contact Sandra 380-0736. Weekly meeting

Thursdays, 8 p.m., Northwestern Hospital, 320 E. Huron St., Chicago.

Families Anonymous (848-9090) also conducts support groups for families of adolescent drug abusers. For a copy of ABCDE's list of Barrington area support groups, send a long, self-addressed stamped envelope to: GROUPS, CHOICES, PO Box 768, Barrington, IL 60011.

I have a friend who has a problem...



where can he get help?

# WE'RE DOING IT AGAIN! Summer Workshop:

## JUNE 22-25, 1987

As soon as the 1986 summer workshop finale—a helium balloon launch—was over, pressure began to repeat the workshop in 1987. ABCDE set June 22-25, 1987 for a repeat of the Community Intervention, Inc. prevention workshop “Working with Elementary and Junior High Children: Teaching adults to help children cope.” The 1986 summer training provided the seeds for prevention of youthful drug abuse programs in seventy-nine parents, teachers, police, ministers, coaches, and scout leaders. Through the intensive training, participants were given specific information about drug abuse and were better equipped to work with children who live in homes where alcoholism, drug addiction or other stress-producing situations exist. Tools for supporting a child who is struggling toward a healthy feeling of self worth and decision-making skills were provided through lectures, films, and activities. In addition, participants share a greater understanding of prevention techniques.

Funds to cover the nearly \$26,000 cost were raised through Barrington School Dist. 220; villages of Barrington, Deer Park, South Barrington, Barrington Hills, North Barrington, Tower Lakes; Barrington Township; Barrington Assoc. for Children with Learning Disabilities; PTOs from Hough, Countryside, Lines, and Grove elementary schools; Barrington Middle School PTO; Welcome Wagon; Good Shepherd Hospital Physicians; United Airlines; Girl Scout Troop 340; Knights of Columbus; Lounsbury Masonic Lodge; Barrington Junior Woman’s Club; women from St. Mark, Presbyterian, St. Paul, and Community churches of Barrington; individual donors. Over twenty volunteers helped with arrangements. (THANK YOU EVERYONE)

The 1987 workshop committee is seeking those who work with elementary age school children to file applications for participating in the training experience. By increasing the number of trained people involved with the development of elementary children, a deep rooted, long range prevention climate will help fight adolescent drug use. For information call Faith Semla (381-2094); Randy Brubaker (381-3907); Bonnie Bakutis (382-2918); or Jeanne Hayward (381-6300).



# REFLECTIONS

Caring, giving, sharing  
Life's gifts to each of us.

Speaking, hugging, crying  
Life's gifts to each of us.

Touching, warming, smiling  
Life's gifts to each of us.

Reaching, embracing, holding  
Life's gifts to each of us.

Knowing, growing, glowing  
Life's gifts to each of us.

There's a community of caring people out there,  
all we need do is seek them out  
and they will be there for each and everyone of us.  
Thank God, thank them, lucky us.

*Diane P. Kostick, Lines School teacher  
ABCDE Workshop, July 1986*

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## Education or Prosecution

The Deferred Prosecution Programs (DPP) is an educational alternative to prosecution for minors age 19 and under who are arrested for violation of municipal ordinances regarding possession of alcohol or drugs, or intoxication on these substances. The minor and his/her family is given the choice by the judge whether to enroll in the DPP or go through the traditional court process. The DPP consists of (1) an initial family interview with DPP staff at Barrington Youth Services, (2) a 5 week, 2 hour per week group at BYS for the youth, (3) a final family interview following the group, and (4) a six month follow-up evaluation through the mail.

The initial interview is designed to meet the youth and parent(s) and explain the program, gain a perspective on the youth's overall functioning, and assess the youth's current knowledge of and level of involvement with drugs and alcohol.

The final family interview deals with any major issues raised in the group that the participant may want to discuss, and to make recommendations to the parent(s) and youth about further services or treatment if necessary.

The primary goals of the group are to (1) increase the participant's knowledge of the disease of chemical dependency, (2) increase the participant's awareness and concern about his/her own use of chemicals, and (3) decrease the participant's use of mood-altering chemicals. Group facilitators are persons trained in chemical dependency and in group work with adolescents; at least one is a board-certified addictions counselor.

The ABCDE Legal and Government Liason Committee researched and wrote the Deferred Prosecution Program which the Barrington Court adopted.

## SOCIAL SERVICE NETWORK

The Social Service Network is in its second year; meetings are held at St. Anne's Parish Center on the first Wednesday of each month from 10:00 a.m. to Noon. Its goals are (1) to educate human service people and interested others about youth related problems and services in the Barrington area, and (2) to increase contact and cooperation between human service providers (agencies, private practitioners, police, church people) in the area. Meeting format includes announcements, highlighting of a service, program or agency, followed by a program presented about a specific subject. **THE PUBLIC IS WELCOME TO ATTEND.** For information concerning the 1986-87 program, contact Larry Wiczorek (381-4981) or Barbara Holliday (382-3232).

## IN THE SCHOOLS

So far, 110 teachers, administrators, nurses, para-professionals, secretaries, counselors and other special services personnel have received the benefit of Community Intervention substance abuse program training. A number have received further training to serve as facilitators in specific programs. Trained staff work in their individual schools with a Core Team which implements that school's programs.

### BARRINGTON HIGH SCHOOL

The Chemical Health Program expanded during the 1985-86 school year. In addition to continuing our Insight Groups as an alternative to suspension for possession or use of chemicals, we began a third Concerned Persons Group for students who are worried about the chemical use of someone close to them. We also instituted new Leadership Groups as part of the Athletic Code. The groups, which consist of the captains of all varsity sports, discuss such subjects as team unity and commitment, and issues that stand in the way of good team relationships.

For the 1986-87 school year, several important changes have taken place. First, the Athletic-Student Activities Code has been expanded to include ALL extra-curricular activities. Students who participate in any school activity and their parents were required to sign a no-use pledge at registration. Violations of the Code will now be cumulative throughout the student's high school career. Through the expansion, we hope to encourage parents to be more aware of chemical use and to join with us to help students find alternatives to that use.

Throughout 1985-86, the BHS Core Team was impressed

and gratified by the support of parents and high school faculty. We are looking to their continued involvement and our own growth in 1986-87. (Barbara Gordon, Chemical Health Program Coordinator)

### BARRINGTON MIDDLE SCHOOL

Prevention of chemical use through education and awareness is emphasized. Drug-alcohol education is a part of the health curriculum which is taught in the science classes. The twelve staff members who have been trained are available to students and staff as resource people. Plans are in place for a "chemical awareness" month where various areas of instruction may participate, specifically art, physical education, and the English departments. Students will have an opportunity to see films and participate in group discussion.

The BMS Core Team will work closely with the PTO to provide alternative activities for BMS students that are fun, safe and healthy. The Team will encourage parents to communicate (network) actively with other parents. It is important that BMS staff, parents and community people work together to keep this age group drug-free. Welcome your questions, suggestions, and cooperation. (Kay Ryan, R.N., BMS Core Team Chairman)

### ELEMENTARY SCHOOLS

An Advisory Committee comprised of principals, teachers, support services staff, and parents is working on a plan to improve alcohol-drug education and prevention programs for the elementary schools.

# PARENTS: TALK!

Parent networking is part of the answer to stopping school kids from using alcohol and other drugs. Parents have a right and a responsibility to be aware of what their child's peer group is all about. This information will help parents make decisions about their own bottom line as their child grows older. Parent networking begins early and continues as each child grows up.

What is parent networking? It is parents talking to other parents about the issues that come up as their child moves from grade to grade and group to group. In elementary school the issues could be riding their bikes to 7-11, going to someone's home after school when no parent is present, renting R-rated videos for a sleepover; maybe the sleepover itself is an issue in your family. How do you feel about these issues? Have you talked to your child's friends' parents about those issues that make you comfortable or uncomfortable?

As a child goes to middle school the issues and contacts become a bit more complicated. It takes courage and some thought to call about more difficult issues that may seem like moral judgments. The bottom line in your home should be discussed first between

you and your spouse, then with your children. Follow that with phone calls to other families; if they don't agree, you now have additional information and can make decisions about your child's attendance at functions held at that home. If they agree with your stand, you are not alone and have support.

More difficult issues arise at the time when a child moves to high school. If you have been networking since kindergarten, your child will expect you to continue. Specific questions can be asked without appearing that you are passing judgment. Parents who believe it is NOT o.k. for kids to use alcohol and other drugs then support each other. Grandparents can be part of this too.

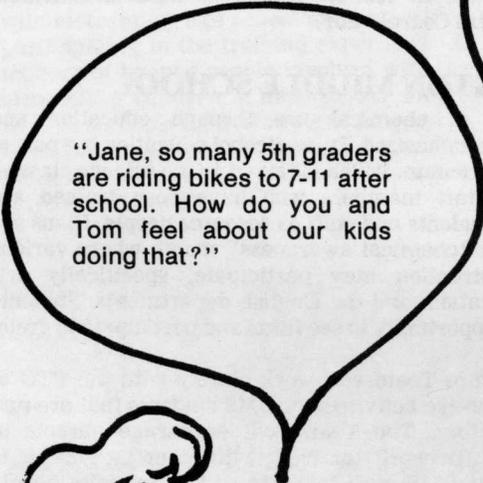
How to ask those questions, anticipate difficult situations, gain information, make contact with other parents is part of ABCDE Parent Networking programs. We will come to homes, churches, clubs, schools, wherever we are asked and give a presentation that will fit the needs of your group. Call Suzy Palmer (382-3055) before 9 a.m. or after 4 p.m.

## Special Time

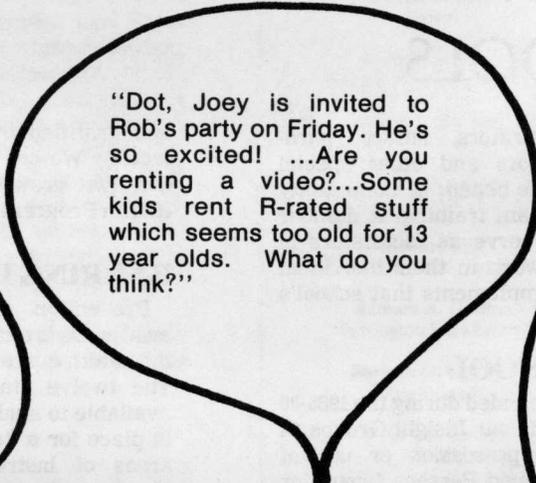
An informal meeting with psychologist Dr. Barbara Holliday and an ABCDE representative will be held the third Wednesday of each month, 9:30-11 A.M. at St. Paul United Church of Christ, 401 E. Main St., Barrington.

These confidential, informal discussions are for parents of school-age children. Some parents may want help in making contact with other parents, or to brainstorm ideas on how to set up their own network with the parents of a child's friends, or establish a communication system with their own children. Others may want help in identifying whether a child may be having a problem with alcohol or other drugs, while someone else may want information about local resources. There is no fee; a parent may attend one or all meetings. Set aside these dates:

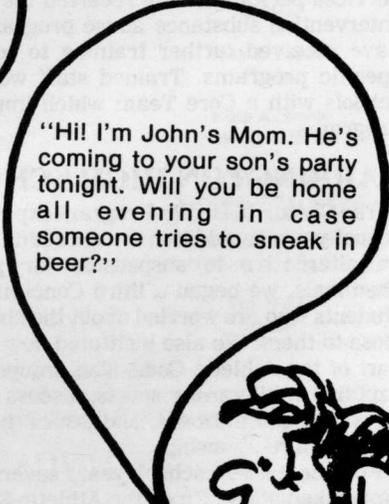
FEB. 18; MARCH 18; APRIL 15; MAY 20.



"Jane, so many 5th graders are riding bikes to 7-11 after school. How do you and Tom feel about our kids doing that?"



"Dot, Joey is invited to Rob's party on Friday. He's so excited! ...Are you renting a video?...Some kids rent R-rated stuff which seems too old for 13 year olds. What do you think?"



"Hi! I'm John's Mom. He's coming to your son's party tonight. Will you be home all evening in case someone tries to sneak in beer?"

# ABCDE GOALS:



## INFORMATION

Public awareness and education are the purposes of the ABCDE newsletter CHOICES; it is mailed to almost 14,000 households and businesses in School District 220. The Chamber of Commerce and Welcome Wagon distribute copies to new homeowners as well. The content gives drug prevention and intervention information, suggestions, and resources for help which brings together all residents, police, church and school personnel in the common community goal: to fight drug use by school age youth.

The Barrington Area Public Library provides books and pamphlets as well as film information specifically related to alcohol and other drugs. Some church libraries have a drug information collection.

## ALTERNATIVE ACTIVITIES

All agencies and organizations which serve youth and their families are encouraged to provide and publicize activities which are not oriented to alcohol and other drugs. This gives support to young people who do not use drugs, provides healthy alternative activity opportunities to those recovering from chemical dependency, and to those trying to stop their pattern of alcohol-drug use.

## ABCDE TASKS

ABCDE is nearly three years old, and during that time our Barrington-area communities as well as American society in general have become much more attentive to the magnitude of the youth problems associated with the use of alcohol and other drugs. Such increased knowledge and awareness

have helped set the stage for greater involvement of parents, schools, churches, police, village governments, and other community agencies in the fight against drug use by youth.

The role of ABCDE in this ongoing task is changing from its earlier emphasis on education and awareness. In the future, greater stress will be placed upon stimulating and assisting local community groups and institutions in developing and sustaining their own prevention and intervention programs. That kind of combined commitment and involvement can produce a climate in our communities that will provide support for its sons and daughters to develop the courage to "just say no".

The goals of ABCDE are now more focused toward mobilizing parents and the many existing resources to help bring about that kind of supportive climate for drug-free youth. Big assignment? Absolutely, but one we must pursue in the interests of our young people and for the future quality of life here. Your support and involvement are needed.

*Clyde W. Slocum  
Chairman*

## Books in the Barrington Area Public Library

-ALLIANCE FOR CHANGE: A Plan for Community Action on Adolescent Drug

Abuse, James F. Crowley, 1984.

-ONE STEP AHEAD: Early-Intervention Strategies for Adolescent Drug Problems, Joseph A. Muldoon, James F. Crowley, 1986.

Both published by Community Intervention, Inc., Minneapolis.



## FINANCES

Individual and group donations are needed for ABCDE activities. Special grants for "Choices" and the 1987 summer workshop were made by Forest Hospital Foundation (\$4,000) and Barrington Rotary Club (\$1,000). Send your tax deductible donation with the coupon on this page.



ABCDE receives a check from Girl Scout Troop 340.

ALLIANCE OF BARRINGTON COMMUNITIES FOR DRUG EDUCATION  
P.O. BOX 768, Barrington, IL 60011

YES! I WOULD LIKE TO PARTICIPATE IN FIGHTING DRUG USE BY SCHOOL-AGE YOUTH!

- ( ) Enclosed is my tax deductible donation.
- ( ) Send me program suggestions for my organization.
- ( ) Have a Parent Networking representative call me.

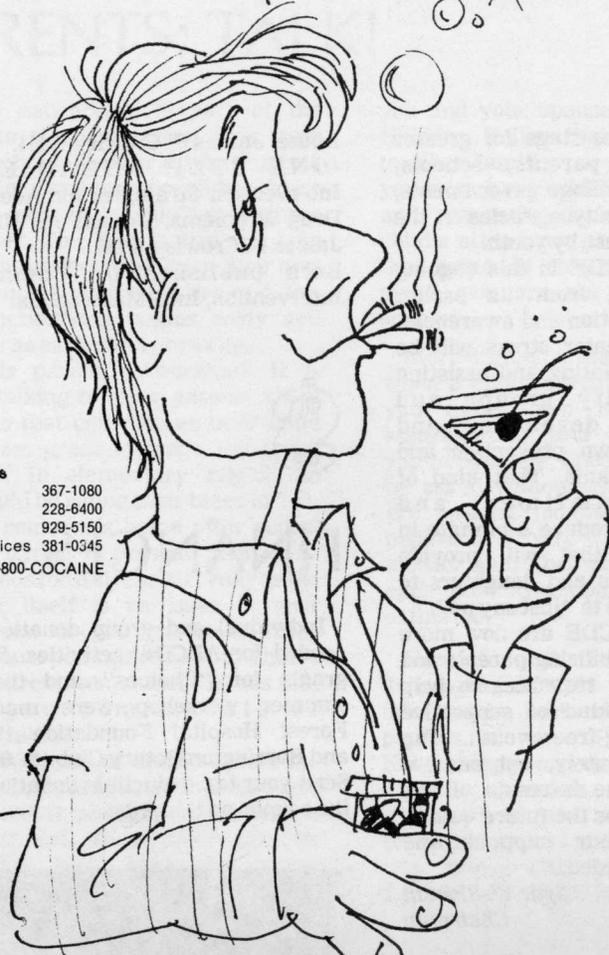
Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

MEMBER: National Federation of Parents for Drug-Free Youth  
Illinois Drug Education Alliance

my friend has a problem



**24-Hour Crisis Hotlines**  
CONNECTION 367-1080  
Talk Line 228-6400  
Metro Help 929-5150  
Barrington Youth Services 381-0545  
US Cocaine Hotline 1-800-COCAINE

... where can he get help?

MAKE SURE THE HELP YOU SEEK MATCHES THE NEED

**Individual and-or Family Counseling**  
Barrington Youth Services (fee on sliding scale)...381-0345  
Family Services of South Lake County (fee on sliding scale)...381-4981

**Private Counselors, see Yellow Pages under "Psychologist"**

**In-Patient and-or Out-Patient Care for Chemical Use, Abuse, Dependency**  
Addiction Recovery Corp. (ARC) Hoffman Estates...882-0070  
Alcoholism Drug Dependence Program (A.D.D.) Rolling Meadows...394-9797  
Alexian Brothers Medical Center...981-3524  
Forest Hospital, Des Plaines...635-4100  
Interventions-Contact Youth Clinic, Wauconda...526-0404  
Lake County Health Dept., Substance Abuse, Waukegan...689-6770  
Lovellton, Elgin...695-0077  
Lutheran General Hospital Alcoholism Treatment Center, Park Ridge...696-7715  
Northern Illinois Council on Alcoholism & Substance Abuse...244-4434  
Parkside Lodge, Mundelein...634-2020  
Renz Addiction Counseling Center, Elgin...742-3545

**Other care facilities, see Yellow Pages under "Alcoholism Information and Treatment" or Drug Abuse and Addiction Information..."**

**Support Groups for Persons with Chemical Dependency Problems**  
Alcoholics Anonymous\* (Person with problem must make the call):  
Barrington...359-3311  
Carpentersville...741-5445  
Cary, Fox River Grove, Wauconda...(815) 455-3311  
Hoffman Estates, Bartlett...893-2300  
Cocaine Anonymous...583-4433  
Narcotics Anonymous...848-4000  
Self-Help Group, 115 Lincoln, Barrington before 6 p.m....381-0524  
...after 6 p.m. 639-1667

**Support Groups for Family and Friends of Persons with Chemical Dependency**  
Adult Children of Alcoholics...929-4581  
Al-Anon (family), Al-Ateen (teen relatives, friends)...358-0338  
Families Anonymous (family and friends of drug abusers)...848-9090  
Nar-Anon Family Groups (family, friends of drug abusers)...380-0736  
New Wine Christian Club (family and chemical abusers)...526-5200 or 381-2986

**Parent Support Group for families in crisis because of unacceptable adolescent behavior**

Tough Love...577-3733  
Carpentersville...Day, 428-3602 P.M., 428-2302  
Crystal Lake...(815) 455-3213  
Elgin...695-4606  
Glencoe...835-4805  
Hoffman Estates...843-2000  
Parental Stress...427-1161

\*There are at least sixteen AA groups in the Barrington area, while numerous Al-Anon groups meet here or nearby daily, day or evening. To learn more about AA or Al-Anon, attend an opening meeting at Still Waters Club, Pepper Lake Road, Barrington, EVERY SATURDAY, 8 p.m.  
To learn more about AA or Al-Anon, attend an open meeting at the Still Waters Alano Club, Pepper Lake Rd., Barrington, EVERY SATURDAY, 8 p.m.

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