

INSIDE :

- Happy Birthday, ABCDE
- Beer and Athletics
- Facts on Alcohol

# CHOICES

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

SPRING 1986



**BHS STUDENT FEARS COCAINE LURE**  
Story on Page 9

# 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.



ALL KINDS OF PEOPLE WRITE US

## Mike's message heard

...Mike's story (NOT ME! CHOICES, Spring 1985) made a big impression on several 12 and 13 year olds of my acquaintance. It stimulated some dialog about the kind of peer pressure that made Mike go along with his friends.

J.A.

## Worthwhile Risk

...I was foolish to drink and drive. Fortunately, I was in a minor accident which did not hurt anyone else. My friends who were with me were afraid I would be embarrassed if they drove me home and consequently, did not urge me NOT to drive.

Please risk the friendship! Take the keys away! My nightmare is that I COULD have hurt somebody else.

name withheld

## No specifics, please

...Parents communicating with parents of their children's friends works! However, we learned from a difficult experience that parents need to be cautioned about the confidentiality of the information shared. It is disastrous when one parent tells his own child information that was shared by the parent of his child's friend. Another instance where the

"straight" kid pays.

It is wiser if a parent has to share information with his child that he not be specific about facts, use names, or sources.

name withheld



## ITI

...Thank you for publicizing the 1985 Illinois Teenage Institute on Substance Abuse in your Spring Issue. On behalf of the Illinois Alcoholism and Drug Dependence Association, I would also like to thank ABCDE and Barrington High Home-School Committee for offering three scholarships to ITI.

CHOICES is an excellent newsletter!

James E. Long, Exec. Sec.

(Note: BHS student Kim Smith attended ITI. See p 6.)

## Making Headway

...Over the past few years, on Saturday and Sunday mornings, I have noticed fewer beer cans and more pop cans strewn on neighboring lawns.

B.W.

...An 8th grader told the story that at three parties they played "quarters" and didn't spill a drop-of Pepsi.

D.L.

ED. NOTE: "quarters" is a drinking game where beer is chug-a-lugged if a flipped quarter misses the glass.

## Membership

...Our entire Association is seeking membership into the ABCDE. ...A check is enclosed covering the entire Association dues (25 members). ...the purpose of our Not For Profit Corporation is charitable, benevolent, educational, civic, patriotic, social, professional, and to promote the development and administration of Justice and assist in community endeavors.

Barrington Police Benevolent Association

...I noted in the Barrington Courier-Review (6-27-85) that the Barrington Police Department uses the new eye test for DUI. Is it more accurate?

G.P.

(see BPD response, page )

...Is it true that students are renting motel rooms outside the Barrington area for parties?

S.L.

## 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.

# EARLY EFFORTS COUNT

The pediatrician told a group of mothers to make their homes safe for their babies and toddlers. Put the bleach, cleaning supplies, aspirin, salves, and other dangerous-to-children-stuff out from under the kitchen sink, medicine cabinet and closets; put them up high, where they can't be reached by children. One mother went home and did all those things--that same night.

On a summer day, two church school teachers raced around the church kitchen cleaning paint brushes after a wonderfully successful art project with 6th graders. One teacher's toddler wandered around the kitchen, waiting to go home, curious about the brightly painted objects. The toddler could barely reach the counter top, but his little fingers curled around the orange juice can, carefully brought the can to his lips, and drank--turpentine.

The two incidents involved the same careful, conscientious mother. Accidents can and do happen to any parent. It is a heavy responsibility to always be thinking, imparting information, teaching little ones what is healthy and what is not good for them, who can help them, what is "safe." But educating about chemicals--cleaning compounds, medicines, paint supplies, harmful and-or illegal drugs--belongs in a parent's repertoire along with other safety issues.

Prevention of drug abuse by

adolescents begins with early education about chemicals. It also goes hand-in-hand with teaching about risk taking and personal development. All through the elementary ages, the school curriculum deals with both facets of prevention. For personal growth, a child needs:

- to develop independence which is strengthened by decision making and problem solving skills; to think for himself
- the ability to size up a situation
- to learn the meaning of saying "yes" or "no"
- to learn who to go to, how and when to ask for help
- to learn about feelings, be able to say feeling words, define them, and finally identify their own feelings and those of others
- to deal with stress
- to learn to act out ways of feeling good

All of these need to be started when a child is young and be practiced so that coping and communication skills, self awareness, self esteem, and self discipline are in place when peer influence starts to become more important and eventually overrides parental influence (a normal progression).

Teaching about chemicals, the disease concept (well vs. sick), the healthy care of the body, and the family involvement in decisions connected with them starts in kindergarten, too. Learning what is safe to use as well as the differences in medicines

prescribed by the doctor and those sold in the drug store are home teachings which help a child grow from adult-dependent decisions about use of chemicals to the eventual self-decision making which is often modeled after adults who are important to that child. Older youth need more specific information about the pharmacology of drugs and their effects on the body, but they may not heed the information they have about use-abuse if the other part of the drug abuse prevention (personal development) is not strong enough. That's why there is so much talk about self-image, self esteem, responsibility for self, etc.

It is hoped that parents of elementary school children (and significant others, like grandparents, too!) will see drug abuse prevention as part of their EARLY parenting job. By supporting school programs and teachers, by assuming responsibility for information and personal growth, parents can make a difference. This also can make a difference in the middle and high school student's life--perhaps forever. Sadly, there is no guarantee for parents that all these efforts will produce perfect results. Drug abuse can happen to nice kids from nice families. However, when it does, the effects of early prevention efforts may make the healing process a lot easier, so even if chemical dependency or abuse occurs it may not be as destructive.



Staying healthy means eating and sleeping right.



SOMETIMES BAD THINGS HAPPEN TO GOOD KIDS

# ADULTS ARE IMPORTANT

**Every child needs input from important adults.**

**A child needs to:**

- receive genuine LOVE
- be TOUCHED
- be RESPECTED
- be encouraged to be RESPONSIBLE
- be given set LIMITS
- be DISCIPLINED with fairness and consistency
- be allowed to honestly EXPRESS THEIR FEELINGS, THOUGHTS

**Other needs adults provide are:**

- the opportunity to LAUGH
- opportunities to be SUCCESSFUL
- PERMISSION to fail and TOLERANCE for mistakes
- genuine COMMITMENT from adults working with them
- be TRUSTED
- SUPPORT from important adults (and peers)

- positive ROLE MODELS in handling stress, social life, etc.
  - accurate INFORMATION about drugs-alcohol, crime, sexuality and other areas which might make them fearful.
- ADULTS ARE WHAT HAPPEN TO KIDS!



## Let's Include Doctors

The American Academy of Pediatrics (AAP) policy statement relative to alcohol abuse education in school recommends: (1) a year-by-year educational program be incorporated in all school curricula for grades K through 12; (2) local AAP chapters work with parent-teacher organizations to promote awareness of the harm of alcohol use by young people; (3) local AAP chapters make themselves available to schools and school organizations; and (4) local AAP chapters use the media to promote alcohol abuse awareness.

Wisconsin Medical Journal 84 (3):18, 1985.

# SCHOOL CURRICULUM

"As educators of children we believe that the teaching of health is vital...A positive self-image requires a balance of social, emotional, intellectual and physical well-being. Knowledge and appreciation of the close relationship of these areas of human expression are essential if the pupil is to understand the meaning and value of good health as factors in achieving one potential for effective living."

This quote from the Statement of Philosophy of the Community Unit School District 220 K-12 Health Curriculum tells us that the human body deserves care. The Drug Awareness units state: "Since drugs are prevalent in today's society, students need to learn about drugs and their effects on the mind and body...Students can make wise, healthy decisions about the avoidance of drugs, only if they are well informed."

From first through eighth grades, the curriculum uses text, workbooks, films, role play, discussions, and many other enrichment possibilities to help children become aware of medicines-drugs and their role in our lives.

The Curriculum Committee spent two years reviewing and revising the district 220 health curriculum. Objectives, by grade, are:

**FIRST:** Become aware of medicines and their role in our lives.

**SECOND:** Develop an awareness of medicines and their role in our lives.

**THIRD:** Develop student awareness of drugs-medicines and their side effects on the body.

**FOURTH:** Increase the understanding of drugs and medicines effect on the human body.

**FIFTH:** Identify common non-food substances (drugs) which are potentially dangerous and their effects on the body systems. Describe the role of an individual and his-her choices in the prevention of substance misuse.

**SIXTH:** The student will become cognizant of decision making and value judgements regarding chemical substances.

**SEVENTH:** Know that physical, emotional, and social factors may lead to the use of chemical substances.

**EIGHTH:** Know the pharmacologic action and the legal consequences of drugs.

**HIGH SCHOOL:** Develop an awareness of the physiological and psychological effects of chemical substances on the body systems.

Identify peer pressures that are inconsistent with students' value system.

Know one's own personal needs and the options available to meet these needs.

Become aware of organizations related to drug abuse. Become aware of the diseases and problems that arise when substances are used.

Dr. Fred Vorlop, Assistant Superintendent for Curriculum and Instruction, stated, "The newly revised health curriculum places increased emphasis upon drug awareness by expanding both the time and the resources being devoted to that topic. For the first time the curriculum contains a separate, major component in grades 1-8 and 10 devoted to drug awareness."

# DEVELOPING CAPABLE YOUNG PEOPLE

Stephen Glenn, Ph.D., nationally-recognized authority on prevention, presented intensive sessions for conference participants at "Chemical People--One Year Later," the second annual conference of the Illinois Drug Education Alliance. The following are some special thoughts from his lectures:

1. Kids have to have room to make errors in judgment (but not terminal ones).

2. Parents: express love, care and affection "randomly" to your children. Let them know you love them without "qualifications."

3. Individuals who show these characteristics are at high risk for developing alcohol/drug problems:

- weak perceptions of personal capabilities;
- weak perceptions of significance in primary relationships;
- weak perceptions of personal power or influence over life;
- inadequate interpersonal skills;
- inadequate intrapersonal skills;
- inadequate systemic skills;
- inadequate judgment skills.

4. Children need to feel they are listened to, and that their abilities/thoughts are taken seriously. They need to perceive the family relationship as "close".

5. When there is a history of alcohol or other drug dependence in the family, parent prevention activities should include: (1) establishing "family rules" which are clearly aimed at preventing recurrence of the illness in the family (age 5); (2) sensitizing children to the pro-alcohol-drug messages delivered on TV and in our culture (age 8); and informing children about their susceptibility (age 12).

6. Young people ages 12-20 have three primary tasks:

- to develop physically and intellectually;
- to develop personality for adulthood;
- to develop sexually.

Between the ages 10 and 12, young people are able to learn about these maturing processes they are beginning, and are also able to make a decision "not to bring any chemical into my body that can hurt the process." Research indicates alcohol-drug use interferes with the work of the hypothalamus in the maturation process.

7. Positive prevention indicators which predict young people ages 12-20 will successfully avoid alcohol or other drug problems:

- believing their family is close;
- holding strong moral positions;
- participating in religious activities;
- participating in sports, recreation, scouting or other drug-free activities which build positive, healthy peer relationships and positive youth-adult communication.

From: SNOW-MENTUM, official newsletter of Operation Snowball (IL.)



## ALCOHOL IN MEDICINES

Parents need to be cautious about medicine use because little information is available on alcohol effects in young children except in cases of acute poisoning. Some medicines contain alcohol (ethanol) and when taken in conjunction with other drugs may produce undesirable interactions. For example, a child may be taking an antibacterial drug and be given a cough syrup containing alcohol. The alcohol may prevent the antibacterial drug from doing its job as effectively. It is important to check with the child's doctor concerning medicines.

According to S. E. Pruitt, et. al, "Ethanol in Liquid Preparations Intended for Children," (PEDIATRICS, 73:3, 405-407, 1984), "It is desirable that no ethanol be included in medicinal products intended for use in children. Continued efforts should be made to have alcohol removed from liquid preparations for children." When alcohol is a necessary solvent in a medicine that is in your home, BE SURE TO KEEP IT OUT OF REACH OF CHILDREN.

Another concern about use of these medicines may occur in families where the disease of alcoholism is present and its possible genetic predisposition in the children.

## A Cause of Retardation

Don Moss, Executive Director, Association for Retarded Citizens of Illinois writes:

For the general population, the odds of having a retarded child are 1.5 out of 100 births. The odds that the baby of a young teenager will be permanently damaged are 40 out of every 100 births. This is due to several factors: use of drugs, alcohol and cigarettes during pregnancy, inadequate nutrition (too much junk food), lack of proper prenatal care and because a teenager's body generally is not ready for having babies (children having children). Each year in this country 600,000 babies are born to girls between the ages of 10 and 18. In 1978, 9,000 babies were born to girls 11 years old or younger.

Fetal Alcohol Syndrome & Other Drugs, UPDATE, Vol. 4, #4, June, 1985, p.3, Prevention Resource Center (Illinois)

## STEEP PRICE

Startling statistics from a report to the Alcohol, Drug Abuse and Mental Health Administration concerning economic costs of alcohol abuse and alcoholism (1980 study):

- total costs (estimate) \$89.5 billion
- indirect costs were equal to approx. 2.7. of the \$2,632 billion Gross National Product (\$71.6 billion)
- direct costs were about \$18.0 billion (treatment, crime loss,

social programs)

- \$3.2 billion due to fetal alcohol syndrome (treatment, special education, other services)
- estimated total cost for 1983 was \$116.7 billion

None of the figures tells the whole story of costs in human loss of productivity, legal services, crime victims, pain of family and friends. ("RTI Report: Economic Costs of Alcohol Abuse and Alcoholism," Alcohol Health and Research World, Winter 1984-85, pp 34-35)

## EYE FIELD TEST

The Barrington Police Department has been using a new series of Field Tests to detect drivers that are under the influence of alcohol since the spring of 1985. The leading test in this area is Horizontal Gaze Nystagmus (HGN). This test has the highest percentage of accuracy of all the Field Tests. When used in combination with the other tests, the police are able to determine the blood alcohol level (BAC) rather closely.

police can often determine the actual level of alcohol of the subject being tested. This type of accuracy was not possible with the types of Field Tests used in the past.

Since our personnel have been trained and certified in the use of the new tests, they use HGN every time they stop a driver that they have reason to believe is impaired by the use of alcohol. The officer on the street is enthusiastic about this new tool that aids him in the detection of drinking drivers.

# for your baby's sake don't drink



## CREDITS

CHOICES is published by ABCDE Information Committee, P.O. Box 768, Barrington, IL 60010.

Faith Semla, Chairperson

Design, Technical Aid

Linda Stanley  
Drew Davis

Typing

Jan Gohl  
Faith Semla

Art Work

Eva Sandor

Composition

Becky Jacobson

Staff

Elaine Amoroso, Nancy Doughty  
Sandy Heinze, Joan Hutchinson  
Elaine Nelson, Carol Shaw

Typesetting donated courtesy of the Barrington Courier-Review

## Feeling Word Search

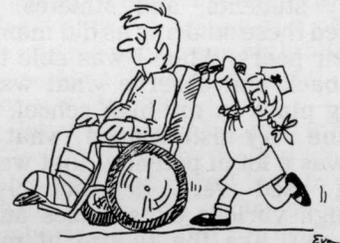
L	D	U	O	R	P	C	A	L	M
S	O	R	R	Y	X	X	B	X	A
T	W	N	E	A	T	D	I	R	D
I	N	T	E	R	E	S	T	E	D
R	N	N	N	L	X	A	T	J	I
E	O	A	T	X	Y	D	E	E	S
D	D	T	H	E	A	X	R	C	C
D	E	S	U	F	N	O	C	T	O
S	K	I	S	R	G	S	X	D	U
H	C	D	E	E	R	X	E	D	R
Y	I	X	D	E	Y	O	N	N	A
X	P	B	O	R	E	D	X	X	G
H	U	R	T	U	N	S	U	R	E
R	E	P	U	S	C	A	R	E	D

Try to find the 29 feelings listed below in the above puzzle. They are arranged vertically, horizontally and diagonally, backwards and forwards.

- |                 |               |
|-----------------|---------------|
| 1. Lonely       | 16. Picked on |
| 2. Down         | 17. Unsure    |
| 3. Distant      | 18. Rejected  |
| 4. Proud        | 19. Sorry     |
| 5. Angry        | 20. Bored     |
| 6. Tense        | 21. Calm      |
| 7. Interested   | 22. Mad       |
| 8. Settled      | 23. Shy       |
| 9. Enthused     | 24. Tired     |
| 10. Confused    | 25. Free      |
| 11. Bitter      | 26. Sad       |
| 12. Annoyed     | 27. Neat      |
| 13. Discouraged | 28. Hurt      |
| 14. Scared      | 29. Super     |
| 15. Sure        |               |

## TEENS: EXPAND YOUR WORLD --VOLUNTEER

Soon there will be many more opportunities for teens to volunteer and broaden their experiences, sharpen skills and discover new dimensions. Various community organizations and agencies are filing requests for teen volunteers and soon teens will be filing requests to fill those opportunities. The BHS National Honor Society will implement a new system for ALL BHS students to find a spot where they can share themselves--for as much time or talent as students are willing to give. LISTEN FOR THE PA ANNOUNCEMENTS AT SCHOOL.



Volunteer work is like paying rent to your community!

## Aggression Cookies

No matter what age you are, here's a good way to divert energy from anger, frustration, or just plain "mad". Put in a huge bowl: 3 cups brown sugar, 3 cups margarine or butter, 6 cups oatmeal, 1 tablespoon baking soda, and 3 cups flour. Now, with your hands, MASH, KNEAD, SQUEEZE, BEAT, that's right, PUSH it hard until it is blended. Then form small balls, place on ungreased cookie sheet. Butter the bottom of a small glass, dip it in granulated sugar, and SMASH the balls flat. Re-dip the glass in sugar for each ball (SMASH). Bake at 350 degrees, 10-12 minutes.



...AGGRESSION COOKIES...

# SWIMMING UPSTREAM

At the beginning of my junior year, I finally realized that during my first two years of high school I had been somewhat of a conformist. As in most high school communities, "partying" is a major part of many people's lives at Barrington High School. I experimented with drinking and, as a result, was deceitful to my parents. But, to my advantage, I took time to reflect upon myself in order to determine who I wanted to be.

Since seventh grade, I was part of a clique of school leaders, high ability students, and athletes. I idolized these students as did many of their peers. When I was able to step back and observe what was taking place in my high school, I became very disillusioned; what I saw was a lot of potential that was being used very destructively. Through various experiences and incidents, like the failure of my classmates to adhere to the athletic code (concerning the non-use of alcohol and other drugs), I was forced to step back and re-evaluate my values.

I had always sensed that I was different from other members of "the crowd"; when I was able to confront my innermost feelings and take a stand, I confirmed that opinion of myself. I resolved to be a true individual. When I first made it known that I had taken a lonely stand against teenage drinking, I realized that in order to do something worthwhile one must suffer, because what comes easy isn't worth doing. I did exactly that-- I suffered.

At first I attempted to carry on a normal life at school, but it wasn't normal because I had to struggle in order to keep my head up. Rather than earning the respect of my friends, I became an "outcast." I wanted so much to be a good example; so I went to the parties. But I soon learned that I was no longer accepted as before, and these parties were not the place I wanted to be. There was an artificiality about the parties, because people weren't actually enjoying themselves. It amazed me that my own friends couldn't appreciate each other for what they are but instead had to intoxicate themselves.

For many months I felt like the  
8 lonely fish swimming against the

## Risks

To laugh is to risk appearing the fool.  
To weep is to risk appearing sentimental.  
To reach out for one another is to risk involvements.  
To expose feelings is to risk exposing your real self.  
To place your ideas, your dreams before a crowd is to risk their loss.  
To love is to risk not being loved in return.  
To live is to risk dying.  
To hope is to risk despair.  
To try is to risk failure.

But risks must be taken; the greatest hazard in life is to risk nothing.  
The person who risks nothing, does nothing, has nothing... is nothing.  
They may avoid suffering and sorrow but they cannot learn, feel, change, grow, live and love.  
They are as a slave, chained by fear; they have forfeited their freedom.  
Only a person who risks is free.

*Author unknown*

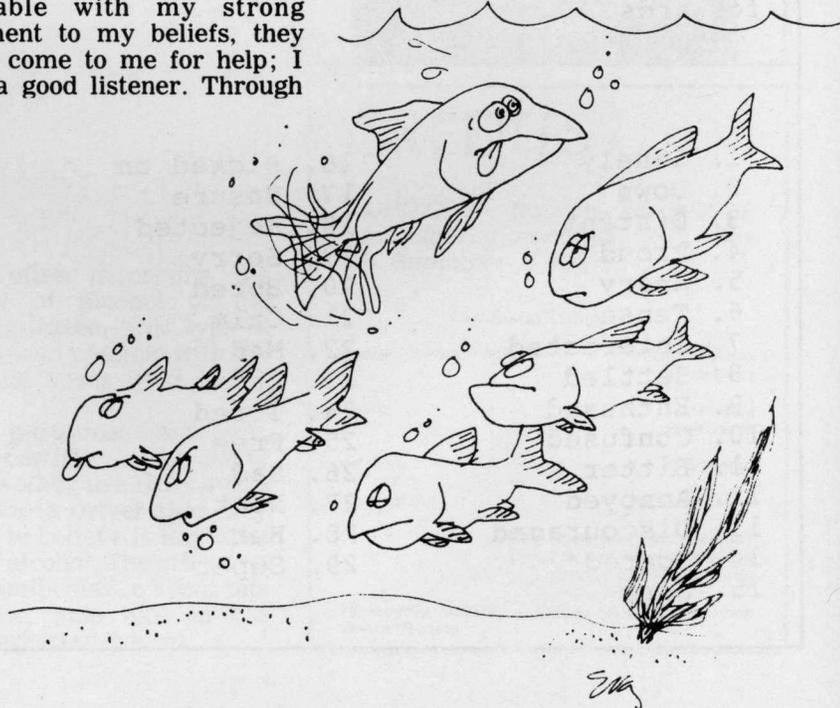
current. I was struggling to be an individual; while doing so I had to face the school of fish swimming downstream. I had to deal with many setbacks. I also lost many friends; in the course of doing so, I was devastated by my peers' comments. As time went on, I learned to accept these comments with great self-poise. My new friends, those with whom I shared common values, encouraged me. Many adults, also, helped me put things in perspective. I knew that I was riding the crest of a wonderful wave and there was no turning back now. Fortunately, I was not alone because there were many opportunities to get involved and make a difference.

As people became more comfortable with my strong commitment to my beliefs, they began to come to me for help; I became a good listener. Through

my membership in the peer counseling club (PFCs) I had been provided with information about many teen problems and where to go for help. It also was the extra boost I needed, because I am now comfortable with myself and proud of that for which I stand. I have been able to look beyond my adolescent insecurities and strive to be the best individual I can be.

As I look back on my experience, I have no regrets. Since I did take a risk, I have a great sense of self respect and confidence.

(Excerpted in part from a college entrance essay which required the candidate to "describe an experience which caused you to grow intellectually and emotionally.")



# THE POWERFUL LURE OF COCAINE

## FEAR

By a Barrington High School Student

To me fear is synonymous with one word: cocaine. I have tried cocaine once and afterwards swore never to try it again. So far I have kept my word.

Throughout my entire life I have doubted my abilities and attributes. I have a very negative self image and I find that it hinders my social life greatly. That's why when I heard about the effects of cocaine I was fascinated. I was attracted to the prospect of "feeling like the king of the world." I wanted to truly feel confident in myself. I couldn't imagine having TOTAL faith in myself. So I asked around and after a few days bought sixty dollars worth of coke.

I waited for Friday night and then I broke out the cocaine. I took out a picture of Ronald Reagan and Bonzo the chimp. I cut twenty lines and inhaled them through the casing of a Bic pen.

To put it simply, cocaine was everything it was reputed to be... and ten times greater. It was pure euphoria.

Then after two hours of this artificial "bliss" came the paranoia. I was being watched,

recorded. Not by people or police, but by "Them". I ran outside and made sure that no one could see inside my room, even though the curtains were drawn and the blinds were down. I scanned the neighbor's houses, searching for cameras, snipers or parabolic microphones. I circled our house several times and finally went inside. Sleep didn't come. I tossed and turned and sweated for six hours. I lost two pounds by just sweating that night.

The next day was even worse. I was straight, but had an insatiable craving for more cocaine. I was like an animal, racing up and down my room, running my fingers through my hair. I kept trying to figure out how I could get more. Money was no problem: I could always steal some from my brother's shoe box. But my connection was out of town. I struggled with the craving. I even found myself snorting corn starch. Corn Starch!

It's impossible to describe in words how badly I wanted some snort. I wanted this simple white powder more than any girl I ever liked, or any sum of money I could

ever dream of having.

After two more days the cravings subsided. The only reason I didn't get more cocaine was because my connection was on vacation.

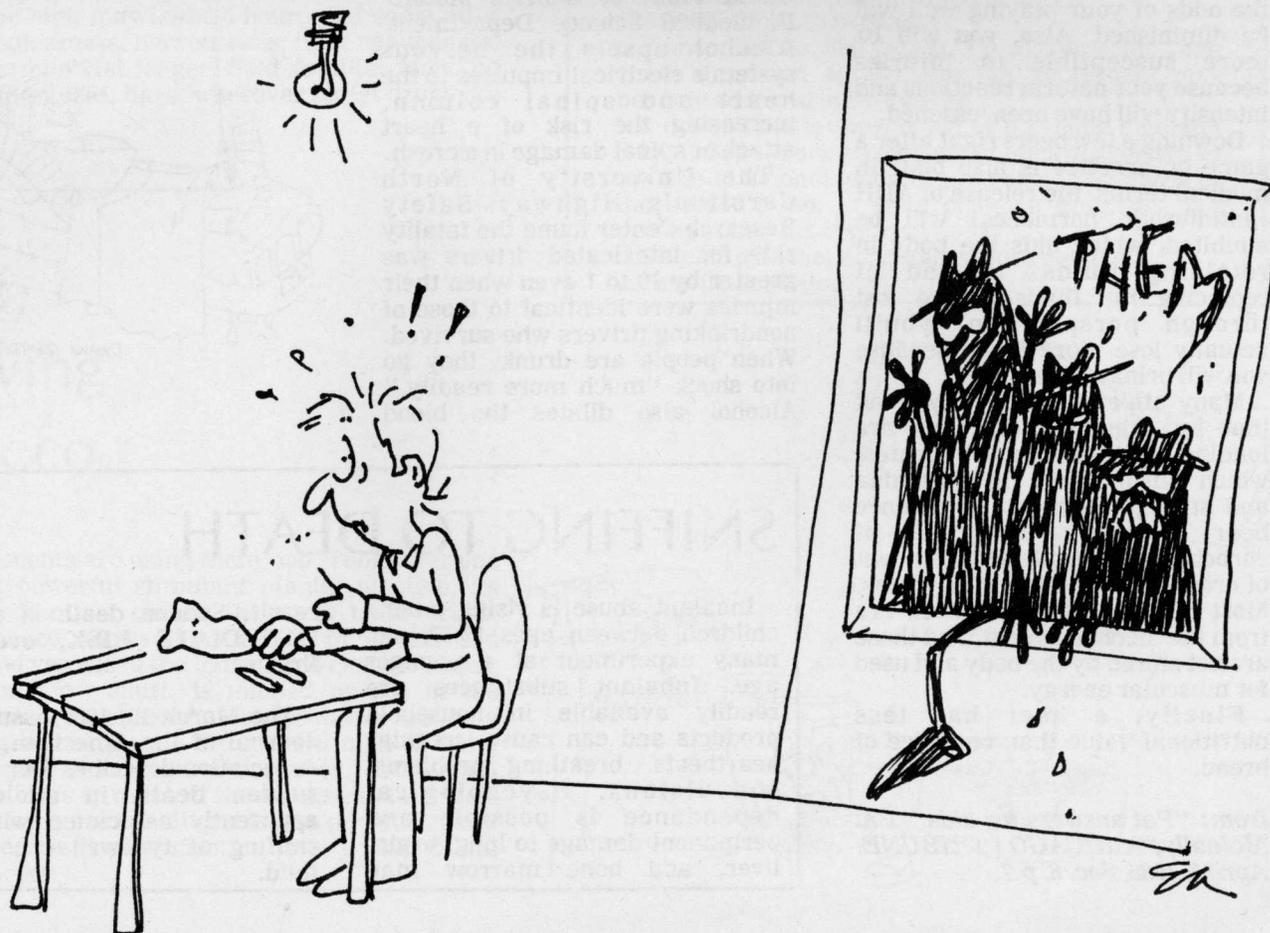
Looking back on my experience I can't believe what happened to my personality. I have NEVER hurt my brother. We haven't even had an argument in four years. That's not bad at all. I believe we are as close as brothers can possibly get.

Yet I thought nothing of stealing sixty dollars from him. It was very scary to lose touch with who I am, to look back and see someone who is completely foreign from myself.

I snorted a special stuff made for inhaling to help ease the cravings. Everytime I see some at a party I go outside and have a cigarette and remember how I couldn't care about my brother.

Believe it or not, cocaine is still a fear. Everytime I find myself thinking about coke I long to try it again so I can experience the euphoria again. But it's been eight months and everytime I want more coke I just reach into my back pocket and pull out my wallet so that I can look at my brother's picture.

(Fall, 1985)



## Mixing beer, athletics, brews trouble

Q- Is there anything wrong with drinking beer if you're an athlete?- B.B., N.Y.



A...First of all, drinking beer before or during a game or practice is bad. The alcohol will depress your nervous system, thus altering your normal reactions, speed and motor movements. You will lose some of your skills and quickness. So obviously, your performance will be affected, and the odds of your playing well will be diminished. Also, you will be more susceptible to injuries because your natural reactions and intensity will have been lessened.

Downing a few beers right after a game or practice is also bad. In medical terms, the release of ADH (antidiuretic hormones) will be inhibited, which aids the body in retaining fluids. Instead of replacing the fluids you've lost through perspiration, you'll actually lose more fluids because you will urinate more often.

...Many athletes mistakenly think that by drinking beer they are loading up on carbohydrates, which will increase their stamina and strength. Wrong. A 12-ounce beer has only 16 grams of carbohydrates, while a like amount of orange juice contains 39 grams. Most of the calories in beer are from the alcohol content, and these are not stored by the body and used for muscular energy.

Finally, a beer has less nutritional value than one slice of bread.

from: "Pat answers for kids," Pat McInally, CHICAGO TRIBUNE, April 3, 1985, Sec. 8, p.7.

## ATHLETES and PEER PRESSURE

Big Ten Awareness Committee chairman and National Collegiate Athletic Association Drug Awareness Committee member, Robert Murphy, M.D., also is a physician for the Ohio State basketball team. In a television interview (Ch. 60, Jan. 19, 1985), Dr. Murphy gave these statistics about Ohio State University students:

general student body- 80% use alcohol, 25-30% marijuana, 10-15% cocaine; student athletes- 60% use alcohol, 20% marijuana, 7-8% cocaine. He stated that student athletes

use chemicals because of peer pressure; if they are in a group of high users, they'll conform or get out of the group.

Four former high school athletes, now in college, told CHOICES that this is not so different at the high school level. They agreed that if a high school student deals with peer pressure and sets his own standards and values concerning mood altering drugs, he/she is more likely to avoid abuse in college. In addition, they were relieved that they didn't have to wrestle with that issue along with other college freshman concerns.

## Alcohol Aggravates Injuries

**TRUE OR FALSE:** A drunk driver is less likely than a sober driver to be seriously hurt or killed because the drunk is much more relaxed.

Though this view is widely reputed to be true, a growing body of research suggests otherwise. The fact is, a person who has consumed alcohol is far more likely than a person who has not to be seriously hurt or to die from comparable injuries.

"It is a misconception that you're less susceptible to injury if you've been drinking because your body is more pliable," said Dr. David Viano of General Motors' Biomedical Science Department. Alcohol upsets the nervous system's electrical impulses to the heart and spinal column, increasing the risk of a heart attack or spinal damage in a crash.

The University of North Carolina's Highway Safety Research Center found the fatality rate for intoxicated drivers was greater by 10 to 1 even when their injuries were identical to those of nondrinking drivers who survived. When people are drunk, they go into shock "much more readily." Alcohol also dilates the blood

vessels, impairing the natural protection response against blood loss. The North Carolina study found that the greater the Blood Alcohol Level (BAC), the greater the probability the driver would be seriously injured or killed.

(Alliance Against Intoxicated Motorists newsletter, Jan. 1985)



## SNIFFING TO DEATH

Inhalant abuse is rising among children between ages 12-17, and many experiment at a younger age. Inhalant substances are readily available in household products and can cause irregular heartbeats, breathing problems, convulsions. Psychological dependence is possible and permanent damage to lung, brain, liver, and bone marrow may

result. Sudden death is a **HIGH IMMEDIATE RISK**, even with first use.

The March 15, 1985, issue of the Journal of the American Medical Association describes four cases of sudden death in adolescents, apparently associated with their sniffing of typewriter correction fluid.

## "NEW DRUGS"

**CLOVE CIGARETTES:** What hits the East, West coasts, usually arrives in the Midwest. These cigarettes are called KRETEKS (kri-teeks) and are legally sold under such brand names as Jakarta and Djarum. They consist of 60. tobacco and 40. clove; they have at least as much tar and nicotine as regular cigarettes. They also contain EUGENOL, a natural anesthetic found in cloves. What happens (chemically) when this cigarette burns is not known, but smokers of clove cigarettes have suffered from lung perforation and death. The danger is amplified if a smoker has, or is recovering from, a virus. Other complaints are shortness of breath, nosebleeds, nausea, lung infections, asthma and coughing up blood.

**DESIGNER DRUGS:** 1,000 times more powerful than heroin; made cheaply in a laboratory; sold faster (legally) than the Drug Enforcement Agency (DEA) can make it illegal; users are the guinea pigs. These frightening facts indicate a trend which started in California where a chemist, in a small unknown lab, altered the molecular structure of fentanyl, a synthetic painkiller routinely used in surgery, to produce a drug more potent than heroin. One variation of the drug produces a side effect of Parkinson's Disease, a chronic nerve affliction. There have been 10 variations of the drug identified; they could number as high as 1,000. Overdose and death are not uncommon.

**ECSTASY, KTC, ADAM:** seductive, controversial, dangerous, recently (July) made illegal. MDMA is a psychoactive drug which is synthetically produced, nonhallucinogenic, and modeled after a substance found naturally in the oils of nutmeg and sassafras. Its effects may produce happiness, sociability, and emotional intimacy; early evidence strongly suggests it may be psychologically addictive and cause brain damage. The high may last 3-5 hours, but some after effects (sleeplessness, nervousness, light-headedness, dehydration) can last longer. Sold as pills; found on university campuses, bars, wherever street drugs are sold.

## Snuff, Chewing Tobacco.

--Yes, adolescents are using them, too. Tobacco is one of the most powerful stimulant plants; nicotine, its active ingredient, is one of the most toxic drugs. Chewed tobacco allows the nicotine to be diffused through blood vessels in the tongue and cheeks. Finely powdered tobacco, snuff, is inhaled or put in the mouth. Inhaled or chewed, tobacco used this way gives strong stimulation in the form of high doses of nicotine, higher than cigarettes, pipes, and cigars (burning destroys so much of the nicotine in tobacco). However, chewing or inhaling it is less addicting than smoking because it puts nicotine into the blood and brain less directly.

## 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



# MASKS

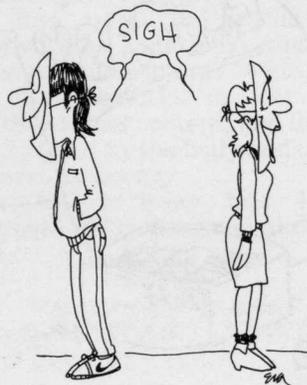
The room was filled with people who had come to share their new experience, Operation Snowball. During these four days we'd all be in the same boat. We'd have to help, listen, care about and be understanding of these people, for each other, for strangers.

This room I walked into was hot, smokey, humid, and full of strangers. Then someone came up to me and introduced himself; from that I gained courage to go and start to introduce myself to other people. The directors had us sit in a big circle and as I looked around this room so big, with a lost feeling and a lot of anxiety, I noticed then and there I was putting labels on people in the back of my mind. I was very interested in their actions. Then we played another game in which we had to have a partner, but not a person who we knew. It was stressful. We had to touch parts of us, like knee to knee and elbow to elbow, with a stranger. As I was doing this I realized that these people were no different than I, no matter how they were on the outside. I decided that I wanted to know as many and as much about these people as I could. I also wanted them to know me.

When we came together in a large group all the directors kept saying, "Take off your masks, be yourself, and people will like you for you." That's what I did, and that's what happened! I learned so much about the real me, and the other wonderful people there.

We all need to stop once in awhile and take a look at ourselves, to look and see the inside of other people and know that they have feelings and they are in many ways just like you. It's good to look at other people as we look in a mirror to see what is reflective of ourselves; but also look through to the other side of the mirror into the shadows to find what is them.

(The author is a BHS Sophomore.)



# AT LAST!

Our own Operation Snowball chapter began at Barrington Youth Services (BYS) this September with nine Barrington high school students joining BYS outreach counselor, Steve Whittier, in its planning.

Operation Snowball is a peer leadership, drug prevention program developed by the Illinois Alcoholism and Drug Dependence Association that was founded on the belief that everyone has the capacity to make responsible decisions regarding their life. Accurate information and self understanding are important factors along with positive peer pressure, acceptance of others, and healthy activities. Any interested teen may join. Call Steve at BYS- 381-0345.



# ITI

Kimberlee (Kim) Smith reported to the ABCDE board of directors that Illinois Teenage Institute (ITI) was "the most emotional and the best time of my life. I made so many great friends. I see things differently; I grew up a lot. I really feel good about myself. I'm going to try for TEEN STAFF next summer." Kim attended the week-long camp on a joint scholarship from ABCDE and BHS Home-School Committee.

ITI sessions for summer 1986 are: July 14-19; July 21-26; July 30-Aug. 3. Information may be obtained in the BHS Student Activities Office when it becomes available.

# Who can you call for help?

## BYS at 381-0345

It's not always easy to ask for help. Whether we are parents raising kids or youth struggling for independence, life can at times be stormy and stressful for everyone. Poor grades, drug or alcohol abuse, depression or anxiety, running away, isolation from friends and family, misinformation, thoughts of suicide, sexual pressure-- these and other problems exist in families in our communities and Barrington Youth Services offers help.

BYS is moving into its thirteenth year, and over that time has evolved from an agency with a drop-in, street oriented "rap with the kids" program to a more comprehensive and professional youth services agency. The agency's goals are to help youth and their families deal constructively with stress and to help the community understand and address the conditions which contribute to such stress.

Without losing its ability to reach out or to relate to youth on an informal level, BYS employs a professional staff who provide individual, family and group counseling as well as consultation by certified addictions counselors for assessment, education and outpatient counseling in the area of alcohol and other drug use-abuse. Outreach activities help the outreach person to become a link between a young person who may be headed for trouble and professional counseling services.

BYS serves youth who reside in Barrington and Cuba Townships, age 0-20, and their families as well as other youth and their families residing in Barrington school district 220. While office hours are 9 a.m. to 5 p.m. weekdays, evening or Saturday appointments may be made. Some situations won't wait, so a BYS staff person is available by phone on a 24 hour basis at all times for emergencies. Parents and students with an immediate need to talk are encouraged to phone or walk in during office hours or phone the crisis line after hours.

# 381-0345

# Happy Birthday, ABCDE

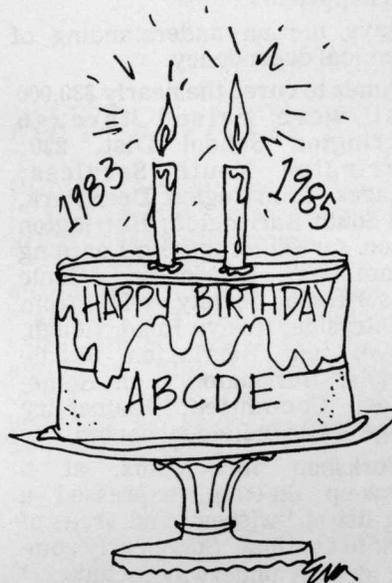
If you are new to the Barrington area or have not heard about ABCDE, read on. The Alliance of Barrington Communities for Drug Education is a task force whose goal is to reduce the use-abuse of alcohol and other drugs by school age youth. As a task force, it does not duplicate services provided by agencies, professionals, or organizations. Rather, the awareness and education that it provides makes existing groups stronger and promotes networking and communication among those groups and residents, especially parents.

The ABCDE service area includes the area of Barrington Community School District 220 which includes approximately 12,000 households in 74 square miles. In the seven elementary, one middle school and one high school there is a student population of approximately 5,900. ABCDE activities are centered around the work of standing committees (see page 15) organized and directed by the elected officers and a board of directors who represent the diversity of the community's agencies and residents.

How did ABCDE get started? School and community leaders have cooperated on drug abuse programs since early 1969 which resulted in the formation of a Drug Abuse Committee; in 1973 this effort culminated in the organization of Barrington Youth Services (BYS), which had been the chief source of crisis intervention services available to Barrington area students.

In 1980 a high school parent group was formed whose major goal was communication between the home, school and community; it sponsored several drug awareness-education workshops. In 1983 the school board and staff were seeking more effective alternatives for students involved in school-related incidents of substance abuse. A group of BYS and school officials traveled to Minnesota to observe several types of programs functioning effectively in Minneapolis schools and to formulate recommendations for our community. Barrington police and village officials adopted an ordinance which held parents responsible for children's drug-related offenses with the support of a Parents Who Care group.

In March 1983 Dr. Clyde Slocum, Superintendent of Schools, called together community



representatives to assess the extent of the student drug use-abuse problem and by July a

Steering Committee was planning an umbrella organization. As that group began its work, "The Chemical People" (CP) network television program series was announced, and the Steering Committee assumed leadership responsibility for the local presentation of that event. On October 27, 1983, the Barrington Courier-Review published results of its drug use survey of high school and middle school students.

Over 1,600 people attended the two CP televised programs which were set up at three locations in Barrington and connected via closed circuit cable (Centel) TV. Following the second TV program, people in attendance were enlisted for committees which were set up according to CP recommendations a set of By-Laws was developed, and ABCDE became an official umbrella task force to combat student use-abuse of alcohol and other drugs on December 8, 1983.

## OFFICERS

### CHAIRMAN

**Clyde W. Slocum**  
Superintendent, District 220

### VICE-CHAIRMAN

**Patricia C. Ritter**  
Parent Representative

### SECRETARY

**Barbara M. Meyer**  
Parent Representative

### TREASURER

**Tobey E. Lannert**  
Parent Representative

## BOARD OF DIRECTORS

**Vicky Allard**  
Parent Representative

**Bruce M. Bell, M.D.**  
Family Physician

**Larry W. Bennett**  
Dir., Barrington Youth Services

**Drew Davis**  
Executive Editor  
Barrington Courier-Review

**Jeffrey C. Degner**  
Board Member, Barrington Park District

**Richard Ganek**  
Assoc. Principal,  
Barrington Middle School

**Barbara G. Holliday**  
Psychologist

**Edward Fila**  
Member, Board of Education

**George R. Kokaska**  
Principal, St. Anne School

**Charles M. Lamar**  
Deacon, St. Anne's Church

**Stan Lany**  
Chemical Health Coordinator, BHS

**Jeffrey L. Lawler**  
Lieutenant, Barrington Police Dept.

**Matt McGinn**  
Student Representative

**Rev. William D. McLean III**  
Rector, St. Michael's Church

**Kristy B. Novak**  
Student Representative

**Suzy S. Palmer**  
Parent Representative

**Jack L. Rieke**  
Fund Raising Consultant

**Faith A. Semla**  
BHS Home School Committee

**John Snow**  
Principal, Lines School

**Hon. Henry C. Tonigan III**  
Assoc. Judge, Lake County

**Joan Toren**  
Parent Representative

# SUMMER 1985 WORKSHOP

The ABCDE board of directors' dream came true in July. Eighty-five area teachers, parents, police, ministers, and other persons who care about prevention and intervention programs (which help youth avoid or overcome problems related to use-abuse of alcohol and other drugs) worked hard at a week-long workshop conducted by Community Intervention, Inc., of Minneapolis.

This powerful experience enriched participants' personal and professional growth as well as gave information and practical tools. Here are some of their comments:

...made me more intraspective and certainly more aware of self deception

...rekindled trusting and caring ...helped me with class management techniques

...learned about evaluation programs, ways to intervene, resources

...understanding defenses of students, background information on student behavior related to drug problems

...expanded my concept of what

can happen in groups

...gave me an understanding of chemical dependency

Funds to cover the nearly \$30,000 cost were raised through Barrington School Dist. 220; Barrington Youth Services; Villages of Barrington, Deer Park, and South Barrington; Barrington Assoc. for Children with Learning Disabilities; Barrington Middle School Honor Society; PTOs from Countryside, Roslyn Road, Hough, Grove, and Barrington Middle schools; Barrington High Home-School Committee; Lounsbury Lodge #751; individual donors.

Workshop participants, at a follow-up meeting, expressed a long list of "wishes" and areas of work to continue. Some early spin-offs already underway include (1) a Social Services network, (2) educational-awareness programs planned in several churches, and (3) training of more elementary school staff and parents in order to develop a Core Team of trained persons in each grade school (prevention).

## COMMUNITY INTERVENTION PREVENTION WORKSHOP HERE!

Week of July 14, 1986

This workshop emphasizes prevention of youthful drug abuse and is for PARENTS, TEACHERS, YOUTH GROUP LEADERS, CHURCH SCHOOL TEACHERS, AND OTHERS who work with elementary age children. ABCDE needs funds, workshop participants, and community support for this effort. Call Faith Semla (381-2094), Connie LeBeau (381-8176), Pat Ritter (381-7253), Suzy Palmer (382-3055), Jean Hayward (381-6300) for information, applications.

IF YOU WOULD LIKE TO HELP ATTAIN THAT GOAL SEND YOUR TAX DEDUCTIBLE CONTRIBUTION TO ABCDE, P.O. BOX 768, BARRINGTON, IL 60010.

## Barrington Middle School

The middle school Core Team of trained teachers and administrators has planned a series of activities: (1) chemical awareness month (November) which involves various programs and activities for all students; (2)

ABCDE Parent Networking committee presentations to encourage communication; (3) a Western Night party for middle school families to have fun together.

## Barrington High School

The high school Core Team of trained staff continues to implement the alternative to suspension program for students who violate school alcohol-drug rules, run an after-treatment care group and concerned persons groups.

A new Co-Curricular format for the Student Athletic and Student Activities Code was introduced. The Co-Curricular Code for 1985-86 includes all interscholastic sports, and selected student activities (Hockey Sports Club, Student Council, Freshman, Sophomore, Junior, and Senior Class Boards, Color Guard, Freshman and Varsity Pom-Pon, Freshman, Sophomore, and Varsity Cheerleading, "B Club", National Honor Society, Peers-Friends-Counselors, Debate Team, Math

Performing Arts dramatic productions). After this year, the goal is to phase in all student activities. Additional staff need to be trained for the insight groups before putting all activities under the new code.

According to BHS Chemical Health Coordinator, Stan Lany, usage of alcohol and other drugs in the school building is considerably reduced and difficult to detect. Lany is encouraged that for the first time parents are joining the school to enforce the co-curricular code by reporting their own child's code violation. The high school perceives this parent support as a growing community awareness.

(Editor's Note: Because usage of drugs ON SCHOOL PREMISES is reduced does not mean that adolescent use is diminished. It

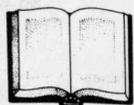
## SOCIAL SERVICE NETWORK

As a result of the summer workshop, a Social Services Network was developed. This network consists of the churches, social agencies, police department, and private practitioners of the community. Its purpose is to encourage and facilitate communication and action among the different organizations and people, to educate ourselves, our staffs, and our communities about the chemical substance problem; to resource the schools, homes, and communities and to aide the referral process, if needed. "Together we can help to make changes in the chemical substance situation."

Contact: Rev. John Britton (381-0596), Dolores Brady (381-7386)

means that use before and after school and at other times occurs IN THE COMMUNITY where it is the responsibility of parents and agencies to prevent, intervene, and-or treat.)

Residents are working to achieve ABCDE goals in the areas of:



## INFORMATION

**GOALS:** To develop resource materials, to publish a periodic newsletter (CHOICES) for the purpose of community awareness and education, as well as keep the public aware of ABCDE activities.

CHOICES is mailed to about 14,000 households and businesses in School District 220, as well as distributed to police, school staff, and new homeowners.

Drug information, film and speaker suggestions are available at the ABCDE Resource Center upstairs at Barrington Youth Services, 412 W. Main St., 9 a.m.-5p.m. weekdays.

**CONTACT:** Faith Semla (381-2094), Carol Shaw (381-7197)

## FUNDRAISING



**GOALS:** To raise funds to pay for programs, informational materials, newsletter (CHOICES), and prevention-intervention training.

Individual and group donations, tax deductible, are needed for the regular activities of ABCDE.

**CONTACT:** Jack Rieke (381-0319), Tobey Lannert (381-2093)

## LEGAL AND GOVERNMENT LIAISON



**GOALS:** To communicate with local police, courts and governments.

The final stages of implementing an alternative sentencing program are in progress; community support was documented and Barrington Youth Services board of directors approved the program's implementation at that agency. It is in the process of seeking approval of the courts.

**CONTACT:** Judge Henry Tonigan (382-1623), Lt. Jeff Lawler (381-2141), Barbara Meyer (381-3074)

## ALTERNATIVES

**GOALS:** To encourage alternatives to youth social activities oriented to alcohol and other drugs.

This committee focuses on encouraging young people to organize and attend activities which are not oriented to alcohol and other drugs, as well as urge other organizations to offer activities for students, especially on school holidays.

A TEEN VOLUNTEER program is being initiated and will be administered by the Barrington High School Honor Society. Any organization can file a request form for student participation on a regular or sporadic basis. Write ABCDE for applications, PO Box 768, Barrington. Any BHS student can volunteer.

Project SMART (Stop Marketing Alcohol on Radio and TV) raised awareness in the community through 950 signatures on sixty-seven petitions.

**CONTACT:** Joan Toren (381-2589), Julie Perry (381-0384)

## PARENT NETWORKING

**GOALS:** To inform parents about alcohol-drug use and abuse by Barrington youth, reinforce parenting roles and responsibilities, and urge parents to communicate with parents of their children's friends.

This committee gives presentations to any school, church or other organization that is interested in better communication among parents. Parents of elementary age students are urged to become aware of drug education.

**PARENTS WHO ARE TRYING TO COMMUNICATE WITH OTHER PARENTS:**

You are invited to meet with psychologist Dr. Barbara Holliday at the Barrington Public Library, 9-11 a.m. on these Wednesdays--Nov. 13, Dec. 11, Feb. 19, March 19, April 16, May 21. Dr. Holliday offers suggestions and communication techniques for your special need, how to make that first phone call, or deal with the responses of other parents.

**CONTACT:** Vicky Allard (381-6879), Rae Turcotte (381-1359), Suzy Palmer (382-3055)

ALLIANCE OF BARRINGTON COMMUNITIES FOR DRUG EDUCATION  
P.O. Box 768, Barrington, IL 60010

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

- WORK ON A COMMITTEE (please check which committee)  
 Information  Prevention  Intervention  Legal & Government  Fund Raising  
 SUPPORT EFFORTS WITH A TAX-DEDUCTIBLE DONATION  
 Voting Annual Membership (Adults \$5.00 Students \$1.00)  
 Gift (\$ )

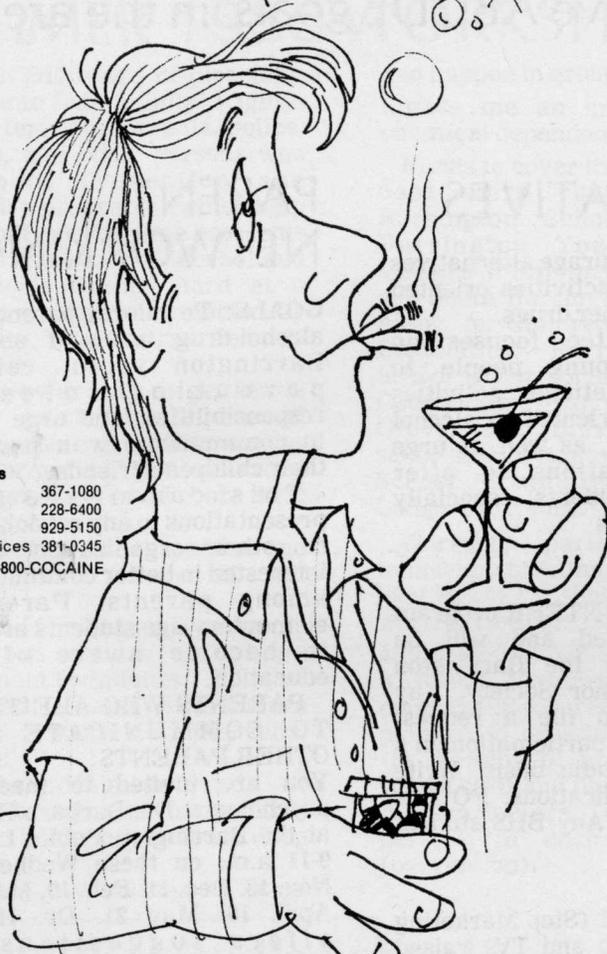
Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

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

Participation is not limited to financial supporters. EVERYONE can take part in as active a role as is possible.

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  
 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)  
 Family Services of South Lake County (fee on sliding scale)

381-0345  
 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  
 Alcoholism Drug Dependence Program (A.D.D.) Rolling Meadows  
 Alexian Brothers Medical Center  
 Forest Hospital, Des Plaines  
 Interventions-Contact Youth Clinic, Wauconda  
 Lake County Health Dept., Substance Abuse, Waukegan  
 Lovellton, Elgin  
 Lutheran General Hospital Alcoholism Treatment Center, Park Ridge  
 Northern Illinois Council on Alcoholism & Substance Abuse  
 Parkside Lodge, Mundelein  
 Renz Addiction Counseling Center, Elgin

882-0070  
 394-9797  
 981-3524  
 827-8811  
 526-0404  
 689-6770  
 695-0077  
 696-7715  
 244-4434  
 634-2020  
 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  
 Carpentersville  
 Cary, Fox River Grove, Wauconda  
 Hoffman Estates, Bartlett  
 Cocaine Anonymous  
 Narcotics Anonymous  
 Self-Help Group, 115 Lincoln, Barrington before 6 p.m.

359-3311  
 741-5445  
 (815) 455-3311  
 893-2300  
 583-4433  
 346-9043  
 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)  
 Families Anonymous (family and friends of drug abusers)  
 Adult Children of Alcoholics  
 New Wine Christian Club (family and chemical abusers)

358-0338  
 848-9090  
 929-4581  
 526-5200 or 381-2986

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

Tough Love  
 Carpentersville  
 Crystal Lake  
 Elgin  
 Glencoe  
 Hoffman Estates  
 Parental Stress

577-3733  
 Day, 428-3602 P.M., 428-2302  
 (815) 455-3213  
 695-4606  
 835-4805  
 843-2000  
 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 open meeting at the Still Waters Alano Club, Pepper Lake Rd., Barrington, EVERY SATURDAY, 8 p.m.

This educational material is sent through the courtesy of School District 220, postage paid for by ABCDE

Barrington Community Unit School District 220  
 310 E. James Street  
 Barrington, IL 60010

**BULK RATE  
 U.S. POSTAGE  
 PAID  
 Permit No. 20  
 Barrington, IL**

**NON PROFIT ORGANIZATION**

**POSTAL PATRON**