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# CHOICES

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

## Winter 1985



**Street Slang Contest**  
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# 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.



## Teens vulnerable

...A recent conversation with a friend who had been away for a few days prompted me to write. Parents, please remember how vulnerable your teenager is when left to care for the house while you are away. You may trust your child, but can he resist the peer pressure to have that party while you are gone? We should not put our children in this difficult position. B.M.M.

## Right time

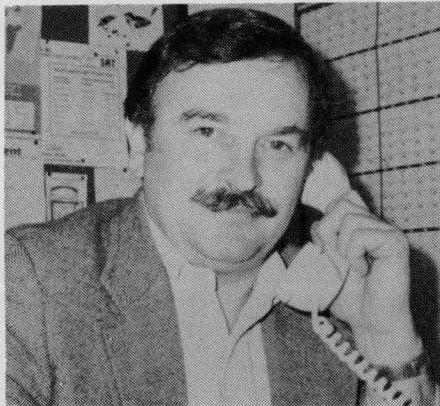
...Thank you to ABCDE for coming into my life at just the right time. This organization is helping me to gain the confidence which I shall continue to need in order to become an increasingly more perceptive parent of teenagers. Because of ABCDE I am no longer ashamed, embarrassed, or afraid to assume my parental responsibilities, particularly when it concerns the use of illegal substances by teenagers. It is a great comfort to know that I now have the support of the schools, law enforcement agencies, and other parents as I attempt to do my part in communicating a consistent message concerning non-use of alcohol and other drugs.

ABCDE has given me the courage to openly share in the community's conviction to prevent illegal substance use by my children and others. T.P.

## A professional

...Stan Lany is a professional. A young friend's life was saved because he was there when I needed information. I felt relieved and at ease when I asked him what to do and he was able to give me kind support and correct information so that I could help my friend. Thank you, Mr. Lany, for being here. S.P.

(Ed. note: Mr. Lany, a social worker, is Chemical Health Coordinator at Barrington High School.)



Stan Lany

## Great feedback

...Congratulations on the exceptional article in the CHOICES publication. We have had excellent feedback from the article and the rest of the newsletter. Thank you for including us in this ...Dr. Daniel J. DeWitt, Ph.D.

## Worthwhile goals

...The fall issue of CHOICES was superbly assembled with instructive and meaningful material presented in a sometimes humorous fashion ("Party

Time"). It is tough to be a parent these days and to guide our children toward reaching worthwhile goals which exist "down the road apiece." The younger the child, the less likely he or she may see the potential dangers in the use of drugs or alcohol. Our role as parents is to define rules for our children which are consistent with our morals and values. Then we praise them for following our guidelines and set up meaningful consequences when they don't. Since our goal is to raise happy, well-adjusted children, we parents must make time in busy schedules to be available to them. As stated in the "Party Time" article "...we protect our kids, by preventing them from using bad judgment and suffering from it" in situations which can be permanently damaging to them.

One way we can do this is by getting to know the parents of our children's friends, so we know what our children will experience when visiting other homes. Call them! Many parents are as concerned as you, and as nervous about making that phone call—but will be very grateful when you contact them!...Barbara Holliday, Ph.D.

(NOTE: Dr. Holliday assists the ABCDE Parent Networking committee the second Wednesday of each month, 9-11 a.m., at the Barrington Public Library. Help is available in working out that first call or support in a parent's communication effort.)

## 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.

# CHEMICAL DEPENDENCY: an adolescent risk

Why can a teen who uses alcohol and/or other drugs become a victim of the disease of alcoholism and/or drug addiction in a much shorter time, sometimes as little as six months, than an adult user? The age of adolescence is a critical period in the physical, emotional and social development of a person. Physiologically, organs and body chemistry are immature and are still developing during this time. For instance, the hypothalamus in the brain does not stabilize until age 20-21. Evidence is growing that indicates some people inherit genes which make them susceptible to the disease. Studies show that children of an alcoholic parent are four times more predisposed to alcoholism than children whose parents do not suffer from the disease. (A Northern Illinois Council on Alcoholism spokesperson said that ten percent of the children in Illinois have an alcoholic parent.)

In adolescence, a young person

learns from experiences in the family, school and community and from these experiences develops a sense of self, skills and values for making decisions, and the ability to look beyond self-gratification. Use of chemicals discourages that kind of emotional and social development. Children of alcoholic parents also are at greater risk of being unable to develop these tools and often are angry, fearful, or ashamed. In some instances, escape to chemicals is the result.

Researchers do not know all of the causes of alcoholism or drug addiction, but they do know that repeated use of chemicals can lead to the chronic, progressive, and potentially fatal disease—one in which recovery is almost entirely up to the individual. There is a fine line between abuse and dependency but in either case, the person depends on a chemical(s) to function physically and mentally, causing problems in his-her life. Some

adolescents exhibit alcoholic symptoms and patterns from the first drink (blackouts, loss of control). If regular use of alcohol-drugs begins AFTER full physical and emotional maturation (adulthood), the progression of the disease may take years; however, if regular use begins in adolescence, it may take only months to become ill with the disease and at that time emotional growth stops. Some counselors who work with young people in trouble with drug use-abuse think that a majority of adolescents seldom use chemicals "socially"; rather, they think there is a move from experimentation to the view of the chemical as the object of attention, not the change of mood it produces, so that they use large quantities until the supply is gone, or they pass out, or they have to go home. Adolescents have no internal rules concerning chemicals because their physical and emotional development is incomplete.

## Weekly Reader poll: pressure starts early

In a survey of U.S. school children by the publication WEEKLY READER, grade school children report substantial peer pressure to try alcohol and other drugs as early as fourth grade. The readership poll, reported in 1983, was distributed to 3.7 million students in grades 4-12. Responses from 500,000 children were recorded.

The survey also showed that in grades four and five children receive their education about the dangers of drinking and using drugs about equally from family and movies-television. Not until grade six does school become an equal source of information, and not until grade seven does school become the major source. Yet, as early as fourth grade about 25 percent say that children in their age group feel "some" to "a lot" of peer pressure to try beer, wine, liquor, or marijuana. By the time they are in seventh grade, about 60 percent feel pressure to try alcohol; and about 50 percent, to try marijuana.

Motivation for trying alcohol-drugs in the lower grades appeared to be the desire to "feel older" and as children progressed through the middle grades, to "fit in with other kids." By grades nine through twelve, motivation was "to have a good time."

How did they perceive the risk of using alcohol-drugs? About 75 percent of children in fourth grade say "some" or "great" risk is posed to children their age who had one alcoholic drink or smoked one marijuana cigarette daily, while about 20 percent saw "no risk." The percentage seeing "some" or "great" risk for daily use of alcohol or

marijuana rose slightly from fourth to seventh grade, and then dropped slightly in high school.

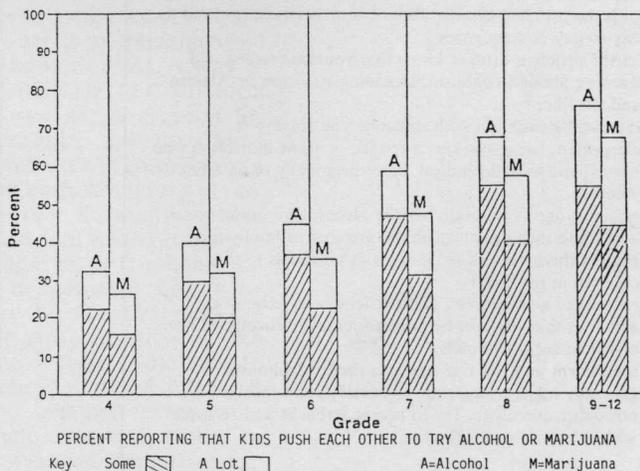
Another significant finding was the school children's beliefs concerning experiments with hard drugs by their peers. In grade four, about 50 percent of the students estimated that no "kids your age" in "your town or city" had tried cocaine, and about 60 percent said that no students had tried angel dust or LSD. Dr. Terry Borton, Editor in Chief of WEEKLY READER periodicals, stressed that "students are reporting

on what they believe to be happening generally and not on their own behavior. Other studies have shown that actual use of these drugs is not this high, even among high school seniors. But the fact that young students think drug use is so common is in itself cause for concern since our survey also shows that many kids use alcohol and drugs to "fit in."

(A revision of health curriculum, K-12, by School District 220 staff is underway.)

WEEKLY READER SURVEY QUESTION 5  
How much do kids your age push each other to try beer, wine, liquor, or to try marijuana (grass or pot)?

ANSWER SUMMARY  
The amount students say kids push each other to try alcohol is slightly higher than for marijuana, and both increase with age.



# INTERVENTION: an attack on denial

Alcoholism (drug addiction) is referred to as a disease of denial. An act which attacks that denial is an "intervention." The aim of intervention is to identify chemical users who are at high risk of developing problems and assist them in modifying their behavior or, if necessary, to obtain early treatment. Ideally, then, prevention programs which raise awareness through education lead to early intervention.

Until recently many people believed that the troubled drinker had to "hit bottom"--to be totally defeated by alcoholism--before he/she could be treated successfully. This is a myth. Alcoholism usually can be arrested at any point; in fact, the earlier the help is sought, the better the chance of recovery. The most important criterion for successful treatment is a real commitment to overcome the dependency. Old stereotypes of an alcoholic person as "weak," "immoral," or "lacks will power" hinders acknowledgment of the problem because they produce feelings of shame and weakness. Motivating that person toward behavior change or treatment is often the result of early intervention.

How can early intervention be achieved? A "false bottoming out" can be brought about with the aid of a professional alcoholism-drug counselor. Since the disease also effects family and friends, a group of loving, caring and nonjudgmental family members and friends is carefully selected and rehearses with the counselor specific behavior of the alcoholic person which affected them. Later this is repeated in the presence of the individual, followed by the counselor's presentation of alternatives, including a prescribed program of treatment. Many years of physical and

emotional health have been saved through early intervention. Ron Magers, Elizabeth Taylor, and others have benefited from such an intervention and publicized its value.

Examples of "lesser" interventions may be described as any action which discontinues enabling activities of a relative, friend, teacher, etc. Actions which apologize or support rationalizations for the abuser's behavior are enabling. To reverse this, concerned people need to learn about the illness, its symptoms, and their own defensive reasons for acting the enabling role, and be willing to risk the resentment which may follow their intervention. These are some examples. ENABLING: a friend who covers up for a person's absence at school due to a hangover. INTERVENTION: "Joe, I'm sorry you don't feel good, but I can't lie for you." ENABLING: a parent who refuses to admit to himself that his child is drinking or using drugs at week-end parties. INTERVENTION: "Jane, I smelled beer on your breath when you came home last night. That is unacceptable in our home. We need to talk about it." ENABLING: a coach who ignores a player with glassy eyes or strange behavior at practice. INTERVENTION: "Pete, you don't act like you feel well. Go home and I'll call your parents later to see how you are feeling." ENABLING: a student who doesn't tell his parent or other responsible adult about a friend who is abusing drugs. INTERVENTION: "Mrs. (counselor, adult friend, teacher), I'm really worried about Jane. She's smoking pot every day."

Recovering persons testify to the need for everyone to make it uncomfortable for abusers to continue their use.



## What are friends, family for?

If someone "near and dear" to you misuses alcohol and/or other drugs, there are some important guidelines to learn. First, learn about the disease concept of chemical dependency (alcoholism and/or drug addiction) and accept that it is a treatable illness. Second, learn about the resources in the community (see back page), and finally, take some kind of action -- it will relieve the frustration of just standing by. Don't be afraid to talk about the problem honestly and openly. It may seem polite to ignore the issue by saying, "after all, it's their private affair," or "they won't listen to me," or to take the less risky route and not make the phone call because "his mother-father would deny he drinks every week-end." The term for a person who doesn't face the problem and take a problem-solving action is an "enabler". Thus, a parent, friend, spouse, neighbor, teacher, or classmate can be a part of the problem, or be a part of the solution.

### You Are Part Of The Solution If You...

- remain calm, unemotional and factually honest in speaking with the problem drinker about his or her behavior and its day-to-day consequences.
- let the problem drinker know that you are reading and learning about alcoholism, attending Al-Anon or Alateen, and the like.
- discuss the situation with someone you trust -- a clergyman, social worker, a friend, or some individual who has experienced alcoholism either personally or as a family member.
- establish and maintain a healthy atmosphere in the home, and try to include the alcoholic member in family life.
- explain the nature of alcoholism as an illness to the children in the family.
- encourage new interests and participate in leisure-time activities that the problem drinker enjoys. Encourage him or her to see old friends.
- are patient and live one day at a time. Alcoholism generally takes a long time to develop, and recovery does not occur overnight. Try to accept setbacks and relapses with calm and understanding.

### You Are Part Of The Problem If You...

- attempt to punish, threaten, bribe, preach, or be a martyr. Avoid emotional appeals which may only increase feelings of guilt and the compulsion to drink.
- allow yourself to cover up or make excuses for the alcoholic person or shield him or her from the realistic consequences of bad behavior.
- take over responsibilities, leaving him or her with no sense of importance or dignity.
- hide or dump bottles, or shelter the problem drinker from situations where alcohol is present.
- argue with the alcoholic person when he or she is drunk.
- try to drink along with the problem drinker.
- ride with the alcoholic person if he or she insists on drinking and driving.
- accept guilt for another's behavior.

# SELF-HELP AND SUPPORT GROUPS

## Acceptance: Everyone there belongs

A self-help or support group is a special universe where everyone belongs, where trust and confidentiality flourish in an atmosphere based on respect for others. These rules are few, but they are vital. No pretenses here. The group setting is a comfortable place to struggle with a problem common to all who are there. Caution: help and support for change is encouraged only for the person attending that group.

In this atmosphere you can examine yourself and receive feedback from others without "put downs" or "velvet needles." Your own feelings of pain, joy, anger, peace--the full range of emotions--can be experienced, unloaded, dumped, or accepted, and a new goal planned with knowledge that the group will listen, support, encourage, and allow you to be honest with yourself. In many cases, you are more ready to address specific issues with a specific therapy, if needed, after the group experience. Group support is essential to many who suffer from the disease of chemical addiction or who live in close relationship with an alcoholic or addict.

### Where, When, How?

Self-help and support groups meet in churches, hospitals, agencies, schools, homes, any place where space is free or inexpensive. Most are "anonymous." There are no fees. Meetings are usually held weekly and occur almost every day and evening of the week, including week-ends. Usually a listed phone number (see back page) is answered by an Answering Service and a member returns your call. It is recommended that the person in need of help makes that call. Only first names are needed.

Groups for the Chemically Dependent **ALCOHOLICS ANONYMOUS** is a voluntary fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. AA is not affiliated with any sect, denomination, politics, organization, or institution; it does not endorse or oppose any causes. Admission requirement: desire to stop drinking. Primary purpose: to stay sober and help other alcoholics to achieve sobriety using its Twelve Steps as a guideline. It is estimated that there are about 53,000 groups and more than one million members in 110 countries. There are at least 15 groups in Barrington. **NARCOTICS ANONYMOUS** is for drug addicts who wish to stop using drugs

aided by recovering addicts. Its philosophy and program follows that of AA.

**COCAINE ANONYMOUS** members wish to stop using cocaine and other mind and mood altering substances. Meetings and philosophy follows that of AA.

**OTHER SUPPORT GROUPS** which are connected to Christian churches offer help via programs they have developed.

those who have an overdeveloped sense of responsibility, which permits him-her to avoid looking too closely at his-her own needs. **ACOA** is sponsored by and is similar to **Al-Anon**.

**FAMILIES ANONYMOUS** follows a twelve step program for family and friends of a chemically addicted person, as well as the possible related behavior problems such as hostility, truancy, delinquency, running away, etc.



### Groups for Families and Friends

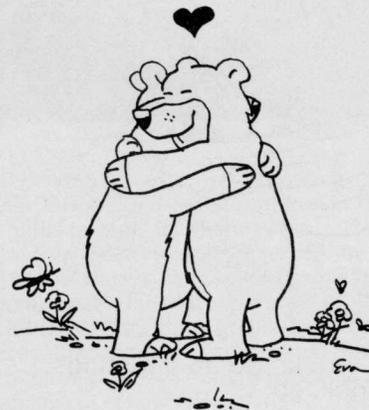
**AL-ANON** is for families, relatives and friends whose lives have been affected by someone else's use of chemicals. They believe chemical dependency in a family member can affect family stability, unity, values, attitudes, mental health, and pocketbook. Through sharing experience in coping with the disease, offering comfort, hope and friendship, and providing the opportunity to grow spiritually through living by its principles adopted from the AA's Twelve Steps, it can help a family and also help in giving understanding and encouragement to the chemically dependent person.

**ALATEEN** is for teen family members, relatives and friends of a chemically dependent person, while **AL-AYOUNG** is for those who are 19-23. Meetings and principles are the same as **AL-ANON**.

**ADULT CHILDREN OF ALCOHOLICS (ACOA)** is a new support group for people who recognize that they have certain characteristics in common as a result of having been brought up in an alcoholic household. Examples: those who feel isolated and afraid of people and authority figures, or frightened by angry people or personal criticism; those who may be approval seekers who lost their own identity in the alcoholic home; those who either became alcoholics, married them, or both, or found another compulsive personality, such as a workaholic, to fulfill their sick abandonment needs;

**TOUGHLOVE** is for parents in crisis because children are exhibiting unacceptable behavior, with or without alcohol-drug involvement. The Toughlove group operates under principles which address such issues as taking a stand, giving and receiving support, and cooperating which could lead to parental peace with themselves and a different reaction toward their children. Toughlove groups are established and disbanded frequently, as the needs of parents in a particular community change. (Toughlove, P.O. Box 1069, Doylestown, PA 18901. Send self-addressed stamped envelope for information or group listing.)

HUGS ARE BETTER THAN DRUGS



# LIFELINES

By Gay Baker

Once they have undergone treatment for alcohol and drug abuse, young people still have a long row to hoe. And for most, frequent contact with support groups, such as Alcoholics Anonymous, is critical. In interviews with three such people, it was obvious that such groups are, in fact, lifelines.

AA is the most important thing in Kathy's (not her real name) life right now. So important is it that she averages five evening meetings a week. For a high school student with a nearly full-time job, that is a huge commitment in time and effort. But Kathy knows she is an alcoholic; she has not had a drink in a year-and-a-half and it is AA which is her lifeline.

"Sometimes my body needs the help. It is telling me it wants a drink. And sometimes my head tells me I feel so good I don't need to go to AA anymore-- that I can handle things," she said. But one of three steps in AA is attending meetings. And Kathy also knows that if she does not attend someone will miss her and they'll be after her.

As she views her future, Kathy sees a continuation of her AA meeting schedule. If there were no AA meetings for her to attend, she said she would pray and call for help, but she would feel the loss.

She would miss the people she has come to know and care about, too. She said those in her group have developed the closest bond she has ever seen.

Right now, Kathy is concerned with finishing high school. She failed in her freshman year because of liquor and drugs and missed much of her sophomore year when she was in treatment. Now a junior, she contemplates going an extra year to

catch up and graduate. But, thanks to what she has learned through AA, she accepts the fact that she can't push herself too hard.

And through it all there is the fear of taking a drink. "The fear keeps me sober," she said. And so does her belief in God.

"God is the most important part of it all," Kathy said. She learned to turn herself over to Him and that He'll help her through.

Part of getting through the rough spots is the ability to make choices. "In AA I learned that I don't have to drink. That I can choose not to," she said. And though she prefers to socialize in circles where there is no drinking, she said she can be in groups where alcohol is served.

Kathy began drinking when she was in seventh grade. By the time she was in high school, she began her days with "a 12-pack, four joints and three ludes." She made attempts at suicide and was forced into treatment by her father. From treatment to a half-way house to AA, she has made her way back to control of her life and her body.

She has friends in AA and out. And all are important to her. Former friends from her drinking and drugs days, she said, chide her for not being able to hold her liquor, etc. They no longer are part of her life.

Sometimes Kathy asks "Why me?" "Why did this happen to me?" But through AA, she is learning to deal with these questions.

Sometimes Kathy is called upon to help others as they deal with alcohol. She has been called in the middle of the night on occasion. And while it feels good to be able to help another person, she said there is another side. She said

she worries if she may have failed to help. And when she encounters people who need but have not found AA, she said she tries to plant the seed, but knows she can't do more. They have to make the choice.

"I'm an alcoholic and Kathy is my problem," she said. So through AA she is learning to deal with Kathy-- to work on her character defects and help her make the choices that come up in her life.

"When I was little, my parents clothed, fed and took care of me. They were the biggest thing in my life. Today they provide my shelter, but I do the rest. They are still important, but AA is the most important part-- it is my life."

Many of Kathy's sentiments are echoed by two young men, one a 19-year-old student and the other a 20-year-old employed as a construction worker. Both young men said they attend meetings of their support groups almost every day, or an average of six times a week.

They also have few, if any, friends out of their support groups, both because of some rejection by their old friends and their concern for their own success with sobriety. Neither was anxious to attend meetings or especially comfortable doing so in the beginning, but found the contact with a sponsor and the other members of the group offer encouragement and the feeling that someone cares.

And, without the groups, both feel as Kathy does, that there is a strong danger they might go back to drinking and the kind of behavior it created in them.

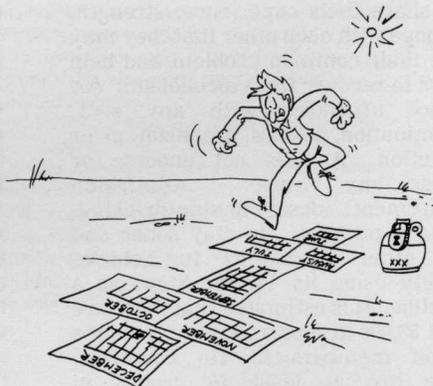
Ms. Baker is Special Sections Editor, Barrington Courier-Review.



"Don't drink, go to meetings, don't drink, go..."



"I think I need a meeting."



Stay sober. Take one day at a time.

# Picking up the Family Pieces

Alcoholism is a family disease. We hear this statement and wonder how can this be when only one person in the family is doing the abusing? The answer is not an easy one and often takes years to fully grasp its meaning.

I was married to an alcoholic for many years. He was a talented, intelligent, capable person, and so was I. As the years went by, the drinking increased and slowly something happened to both of us. Our talent, self-esteem, and feelings of competency began blending with his misuse of alcohol. The subtle digs and negative body language began to grow until sometimes there were violent outbursts. During this time, I thought I was fine and that he was rotten. I was managing the house, paying the bills, raising two kids, making friends-- he was the one with the problem. Then we moved. No more friends to help me, no one wanted us as friends.

I finally had to look at myself and our children and admit that we had problems. I felt like I was falling apart. What now? The shock was almost too much. I talked to a long-time friend and told it all. He knew what our problem was, he had it too! He urged me to go to Al-Anon for help. I felt desperate, so I did.

Denial is so strong! I went to Al-Anon for five months and learned about the disease and tried to cope better at home. Then I quit going. I don't remember why, maybe things seemed better at home. It was a year and a half before I went back. I was really flat and desperate and this time I listened.

It has been six and a half years since I first started going to Al-Anon and without it, I would still be a puzzle in a box. Once I

started listening to the success others had who followed the Al-Anon principles, I realized what had been a total functioning person was now scattered in bits and pieces. Al-Anon gave me the tools to find those pieces and put them back together. It is a slow process, a hard struggle. Sometimes you think you've lost some pieces forever. But Al-Anon works if you keep doing what it says.

It has been three years since my former husband moved out and our divorce was finalized. After he left, I thought the children and I could finally live in peace. Wrong! Our behavior had not changed and our life was still turbulent. I began to pay attention to what was happening to me - and them. Children emulate their parents and ours were treating each other like their father treated me--and one was responding as I had reacted. I realized again the importance of changing my behavior so they could know a stable, responsible, and loving individual. Because I had help in changing my behavior, I was able to help them break out of the typical roles of children in an alcoholic family. One had acted the "caretaker" or "hero" and tried to take care of everything and the other had been the "clown" or "mascot" and tried to make everybody feel good. Through using the Al-Anon principles, gradually we have become a close, loving, caring family. We still have problems and will continue to have them. I still lose pieces of the puzzle but seem to find them faster now, and I thank Al-Anon for that. Its principles work in all phases of life. I urge anyone with an alcohol problem in the family to go to Al-Anon.



**AL-ANON  
ALATEEN**

**358-0338**

**FAMILIES ANONYMOUS**

**848-9090**

## Father McLean comments...

ABCDE board member, the Reverend William D. McLean III, is a Barrington clergyman (St. Michael's Episcopal Church) who is well versed about the vital need of support groups. He is a member of the board for the Lutheran Center of Substance Abuse and president of the Recovered Alcoholic Clergy Association of America. Father McLean answered some questions for CHOICES.

### **Q. How well does the Barrington community provide alcohol-drug abuse support groups?**

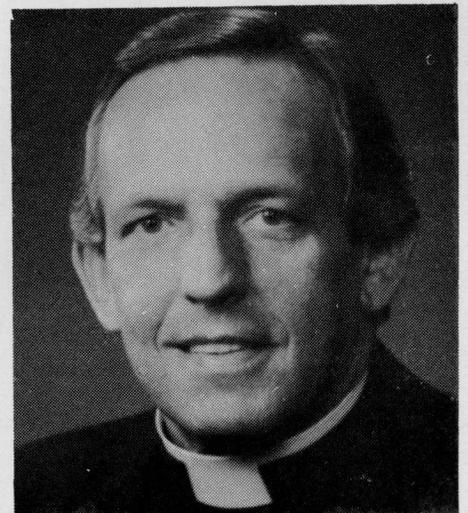
A. Very well as far as the number of AA and Al-Anon groups. However, I feel we are lacking in the number of open meetings for AA and Al-Anon where the general public is invited to attend. Open meetings help people to understand the disease of alcoholism and drug dependency. We are lacking in Alateen and Families Anonymous groups. (Editor's Note: A new Alateen group formed in December and meets in the upstairs meeting room at

Barrington Youth Services, Mondays, 3 p.m. Other nearby Alateen groups: St. Stephen Lutheran Church, Carpentersville, Mondays, 7:30 p.m.; Willow Creek Church, Fridays, 8 p.m. Several Barrington community members are initiating efforts to start a Families Anonymous group here.)

### **Q. How do you feel about the necessity for support groups to be anonymous?**

A. I do think it's necessary for those that need and want anonymity; however, I don't think it should be "required." Some people think that everyone should keep anonymity. I feel it should be each person's decision as long as they don't break someone else's anonymity. In my opinion, breaking one's own anonymity is helpful for other people and for oneself. With times changing and more people aware of chemical dependency as a disease, I think the focus should be on the help available rather than on anonymity.

A. More education for the parents in UNDERSTANDING about chemical



The Rev. William McLean

dependency and in knowing and RECOGNIZING the symptoms in their children and in themselves. More parents need to get involved in the ABCDE Parent Networking program of communication with parents of their children's friends. The Barrington area has made a great start toward educating itself, but it needs the support of everyone.

# AT BARRINGTON HIGH SCHOOL...

By Barbara Gordon

It has been a year now since the first group of ten community members and school personnel attended the first Community Intervention workshop, "Working with Adolescents". What has happened since our return has been an extensive process that has culminated in a positive new program of chemical awareness at Barrington High School.

Five high school staff members--Stan Lany, later named Chemical Health Coordinator, counselors Sally Graham and Stan Olszewski, and teachers Barbara Gordon and Phil Knudsen--were among the group of ten people trained. This Core Team, which also includes Principal Edward DeYoung, who had previously been trained at Community Intervention, returned ready to develop a program of education and intervention, a monumental task. Our first challenge was to develop a philosophy for the program. We set out our beliefs in a concise statement: Chemical abuse-dependency is a health problem which, if left untreated, affects the student's ability to learn. Our program, therefore, had to combine concern for the health of the student and consequences for behavior that stands in the way of learning. Since chemical abuse-dependency is a learned behavior, we also had to take steps to educate students about, as well as to intervene into, the progression of the disease.

We began our implementation with changes in the High School's disciplinary procedure. First came a new hard line policy for dealers: the school would recommend expulsion. With the cooperation of the Board of Education, four dealers were expelled and a clear message was sent to Barrington High School students-- the Barrington district is serious about tackling the problem of chemical use in its schools.

We knew we needed discipline, but we wanted to temper punishment with caring. Through training we had come to believe (if we had been doubtful before) that chemical dependency is a progressive disease. If we could prevent the disease before it occurred, we would have a much higher rate of success. Thus our alternatives policy was born. In dealing with students who possessed or used a chemical (alcohol or any other mood-altering chemical) for the first time at school or at a school-sponsored activity, we would offer an alternative to the five-day suspension previously meted out as punishment. Instead of the suspension, the first offender could agree to participate in a series of Insight Group

sessions that would provide information about chemical abuse and dependency and would help to develop problem-solving skills to use in place of chemicals. During the 1983-84 school year, the sessions were held at Community Concern about Alcohol and Drug Abuse (CCADA) in Elgin. Since September, 1984 staff members who attended the second Community Intervention workshop "Facilitating Student Groups", have been conducting the Insight Group sessions at the High School during the school day. Also included in the alternative since September is a Day of Reflection during which the first offender attends a counseling session at Barrington Youth Services and completes a chemical use history.

We developed our alternative



Stan Olszewski



Phil Knudsen

program for second offenders (a second offense is usually a sign of an abuse or dependency problem) again with an eye toward early intervention. Prior to the alternatives program, second offenders had been expelled. We decided to defer a recommendation for expulsion if the student agrees to a chemical use assessment at an outside agency and carries out the recommendation of that agency.

For those who incur a third offense, it is likely that a serious problem exists. To underscore our opinion that the third-time offender needs professional help, we decided to recommend expulsion with no alternatives.

In June a second group completed training at Community Intervention, adding eight new members to our High School Core Team: teachers Rick Bremer, Rosemary Parola, and Fred Zandier; counselor Irene Davidson; para-professional Pat Kelly; psychologist Lorenz Peterson; nurse Ramona Scofield; and John Thyfault, Assistant Principal for Student



Barbara Gordon

Services. With this expanded group, we began our summer project with the goal of implementing the first phase of our program in September. In order to begin, we had to develop some method for identifying students who might need help, and we had to have support groups to provide the help needed. As we progressed, we also discovered that we needed to develop an alternatives program for athletes. In addition, we had to devise a means of informing staff and students of the new program.

The group who had been trained in June took on the task of identifying students who showed danger signals of some problem (not necessarily chemical abuse), such as class cutting and inappropriate behavior. They developed the Behavioral Observations Referral Form on which teachers could note behaviors about which the teachers were concerned. The group also instituted a procedure for reviewing these observations. A steering committee, composed of the Assistant Principal for Student Services, the Chemical Health Coordinator, and the deans would meet twice weekly to discuss the referrals and to refer students for appropriate action, such as psychological services, special education, chemical health program, counselor, or dean.

The five High School Core Team members who had been trained in facilitating support groups (Gordon, Graham, Knudsen, Lany and Olszewski) and Middle School counselor Ron Schmerber who had also been trained in group facilitation began work to establish support groups. Our first priority was the Insight Group for first offenders. We developed a



Sally Graham

curriculum for ten sessions (two per week for five weeks) which included information about the disease of chemical dependency, help in dealing with feelings, and awareness of personal chemical use and its consequences. While we were working, we also attended a workshop at Lutheran Center for Substance Abuse during which we talked with teens at Parkside Youth Center, a halfway house for recovering addicts. Their comments led us to believe that we needed a support group for our own students who returned from treatment. We developed our Aftercare Group to help recovering students stay straight. This group meets every day just before lunch during fourth hour. We also wanted to offer support to students who had other problems so that we could prevent them from turning to chemicals as a solution. Our Concerned Persons Group gives students who have chemical abuse in their families or among their friends, who want to stand up to peer pressure, or who are suffering from other problems, a chance to work out these problems in a safe environment with others who are dealing with similar problems. This group meets once a week.

Phil Knudsen and Rick Bremer, coaches on the Core Team, met with the Athletic Director and the other coaches to review the athletic code and to plan an alternatives program for athletes. The athletic code states that any athlete

who uses chemicals during his/her sports season for the first time is suspended from games and practices for the remainder of that season. A second violation brings a suspension from participation in any interscholastic sport for the remainder of the school year while a third violation means an end to participation for the balance of the athlete's high school career. The alternatives program offers the athlete the same options as the school-wide program.

Now that a program was ready, we faced the task of informing all those involved in the school of our plans. We began with a brief presentation to the staff on the Institute Day before classes began where we enlisted their help and prepared them for a workshop to be held on September 18. At evening meetings in August and November we met with all the athletes involved in fall and winter sports and their parents to review the new athletic code and the alternatives program for athletes. After the general meeting, small group discussions headed by a coach and a Core Team member were held during which both the athlete and his parents were asked to sign a statement that they would observe these training rules. During the week after Labor Day, all of the Core Team members (including the Middle School team and trained community members) conducted an orientation for all students through their Physical

Education and Health classes. We showed the film "Ninety-nine Bottles of Beer", which features high school students talking about their problems with chemicals, after which we explained the new disciplinary policy, the alternatives program, and the groups available to students. We will repeat this orientation annually for ninth graders and new students.

To date we have completed two Insight Groups and we have an Aftercare Group and a Concerned Persons Group. Our next step is to begin a support group for students who don't want to use mood-altering chemicals. Evening orientations will be held for spring sports participants.

Have we solved all the chemical problems at Barrington High School? Have all the students at the school stopped using chemicals? The answer is no, but we are making some impact. Perhaps that impact was best expressed by a recovering teen who spoke at one of our Insight Group sessions. "I wish there had been a program like this when I was in school," he said, "I wouldn't have liked it, but I'd have gotten help sooner. You're helping those kids in there, and even if you only help one person, your program's a success."

(Ms. Gordon is a BHS English teacher, Core Team member, and one of the Insight Group facilitators.)

## At Barrington Middle School

Education and awareness are the main focus of the Barrington Middle School alcohol and drug program. For several years learning about the dangers of chemical use by teens has been a part of the 8th grade science curriculum. Since the television presentation "Chemical People" and the formation of ABCDE, the middle school responded by developing a Core Team. Members of this team are: Don Thompson, principal; Rich Ganek, assistant principal; Kay Ryan, school nurse; Pat Steward, Ray Kostiuik, and Ron Schmerber, counselors; Judy

Meyer, physical education teacher. Ron Schmerber serves as the team's chairman. All members received a week of training in Minnesota at Community Intervention, Inc. Schmerber received a second week of training in group facilitation. Weekly Core Team meetings are held to channel referral of "high risk" students, plan for on-going educational programs, and formulate goals and objectives for Core Team development.

There seems to be a uniqueness of experimentation-use during the middle school years. Rarely are students



Barrington Middle School Core Team members.

observed using chemical substances during the school day; however, "weekend party" use continues to be a concern for parents, other students, and staff.

## Special programs at BMS

A series of programs dealing with chemical awareness were designed by the BMS Core Team for students and parents. February was designated Chemical Awareness Month during which students received information on drug and alcohol abuse through a variety of activities--movies, discussions, art work and writing compositions. Teachers attended a

half-day inservice on adolescent chemical abuse and its impact on learning. The role of teachers in identifying certain behaviors and the procedure to follow for referral to the Core Team was explained. Dr. Vann Smith, a neuropsychologist, spoke to teachers and answered pertinent questions.

A follow-up program for parents is

scheduled for February 21, (7:30 p.m., at BMS) when Dr. Smith will speak about "Dealing with the Effect of Chemicals on Teenagers." A parent program on March 19, (7:30 p.m., BMS) will feature both the ABCDE Parent Networking Committee and a panel of teenagers recovering from chemical dependency. Students are encouraged to attend with their parents.

# On the way to 'hard stuff'

Three distinct stages have been identified in the typical drug use career: (1) alcohol and cigarette use, (2) marijuana use, and (3) illicit use of drugs other than marijuana (heroin, hallucinogens, cocaine, and nonmedical use of stimulants, sedatives, tranquilizers, and/or analgesics that are normally obtainable only under a doctor's prescription).--"Highlights from the National Survey on Drug Abuse: 1982," US Dept. Health & Human Services, p. 11.

## It's a rip-off

The term street drugs usually refers to drugs sold illegally on the street and are usually produced in illegal, secret, or unknown "laboratories." Some people think that they have used a certain drug many times, when in reality, they have never actually used the true drug. Other substances will produce the symptoms of that particular drug, but have completely different uses in the medical field. An example of this street rip-off is the use of caffeine or ephedrine (an ingredient in some asthma medications) in a variety of shapes and forms and sold as amphetamines (speed). Another is the combination of a baby laxative (sugars such as lactose, mannitol, or sucrose) and a cheap amphetamine that is sold as cocaine.

Many dealers have become so sophisticated as to be able to produce other "look alikes" in capsule and tablet form, especially barbiturates or depressants. To the trusting buyer, a drug may look like a Quaalude (ludes) when it may actually be diazepam, an anti-anxiety drug, bonded together with an inert substance, or worse, an active substance. A shipment was seized from South America that contained a common boat resin as a binder. This resin was found to cause hepatitis, and possible cancer of the liver. PCP has been sold as "high quality" marijuana, while LSD has been substituted as mescaline.

Street drugs are a risky proposition; the dealer profits with little or no remorse.

## Calling Cocaine Anonymous

The man who returned our call was named Victor and he answered some questions about CA.

"Yes, there is a group meeting near Barrington at Northwest Community Hospital Treatment Center, on Lake-Cook Road near 83 in Buffalo Grove. It meets Mondays, 8 p.m. You are also welcome to attend CA open meetings at Rush-Presbyterian Hospital (Chicago) on the 1st Thursday evening of each month".

"Victor, our local newspaper's drug survey indicated that kids who have used cocaine, usually got it free, at least the first time. Can you explain that? "

"Sure, cocaine is an excellent party drug and if you want to be the life of the party or in the spot-light, you bring some cocaine to share."

"Oh."

## Some Facts

**COCAINE** (Called coke, snow, flake, powder, girl, mama coca, stardust, gold dust, blow, toot). A chemical derived from the leaves of the coca plant, most commonly in the form of a fine white crystal-like powder. It is usually sniffed or snorted into the nose, although some users inject it or smoke a form called freebase.

### Some Physical Effects

...Produces a profound effect on the brain by releasing a chemical (norepinephrine) from the nerve endings, resulting in quickened pulse and circulation, dilated pupils, mental alertness, and greater sensory awareness

...Short-lived (20-30 min.) sense of exhilaration, euphoria, talkativeness

...Increases in blood pressure, heart rate, breathing rate, body temperature

...Followed by depression, nervousness, irritability, loss of sensitivity to heat and cold, hunger, weariness

...May experience stuffy or runny nose, muscular twitching, sleeplessness, convulsive movements, strong swings of mood, hallucinations

### Hazards

...Chronic snorting can ulcerate the mucous membrane of the nose, cause perforation of the septum, the cartilage separating the nostrils

...Snorting can cause bleeding inside the skull

...Smoking freebase may result in confusion, slurred speech, anxiety, serious psychological problems

...Smoking can cause lesions in lungs

...Because preparation of freebase involves the use of volatile solvents, serious injury or death from fire or explosion can occur (example, Richard Pryor)

...Tolerance (the necessity to take larger and larger quantities to achieve the same effect) can develop quickly

...The cocaine available on the street is seldom more than 30-50 per cent pure. Users never know what they are getting. Common additives used to increase profits are mannitol, lactose, procaine, lidocaine, benzocaine, tetracaine and amphetamines

...Because cocaine is an energizer similar to substances already in the body, its use can set up the well known "fight or flight" response causing dramatic physiological changes in a sudden and unpredictable way

...Overdose can cause convulsions, respiratory paralysis, death (example, John Belushi)

### Other Cocaine Forms

...Cocaine is often used in combination with another euphoriant--heroin, for example. The cocaine-heroin mixture is called a "speedball." It tends to prolong the effect and intensify the after-effect.

...Freebase is made by chemically converting "street" cocaine to a purified form more suitable for smoking. Smoking freebase produces a shorter and more intense "high" because smoking is the most direct and rapid way to get the drug to the brain. Because larger amounts are getting to the brain more quickly, smoking also increases the risks associated with using the drug.

### Paraphernalia

...tiny spoons or straws for snorting

...mirror on which to cut cocaine finely (and divide it) with a razor blade



# Cocaine: Time for a Closer Look

By Vann Arthur Smith, Ph.D., C.A.C.

The abuse of cocaine is climbing to epidemic proportions in this country. At the center of this alarming problem is the rather frightening tendency for people, including many health professionals, to consider the abuse of cocaine, as well as other drugs, a "psychological" problem which can be easily overcome by sheer force of will. The assumption here is that individuals who are relatively free from psychological "disorders" can use mood altering drugs "responsibly" and thus avoid the progressive development of drug dependence. Research in the field of neuroscience, the study of brain-behavior relationships, suggests clearly nothing could be further from the truth.

That there is a "psychological" component to cocaine abuse (indeed all drug use) is beyond question. There is, in fact, such a component involved in "all" behavior patterns. Human behavior is purposeful and motivated by complex sets of perceptions, needs, drives and so forth. However, a vital point which is overlooked with disquieting frequency, is that all of these "psychological" processes (i.e., thoughts, emotions, memory, etc.) result from and are mediated by a vastly complex and intricately balanced "physiological" mechanism, the chemistry of the brain and nervous system. It is virtually impossible to separate the behavior of a person from the physiological function of his/her nervous system. It is therefore illogical, and even dangerous, to assume that effective treatment of "psychological" problems can occur if the patient is using cocaine, or any other drug, which adulterates and disrupts the brain's chemical integrity.

Individuals under the influence of cocaine exhibit a wide range of such "psychological" symptoms (see cocaine facts, page 10). Any well-trained psychologist or psychiatrist would, in all probability, explore the possibility of "depression" were he/she to observe these "classic" signs. And it is true that the "affective disorders" present themselves in this "typical" manner. However, if the possibility of cocaine abuse is not addressed, the symptoms will be treated and the cause will go unchecked. Sadly, accurate diagnosis appears to be the "exception" rather than the rule.

In a study conducted by the author in 1983, the clinical histories of fifty (50) Chicago area teenagers were reviewed. These young people ranged in age from 14 to 20. All had been successfully treated for cocaine dependence and were, at the time of the study, in stable remission (ranging from six months to

three years of continuous abstinence). They represented a broad spectrum of socioeconomic strata coming mostly from middle class, well-educated homes. They were characteristically bright and were generally good performers academically and vocationally. Forty-one of these patients had been diagnosed and treated by psychologists and/or psychiatrists for "psychological" disorders ranging from "conduct disorders" to "manic depressive illness". Eighteen of the patients had been hospitalized repeatedly, but not in drug treatment facilities. Parents were told repeatedly that the cocaine use was "a phase" or "a symptom". Often, no drug use history was taken, even though some patients began regular drug use at age eight or nine. Currently, in the majority of these cases, the "psychological" symptoms have been resolved with continued abstinence from cocaine and other mood altering drugs and the patients have resumed what can best be described as normal, productive life styles.

The tragedy of misdiagnosis and inappropriate care can be eliminated if we, as concerned community members, take four simple steps;

I: Actively seek out and participate in community drug abuse education programs.

II: Demand that the health professionals who treat members of our families are educated about the primary physical nature of cocaine and other drug dependence, and that they will make appropriate referrals for treatment if necessary.

III: Become aware of community support systems for the drug dependent person and family members. (see page 5, support groups)

IV: If you suspect cocaine or other drug abuse -- seek help. Don't fool yourself into believing it only happens to "other people's kids". Cocaine and other drug dependencies are progressive, fatal "physical" illnesses which can be treated successfully. It must be understood, not ignored.

Dr. Smith is a Clinical Neuropsychologist specializing in adolescents and addictive disorders. He is in private practice in Libertyville and consultant to Forkosh Memorial Hospital, Chicago.

## And the winner is...

There was ONE correct entry to the Street Slang Test in the Fall CHOICES!

The winner received 6 free movie passes and some restaurant coupons. Two entries had two wrong answers, five had three wrong. All received some gift coupon. Answer No.26 didn't match any description, while No.7 fit two. How did you do? IF YOU WISH TO HAVE A LARGER LIST OF DRUG TERMS, SEND A SELF-ADDRESSED ENVELOPE TO: ABCDE drug terms, PO Box 768, Barrington, IL 60010

### Here are the correct answers

#### STREET SLANG CONTEST ANSWERS

- |               |                                     |
|---------------|-------------------------------------|
| 24 wasted     | 1. LSD, a hallucinogen              |
| 3 bong        | 2. PCP, a powerful tranquilizer     |
| 1 acid        | 3. water pipe                       |
| 11 grass      | 4. heroin                           |
| 13 hit        | 5. marijuana flower tops            |
| 28 trip       | 6. disoriented from extended use    |
| 27 tracks     | 7. cocaine                          |
| 20 roach clip | 8. used to heat injectable drugs    |
| 18 schroom    | 9. barbiturates                     |
| 16 junk       | 10. a dosage of drugs               |
| 2 angel dust  | 11. marijuana                       |
| 4 brown sugar | 12. morphine                        |
| 10 fix        | 13. to inject drugs, or 1 dose/puff |
| 21 shoot up   | 14. addicted                        |
| 17 lid        | 15. marijuana cigarette             |
| 30 uppers     | 16. narcotics, heroin               |
| 14 hooked     | 17. about one ounce of marijuana    |
| 12 hard stuff | 18. mushroom (has psilocybin)       |
| 5 buds        | 19. he/she illegally sells drugs    |
| 7 coke        | 20. end of a joint holder           |
| 9 downers     | 21. to inject drugs                 |
| 8 cooker      | 22. to sniff                        |
| 25 stash      | 23. mentally disoriented from drugs |
| 22 snort      | 24. heavy drug intoxication         |
| 6 burnt out   | 25. a reserve of drugs              |
| 15 joint      | 26. to be off drugs                 |
| 19 pusher     | 27. scars from injections           |
| 7 snow        | 28. hallucinogenic experience       |
| 23 spaced out | 29. to get high                     |
| 29 turn on    | 30. amphetamines                    |



## Feeling GOOD without drugs

All people, young and old, need certain things to get along well, to enjoy life, and to feel worthwhile. They need other people to care about and who care about them in return. They need to feel good about themselves, to have something they can take pride in. And they need to have fun. Here are a few suggestions you can try to find ways to feel confident, happy and comfortable with yourself.

- Think of the people you respect and like. Do they know you like them? Make a point to smile at someone, or compliment them, or invite them to do something with you. You might be surprised at the good vibes you get back. And no matter what, you'll have the satisfaction of knowing you brightened someone's day.

- Make a list of things you've done recently that you really enjoyed. Add three more things you might enjoy if you tried. Next time you're bored, pull out the list and do something on it.

- Once in awhile, get something over with that you've been putting off. Clean out your gym locker and take home all those dirty socks. Or write thank-you notes for your birthday three months ago. You'll be amazed how good you'll feel to get that nagging responsibility off your back.

- Make a list of your strong points. Nothing is too big or small to go on the list. For example, "I keep my friends' secrets. I bake a great chocolate cake. I brought my chemistry grade up to a 'C'. I have romantic eyebrows." Put the list in a safe place and read it next time you're in a bad mood.

- If you're down on yourself, work on changing one thing you don't like. Make it something positive that you will do, rather than saying you won't ever do something. For example, don't promise yourself never to lose your temper again. Instead, decide that the next time you get mad at your sister, you will try telling her why, calmly, rather than blowing up.

- When you have a problem, try talking to someone about it. If you're not sure you want to talk about it, try choosing a friend you trust and saying something like, "I'm in a real low mood. Will you go for a bike ride with me?" It helps just to be around someone who knows how you feel and cares.

- When you feel great, notice what it is that makes you feel great. Remember, so maybe you can figure out how to feel good more often.

- When life gets tough, remind yourself that these are hard times, and being a teenager isn't easy. You can expect to have difficulties -- everyone does. Keep surviving. Things will change.

...from Focus, May, 1984, III. Alcoholism & Drug Dependence Assn. (IADDA)

## ONE OF THE CROWD

Oh, to be free from fear and doubt  
 To know myself within and without  
 To be able to answer this question aloud  
 Am I someone special or just "one of the crowd."  
 Am I "one of the crowd" when I look around  
 Trying to find what cannot be found  
 Am I searching for love and security  
 These cannot be purchased, for they are free.  
 Am I "one of the crowd" seeking for peace  
 Hoping that somehow troubles will cease  
 Hoping that somewhere, someone will solve  
 All of the strifes which in this world evolve.  
 Am I "one of the crowd" when I look away  
 From the others in life who have gone astray  
 Or am I someone special looking to see  
 What needs to be done, saying "It's up to me."

Judy Meyer

Ms. Meyer is a physical ed. teacher at Barrington Middle School and wrote this poem while at the Community Intervention (MN) workshop in Nov. 1984.



# Training Makes a Difference

A community task force to fight alcohol-drug abuse by school-age youth is fighting all kinds of battles--denial of the problem, peer pressure by adults and youth, apathy by those who think "it" doesn't affect them or that "it" is something all kids have to "go through." ABCDE has all those battles, but it has used a "weapon" that makes those battles more acceptable. That weapon comes from a week of training at Community Intervention (CI) in Minneapolis where one learns to understand the disease of alcohol-drug addiction and the cultural aspects and effects of the use of drugs on society. From this knowledge, the feeling that something MUST be done turns into the feeling that something CAN be done. This is the hope that keeps ABCDE people motivated.

The CI philosophy is one that believes that concerned, motivated and organized communities can successfully intervene in the abuse and dependency cycle, and, in some cases prevent that cycle from beginning at all. CI also believes that the alcohol-drug problem should be addressed at the local level and their workshops are designed to build on that local initiative, local trust, and local people. Its workshops make it possible for concerned people to recognize, understand, care about, and respond appropriately to THE PROBLEM. Topics which are covered: why isn't the problem solved; the disease concept of alcohol-drug addiction; effects on children and family of an alcoholic; the enabling process where caring families can actually help kids stay sick; the role of the schools, family and community in intervention and prevention.

What makes the CI program exceptional? Its workshops help the participant explore the feelings and defenses used where alcohol-drug abuse causes problems in the home, school, and community. Workshop participants examine their own feelings and defenses and THAT is the key to future understanding, enthusiasm, and confidence.



Local psychologists Ken and Barbara Holliday play roles in a parent-child discussion.

## A Special Time

Every second Wednesday, 9-11 a.m., at the Barrington Public Library, parents who are trying to communicate with parents of their children's friends meet for support and suggestions from Dr. Barbara Holliday, a local psychologist, and members of the ABCDE Parent Networking committee. It's an informal time where suggestions help a parent make that first phone call, or help deal with responses from other parents, or needs which surfaced and no "easy" answer was found. Dr. Holliday may role-play a phone call, or ask the right questions which allow the parent to answer the need on his-her own. Two things have become evident. Communication with other parents works in helping parents to become as educated about their children's social life as the child--the child can't stage anymore bluffs or cover-ups about social activities. Also, parents learn a lot about other parents and what is acceptable social behavior in their home. As Dr. Holliday points out, whether the phone call produces positive, neutral, or negative responses, the caller learns something about the person called.



Among those who attended the community intervention session were Michele Birkey, Vicky Allard, Barbara Meyer and Judy Meyer.

Eight community and school persons attended the "Working with Parents" workshop in November, 1984: parents Vicky Allard, Barbara Meyer, Suzy Palmer, Rae Turcotte; middle school staff Rich Ganek, Judy Meyer, Ray Kostiuik; Barrington Youth Services counselor Michele Birkey. This group's feelings and enthusiasm for the quality and effectiveness of the workshop was as great as the previous two groups who total twenty-two trained professionals and parents. All share a desire: LET'S BRING CI TO BARRINGTON. It's possible, it's happened in Mt. Vernon, Ohio; Forsyth, Montana; Anchorage, Alaska; Knoxville, Tennessee; Fullerton, California and elsewhere. Just think of the potential impact if we trained 70-75 persons in one week--HERE. That is an ABCDE goal for which we need financial support from interested individuals, business firms, and other sources.

### OFFICERS

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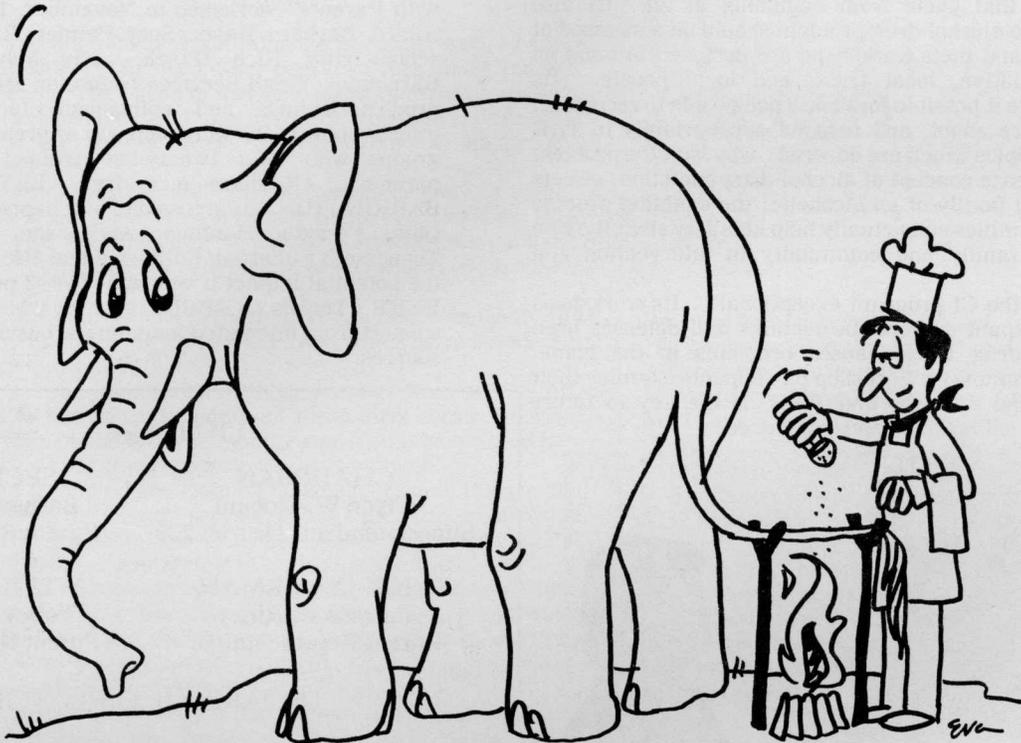
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# A Monumental Task

Imagine, if you will, a problem so enormous that it gets in the way of many things that are vital to you and yours. For instance, an elephant in your living room! It is so big, conversation stops because you don't want to admit that you brought a small elephant into your house and it got so big, you couldn't get it out. Kids don't bring friends home, except the few who know about the elephant. Parents don't talk about it because they think the elephant's presence is each other's fault. Kids are so lonely for lack of friends and social activities that their learning becomes affected along with the need to keep quiet about the foolish elephant in their living room! How do you get rid of this enormous problem? You

decide to learn about the whys and wherefores of an elephant, how to get rid of it, then you chip away until the elephant is gone, or at least on the way out.

Such is the problem that the disease of chemical dependency causes in a family--or drug abuse in a community. There may not be an elephant in every living room, but drug abuse in our community is a reality. It is an enormous task to tackle, but you must try because it interferes with individual and community well-being. You keep chipping away at the task, celebrate the small steps toward success, and continually eat away, eat away...after all, you can't eat an elephant in one bite!



...You can't eat an elephant in one bite...

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 send committee information)
- SUPPORT EFFORTS WITH A TAX-DEDUCTIBLE DONATION
  - Membership (adults \$5.00, students \$1.00)
  - \$ \_\_\_\_\_ check enclosed

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.

**BE PART OF  
THE SOLUTION**

**HELP ABCDE FIGHT  
DRUG USE AND  
ABUSE BY  
SCHOOL-AGE YOUTH**

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



## PREVENTION

John Fuller

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

Members of this committee worked with community agencies to increase activities for middle and high school ages, emphasizing school holidays and special occasions. Boards and staffs of Langendorf Park, Barrington Area Library, Barrington Youth Services, church and scout groups, and recreational facilities responded to the need. The committee assisted these efforts with special publicity and promotional information. Groups and clubs at the high and middle schools were encouraged to sponsor informal dances while committee membership provided help and chaperones.

A search for opportunities for youth volunteer service is underway and will be publicized.

will be made to reach parents of 6-8th grade students. Parents and families are an integral part of a community response to use-abuse of chemicals by school-age youth. Through communication, parents discover that other parents have the same fears and concerns. Networking helps raise parents' self-esteem.

Contact Vicky Allard (381-6879), Suzy Palmer (382-3055), or Rae Turcotte (381-1359).

## FUND RAISING

Bruce Bell

**GOALS:** To raise funds to pay for programs, information materials, newsletter (CHOICES), and prevention and intervention training. Efforts continue toward raising funds for training of community workers at Community Intervention in Minneapolis, or in Barrington, as well as for publication of CHOICES-- the two major expenses. If you wish to be part of the financial support of ABCDE, call Dr. Bell or write ABCDE, P.O. Box 768, Barrington, IL. 60010.



## FINANCES

Tobey Lannert

An audited (T.D. Leddy, C.P.A.) financial statement of September 30, 1984, showed receipts of \$19,458.01 and disbursements totaling \$5,840.47, leaving a cash balance of \$13,617.54. Since then, seven people were trained at Community Intervention and other disbursements for educational materials were made, totaling \$2,420.56, leaving a December 10, 1984 balance of \$11,196.98. Most of those funds are earmarked for educational training and CHOICES.

## INFORMATION

Faith Semla

**GOALS:** To keep the public aware of ABCDE activities.

To develop resource materials (literature, films, speakers).

To publish a periodic newsletter, CHOICES.

ABCDE committee and program information was published in local newspapers. Up-dated alcohol-drug information provided for Vertical Files of Barrington Public Library and Barrington High School Library. A resource center for community persons



to obtain information and purchase pamphlets is underway and is located upstairs at Barrington Youth Services (entrance in rear). For information concerning hours call Carol Shaw (381-7197) or Marilyn at BYS (381-0345). Three films were purchased:

(1) "Sons & Daughters- Drugs & Booze", 28 minutes, 16 mm., describes typical party scenes, what parents can do to understand children's use of alcohol and other drugs. Offers practical advice to parents whose children have already begun to use drugs. Explains parent's role in prevention. **FOR PARENTS**

(2) "Soft is the Heart of a Child," 30 min., 16mm., shows that children are the victims of a marriage damaged by a drinking father and an enabling mother. The changes in the roles that occur are clearly presented. Intervention is also portrayed. **FOR PARENTS, TEACHERS, CHILDREN.** Needs interpretation and discussion leader to get most understanding of children's reactions.

(3) "Wasted- A True Story," 24 min., 16 mm., in partial cartoon, conveys a clear health message that discourages illicit drug use in a powerful form, "from one kid to another." **FOR CHILDREN 6-8th GRADES.**

These films are stored at Barrington High School A-V Service Center, 381-1400, Ext. 248, Jeanette.

VHS tapes provided by ABCDE are available at BHS A-V Service Center AND at the Barrington Public Library.

(1) Ron Magers' April, 1984 appearance at Barrington.

(2) "The Chemical People" Barrington panel, November, 1983.

(3) Jim Crowley, Community Intervention, Inc., explains the community intervention movement.

## CREDITS

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

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## LEGAL AND GOVERNMENT LIAISON

Henry Tonigan

**GOALS:** To communicate with local police, courts and governments. To lobby for appropriate local ordinances and legislation.

The "model" ordinances and statutes regarding use-abuse of chemicals developed by this committee was passed in a majority of the BACOG village governments. A court watching program is being developed; volunteers from the League of Women Voters are being sought to take the court watching training seminar and receive certification. Work continues on a bill which would protect school personnel who help students with problems relating to drugs and a study of alternative sentencing for youthful offenders (illegal use or possession of alcohol-drugs).



## PARENT NETWORKING

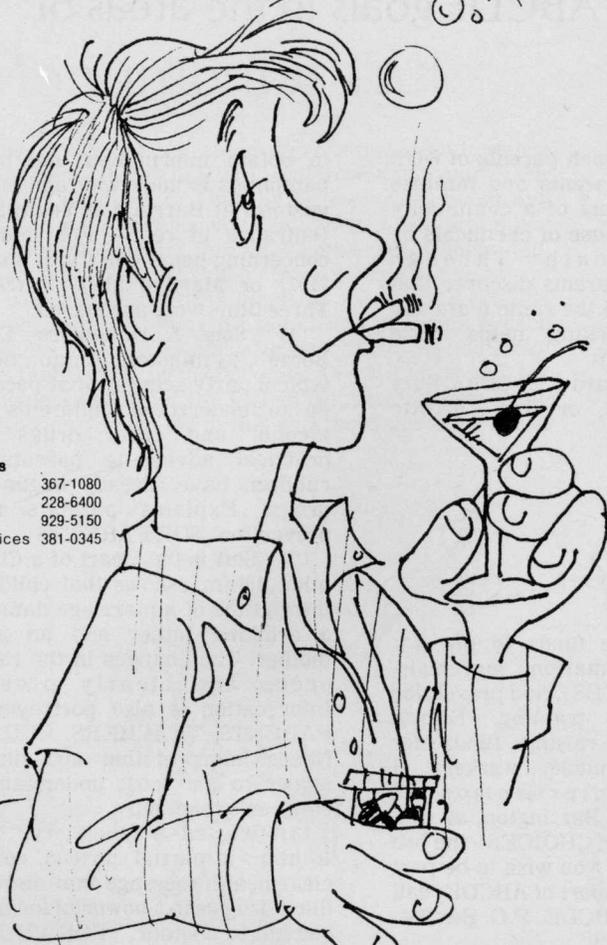
Vicky Allard

**GOALS:** To plan and organize parent networking groups.

Information-training sessions will be offered to any school, church, or other organization that is interested in better communication with the parents of their children's friends. Special efforts



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

... 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 or free) 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**

Alcoholism-Drug Dependence Program (A. D. D.) Rolling Meadows 394-9797  
Alexian Brothers Medical Center, Alcohol and Drug Treatment Unit, Elk Grove 981-3524  
Community Concern for Alcohol and Drug Abuse (C. C. A. D. A.) Elgin 742-3545  
Forest Hospital, Des Plaines 827-8811  
Gateway House 356-8205  
Highland Park Hospital 432-8000  
Interventions/Contact Youth Clinic, Wauconda 526-0404  
Lake County Health Dept., Substance Abuse Program, Waukegan 689-6770  
Lovellton, Elgin 695-0077  
Lutheran General Hospital Alcoholism Treatment Center, Park Ridge 696-7715  
Northern Illinois Council on Alcoholism, Waukegan 244-4434  
Parkside Lodge, Mundelein 634-2020

**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  
Narcotics Anonymous 346-9043  
Self-Help Group, 115 Lincoln Ave., Barrington before 6 p.m. 381-0524  
Cocaine Anonymous after 6 p.m. 639-1667  
583-4433

**Support Groups for Family and Friends of Persons with Chemical Dependency**

Al-Anon (family) 358-0338  
Al-Ateen (teen-age relatives or friends) 358-0338  
Al-Ayoung (relatives or friends ages 19-23 years) 358-0338  
Families Anonymous (family and friends of drug abusers) 848-9090  
Adult Children of Alcoholics 929-4581

**Support Group for Person with Chemical Dependency AND Family and Friends**

New Wine Christian Club, 209 S. Main, Wauconda 526-5200 or 381-2986

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

Tough Love 577-3733  
Parental Stress 427-1161

\*There are at least sixteen AA groups in the Barrington Area, while numerous Al-Anon groups meet in Barrington or surrounding villages daily, day or evening. To learn more about AA or Al-Anon, attend an open meeting at Langendorf Park, Barrington, EVERY SATURDAY, 8 p.m.

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

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