

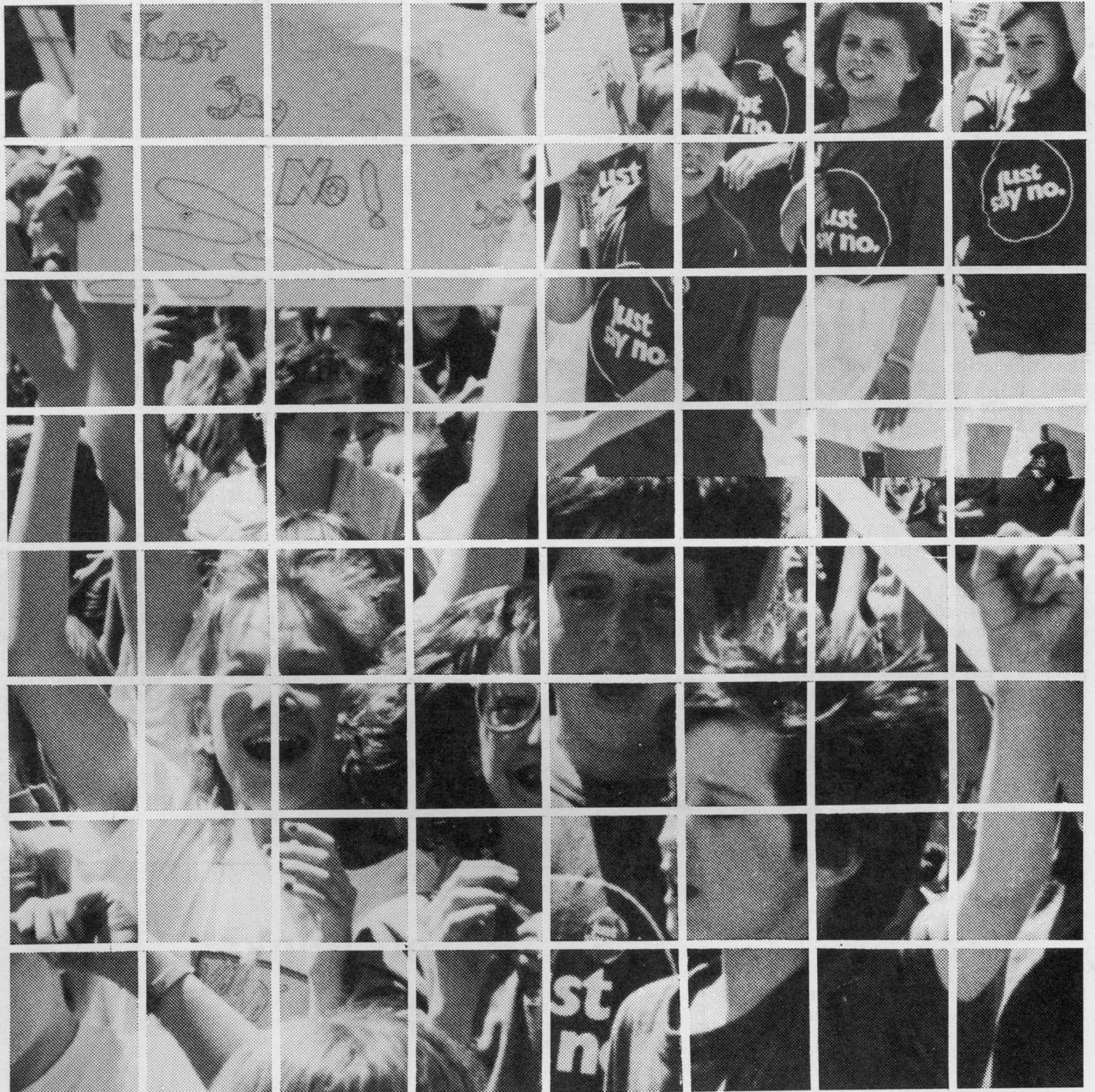
# INSIDE

- Prevention Tips
- Police Position
- Parent Concerns

# CHOICES

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

## FALL 1987



# 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.

## Thanks for caring

...I am writing to commend CHOICES for its contributions to the Barrington community, and to thank ABCDE for helping me in developing a clear perspective about alcohol and drug abuse. As a vice president of a VERY socially active fraternity, I am learning to deal with a completely different set of pressures and attitudes than I experienced in high school, especially concerning drugs and alcohol. As I learn and grow day by day, I am beginning to understand that my concern for drug and alcohol abuse is merely a reflection of my caring for other people, my family, friends and neighbors. This is exactly what CHOICES is, a reflection of people who care about others and who are concerned and determined enough to help. Thank you for caring.  
*BHS '84*

## Get to the problem!

I'm a 14 year old girl that attends Barrington High. I read the letter titled "Peer Pressure" by ELW (CHOICES, winter 1987) and I highly agree. I believe that peer pressure is a term that parents use as an excuse of why their children do drugs. I can safely say that the only peer pressure I feel is generated purely from within myself. My grades, friends, and social standings mean nothing to others. But, I put great pressure and stress upon myself to achieve my goals. When I'm at a party and don't want to drink, smoke, etc. I simply decline and that's the end of it. If I wanted drugs I know where to go to find them, but the pressure just isn't there. I'm not sure what can be done about these problems, but if adults would just give up these "peer pressure" cliches and get down to the real problem maybe someone could help. I know I would like to go into the restrooms during school without half way choking on the cigarette smoke, etc. Though this would be nice, I seriously doubt it will happen in the near future.  
*HSB*



ALL KINDS OF PEOPLE WRITE US



## Unattended kids

As we enter an era of "night football" at BHS, perhaps it behooves us as parents to remember these are primarily high school functions. With traffic and increased numbers in attendance, I am concerned at the lack of parental supervision of grade schoolers at the first game. Let's remember it is a football game, not a day-care center.  
*PCR*

## Mutual support

Praises to the BHS Quarterback Club! I see in the 1987 Broncos program book that the QB Club Officers and Directors passed a resolution to "...endorse and support the content and intent of the BHS Athletic Code as a binding policy...including the specific reference to the prevention of drug and/or alcohol use..." and that "...in each and all of its functions and activities will support and reinforce the principles of the Athletic Code as QB Club shall seek to discourage the abuse of alcohol by adults and will eliminate the presence of alcohol at Club sponsored functions where students and student athletes are in attendance." It's wonderful when school, parent and community groups support each other in behalf of our community's kids.  
*FA*

## Mixed message

Many times adults do not think about the message they give to children in the process of daily living. For instance, I attended an adult party where dinner was served at small tables in several rooms. It was not a "big booze" party but wine was served with dinner. What struck me as a mixed message was that one of the host's underage children was serving the wine. I wonder what message that child got.  
*PG*

## What do you think?

YOUR COMMENTS PLEASE...Write CHOICES, PO Box 768, Barrington, IL 60011  
Include your name and address; only initials will be printed. We reserve the right to edit for space and clarity.

# YOUNGSTERS SAY 'YES' TO NO

Cynical students, like myself, scoff at the national "Just Say No" anti-drug campaign.

Just say, "no."

It seems too easy of a solution--a catch phrase that's too corny to do any good. After all, if you've seen one rock star or jock glare into the camera and say, "Drugs are not good (blah, blah, blah), so just say, 'no,'" you've seen them all.

That's why a letter to the editor--which appeared in a northwest suburban Chicago newspaper--made me snicker. It reads:

"We fourth grade students at Hough Street School know that drugs are a problem in the United States.

"We have started a club called the 'Just Say No Club.' We are going to reach out to other kids who are on drugs and to help them fight drugs. We have made a promise never to take drugs, and to help kids who are hooked on them.

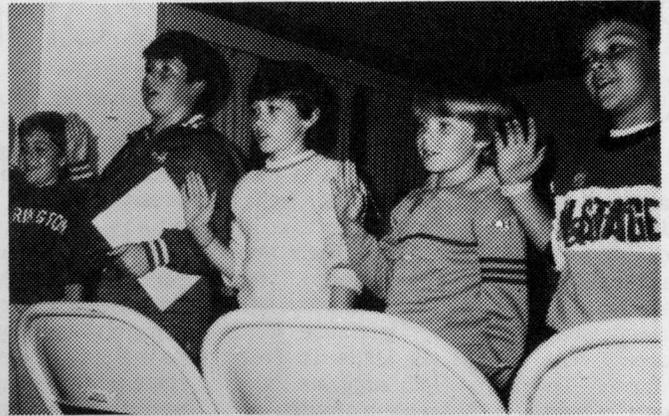
"We hope that this club will help us fight drugs for the rest of our lives." The letter is signed Brian Neff, Vice President, Hough Fourth Grade, Just Say No Club, Barrington, IL.

4th graders fighting drugs? The times they are a-changin'. But all it took was a conversation with Hough School's fourth grade teacher, Mary Atkins, to change the know-it-all college student's skeptical mind about the youngsters' efforts.

"We read an article in the WEEKLY READER about Just Say No," Atkins said. "The class (25 students) asked if they could start one."

From there the club organized appearances by guest speakers from the community and set the groundwork for a Just Say No parade in May. Also, several club members spoke with other elementary school classes, attempting to increase awareness of drug abuse and start new chapters.

"It has meant extra time out of class for these students. They've been getting to school at 8 a.m. instead of 9," Atkins said.



This drug education is in addition to the recently revised health curriculum.

"We spent six weeks on a drug and alcohol unit," Atkins said. "We talked to them about making a responsible choice when they're older... We role played how to say, 'no.'"

Still, is fourth grade too early for drug education?"

"We have to start somewhere" said Atkins. "They need to know how to resist. We have to reach them before junior high. This is something we should have had five years ago (in the fourth grade). We're five years too late."

Apparently, Atkins' 9 and 10 year old students have withstood peer pressure by forming the Just Say No Club, making their teacher even more boastful about her class.

"Some older students have made fun of the Just Say No pins they wear, but they've held up," said Atkins, who will retire in June. "It's (the Club) been one of the most marvelous experiences in teaching here in 20 years. I'm very proud of them."

As corny as it may seem, Just Say No may be the best way to fight drugs, considering other plans of action: raiding marijuana farms south of the border or drug testing every man, woman and child. Thorough drug education at a young age does seem to be the best--and only--solution.

*(Tom Alesia, Student at Indiana University)*

## WHAT WE LEARNED

CHOICES asked the '86-'87 Hough School Fourth Grade Just Say No Club what they learned from their Club experience. Here is a composite list of what they learned.

- that we have friends to back us up
- that drugs destroy the brain and body
- how to talk to reporters and others and to speak in public
- how to work together in a group

- that we've become more mature
- how to say no, and that saying no isn't easy
- how not to use NO, NEVER, and ALWAYS
- how to accomplish what we wanted
- how to deal with jealousy
- to stick up for our club
- some very hard words from senators!
- the danger of using drugs by talking to high school students who are recovering from the disease of drug addiction
- how to have confidence in ourselves and others
- that we can do a lot of things in place of taking drugs



# PREVENTION TIPS FOR PARENTS OF PRE-TEENS

Without telling a parent how to be a good parent, the National Institute on Alcohol Abuse and Alcoholism has prepared a booklet to help parents reach their pre-teen children (9-12 year old group) when they are old enough to understand and still young enough to accept guidance from parents. The booklet, *10 Steps To Help Your Pre-Teen Say "No"*, suggests these steps for a parents' prevention program:

1. Challenge the myths, talk with your child about alcohol and clearly explain why minors should not drink. This first step is designed to help parents to change incorrect perceptions and may be used by parents of children younger than 9-- and older than 12. Some of some of these myths are on page 5.

2. Learn to really listen to your child without making responses which are harmful (judgmental, self-righteous, too much advice, critical, ridiculing, or treating child's problem too lightly). Rephrase your child's comments to show you understand; watch his face and body language. Use encouraging words to show your interest. Smile, hug, wink, or give him or her other supportive motion. Watch that your tone of voice matches what you are saying.



3. Help your child feel good about himself or herself. Praise his efforts, not just the accomplishments. Praise small efforts, too. Help him set realistic goals and avoid comparing his efforts with others. Be careful to criticize the action, not the child. Take responsibility for your own negative feelings by using "I" messages which explain how YOU feel about a situation. Give your child regular duties around the house to help develop a sense of importance and responsibility.

4. Help your child develop strong values which can give him courage to make

decisions based on facts rather than peer pressure.

5. Be a good model or example. Parents are models for their children, even when they are not trying to be. You have probably already seen occasions when your child acted or spoke like you. Studies show that most adults are a lot like their parents in drinking habits. Showing children that adults may abstain or use alcohol occasionally in non-risk amounts is setting a positive example. Parents who do not drink sometimes make the mistake of not discussing alcohol use with their children--parents are not the only role models children have. If you abstain, be open about why you choose not to drink.

6. Help your pre-teen deal with peer pressure. Teach your child the value of individuality and together explore the meaning of friendship. Help your child practice saying "no" in different situations and support him-her when he/she needs to stand up and insist on respect. Know the facts about pre-teen drinking.

7. Make family policies that help your child say "no". Studies show that children want structure in their lives and they behave more responsibly when parents set limits. Make sure your child knows that under no circumstance is he or she to experiment with alcohol. Spell out the serious consequences that would follow use of alcohol (or other drugs).

8. Encourage healthy, creative activities. Support involvement in school activities, sports, hobbies, or music without pressuring your child to always win or excel. The specific activity is not important but with positive interests a child may be less likely to focus on alcohol, tobacco, or other drugs out of boredom or idle curiosity. Do things with your child.

9. Team up with other parents. Talk to the parents of your children's friendship group, team, etc. Support those who reinforce the guidance you give to your children.

10. Know what to do if you suspect a problem. Alcohol is a drug and parents can learn to recognize the telltale signs of abuse of this drug.

(10 STEPS TO HELP YOUR PRE-TEEN SAY "NO" is available at the Govt. Printing Office Bookstore, 219 S. Dearborn, Chicago, IL 60604; send a \$1.50 check payable to Supt. of Documents.)



## Grandparent power

According to Arthur Kornhaber, M.D., a child and family psychiatrist, maintaining close emotional bonds with grandparents provides a sense of security for the grandchildren, possible support for the parents, and fulfillment for the grandparents. Grandparents can also be in a unique position to bring out the best human qualities in their grandchildren, give them selfless love without conditions (which won't be withdrawn) and can be a role model for them. Parental love is complicated with the responsibilities of raising children.

Grandparents have the complete trust of their grandchildren and can help them build a good self image. They can be good listeners, teach skills and sports without competitiveness, and promote many positive experiences with words of encouragement. ("What You Can Do That Parents Can't" Arthur Kornhaber, M.D., "Better homes and Gardens" special Grandparents edition, Spring 1987, pp 10-11)



# CHALLENGE ALCOHOL MYTHS

A survey of fourth to sixth graders found that TV and movies are a major source of their ideas about drinking. Yet many of these impressions are wrong. Myths and facts may be discussed at home, using open-ended questions to introduce the topic.

**MYTH:** All famous and talented people drink alcohol.

**FACT:** Lots of famous and talented people don't drink. Drinking does not make you famous. "Why do you think there are so many famous people used in advertising?"

**MYTH:** When things go wrong, having a drink will help.

**FACT:** Alcohol can make different people feel different ways. It even makes the same person feel different ways at different times. A drink may make you



feel more relaxed or happier, or it may make you feel angry, sad, and depressed.

Drinking does not solve your problems. "What would happen if a person drank a lot when things were not going very well in his-her life?"

**MYTH:** Alcohol is harmless. It can't hurt me.

**FACT:** Alcohol is a drug, like heroin, nicotine. People can become dependent on alcohol, needing the chemical in their bodies to keep from feeling sick. Alcohol makes some people take dangerous risks they would not ordinarily take. "What happens to the body when a person drinks alcohol?"

**MYTH:** I am better at sports when I drink.

**FACT:** Drinking dulls your judgment, your ability to think clearly, and your muscle control. "Why do drunk drivers have so many accidents?"

**MYTH:** Drinking is the best way to "party" or celebrate.

**FACT:** Alcohol may or may not be part of a fun time. But it is not needed to feel good. "What kinds of things can people do to have fun beside drinking alcohol?"

**MYTH:** Drinking relaxes people and makes it easier for them to be friendly.

**FACT:** Meeting new people can be scary, especially for young people who are learning social skills. If they try to depend on alcohol instead of social skills to make friends, they may grow up without ever learning these basic social skills. To grow into a well-adjusted adult, you must learn how to make friends without the



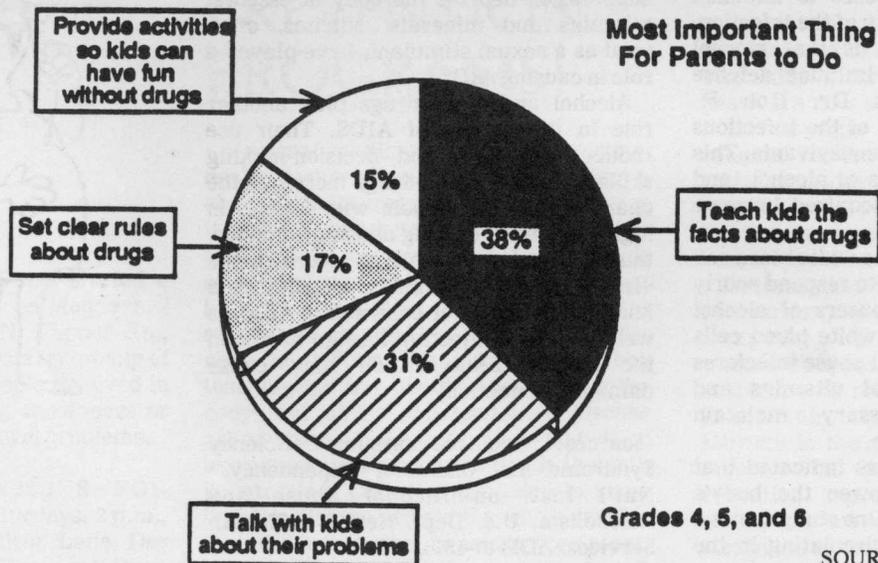
"relaxing" influence of alcohol. "What kinds of things can you talk about when you meet people for the first time?"

**MYTH:** Young people who drink alcohol are popular.

**FACT:** Taking chances with your health and safety is not cool—it's dangerous. And the kind of people you want as friends will not want you to risk getting into trouble. "What does being 'popular' mean?"

**MYTH:** All young people drink a little and smoke cigarettes. The ones that don't are oddballs.

**FACT:** Only about 10 percent (10 people out of 100) have tasted alcohol by the time they are in 6th grade. Less than 10 percent are smokers. "What do you think about kids who drink and smoke?"



SOURCE: The *Weekly Reader*  
National Survey on Drugs  
and Drinking - 1987

# ADDICTION AND HEREDITY

It has been known for a long time that addiction, especially alcoholism, runs in families. Only in recent years, though, has it been conclusively shown that a significant number of human alcoholics have inherited a predisposition to acquire the disease.

Some studies have dealt with the specifics of why and how people can inherit this predisposition. Studies on enzyme variations have shown that sensitivity to alcohol varies greatly probably because of differences in ability to metabolize alcohol, differences in central nervous system sensitivity to alcohol, or in differences in the capacity to adapt rapidly to the presence of alcohol.

Further studies have been done on a substance in the brain known as tetrahydroisoquinolines (TIQ). It is a potent, morphine-like neuro-chemical that may be produced spontaneously in the brain, and only in that of the alcoholic. TIQ is highly addictive and remains in the brain forever.

Research seems to be close to the point where this inheritance can be determined.  
*Barbara Meyer for a "Theories of Addiction" class*

# SOMEONE LIKE ME

Perhaps you know "Someone like me." Simply stated, I am a Barrington area resident. Less simply stated, I am an ACOA, an Adult Child of an Alcoholic. ACOAs are people who have an alcoholic mother, father or both. In some ACOA cases, the parents are recovering in Alcoholics Anonymous. In others, the parents are still drinking and for still others the parents are no longer alive. It is a very diverse group of people all of whom have been very directly affected by alcoholism and until recently were very much overlooked.

A few months ago I read a local newspaper announcement about an ACOA seminar scheduled in Barrington. It sounded like an interesting opportunity so I decided to attend.

At the meeting I learned about current research which suggests that a tendency for alcoholism is carried in the genes. It appears that about 80 percent of alcoholics are born with a genetic deficiency of endorphins in the brain. These are the brain's natural painkillers and euphoria producers. Alcoholics drink to make up for their lack of endorphins. At present, there is no genetic test to determine the presence of this genetic deficiency so we

can only rely on information in our family's background in order to draw conclusions and make choices concerning alcohol use.

In a related area, I learned that this genetic connection cannot be artificially influenced by environmental factors. For example, alcoholism may "skip" generations. This means that grandchildren or even great-grandchildren of an alcoholic who have been raised in non-alcoholic homes are not without genetic risk for becoming alcoholic. In reality, such a child may well be carrying a genetic predisposition for alcoholism. Just as a juvenile diabetic must pay special attention to certain health matters, a child at genetic risk for alcoholism is entitled to certain knowledge about his inheritance so that he or she can make informed choices about alcohol use. I learned that at pre-adolescence, or perhaps even earlier, this child should be told and be reminded often about what can happen if he or she uses alcohol.

Before I attended the ACOA seminar I believed that I knew much more than anyone ever needed to know about alcoholism. But the seminar was a real "eye opener" for me.

(ACOA 929-4581)

# ALCOHOL, DRUGS, INFECTIONS

As early as 1785 when Dr. Benjamin Rush suggested that tuberculosis, pneumonia, and yellow fever were complications of alcoholism, there has been much evidence that alcohol has some effect on the immune system. Now, there is a wealth of clinical evidence suggesting that alcoholism predisposes to infection and increases the severity of the infection. "The clear implication is that alcohol interferes with normal immune defense mechanisms," states Dr. Rob R. MacGregor, M.D., Chief of the Infectious Disease Dept., Univ. of Pennsylvania. This is one of the connections of alcohol (and other drugs) to AIDS, Acquired Immune Deficiency Syndrome.

Alcohol abuse decreases white blood cell counts, causing the body to respond poorly to infection. Chronic abusers of alcohol have fewer T-cells, the white blood cells affected in AIDS. Alcohol abuse interferes with the body's use of vitamins and minerals which are necessary to maintain a healthy immune system.

Marijuana research has indicated that marijuana also may lower the body's ability to fight infection. One study shows a decrease in antibodies circulating in the blood stream of frequent marijuana users, while another study found abnormalities in T-cells' function closely resembling those

found in AIDS.

Abuse of other drugs, such as amphetamines and nitrites, lead to damage to the immune system. Liver damage from amphetamine use causes an overall suppression of the white blood cell count, while malnutrition due to appetite suppression deprive the body of essential vitamins and minerals. Nitrites, often used as a sexual stimulant, have played a role in causing AIDS.

Alcohol and other drugs play another role in the spread of AIDS. Their use reduces inhibition and decision-making skills; intoxication on drugs increases the chances that individuals will engage in high-risk sexual or drug abusing behavior, thus increasing possible exposure to the virus. Using contaminated needles is a known risk factor for contracting AIDS as well as risk of injecting foreign bodies in the blood stream which may cause damage or infection.

(sources: "Acquired Immune Deficiency Syndrome and Chemical Dependency," Nat'l Inst. on Alcohol Abuse and Alcoholism, U.S. Dept. Health & Human Services, ADM 87-1513, 1987.

"Aids, Alcohol and Other Drugs," FOCUS, Jan. 1986, III. Alcoholism & Drug Dependence Assoc.)



# RECOVERING: It's Hard Work

Recovering means getting better, but anyone who has seen a young person in the early stages of recovery from chemical dependency would probably choose a different definition. Recovering is a difficult task, not only for the dependent boy or girl, but for family, friends and community as well.

Recovery begins when a young person admits to himself (or herself) and to others that he is powerless against alcohol or other drugs, and that his life has become unmanageable due to their use. Like any first step, this one is essential. In our world, recovery is complicated by our society which believes, and communicates, that we must drink or use drugs to have fun. An early stage recovering young person is caught in a double bind. On the one hand, he has believed--and most of his friends still believe--that chemicals are a prerequisite for a party. On the other hand, the early recovering alcoholic teen has just admitted that he is powerless over alcohol and to drink will lead to loss of control as it has so many times before. Because of this seemingly unresolvable dilemma, the

young person may feel hopeless and trapped.

For at least the first six months, often referred to as the I can't stage, he needs help to abstain from drinking. Will power is not enough. Support is the critical factor to help him not drink, support from family and friends, and taking part in a support group from a 12 step program such as Alcoholics Anonymous or Narcotics Anonymous. For most young people, spiritual development and support from a higher power is also important.

Once the young person has felt the support of others in his recovery, and once he has learned that he is not alone, he is in a much better position to lead a constructive lifestyle. Nothing succeeds like success. Having achieved success in his early recovery, and having accepted that I can't drink works with help from family, friends and support group, the chemically dependent person is now able

to implement positive choices in his lifestyle. We can call this the I won't drink stage. An effort has been made to change his lifestyle, usually requiring some change in friends. He now has more friends who are sober or non-users. He is probably also in a support group where he continues to practice this skill of living sober, being honest with himself and others, and the other necessary steps of recovery. He replaces his old unhealthy activities with healthy ones. Nevertheless, during the I won't stage these skills must be self-consciously practiced. A young person in this stage of recovery often appears to be thinking about and evaluating himself, while working very hard and sometimes getting frustrated. A balance of self awareness (internal support) and external support is necessary. Despite his statements that he is OK, doing well, it is often obvious to others that decisions about drinking are still being made. This stage continues for 6 months to 2 years.

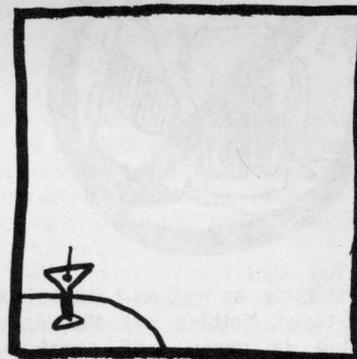
With adequate support and self exploration, and with the passage of time, the recovering person arrives at an internal decision to practice sobriety and progresses from the I won't stage to the I don't stage. At this stage, he will often



I CAN'T....



I WON'T....



I DON'T!

## SUPPORT GROUPS

FAMILIES ANONYMOUS has started a group which meets weekly on Mondays, 7 p.m., at Stillwaters, 331 N. Pepper Rd., Barrington (381-9824). FA is a fellowship of relatives and friends of people involved in the abuse of mind-altering substances or who exhibit related behavioral problems.

ALCOHOLICS ANONYMOUS FOR HEARING IMPAIRED Saturdays, 2 p.m., at Forest Hospital, 555 Wilson Lane, Des Plaines (641-4100, Claudia Evanson). Open meetings with interpreter.

## PREVENTION PROGRAMS:

Personal skills in decision making, dealing with stress and peer pressure, along with accurate drug information are important components of a drug abuse prevention program. But, there is something missing if the program does not include information about the disease concept of chemical dependency. Adults need to include this information when teaching children about drug effects of the body--that abuse can lead to a disease called chemical dependency or addiction, a progressive illness which leads to death if untreated. Children also need to know that the disease affects the whole family, that the whole family needs treatment, and what the process of recovery is for all of them.

experience a decrease in the urge to use. The skills which he practiced in earlier years are now a part of him, although he must continue to use them to avoid relapse. He is still active in a support group, and may at this stage begin to help others who are struggling to recover. The I don't stage is the maintenance stage of recovery.

Recovery is a very difficult process, and recovering young people deserve not our sympathy but our admiration and whatever support we can offer. The major problem with recovery for young persons is that they must continually test their sobriety in the social environment of the school. For this reason, prevention, education, and aftercare programs must be in place not only in the community but also in the schools, and on a daily basis.

Larry Bennett and John Jarczyk,  
Barrington Youth Services

# DRINKING GAME

I want to explain the rules of the drinking game first. In order to play you must desire "coolness." To win you must lose yourself, but you lose by winning. You can also lose by playing too much or by dying. You may play any time you choose. They all want you to play, but is it worth what you could lose?

We hear about those people that have truly won all the time, just read the papers. Who got busted at the Big Party? Who was arrested for driving under the influence? Who got into a fight? They are grateful it wasn't you or them, so you can all play some more.

Most players start on Friday. When they leave school and their homes, they must also leave themselves. It is all part of the game. They head for the Big Party, for



High. You know, as well as I, High is a beautiful place. Nothing feels the same. Everything is green and carefree; everyone around is playing with you, too. Once you have completely lost yourself, you are there; you have won. The trick is staying there. I haven't met anyone that could, but some do try. They don't ever want to go back because that means they have to face themselves again. But they know and you know that no matter how bad Monday might feel, they can always play again, and again. And they will! Will you? Will I?

Do we want to play this game of escapism? To escape from school, parents, teachers, friends, pressure...ultimately, to escape from myself or yourself. Do you want to leave you? Before you decide, I left out a rule. It is standard procedure. The more you play the harder you have to play. Each time High is a little further away; each time it is easier to lose control for good. It is your decision. Today I choose not to play. And you?

*(Submitted by a 1986 BHS graduate)*

# TEAM WORK

Barrington Youth Services counselor John Jarczyk and Barrington Middle School guidance counselor Ray Piagentini have developed an Outdoor Adventure program for Barrington Middle School students. Both men received special training and certification at the Northbrook Park District's team's course facility which is designed to develop team cooperation based on trust and stress management.

The obstacles include; getting over a 15 foot wall; a Cable Walk where two people walk toward each other and find a way to get around the other person; a Meatgrinder where each person boosts another person up so that he can roll over a bar; and a Trust Fall where a person stands on a platform and falls back to be caught by the group. Three eighth grade students who took part in the program last spring wrote their comments for CHOICES:

—The purpose of this obstacle course "was to work as a team and put in hard work and effort."

—"... each obstacle required team work. I myself was quite skeptical of accomplishing this team work, but, of course, I was wrong. In the beginning it was a little shaky, but by the end everyone was working together."

—"The plan, I believe, was to get along and stop disputing who was better, (which) also brought strength and trust..."

—"I think maybe the most rewarding part of the trip was that when we overcame an obstacle we had all accomplished something, not just one of us."

—"If you would like to try something fun and thrilling, try this obstacle course. It will knock your socks off."

# PEER TO PEER

Barrington High School students, this message is for you!

Help promote healthy lifestyles geared toward making positive choices on a peer-to-peer basis by checking out the BYS Operation Snowball chapter. Every FIRST and THIRD Monday, 7-9 P.M., you will find a group of BHS people talking, laughing, learning, and helping each other through fun and friendship. No reservations needed, no fees!

For more information, stop in at Barrington Youth Services (412 W. Main Street) or call John Jarczyk 381-0345. While you are at it, ask about growth and leadership development opportunities at Operation Snowball weekends and the Illinois Teenage Institute summer camp.

# PFC EXPANDED

For the past four years, Peers, Friends, Counselors (PFC) has existed as a co-curricular activity at Barrington High School, jointly sponsored by the school and Barrington Youth Services. Students who have participated have undergone extensive training, some also attending Operation Snowball weekends in addition to regular training sessions held at BYS. PFC's have helped in counseling their peers, especially new students.

This year the PFC training program is expanded to include a daily class. It is taught by Barbara Gordon, BHS, and Georgette Bloom and John Jarczyk, BYS, and will provide a coordinated program through which to use the valuable skills of peer counselors more effectively. Forty candidates were interviewed; 18 were selected.

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# UNDERAGE POSSESSION OF ALCOHOL

As Police Chief for the Barrington Police Department I have been asked to explain the Police Department's position in regard to underage possession of alcohol as it pertains to teenage party scenarios.

## ACTUAL POSSESSION

The Village Code is very specific in regard to "actual possession" of alcohol by minors. It states, "it shall be disorderly conduct and a violation of this code for any person under the age of 21 years to accept a gift or have in his possession any alcoholic liquors."

In those party scenarios where we have probable cause to enter the premises, the Police Department will arrest those persons under 21 years of age to be found in actual possession of alcohol. The arrest will be custodial in nature in that the person so arrested will be searched, handcuffed, transported by a police squad to the Police Department, and booked for the violation of underage possession. In addition, that person so arrested will be issued a complaint and have to appear before a judge in court. There are no exceptions to this procedure.

## CONSTRUCTIVE POSSESSION

The term "constructive possession" has also been brought up in regard to underage possession of alcohol. I must assume that it is brought up to denote those reasons when exceptions will be granted to the actual arrest for underage possession of alcohol. In analyzing constructive possession it must be noted that in order to apply this concept the young person does not have to be in actual physical control of the alcohol in order to be arrested. Several things could take place that would allow for an officer to arrest for constructive

possession especially as it relates to party scenarios. The first such consideration is the fact that if it is an underage party where alcohol is being served, the party in and of itself is illegal. Other factors that the officer will take into consideration in arresting in a constructive possession scenario is the person's proximity to the alcohol, whether or not the officer believed the person had alcohol in his actual



possession, the physical condition of the person to include intoxicity, bloodshot eyes, slurred speech, lack of physical control, etc. It should be noted that if any or all of these conditions exist, the Barrington Police Department will take a strong enforcement posture in the arrest of the individual.

The arrest process is the same in the fact that it is a custodial arrest and the individual will be searched, handcuffed, transported to the Police Department via squad, and booked for the offense of underage possession of alcohol. That person will also be served a complaint and has to appear in court before a judge to answer to the charges.

My advice as a police chief and police officer to any young person who is underage and finds himself or herself in a party scenario where alcohol is being served is to turn around and leave that party.

*Jeff Marquette, Police Chief,  
Barrington Police Dept.*

# DEFERRED PROSECUTION PROGRAM (DPP)

The Barrington Youth Services 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 other drugs, or intoxication on these substances. The minor and his or her family is given the choice by the judge whether to enroll in the DPP or go through the traditional court process.

The primary goals of the DPP are for the participant to (a) learn more about the disease of chemical dependency, (b) increase awareness of his—her own use of chemicals, and (c) decrease his—her 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.

Here are comments from some participants in a six month follow-up:

—I felt it was very informative but I did not feel I had a problem. Now that I'm in college my alcohol use has increased but I do realize the dangers involved.

—I just want to say that I'm doing just fine now. I don't use any alcohol or drugs.

—I learned a lot by listening to the other people. I have considerably cut down on my drinking since then, but I don't know whether or not it had anything to do with the program.

I did learn a few things, but didn't understand that much on the drug words because I only drink and smoke cigarettes.

—I like the idea of being confidential. Please keep giving information about alcoholism...

—I feel it has been very beneficial to me in educating me about usage, but it didn't in any way make me think about stopping.

—I was able to talk about a lot of things and get out a lot.

—I feel the program helped me very well, it made me think a lot about drugs and alcohol. I drink less now...I am totally against driving under the influence.

—I learned a lot and I especially enjoyed the guest speaker. It's kind of boring though.

—The leaders were wonderful; they helped me to open up with the group and my family. I guess I did learn from my mistakes.

—The program, unfortunately, may have frightened me a bit too much because I found that I could often not tell the truth on the questionnaires...though, the program really touched me in a way that has drastically reduced my drug and alcohol use.

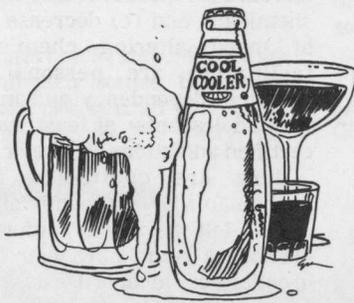
## SOCIAL SERVICE NETWORK

In its third year, the Social Service Network meets on the first Wednesday of each month during the school year at St. Anne's Parish Center from 10 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 workers) 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 invited to attend. For information concerning the 1987-88 program, contact Lois Coldewey (381-0243), Larry Wiczorek (381-4981), or Larry Bennett (381-0345).

## "SAFE" DRINKS

The National Council on Alcoholism warns that so-called "low-alcohol" beers and wines may appeal to and mislead young people, giving them a false sense of safety of alcohol. The alcohol content in wine coolers, on average, is slightly higher than beer--about 5 percent. Thomas Seesel, NCA Executive Director, expressed concern that wine coolers were introduced and promoted as though they were non-alcoholic soda pop. "The wine cooler industry needs to exercise restraint in its advertising. And we need to intensify the campaign to educate children that alcohol is a drug in any form--including wine coolers."

The 1987 WEEKLY READER survey reported that 34 percent of 4th graders feel pressure to try wine coolers. It also showed that 45 percent of students in grades 4-6 call beer, wine, or liquor a drug; only 21 percent say the same of wine coolers.



## FUTURE MOMS

Alcohol and nicotine use by pregnant women has been associated with low birth weight infants and birth defects. It appears while each alone can cause birth defects, the combination of alcohol consumption and smoking increases the likelihood of serious deformations and irreversible mental retardation in the offspring.

There is no known safe level of alcohol consumption while pregnant; stopping drinking at any point during pregnancy increases the chances of having a healthy baby.

This is the third leading cause of birth defects and mental retardation; it is the only one that can be prevented.

## "WHITE OUT" HIGH

Typewriter correction fluid is being used by some teens and preteens as a means of getting high; it is usually used by 12-14 year olds. Already four children have died in California. (from Behavior Today Newsletter, Apr. 6, '87)

## PINT-SIZE ALCOHOLICS

The National Council on Alcoholism says that some 100,000 ten and eleven year-olds get drunk at least once a week, usually on beer or wine. (Time, 5-25-86, p.29)

10 CHOICES

## SOME FACTS

**MARIJUANA:** (dope, weed, grass, pot) is a powerful mind-changing drug made from the leaves and flowering tops of the hemp plant, *Cannabis sativa*, and may be same color as or greener than tobacco. It is usually smoked in a hand-rolled cigarette (joint) or pipe and has an odor similar to burnt rope on clothing or breath. Marijuana contains over 4 hundred different chemicals including THC (tetrahydrocannabinol) which is mainly responsible for the "high."

### *Some Physical Effects*

...Acts quickly, entering the bloodstream and affecting the brain and central nervous system.

...Interferes with coordination, concentration, short-term memory, ability to follow moving objects, ability to learn (reading, speaking and doing arithmetic are especially difficult).

...Causes temporary increase in heart rate.

...Absorbed by many tissues and organs and may take 5 to 8 days for half of the THC from one marijuana cigarette to clear from the body.

### *Some Possible Mental and Emotional Effects*

...Personality problems - usually loss of energy, ambition, interest in work.

...Psychological problems - minor fears, personality disorders or depression become aggravated.

...Social development problems - may fail to develop skills, e.g., ability to handle stress, make decisions and relate to others.

...Anxiety, general suspicion, fear of losing control or going crazy.

### *Hazards*

...Impairs driving ability -tendency to drive car slowly, below speed limit.

...Early use increases likelihood of subsequent experimentation with other drugs.

...Burn-out. Heavy or long term users become dull, slow-moving, inattentive, confused. Mental impairment may not be reversible..

...Possession is illegal, may result in imprisonment and-or fine.

...May contain other drugs or substances (e.g., PCP, bacteria, herbicides, mold) which cause other effects.

...May weaken body's immune system and increase susceptibility to infection (including AIDS).

...Increased heart rate can be dangerous to people with heart conditions, high blood pressure or circulatory problems.

...Increased risk of lung cancer--marijuana smoke has more cancer-causing ingredients than tobacco smoke.

...Tolerance to THC can develop so that the body needs more and more to get the same effect and psychological dependency can occur.

...Nearly half of regular marijuana users combine alcohol with marijuana use, increasing the hazard.

### *Other Marijuana Forms*

...Hash oil, an extract of the *Cannabis sativa* plant, tarlike substance, may contain up to 30 percent THC, usually smoked in small amounts on tobacco or marijuana cigarettes or in small glass pipes.

Note: Marijuana users are difficult to recognize unless they are under the influence of the drug at the time of observation: inflammation in whites of eyes; pupils unlikely to be dilated; rapid, loud talking and bursts of laughter in early stages of intoxication; sleepy or stuporous in later stages; forgetfulness in conversation (i.e., "What was I saying," or words may simply fade away.)

## HOW LONG DRUGS STAY IN THE URINE

Drug	Approx. length of time in urine
Heroin	48-72 hours
Cocaine	24-36 hours
Amphetamines	48-72 hours
Phencyclidine (PCP)	48-78 hours
Marijuana	10-35 days
Nicotine	24-48 hours

SOURCE: Parent's Guide to Urine Testing for Drugs of Abuse, Forrest Tennant, Jr., M.D.  
SEEN IN: Prevention Parentline, Feb. 1987

## BOYS vs. GIRLS

How do the drinking practices of boys and girls compare?

While boys drink more often and more heavily than girls, gender differences in drinking patterns have been diminishing since 1975. Although about 38 percent of boys and 28 percent of girls have tried alcohol by the 8th grade, sex differences in the number of those who don't drink diminish in later adolescence. By age 17, 14 percent of boys and 15 percent of girls are still non-drinkers. BUT, in their later adolescence, boys are much more likely than girls to consume five or more drinks in a row, and to drink on a daily basis. (Alcohol & Youth, Jan. 1987, Nat'l Clearinghouse for Alcohol Info.)

## Blue Star hoax

In recent months a warning letter has been passed around citing cases of small children overdosing on LSD that had been placed on hard candies. The letter indicates that the children had been given the "laced" candy by teenagers.

The letter cites cases of this warning in the Barrington area. This letter is not correct--no such case exists to our knowledge. Furthermore, the Drug Enforcement Administration states it has no knowledge of this type of incident occurring, but has been contacted numerous times about a "hoax" letter that has been making its rounds across the United States for years, passed primarily at pre-schools and elementary schools. Often, well-meaning people have then made copies and distributed them locally to warn other parents.

Although this "Blue Star" scare is a hoax, it does point out the need for parents to reiterate their warnings to their children not to take anything from strangers without their parents' permission.

*Lt. Jeff Lawler, Barr. Police Dept.*

## HIGH SCHOOL SENIORS:

### NO CHANGE IN ALCOHOL USE, COCAINE AT PEAK

The University of Michigan's Institute of Social Research high school senior survey shows that the gradual decline in drug use by young Americans resumed in 1986--after a year's interruption--but well over half of all high school seniors still report having had some experience with illicit drugs. There was little change in alcohol use in '86 and only a slight drop in cigarette smoking.

Cocaine use, however, remained at peak levels among students despite increased public attention to its dangers. While the proportion of users has not changed much since 1980, daily use of cocaine roughly doubled between 1982-1986. Regarding increased dependence, the proportion of all seniors who said they used cocaine in the last year AND WERE UNABLE TO STOP USING IT at some time also doubled from 0.4 percent in '83 to 0.8 percent in '86 (roughly 25,000 seniors nationwide).

Dr. Lloyd Johnston, who conducts the yearly survey, comments, "The overall levels of illicit drug use by our young people remain extremely high, both by historical standards in this country and by comparison to virtually all of the industrialized world. In addition, we know that these adolescents will carry their drug habits into their twenties, as they enter the work force. Clearly, a great deal remains to be done." (news release 2-23-87, seen in IDEA NetNews 8-87)



Never take medicine that belongs to someone else.

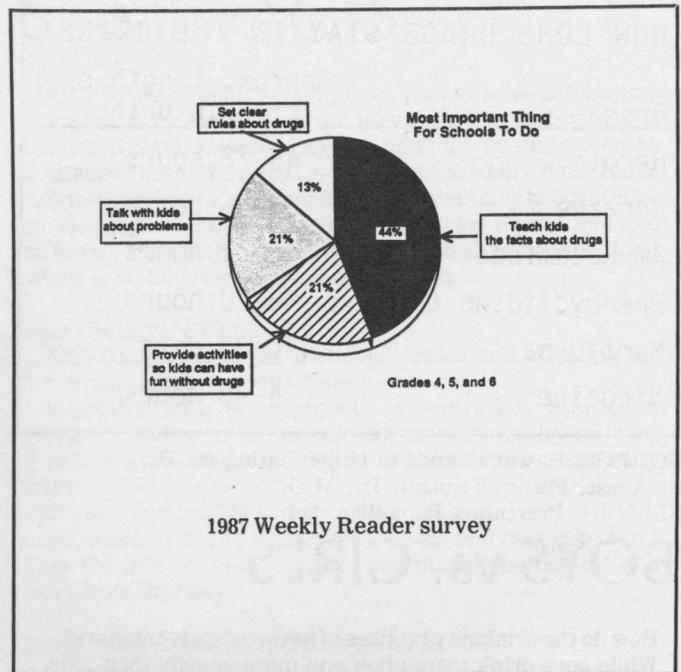
Can you find what is wrong in this picture?

# SUMMER WORKSHOP

In June, 45 parents, teachers, church and youth workers took part in an ABCDE sponsored four-day prevention workshop: "Working with Elementary and Middle School Children." A Community Intervention, Inc. (CI) staff provided information about chemical dependency and its effects on the family. In small groups participants examined their own feelings and had a support group experience.

Participants evaluated the job done by the CI staff with a median score of 4.83 (1-5 range) while the overall quality of the entire program was rated a 4.53.

School Dist. 220 paid tuition costs for school personnel while community representatives were funded by contributions to ABCDE from: the Villages of Barrington, Lake Barrington, North Barrington; Barrington Township; PTOs from North Barrington, Roslyn Road, Woodland, Countryside, Lines, St. Anne schools; women of St. Marks, St. Paul, Community, St. Anne churches; Barr. Assoc. for Children with Learning Disabilities; Barr. Junior Woman's Club; Lions and Rotary Clubs; Barr. United Methodist Church, Lutheran Church of the Atonement; Barr. Middle School Honor Society; individuals.



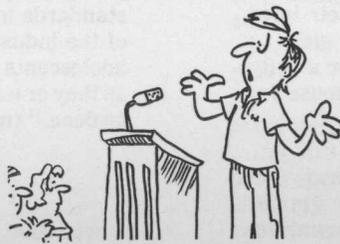
## IN THE SCHOOLS

### ELEMENTARY SCHOOLS

Prevention is a joint effort between the family and the school; prevention activities should have these common goals:

1. Disseminate accurate, appropriate information.
2. Develop intrapersonal skills such as self-awareness, self-esteem, self-discipline.
3. Develop interpersonal skills such as ability to empathize, cooperate, communicate, resolve conflict.
4. Develop decision-making and problem solving skills.
5. Develop connection with, and responsibility for, a larger group than oneself (family, community, society).
6. Develop family, work, school and community environments that enhance the quality of life for all citizens through parent networking.
7. Offer early screening, diagnosis, evaluation strategies and a referral based on the known causes of harmful conditions by the special services team in the schools.

The health curriculum and the efforts of an Elementary School Drug & Alcohol Committee help attain prevention goals. The committee is comprised of parents and staff and headed by Hough Principal Marie Plozay. A task in 1987-88 is to review School Board policy regarding drug & alcohol prevention and to make recommendations for revision if necessary. For further information, contact your local elementary school.



### ST. ANNE SCHOOL

St. Anne School has made drug awareness a top priority. Project Decide, the drug awareness curriculum, has been implemented in grades 4-8 with lower grades to follow. A significant number of teachers have attended the specially designed workshop for this program. Decision making skills, constructive ways of dealing with peer pressure, and interpersonal problems are an integral part of Project Decide.

The Home-School Parent Network Committee has brought parents together to discuss drug awareness and to communicate about issues which influence students at various grade levels. Need for a non-judgmental attitude about others' values is stressed. Rather, information about children's social behavior is exchanged to enable parents to make informed decisions regarding their family. Principal George Kokaska and teachers have attended many of the parent sessions. In addition, guest speakers and films provide drug education programs for parents.

### MIDDLE SCHOOL

Parents were given the BMS Drug-Alcohol Intervention Policy in September. The policy's Philosophy Statement reads:

"Basic responsibility for educating children about the hazards of drug use, as well as establishing and enforcing a no-drug-use standard, begins at home and rests with the parents. Barrington Middle School addresses the issue of chemical use in our society by emphasizing prevention through educational awareness.

"It is during these critical middle school years that our students, some of whom may be starting to experiment with chemicals, must understand that their school will not tolerate the use of drugs and alcohol. If intervention is necessary, Barrington Middle School has an established procedure that sets clear consequences regarding a student's use of chemicals. Suspension and participation in an Insight Program are required for those students who violate the school's commitment to drug-free youth."

November is chemical awareness month and various areas of instruction will offer special projects connected to alcohol-drug education. Students who are concerned with the chemical use of someone close to them may take part in a Concerned Persons group. The Principal, Don Thompson, serves as Core Team coordinator.

# AT BHS: LEADERSHIP GROUPS

Turn on the TV during any sporting event and it isn't long before you become aware that athletes and alcohol seem to go hand in hand. Beer commercials featuring sports legends tout the camaraderie of a "tall, cool one" with teammates after a hard-fought contest. The image portrayed on the screen mirrors the attitude prevalent in our society that the "real man" is a drinker.

The Chemical Health Program at Barrington High School, with its goal of a chemical-free school, early on decided to deal directly with this societal pressure. At the onset of the program, the Athletic Code was revamped. Like the Alternative to Suspension Program, which deals with chemical use and-or possession in school or at school-sponsored events, the revised Athletic Code (later expanded to all co-curricular activities) stresses help instead of punishment for violations.

Athletes found possessing or using chemicals prior to the revision were suspended from the team for a first offense, barred from participation for a year for a second offense, and finally barred from all participation in sports at BHS. Under the revision the athlete caught for the first time can continue to play if he/she agrees to participate in an Insight Group which provides education about the effects of chemicals, exploration of feelings that may lead to chemical abuse, and encouragement to make a commitment not to use. At a second offense, the athlete can choose to undergo a chemical assessment at a qualified agency. In order to continue to play, he/she must follow the recommendations of the assessor. The third offense, as in the Alternative to Suspension program, offers no options because a third offense is a signal that professional help is needed.



The Athletic Code prohibits the possession and-or use of any mind-altering chemical at any time during the sports season, but athletes are at school for only a small portion of that twenty-four hour a day, seven day a week period. This fact

places a huge responsibility on the athlete and his or her parents. The Athletic Department and Chemical Health Program have worked together to help in this task.

Team meetings are held at the beginning of each season. All athletes and at least one of their parents are required to attend. At the meetings coaches review the Athletic Code and any team rules. Parents are asked to discuss the commitment with their children.

But teens aren't always under their parents' supervision either. The athletes also need support to take responsibility for their commitment. In the spring of 1985, the Chemical Health Program developed a pilot support group for athletic team captains and leaders. The pilot group was composed of seven sophomore and junior football players. Through discussions with this group, facilitators found that denial among athletes was strong, not only on a personal level, but on a school-wide and community-wide level as well. The image of the athlete portrayed in the media was the image of the BHS athlete, and many felt they had to live up to the image.

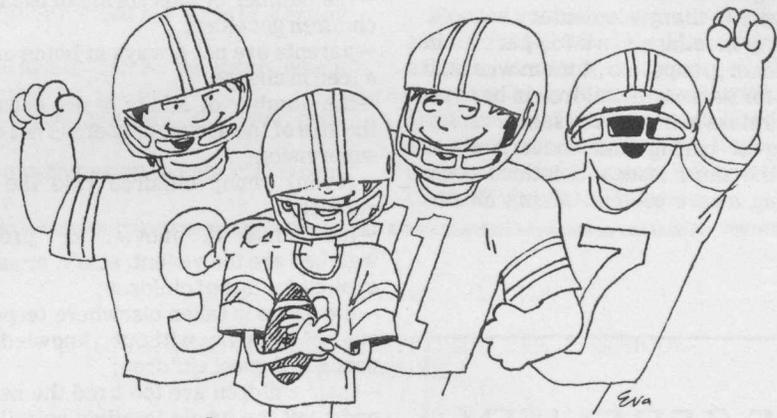
We also discovered that the leadership skills we wanted to develop went beyond chemical use and as a result our support group expanded to deal with other issues. "It's easy to comply with the Code when you're winning," we heard, "but nobody cares when you're losing." We began

exploring what it means to be a member of a team and a leader on a team. We discussed commitment and team responsibility. Team values became a logical outgrowth of our discussions. "Some of the guys just want to wear the uniform; they don't want to work" led to explorations of leadership style and methods for building team spirit. Coaching styles and working with coaches followed.

In the fall of 1985, the Leadership Program was expanded to include all captains of varsity sports. Each group consists of six or seven members from one or more teams and two trained facilitators.

Changes in attitude have occurred slowly as a result of the changes in the Athletic Code and the Leadership Groups. Each year the number of parents and students who say they sign the Code with no thought of compliance just so the athlete can play has decreased. In early Leadership sessions, under the protection of group confidentiality, athletes admitted that they had no intention of living up to the Code. Now some falter, but more are serious in their commitment to the Code--and to the team. With the change in national attitudes toward chemical use and the changes in the athletes' and community's image of the athlete, we are working toward the day chemical use among athletes is no longer an issue.

*(Barbara Gordon, BHS Chemical Health Team)*



## Credits

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# WHEN PARENTS TALK...

ABCDE representatives Connie LeBeau, Suzy Palmer, Faith Semla, Vira White, and Dr. Barbara Holliday conducted 2 half-day parent networking training workshops to provide over 125 parents with guidelines for calling parents together to exchange ideas and information.

Participants were given information and materials as well as practical experience in a small group. Three specific guidelines for a networking session include:

(1) **SET THE STAGE FOR CONFIDENTIALITY;** it is important that parents feel that they will not be quoted later by another adult or child.

(2) **THE GATHERING IS NOT A TIME TO JUDGE SOMEONE ELSE'S VALUES.** It is an opportunity to hear about other parents' concerns and to find that you are not alone. It is also an opportunity to learn about social behaviors and practices occurring in your child's peer group. This information is used later when parents set their own bottom line for their own family.

(3) **NO SCHOOL ISSUES ARE TO BE DISCUSSED.** This side-tracks the parental role and uses up time. School problems should be solved with school personnel.

With the help of parents who received ABCDE parent networking training and/or attended the summer Community Intervention workshop, and PTO leaders, networking sessions occurred at various grade levels in many elementary schools. Networking meetings work for parents in scout or team groups, too. A mom who held a session for parents of children in her preschooler's class achieved the same results—a feeling of caring and concern about some of the same issues. Solutions come from being aware of—and talking about—problems.

## THE SERENITY PRAYER

God grant me the serenity  
to accept the things I cannot change,  
courage to change the things I can,  
And wisdom to know the difference.



## PARENT CONCERNS

Here are very common issues that parents of children in elementary and middle school talk about at parent networking meetings:

### SLEEPOVERS

There is a concern that:

- the number of kids seems to escalate as children get older;
- parents are not always at home or leave a teen in charge;
- the number of adults is not enough for the size of the group, or there is not enough supervision;
- (even) young children raid the liquor cabinet;
- the kinds of movies or programs watched are too violent, scary, or sexually explicit for age of children;
- the group is taken elsewhere (especially out-of-town) without knowledge of parents of guest children;
- their children are too tired the next day and spoil the whole family's activities, or become ill.

### SOCIAL PRACTICES

Parents struggle with:

- different ideas of what kinds of activities are appropriate for an age group;
- what age to allow boy—girl parties;
- what kind of activities at a party are o.k.;
- curfew hours;
- telephone usage;
- appropriate places for children to be without parents or other escort;
- children visiting a friend's home when

the parents are not home, or a home which they are uncomfortable having a child visit.

### INDIVIDUAL DEVELOPMENT

Parents recognize individual differences and worry about:

- participation in an appropriate number of extra activities;
- that some children do not know how to spend time when alone, or know that it is not necessary to be surrounded by friends all of the time;
- children who do not seem to have friends who call or visit;
- the unkind "put downs" that seem to be "standard procedure" among "friends;"
- the need to take part in certain activities to be "in."

### DIFFERENCES IN PARENTING

—A frequent comment is heard that "I assumed all parents thought that way." Parents "wish I had more help" in situations when:

- families have different rules;
- a peer group may include a child who is oldest in her family (her parents are new to an issue) and another child who is youngest in her family (her parents have dealt with an issue before);
- they have difficulty accepting, without judging, that other families have their own value system;
- they deal with those differences in values that affect children who are friends, especially concerning alcohol use by underage youth.

# ABCDE GOALS:

## PURPOSE

ABCDE is a community action group made up of concerned citizens including social service representatives, parents, school personnel, students, clergy and other interested people organized for the purpose of preventing the use of alcohol-drugs among the youth in the Barrington area communities.

To this end we shall promote awareness of the problem, inform parents and students of the potential dangers and symptoms of alcohol and other drug abuse, and support those who take the position that the use of alcohol-drugs among school age children is inappropriate.

## 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.



1987 BHS graduate Eva Sandor is settled in at Carnegie Mellon University, Pittsburgh. We are grateful for her contributions of artwork and sensitivity in interpretation of CHOICES material. Thanks and Best Wishes, Eva!

## FINANCES

Individual and group donations provide funds for ABCDE workshops, CHOICES, and other educational activities. In addition, a grant of \$500 was received from the Ill. Dept. of Alcoholism and Substance Abuse (DASA) toward postage to mail this issue of CHOICES.

## OBSERVATIONS

When you feel the pain of a recovering youth,  
When you hear the changes she needs to make,  
When you hear her tell her fears of starting over,  
When you sense there are more who'll walk that path,  
Then you know that SHE is a very good reason  
To keep plugging away to help maybe one more.

## THE NEED TO DO MORE

We know that Barrington area teenagers, like those throughout the country, are making choices about alcohol and other drugs and that their choices are not always well thought out. We know that alcohol is the "drug of choice" and that it is easily attainable through the use of fake ID cards, through older siblings and friends, and in their own homes.

Also, we know that marijuana, cocaine and hallucinogens are used and that crack is available. Finally, we know that death, injury, learning difficulties, and family problems are often direct results of substance use and abuse.

We do not know precisely why our young people use or do not use, or what most clearly influences their decisions--press, parents, media, or education. Nor do we know for sure how effective are the various prevention and intervention programs that are in place in our communities.

We are convinced, however, that the problem belongs to the entire community and that all of us can be doing more. Improving parenting skills is one place to start. Remember that no one becomes a good parent by luck. We have to work at it and it's not easy in today's society.

So read, question, get involved, CARE and COMMUNICATE. The attitude that drinking is "cool" is pervasive, and kids using are likely to experiment with and use other drugs. These are not "bad kids." They are our kids and we have to help them make more responsible choices.

*Clyde W. Slocum, Chairman*

### ABCDE

PO BOX 768 Barrington, IL 60011

I WOULD LIKE TO HELP FIGHT DRUG USE BY SCHOOL-AGE YOUTH

- Enclosed is a tax deductible donation
- Send program suggestions for my organization
- Have a parent networking rep. call me

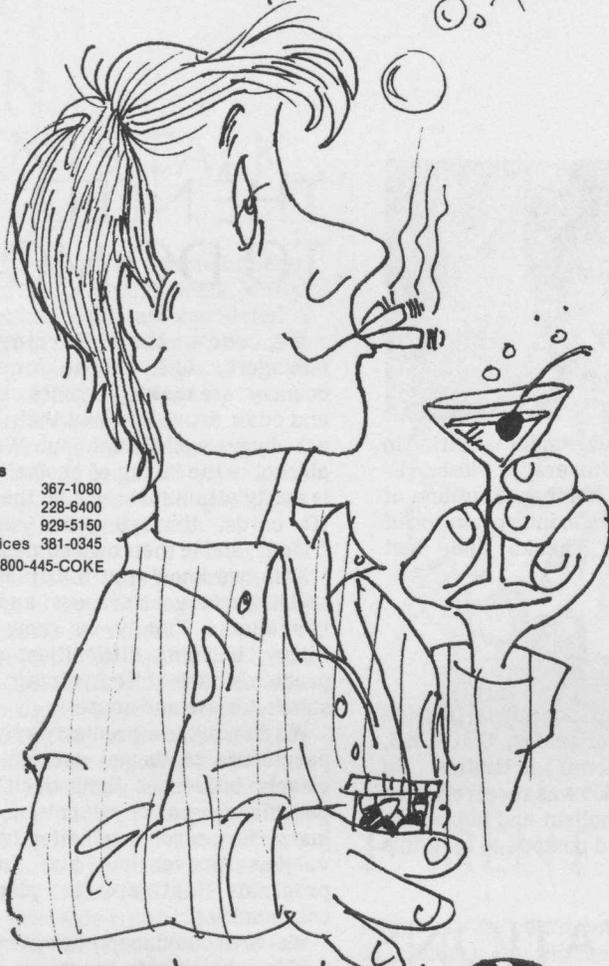
Name: \_\_\_\_\_ Address: \_\_\_\_\_

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 381-0345  
IL Cocaine Hotline 1-800-445-COKE

... 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	827-8811
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
North 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
AA Hearing Impaired	835-4100
Cocaine Anonymous	583-4433
Narcotics Anonymous	346-9043
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**

Al-Anon (family), Al-Ateen (teen relatives, friends)	358-0338
Families Anonymous (family and friends of drug abusers)	848-9090
Adult Children of Alcoholics	929-4581
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 Langendorf Park, Barrington, EVERY SATURDAY, 8 p.m. 381-9824

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