

# Protecting You Protecting Me™



**An Alcohol Use Prevention Curriculum**

## **Grade 5 Teaching Guide**

Sponsored by



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An Alcohol Use  
Prevention Curriculum

## **Grade 5 Teaching Guide**

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# Introduction



## Overview: MADD National Elementary School Program



*The title of the curriculum, Protecting You/Protecting Me, was selected to reflect MADD's commitment to protecting our nation's youth and to reinforce the following message: What impacts our youth impacts us all.*

*From 1997 to 2002, there were 2,335 child passenger deaths involving a drinking driver. Of these deaths, 1,588 (68 percent) occurred while the child was riding with a drinking driver; the median blood-alcohol content of the drinking driver who was transporting children was 0.13.*

*Centers for Disease Control and Prevention, February 2004*

### **What is PY/PM?**

*Protecting You/Protecting Me (PY/PM)* is MADD's latest nationwide effort, now in collaboration with State Farm®, to prevent alcohol use by youth. *Protecting You/Protecting Me* has been designated a Model Program by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. SAMHSA Model Programs have been tested across America and have provided solid proof that they have prevented or reduced substance abuse and other high-risk behaviors.

*Protecting You/Protecting Me* was created in response to a need for materials to help reach children before they have fully shaped their attitudes and opinions about youth alcohol use. Research shows that the risk for alcohol and other drug use skyrockets when children enter grade 6, between the ages of 12 and 13. To be effective in preventing alcohol use by adolescents, we must reach out to and educate children in grades 1–5.

The curriculum provides a series of forty classroom-based lessons, eight lessons each in grades 1–5. Lessons are designed to be infused into a school's core curriculum and taught by trained teachers and/or high school students enrolled in a leadership or peer-helping class for school credit. Specifically, the curriculum helps to fill the gap in current prevention programs that have not yet incorporated the latest research on human brain development and the risks associated with exposure to alcohol before age 21.

The curriculum informs children, educators, and parents or family caregivers about the latest brain research and the developmental risks that are associated with the use of alcoholic beverages before age 21. The curriculum also teaches children safety skills, including how to refuse a ride from an unsafe driver and how to reduce the risks associated with riding with a driver who is not alcohol-free.

## What are the goals of *PY/PM*?

### PROGRAM GOAL

Prevent the injury and death of children and youth due to:

- a. Underage consumption of alcoholic beverages
- b. Vehicle-related risks, especially as passengers in vehicles in which the driver is not alcohol-free

*For more information on the learner outcomes for this grade level, turn to the curriculum's Lesson Summaries. For more information about the grade 1–5 Scope and Sequence, turn to the appendix.*

### ***Protecting You/Protecting Me*** CURRICULUM PURPOSE

To supplement existing prevention curricula and programs by providing information to students in grades 1–5 and their parents or family caregivers on:

- a. The importance of protecting the brains of persons under age 21 from exposure to alcohol
- b. Ways to help children avoid the risks associated with riding with drivers who are not alcohol-free

*Protecting You/Protecting Me fills an identified gap by providing a missing piece in the prevention puzzle.*

## Is *PY/PM* a research-based program?

*Protecting You/Protecting Me (PY/PM)* is a research-based program that has been shown to be effective in changing students' knowledge, attitudes, and behaviors about underage alcohol use and riding with an impaired driver. *PY/PM* has been recognized as a Model Program by the National Registry of Evidence-Based Programs and Practices and the Office of Juvenile Justice and Delinquency Prevention, and has been endorsed by the National Association of Elementary School Principals, the American Medical Association, and the American Academy of Pediatrics.

*Protecting You/Protecting Me* can be taught by trained adults or youth. Adult-led *PY/PM* taught by elementary school teachers was the subject of a five-year evaluation in four schools in Texas and Montana.

Youth-led *PY/PM* taught by high school students enrolled in a peer leader course was the subject of two studies: one which involved eight Texas schools and focused on elementary students' outcomes, and another which focused on high school students in twelve Texas schools. Studies of the Spanish-language version of *PY/PM* and of the process of culturally tailoring *PY/PM* for Native Americans have also been conducted.

Students who receive the adult-led *PY/PM* curriculum have been shown to gain knowledge of the effects of alcohol on the developing brain, perceptions about the harmfulness of underage alcohol use, the attitude that people under 21 should not drink alcohol, media literacy, and vehicle safety skills when compared to students not participating in the program. *PY/PM* participants are also 2.4 times less likely to ride with an impaired driver than nonparticipants. The program has been found to be equally effective for females and males and for whites and nonwhites with two exceptions: whites showed slightly higher gains in vehicle safety skills than nonwhites, and nonwhites showed slightly higher gains in an attitude against underage alcohol use than whites.

Youth-led *PY/PM* has been shown to have positive effects on the elementary students who receive the *PY/PM* curriculum and the high school students who teach it. The elementary students improved their vehicle safety skills, became more media literate, and increased their knowledge about the brain compared to nonparticipating students. High school peer leaders who taught *PY/PM* increased their perceptions of the risks of high levels of alcohol use, gained teaching skills, and showed less binge drinking.

The following journal articles provide information about the evaluation results of *Protecting You/Protecting Me*. Some of these articles are available at [www.pypm.org](http://www.pypm.org):

Bell, M. L., T. Kelly-Baker, K. Bliss, K. Jones, and T. Falb, "Protecting You/Protecting Me: An Alcohol Program for Elementary Students Taught by Peer Helpers." *The Peer Facilitator Quarterly* 19 (3) (2004): 126–35.

Bell, M. L., T. Kelly-Baker, T. Falb, and C. Roberts-Gray, "Protecting You/Protecting Me: Evaluation of a Student-led Alcohol Prevention and Traffic Safety Program for Elementary Students." *Journal of Alcohol and Drug Education* 49 (1) (2005): 33–53.

Bell, M. L., T. Kelly-Baker, and C. Ringwalt, "Protecting You/Protecting Me: The Effects of Multiple-Year Exposure to an Alcohol Prevention and Vehicle Safety Program on Elementary Students." *Journal of School Health* 75 (3) (2005): 171–77.

Bell, M. L., A. Padget, T. Kelly-Baker, and R. Rider (2006). "Can First and Second Grade Students Benefit from an Alcohol Prevention Program?" *Journal of Child and Adolescent Substance Abuse* (in press).

Bohman, T., T. Barker, M. L. Bell, C. Lewis, L. Holleran, and E. Pomeroy, "Early Intervention for Alcohol Use Prevention and Vehicle Safety Skills: Evaluating the *Protecting You/Protecting Me* Curriculum." *Journal of Child and Adolescent Substance Abuse* 14 (1) (2004): 17–40.

"The Experience of MADD's *Protecting You/Protecting Me*: Using Evaluation to Enhance Program Development" (2005). [http://ncadi.samhsa.gov/media/prevline/pdfs/csap4p40\\_Protecting\\_Sept21\\_TWO.pdf](http://ncadi.samhsa.gov/media/prevline/pdfs/csap4p40_Protecting_Sept21_TWO.pdf).

Padget, A., M. L. Bell, S. Shamblen, and C. Ringwalt (2005). "Effect on High School Students of Teaching a Cross-Age Alcohol Prevention Program." *Journal of Drug Education* 35 (3) 201–216.

Padget, A., M. L. Bell, S. Shamblen, and C. Ringwalt (2006). "Does Learning about the Effects of Alcohol on the Developing Brain Affect Children's Alcohol Use?" *Prevention Science* (in press).

***“The risks associated with the use of alcohol by youth and adults ARE NOT EQUAL. Youth are at far greater risk than adults. The latest brain research makes this clear.”***

*American Academy of Pediatrics*

***“It has become clear over recent years that alcohol impacts both behavior and brain function differently in adolescents and adults.”***

*Dr. Aaron White,  
Duke University  
Medical Center, 2001*

***“The brain does not finish developing until a person is at least in their early twenties.”***

*Dr. Jay Giedd,  
Chief of Brain Imaging,  
National Institutes of Health, 2004*

## **What is different about PY/PM?**

### **It separates children from adults with regard to risks.**

Up to now, school health and drug prevention curricula have focused on the risks associated with alcohol misuse and abuse to which both youth and adults are exposed (e.g., addiction, disease, and alcohol-related traffic crashes). Information is provided on the path of alcohol in the body, the effects of different doses, and the diseases associated with chronic use, including addiction. This approach equates many of the risks for children and adults, inadvertently creating another risk—a new myth. A large number of youth, parents or family caregivers, and other adults believe that it is safe for people under 21 years of age to consume alcohol if they “drink responsibly” and designate a driver. This misconception, which is put to rest by the latest research on the developing brain, is the most dangerous alcohol-related myth of all.

### **It is based on the latest brain research.**

*Protecting You/Protecting Me* focuses on the effects of alcohol on the developing brain during the first 21 years of life. Lessons reinforce the fact that the brains of children and adolescents are different from the brains of adults and are subject to additional and different risks. This approach separates youth from adults with regard to risk.

Created for use in grades 1–5, the curriculum offsets risks and increases protective factors by teaching children how their brains work and what behaviors and substances place their brains at risk, as well as teaching them skills to protect their development. In addition, lessons include opportunities for parents or family caregivers to become informed and involved.

***Think of the brain as a computer.***

The healthy brain most often comes into the world with all its basic operating systems functioning: central nervous system, circulatory system, respiratory system, reflex system, and so on. However, it does not have all of its “software.” The “programs” for vision, speech, emotions, memory, abstract thinking, problem solving, attention, concentration, and higher-order thinking such as self-awareness, complex relationships, creativity, and spirituality require input from the five senses. During at least the first 21 years of life, the unimpaired brain develops a person who is ready to function independently. How successfully a person functions in life depends on how well his or her brain is “programmed,” or developed.

The brain is on a schedule, with each stage of development allotted a specific period of time for completion. Before the age of 10, the brain is developing the basic capacities of survival: vision, speech, memory, complex emotions, attention, concentration, and fine and gross motor skills. In the preteen and teen years, the brain is engaged in managing puberty, learning to think abstractly, and forming more sophisticated relationships. In the last four years, from about age 17 until 21, the brain is involved in developing self-awareness and highly complex interpersonal relationships and abstract thinking, as well as the ability to plan, make complex judgments, create, and problem solve—or move beyond the basics toward maturity.

Anything that interferes with how the brain operates during this 21-year period can change the course of a person’s mental, emotional, cognitive, and social development and alter his or her opportunities for success. It is essential that all children and youth understand how the human brain develops, how to direct that development, and how to protect the brain from injury and harm.

***“Adolescence is a time of increased growth, sexual maturation, emotional and cognitive changes, and a maturation of judgment and self-regulatory skills. And linked to each of these developments are neurological changes occurring in the brain.”***

*Dr. Ronald E. Dahl, keynote address,  
New York Academy of Sciences  
Conference, 2005*

***“Teens, through their choices and actions, have the power to direct the development of their own brains.”***

*Dr. Jay Giedd,  
Chief of Brain Imaging,  
National Institutes of Health, 2000*

***“Every drug has two effects—the one I know about and the one I don’t know about.” (The Pharmacist’s Mantra)***

***“Adolescents are more vulnerable than adults to the effects of alcohol on learning and memory.”***

*Dr. Aaron White,  
Duke University Medical Center, 2001*

***“The use of alcohol, by itself or with other drugs, can retard the normal growth and development of young people.”***

*American Academy of Pediatrics,  
Alcohol: Your Child and Drugs—  
Guidelines for Parents, 1998*

Neurons, the brain’s nerve cells, “program” the brain by communicating with each other via chemical “messengers” called neurotransmitters. Each neurotransmitter acts like a “key” that fits a receptor or “lock” on a neuron. This allows the neurons to exchange messages. Alcohol and other mind-altering drugs act like “computer viruses.” They interfere with the neurotransmitter’s delivery system by changing, deleting, or blocking the codes or messages that our brain uses to operate. Besides interfering with the brain’s communication system, mind-altering (psychoactive) drugs also activate and deactivate “brain centers” that control speech, hearing, vision, fine and gross movement, learning, emotions, pain, pleasure, hunger, and so on. Because the developing brain is on a schedule, interfering with brain centers, even for a short while, can change the trajectory of a person’s development. There is no known safe amount of nonprescribed psychoactive drugs for the developing brain.

Exposure to alcohol poses special risks. We have known for decades that exposing the developing brain to alcohol can be devastating. Alcohol use during pregnancy is a significant cause of mental retardation in the United States. And alcohol poses heightened risks for the first twenty-one years of life. Unlike other psychoactive drugs that are limited to affecting just one receptor, alcohol can affect many different receptors in many parts of the brain—more than cocaine, heroin, and nicotine. Even though the young brain is blessed with the ability to adapt to injury, when it comes to drugs that can change brain development, it is actually more vulnerable than the adult brain.

## Why focus on alcohol and not other psychoactive drugs?

**Legal Status:** Unlike prescribed psychoactive drugs or illegal, controlled substances such as cocaine, heroin, and marijuana, alcohol can be purchased and consumed legally by anyone who is over 21 years of age. The fact that it is legal leads large numbers of people to assume alcohol is safer than other psychoactive drugs.

**Parental Misconceptions:** Parents tend to be unaware of the extent and risks of youth alcohol use and severely underestimate their use of alcohol. Parents almost breathe a sigh of relief when they find out that their teenager is “only” drinking alcohol. They often say, “At least he is not taking drugs. Beer isn’t that bad for him.” Not true. This kind of lax attitude has contributed to a continual increase in alcohol use by teenagers. Alcohol is the most commonly used drug among America’s youth. “More people drink alcohol than smoke tobacco or use marijuana”

National Research Council and Institute of Medicine.  
Report Brief: Reducing Underage Drinking: A Collective Responsibility, September 2003.

**Law Enforcement Misconceptions:** Parents aren’t alone in perceiving alcohol use by teens as a “rite of passage” that is essentially harmless. Police officers routinely look the other way at teenage consumption of alcoholic beverages—unless a youth is driving.

**Media Status:** Alcohol is advertised in the media as a mood-altering product, unlike tobacco products and the hundreds of household and industrial products containing psychoactive drugs that are never intended for ingestion or as inhalants. The advertising message to youth is clear: Alcoholic beverages are essential to social acceptance, are of minimal harm to health, and are a reward at the end of the day, after a school exam or sports victory, or any relaxing moment. Media, in general, portrays alcohol use as an acceptable means of gathering courage or escaping problems.

*Of 12 to 18 year olds, 44 percent of youth who drank alcohol in the past year were described by their parents as nondrinkers, and 27 percent of those who binge drank in the past month were described by their parents as nondrinkers.*

*National Academy of Sciences, 2003*

*“Research clearly indicates that, in addition to parent and peers, advertising and marketing have a significant impact on youths’ decision to drink.”*

*The Center on Alcohol Marketing and Youth, 2003*

*“The younger children and adolescents are when they start to drink, the more likely they are to engage in behaviors that can harm themselves and others.”*

*J. A. Grunbaum et al., 2004*

*“Initiating alcohol consumption earlier in adolescence or in childhood is a marker for later problems.”*

*National Institute on Drug Abuse, 2004*

## **Alcohol-related risks increase fourfold for people under 21**

Research on addiction and disease and research on social development parallel the latest brain research. Their common finding: persons under 21 years of age are inherently different physically, mentally, emotionally, socially, and developmentally than persons over 21 years of age.

Medical research demonstrates that alcohol compromises learning, memory, abstract thinking, problem solving, attention, and concentration, all of which are essential to our children’s success in school and in life. The underdeveloped brains of children and youth make them more vulnerable to some of the dangerous effects of alcohol, especially on learning and memory function.

There is a definite relationship between the age a person begins using alcohol and the incidence of lifetime alcohol abuse and dependence. Young people who are exposed to alcohol before age 13 are nine times more likely to binge drink frequently as high school students than those who begin to drink later. They are also at greater risk for developing a co-occurring disease, such as cirrhosis of the liver and other alcohol-induced illnesses.

National Institutes of Health: National Institute on Alcohol Abuse and Alcoholism. (2004/2005) “The Scope of the Problem,” *Alcohol Research & Health* 28 (3) 111-120.

Research makes it clear: The most compelling reason to prohibit the use of alcohol by youth is the threat alcohol poses to mental, emotional, social, and physical health. The impact of alcohol use on development reveals itself over time . . . and in ways we cannot anticipate.

## Why target children in elementary school?

**Use Is Starting Earlier:** Alcohol is the number-one drug of choice for young people today, and they are starting to drink at earlier ages. Research from the Substance Abuse and Mental Health Services Administration (2003) shows that underage drinkers between the ages of 12 and 18 who report drinking, report that they began doing so between two and three years earlier. In 2004, Donovan's analysis of the Partnership Attitude Tracking Study (PATS) shows a tripling of alcohol experiences between fourth and sixth grade; 9.8 percent of fourth graders, 16.1 percent of fifth graders, and 29.4 percent of sixth graders report trying more than a sip of alcohol. Both the PATS and PRIDE (Parents' Resource Institute for Drug Education) data show that a significant level of alcohol consumption occurs among the 12-and-under population.

Donavan, J. E., S. L. Leech, R. A. Zucker, et. al. "Really underage drinkers: Alcohol use among elementary students." *Alcoholism: Clinical and Experimental Research* 28 (2) (Feb. 2004): 341-349.

**Lack of Knowledge:** Drinking alcohol is common among teenagers nationwide, yet they are unaware of the risks associated with alcohol use. In order to make informed choices, students need the latest science-based information, but few, if any, are exposed to the latest brain research. Because brain research is currently focused on adolescent brain development and on the impact of alcohol on the developing adolescent brain, this information can be very effective in helping students maintain or build a nonuse attitude.

*According to a recent survey by the National Center on Addiction and Substance Abuse, each year approximately 3.3 million students between the ages of 12 and 17 start to drink alcohol.*

*National Center on Addiction and Substance Abuse (CASA) at Columbia University, 2003*

*"A child who reaches age 21 without smoking, abusing alcohol, or using drugs is virtually certain never to do so."*

*Joseph A. Califano Jr., former Secretary of Health, Education, and Welfare and Chairman and President of the National Center on Addiction and Substance Abuse at Columbia University*

## **How is *PY/PM* different from other substance abuse prevention programs?**

*PY/PM* is unique in a number of ways:

1. It focuses on the child and not the substance.
2. It is based on the latest brain research and the impact of alcohol on the adolescent brain.
3. It stresses the difference between the effects of alcohol on adults and youth.
4. It teaches specific strategies for avoiding riding with an impaired driver.
5. It begins early, before the onset of alcohol use.
6. It is theoretically based.
7. It is designed to reach large numbers of students in the general population, not just those at high risk.

## **The good news: We can make a difference**

As part of a focused, coordinated national effort, *Protecting You/Protecting Me* will make a significant contribution to protecting our nation's youth and creating a brighter future for us all.

You are a vital part of that contribution.

*“Age-specific, developmentally appropriate, and culturally sensitive educational programs can help children develop healthy attitudes and prevent them from making decisions that place them at risk for alcohol use/abuse.”*

*American Academy of Pediatrics, Ideas for Child Health Month Activities, 1998*

## Guiding Principles and Key Concepts

### Curriculum philosophy: Zero tolerance

This curriculum takes the stand of “zero tolerance” on the use of any illegal drug, any use of alcoholic beverages by persons under 21 years of age, and any misuse or high-risk use of psychoactive medications or substances.

**Theoretical Base:** The curriculum is based on the complementary and reinforcing mechanisms of risk reduction and resiliency and protective factor enhancement.

- Risks and protective factors are opposing forces that interact with one another. There are internal and external risks and internal and external protective factors. Resiliency is the outcome for the child. It is the result of the risk and protective factor interaction.
- Risks are factors in a child’s life that increase his or her vulnerability to self-defeating and dangerous attitudes, intentions, and behaviors. Internal risks associated with adolescent alcohol use include a favorable attitude toward underage use and friends with a favorable attitude toward or who actually engage in the use of alcoholic beverages before age 21. External risks include parents with a favorable attitude toward underage use and a family history of alcohol misuse, abuse, and alcoholism.
- Protective factors serve to shield or protect a child from the effects of risks. We may not be able to remove all the risks (such as a family history of alcoholism), but we can help children reduce or eliminate risks over which they have control and learn how to mitigate the effects of risks over which they do not have control. The more protective factors in a child’s life, the less likely he or she is to be affected negatively by risks and the more likely he or she is to hold positive attitudes and intentions toward and engage in behaviors that protect him or her and others.
- Resiliency is the sum of an individual child’s capacity to succeed in spite of the risks in his or her life. How resilient a child becomes is a direct result of the risk and protective factor equation. The

*This curriculum is based on the zero tolerance message of the U.S. Department of Education.*

*“The more protective factors in a child’s life, the more resilient the child.”*

Bonnie Benard, National Resilience Resource Center

*“The more resilient the child, the less at-risk he or she is.”*

Bonnie Benard, National Resilience Resource Center

fewer the risks and the greater the number of protective factors, the more resilient the child, that is, the more equipped the child is to:

**Resist** the influences of misleading media and antisocial persons, situations, and environments\*

**Persist** in prosocial attitudes, intentions, and behaviors\*

**Withstand** pressures to engage in self-defeating, illegal, and/or dangerous behaviors\*

**Overcome** personal hardships and adversity

**Rebound** from setbacks and personal failures

**Recover** from self-defeating and dangerous behaviors or actions

**\*Note:** The curriculum focuses on preventing the problem of underage alcohol use before it starts, therefore, helping children increase resistance, persistence, and the ability to withstand pressure.

Individual resiliency characteristics include:

- **Social competence**, which includes empathy and caring for others and communication skills
- **Problem-solving skills**, including the ability to plan, to see alternatives, and to think critically
- **Autonomy**, which is the sense of personal identity, an internal locus of control, a sense of self-agency (ability to act and exert one’s will), self-efficacy (believing one has the power to make a difference), and resistance
- **Sense of purpose**, which includes the ability to set goals

The curriculum provides:

- **Information on risks**, which separates youth from adults with regard to the risks associated with the use of alcohol and other drugs, especially risks posed by alcohol to healthy brain development of persons under 21 years of age
- **Discussions and activities** to increase social competence, autonomy, and a sense of purpose
- **Activities to develop problem-solving skills**, especially skills to resist peer pressure and to develop protection for themselves from riding with—or while riding with—drivers who are not alcohol-free

While information alone will not prevent alcohol and other drug use among youth, accurate information about what sets youth apart from adults with regard to risk is a protective factor that reduces risks. Cognitive factors such as beliefs about psychological and social consequences of drug use, pressures to use substances, as well as perceived attitudes about drug use among others have been identified as having a strong correlation with alcohol, tobacco, and other drug use.

Hansen, W. B., L.A. Rose, and J. G. Dryfoos (1993). "Causal factors, interventions, and policy considerations in school-based substance abuse prevention." Washington, DC: Report to the Office of Technology Assessment.

In addition, opportunities to build resistance skills and to form pro-social attitudes and opinions are known to increase protective factors.

Benard, B. "Fostering resiliency in kids: Protective factors in the family, school and community" (1991). Portland, OR: Northwest Regional Educational Laboratory, Western Center for Drug-Free Schools and Communities (ERIC Document Reproduction Service No. ED 335781).

When targeted by prevention programs, these efforts have resulted in a reduction of risk and an increase in protective factors.

**Conceptual Framework:** The Developmental Assets framework, developed by Search Institute of Minneapolis, Minnesota, is an outgrowth of the research on the risk/protection mechanism that provides concrete strategies for initiating, developing, and strengthening protective factors for children, families, and communities. In the asset framework, protective factors are organized into forty assets in two dimensions: twenty external assets and twenty internal assets.

#### **Example External Assets**

- Support
- Empowerment
- Boundaries and expectations
- Constructive use of time

#### **Example Internal Assets**

- Commitment to learning
- Positive values
- Social competencies
- Positive identity

*"The more developmental assets a young person has, the less likely he or she is to engage in or experience a wide range of negative behaviors, including the use of alcohol and other drugs."*

*Resiliency in Action*

**Protecting You/Protecting Me focuses on thirteen internal developmental assets**

<b>Internal Assets for elementary-age children (ages 6 to 11)</b>	<b>How the Internal Assets are addressed by <i>Protecting You/Protecting Me</i></b>
<p><b>POSITIVE VALUES</b></p> <hr/> <p>Caring</p> <p>Equality and social justice</p> <p>Integrity</p> <p>Honesty</p> <p>Responsibility</p> <p>Healthy lifestyle</p>	<p><b>POSITIVE VALUES</b></p> <hr/> <p>Children are engaged in activities that encourage them to help others.</p> <p>Children are encouraged to show an interest in making the community a better place through activities that focus on laws and rules.</p> <p>Children are engaged in activities that encourage them to act on convictions and stand up for their beliefs.</p> <p>Children are encouraged to value honesty in sharing their ideas and opinions with peers and parents or family caregivers.</p> <p>Children are engaged in age-appropriate tasks that involve taking personal responsibility.</p> <p>Children are encouraged to learn and value good health habits.</p>
<p><b>SOCIAL COMPETENCIES</b></p> <hr/> <p>Planning and decision making</p> <p>Interpersonal competence</p> <p>Resistance skills</p>	<p><b>SOCIAL COMPETENCIES</b></p> <hr/> <p>Children are given structured opportunities to learn and practice beginning skills of how to plan ahead and make decisions at an appropriate developmental level.</p> <p>Children are given structured opportunities to articulate their feelings and are encouraged to empathize with others and increase friendship skills.</p> <p>Children are given structured opportunities to help them develop the ability to resist negative peer pressure and dangerous situations.</p>
<p><b>POSITIVE IDENTITY</b></p> <hr/> <p>Personal power</p> <p>Self-esteem</p> <p>Sense of purpose</p> <p>Positive view of personal future</p>	<p><b>POSITIVE IDENTITY</b></p> <hr/> <p>Children are given opportunities to believe they can have control over “things that happen to them.”</p> <p>Children are provided opportunities designed to promote self-awareness and self-esteem.</p> <p>Children are engaged in activities designed to promote awareness that “my life has a purpose” and to promote the desire to protect themselves so they may fulfill their purposes.</p> <p>Children are encouraged to have an optimistic view about their personal future.</p>

The list of 40 Developmental Assets for Middle Childhood is adapted with permission from Search Institute. Copyright © 1997, 2006 Search Institute. No other use is permitted without prior permission from Search Institute, 615 First Avenue NE, Minneapolis, MN 55413; 800-888-7828. All Rights Reserved. To view the original list of 40 Developmental Assets, visit: [www.search-institute.org](http://www.search-institute.org). The following are registered trademarks of Search Institute and Developmental Assets.

## Domains and strategies: Comprehensive approach

**Individual:** The curriculum provides culturally and developmentally appropriate content and processes. Information is accurate and timely, research-based, and of direct interest to students. Activities provide opportunities to participate in interactive and experiential processes, including skill-building exercises.

**Peer:** Students are involved with their peers in the learning process and have the opportunity to learn about how their peers think or what they believe about common issues and to develop, experience, and practice positive peer influence.

**Parents or Family Caregivers:** The curriculum provides interactive homework assignments that involve parents or family caregivers. Information and activities are designed specifically to enable parents to assist their children in abstaining from alcoholic beverages, protect them from riding with unsafe drivers, and prevent poisoning from medications and household products containing alcohol.

**School and Community:** The curriculum is designed for use in schools and community-based organizations in the implementation process.

## Process: Based on “Principles of Effectiveness”

Under Title IV of the No Child Left Behind Act, local prevention programs and activities are required to meet the Principles of Effectiveness.

**Assessment:** The curriculum is based on a thorough assessment of the nature and extent of youth drug use and gaps in available curricula.

**Goals and Objectives:** Curriculum activities are designed to meet measurable goals and objectives.

**Research-Based:** Curriculum activities are based on research that provides evidence that the strategies used can be expected to prevent or reduce drug use.

**Risk and Protective Factors:** The theoretical base for the curriculum is the Developmental Assets framework.

**Parental Input:** All lessons include parent involvement activities and provide opportunities for parents to give feedback.

**Evaluation:** The curriculum includes a comprehensive evaluation process to assess progress toward achieving goals and objectives. Evaluation results will continue to be used to refine, improve, and strengthen the program and to refine goals and objectives as appropriate.

*The Principles of Effectiveness were developed by the U.S. Department of Education’s Office of Safe and Drug-Free Schools several years ago to help teachers, school administrators, and prevention developers achieve safe learning environments where students are free from fear of violence and the influence of drugs. This is the first time they have been codified by law.*

## Curriculum Goals and Objectives

*“Preventing it [substance abuse] is stopping it before it starts, which means we have to help children sustain the beliefs that they have in childhood but somehow discard when they become teens—that alcohol, tobacco, and other drugs are harmful and that rules and laws are created to protect us.”*

*Joseph A. Califano Jr., former Secretary of Health, Education, and Welfare and Chairman and President of the National Center on Addiction and Substance Abuse at Columbia University*

We know that in grades 1, 2, and 3, most students believe that alcohol is harmful to children, that rules and laws are designed to protect us, and that there is value in using rules and laws. However, by grade 4, some students begin to have doubts about the dangers of alcohol, and most have watched children, teens, and adults (in the media and/or in real life) break rules and laws without obvious consequences.

By grade 5, significant numbers of students begin to believe that “just a little” alcohol isn’t going to hurt them. Many have heard tales of family members’ exploits or observed older siblings or other young people in real life and/or the media consume alcoholic beverages, again without obvious consequences. As children get older, it becomes more difficult for them to believe that alcohol is all that bad.

As they become teens, children are no longer called “children.” They are called “teens,” “adolescents,” “young people,” and “youth,” but not “children.” They begin to perceive themselves as “small adults,” and in many cases, they are not so small. They expect to drive a car, work, and be increasingly independent of their parents’ supervision. They cease to consider themselves as children; consequently, they cease to see risks and dangers in the same way. A great number of teens and adults assume that as long as they don’t drink and drive, using alcohol is no more dangerous for teens than it is for adults.

## Curriculum goals

1. Help students sustain the beliefs that they hold early on: that alcohol is harmful to children (persons under 21 years of age) and that rules and laws help us protect ourselves and others
2. Help dispel myths that contribute to students' discarding these beliefs as they enter adolescence

## Curriculum objectives

### 1. Impart knowledge:

- the role and importance of the brain
- the danger of alcohol exposure to the developing brain
- brain growth and development
- not trusting our lives to luck
- healthy ways to manage stress
- the purpose and value of using rules and laws
- not trusting commercials to give us all the information we need to protect ourselves and others
- how being a friend includes helping a person be safe
- how children can say no and keep friends
- how children can talk to adults about things that are hard to talk about

### 2. Provide structured discussions and activities that allow students to:

- explore real-life topics and issues
- learn about how their peers think and what they believe about common issues
- think about how they will seek out appropriate models in their lives
- consider their immediate and future attitudes and intentions
- consider behavior options and their consequences
- practice basic skills to protect themselves and others

## Scope and Sequence Overview

### Lessons are to be taught in sequence

The same topics are repeated for each grade level with increasing sophistication in both lesson content and instructional processes to parallel cognitive and social development. **Research shows that outcomes are dependent on students receiving multiple exposures over time.**

### Common topics are used to provide new messages

Rather than introduce new messages via new concepts, which can be overwhelming to younger students, the curriculum uses safety-related topics that are already familiar to young students to introduce additional, related messages that are known to help build protective factors. For example:

- Topics such as use of seat belts and helmets, air bags, and riding in the backseat of a car are used to discuss the message “Smart people don’t leave their lives to luck” and to help students build skills in talking to adults about safety-related issues.
- Topics such as medicines and household poisons are used to discuss the message “commercials do not tell us everything we need to know to protect ourselves.”

**Here are the overarching themes of each grade level:**

GRADE 1	GRADE 2	GRADE 3	GRADE 4	GRADE 5
Plant Seeds of Knowledge	Nurture the Seedlings of Knowledge	Apply Knowledge in Small Steps	Expand Knowledge and Applications	Prepare for Transformation and Transition into Adolescence

## Lesson themes and major messages

LESSON THEMES	MAJOR MESSAGES
<b>Our Brain</b>	Children’s brains are different from grown-ups’ brains.
<b>Growth and Development</b>	Brain development within the first 21 years of life provides the foundation for development as an adult.
<b>Health and Safety</b>	It’s our job to protect our brain as it develops.
<b>Rules and Laws</b>	Rules and laws are created so we don’t have to leave our lives to luck. We know how to protect ourselves and others.
<b>Friends</b>	Friends help keep each other safe.
<b>Choices and Decisions</b>	We can say no and keep our friends.
<b>Media Awareness</b>	We need to know what the media doesn’t tell us.
<b>Communication</b>	Children can talk to grown-ups about difficult subjects, and children can protect themselves when grown-ups don’t.

## Using the Curriculum

*The curriculum is based on strategies supported by the latest research on what works to reduce alcohol and other drug use by youth.*

**Protecting You/Protecting Me is designed to be used in schools,** in the classroom setting where students in grades 1–5 are engaged in learning experiences.

**Scope and Sequence:** There are eight sequential lessons for grades 1–5, providing a total of forty potential prevention exposures over the five school years.

**Scheduling:** The ideal scheduling would be as follows:

- **Grades 1 and 2:** Hold sessions twice a week; it is important that the lessons be scheduled close together.
- **Grades 3, 4, and 5:** No more than one week should pass between lessons.

### Curriculum structure

**Universal Prevention Model:** The curriculum targets all students in grades 1–5, not just a specific group of students such as at-risk or high-risk students. However, it may be implemented in programs designed specifically for at-risk and high-risk students.

### How should PY/PM be implemented?

**Multiple Exposures:** The curriculum provides a sequence of expanding and reinforcing lessons in grades 1–5, with strong links between goals, objectives, strategies, and activities, resulting in a total of forty exposures over five years for participating students.

**All five years are required to achieve desired outcomes.**

**Infused:** The lessons are designed to be incorporated into the core curriculum in health, language arts, social studies, science, math, and fine arts, with academic objectives as well as prevention objectives.

**Skills-Based:** The curriculum includes experiential activities designed to promote personal skills as a foundation for social and resistance skills that equip children to resist pressures from negative peer, social, and media influences.

**Flexible:** Lessons may be taught by trained classroom educators and/or high school students or may be implemented as a stand-alone, multiyear prevention program in youth-serving organizations.

## **Instructional strategies and processes**

**Interactive and Affective Teaching Techniques and Processes:** Lessons incorporate modeling, listening, observing and describing, role-play, and small group and classroom discussion (including discussion of emotions and guided and reflective discussions), reading, writing, storytelling, decision making, choosing, justifying, and demonstrating.

**Higher-Order Thinking Skills Practice:** Lessons provide opportunities for brainstorming and listing, labeling, perspective taking, generalizing, discussing, reciting, and learning cooperatively.

## **Curriculum materials**

**Teaching Guide:** The Teaching Guide is designed for use by trained classroom educators and/or high school students. Detailed lesson plans make it possible for a teacher, counselor, administrator, or high school student to use the curriculum after training.

**Parent or Family Caregiver Involvement:** Parent or family caregiver involvement includes providing overview materials at the start of each grade's lessons and individual lesson activities to involve parents or family caregivers in reading with their child, responding to parent/child discussion questions, and engaging in parent/child discussions about family rules on alcohol use, peer pressure, and riding with drivers who are not alcohol-free. Spanish versions of take-home materials are available in each grade's appendix.

*All Lesson Plans are laid out in the same format using a set of icons to help guide the educator.*

## Lesson plan layout

### Prevention Objectives and Major Messages

Each lesson has one or more prevention objectives and major messages.

### Lesson Snapshot

A brief overview of the lesson content:

- **Information Activity**—Introduce and explore the lesson topic.
- **Ownership Activity**—Strengthen and support the major messages contained in the Information Activity. Ownership Activities may be implemented following the Information Activity, later in the day, or the next day. Some Ownership Activities may be repeated several times.

### Lesson Duration

Activity and lesson duration times are ESTIMATES only.

- Class size, students' developmental sophistication, and teacher styles will influence the actual duration.
- It is strongly recommended that when someone other than the teacher is implementing the curriculum, he or she work closely with the classroom teacher. The teacher should review the lesson plans and determine the appropriate match of curriculum grade to students' capacities.
- Inclusion of the Ownership Activity (or Activities) depends on when the class has available time. Some classes may not be able to conduct the Ownership Activity until later in the day or week. The Ownership Activity is a required part of the lesson.

### Materials

To the extent possible, materials to conduct the lessons are included in this Teaching Guide.

### Preparation

Some lessons require that teachers provide additional supplies or make photocopies to conduct the lesson.

### Vocabulary Guide

Each lesson includes a list of vocabulary words. The definitions are included in the Information Activity.

### Reinforcement Ideas

Lessons include suggestions on ways to reinforce the curriculum's major messages and skills in other areas of the core curriculum. Each time the major messages are reinforced across the curriculum, the effectiveness of the curriculum is enhanced.

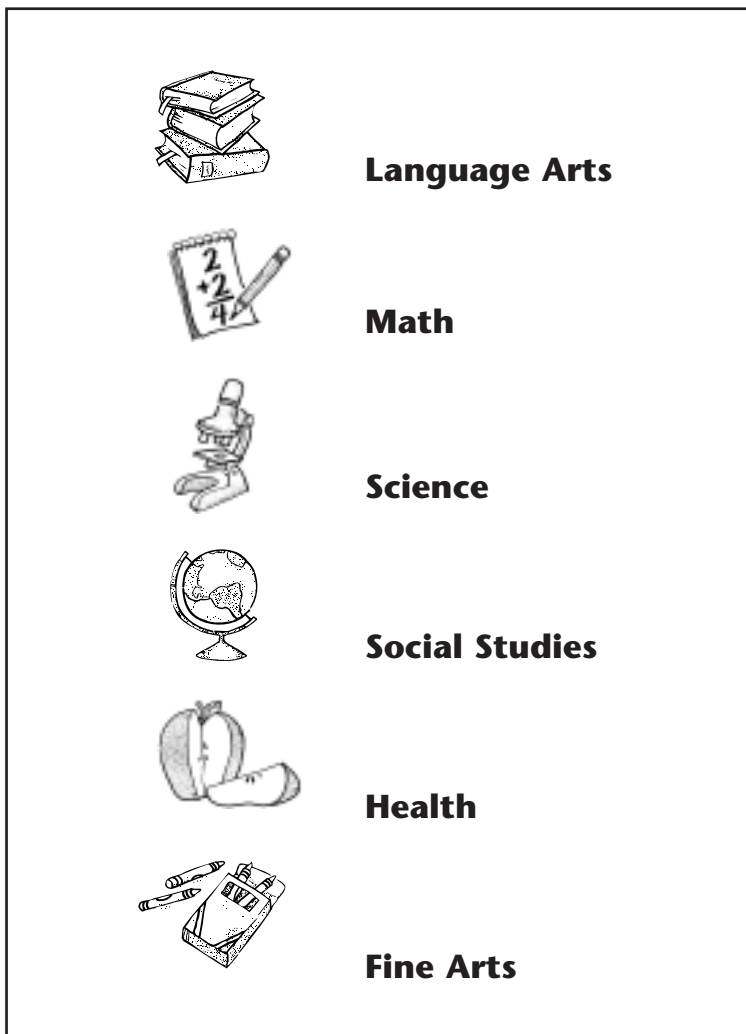
### Parent/Family Caregiver Involvement

Most lessons include activities for students that involve their parents or family caregivers in reading and/or discussing with them the session topics.

## Core curriculum content areas

All lessons can be incorporated into the school's core health curriculum. In addition, almost all lessons include academic objectives for one or more other core content areas, allowing infusion across the curriculum. Teachers are encouraged to incorporate the lessons from *Protecting You/Protecting Me* into their regular classroom lesson plans.

The following subject-area icons appear on the first page of each Information Activity description.



## Curriculum language

Research demonstrates that the language we use can support or undermine the messages we attempt to impart through lessons and activities. The curriculum attempts to be consistent in its messages to students, using specific language to support the messages regarding alcohol use, rules and laws, and growth and development.

### PLEASE BE AWARE OF HOW YOU USE LANGUAGE.

#### Avoid using only the word *drinking* to describe the consumption of alcoholic beverages.

The common use of *drinking* to describe the consumption of alcoholic beverages is confusing to young children. Drinking is the act of swallowing any liquid—not just a beer, a glass of wine, or other beverage containing alcohol. By equating the act of drinking with the consumption of alcoholic beverages, we increase the risk children will use alcohol. This equation promotes alcoholic beverages every time we say “drink” or “drinking” and helps to create a sense that alcohol is a harmless substance. Be as specific as possible depending on the developmental age of the child. Consider saying “drinks a beer, or glass of wine, or other drink with alcohol in it,” “drinks an alcoholic beverage,” “uses alcohol,” or “consumes” (instead of “drinks”).

#### Substitute the phrase *use our rules/laws* for the phrases *follow the rules* and *obey the laws*.

Two of the key factors listed under “autonomy” in the list of resilient characteristics that protect children from self-defeating and dangerous behaviors are an “internal locus of control” and a “sense of self-agency.” Both factors become far more important and influential as children approach adolescence. Children who view rules and laws as limitations frequently fail to use them. Children who view rules and laws as tools that help them stay safe, get along with others, or keep things running smoothly, see a personal benefit and are more likely to learn and use rules and laws to benefit themselves and others. The curriculum suggests we substitute the phrase *use our rules/laws* for the terms *follow* or *obey*.

#### The curriculum uses the term *grown-up* intentionally, rather than the word *adult*.

While the term *adult* is used throughout the curriculum, the term *grown-up* is used intentionally with younger students to help prepare them to understand that some people may be called adults at age 18, but they are not fully grown. They are not “grown-ups” until they reach age 21. Age 21 coincides with the near completion of the brain’s developmental foundation and is also the age at which youth can legally purchase alcoholic beverages.

**Note to Teacher:** Photocopy the following page, along with the list on page 28. Send this material home to parents at the beginning of the program.

# American Academy of Pediatrics



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Dear Parents:

The American Academy of Pediatrics and its member pediatricians dedicate their efforts and resources to the health, safety, and well-being of infants, children, adolescents and young adults. One of the most important areas of health and safety for our children is to help them protect their growing brains.

Mothers Against Drunk Driving (MADD) has developed a new resource entitled "Protecting You/Protecting Me" to help children learn how to protect their bodies and brains. The curriculum will be taught at your child's school in the coming weeks to help your child understand the special care the brain and the body must have as he or she grows. Children will learn to protect themselves by wearing a helmet and seat belt, by eating healthy foods, by using safety rules about medicines, and by not using alcohol or other drugs. They can use the skills they learn throughout their lives to help protect themselves and others.

The curriculum includes eight lessons in grades one through five in these topics:

**Our Brain** - *Children's brains are different from grown-up's brains.*

**Growth and Development** - *Brain development within the first 20 years.*

**Health and Safety** - *It's our job to protect our brain as it develops.*

**Rules and Laws** - *Rules and laws are created to help us protect ourselves.*

**Friends** - *Friends can help keep each other safe.*

**Choices and Decisions** - *We can say "no" and keep our friends.*

**Media Awareness** - *What the media doesn't tell us, we need to know*

**Communication** - *Children can talk to grown-ups about difficult subjects and can help protect themselves when grown-ups don't.*

Injury remains the leading cause of childhood and adolescent death and disability. The American Academy of Pediatrics urges parents to identify risks to the health and safety of their children and to reinforce at home what children learn at school. Together we can protect our most precious resource – our children.

Sincerely,

Joe M. Sanders, Jr, MD  
Executive Director

JMS/ss

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The American Academy of Pediatrics is committed to the attainment of optimal physical, mental, and social health for all infants, children, adolescents, and young adults.

## Messages for parents and family caregivers

1. Children are not just little adults. It takes at least twenty-one years for the human brain to build the foundation on which all future development will depend. Anything that interferes with how the brain operates during this first twenty-one-year period can change the course of a person's mental, emotional, cognitive, and social development and alter his or her opportunities for success.
2. Children's and adolescents' brains are different from adults' brains and are at significant risk when exposed to nonprescribed psychoactive (mind/mood altering) drugs prior to age 21. Even though the young brain is blessed with the ability to adapt to injury, **when it comes to drugs that can change brain development, it is actually more vulnerable than the adult brain.**
3. Alcohol is a psychoactive (mind- and mood-changing) drug that poses special risks to the developing brain. Alcohol directly affects brain development. The use of alcohol, by itself or with other drugs, can retard the normal growth and development of young people.
4. Medical research shows that alcohol endangers attention, concentration, learning, memory, abstract thinking, and problem solving—all of which are essential to children's success in life. There is no known safe amount of alcohol for children; that is why doctors have called for removal of alcohol from all children's medications.
5. Involving children in drinking behaviors (such as retrieving a beer from the refrigerator) undermines the message that alcohol is dangerous for children, and this behavior is known to contribute to early use of alcohol and other drugs.
6. Tell children under 21 years of age that you disapprove of their using alcohol in any form. They listen much more than you think they do!
7. Never allow your children to ride with a person who is not alcohol-free. Ask your children if they feel safe riding with those who drive them. Talk to your child about how to avoid riding with a person who does not appear to be "safe to drive" and how to protect themselves if they are ever riding with someone they think is not safe to drive.

*Spanish version available on page 214*

## Teacher Resources

### Books on the human brain

Dahl, Ronald E., and Linda Patia Spears, eds. *Adolescent Brain Development: Vulnerabilities and Opportunities*. *New York Academy of Sciences* 1021 (June 2004).

Excellent book that includes some of the latest research on the adolescent brain.

Kotulak, Ronald. *Inside the Brain: Revolutionary Discoveries of How the Mind Works*. Kansas City, MO: Andrews McMeel Publishing, 1997.

Written for the lay reader, dedicated to “all parents and teachers,” and based on the Pulitzer Prize–winning series undertaken by the *Chicago Tribune*, this remarkable book is a review of recent scientific findings and their potential implications. The bibliography alone is worth the price of the book. *Inside the Brain* is a must-read resource that belongs on the bookshelves of everyone affecting the lives of children.

Walsh, David. *Why Do They Act That Way? A Survival Guide to the Adolescent Brain for You and Your Teen*. New York: Simon and Schuster, 2004.

This is a powerful, practical book written about the teenage brain. It is written for parents, but it has valuable information for anyone who wants to understand teens.

### Best book about drugs

Kuhn, Cynthia, Scott Swartzwelder, Wilkie Wilson, Leigh Heather Wilson, and Jeremy Foster. *Buzzed: The Straight Facts About the Most Used and Abused Drugs from Alcohol to Ecstasy*. New York: W. W. Norton & Company, 1998.

Endorsed by Carlton K. Erickson: “The authors approach the subject with neither bias nor exaggeration...A wonderfully interesting and accurate handbook of drug information.”  
Charles Schuster: “I would recommend it to anyone looking for a readable, factual account of the physiological and behavioral effects of drugs of abuse.” The section on “Brain Basics” is straightforward and easy to read.

### Hazelden resources

#### *Prevention Television*

This video equips students in grades 3–6 with age-appropriate guidance for healthy choices. The facilitator’s guide contains background information, a session outline, and a parent newsletter.

VHS—Order No. 4999

DVD—Order No. 7946

### ***Circle of Hope***

This support group program is for children in grades K–6 who are affected by someone’s addiction. Activities and exercises help children understand that they didn’t cause, and can’t change, a loved one’s addiction—but they can keep themselves healthy. Includes one facilitator’s guide and twenty workbooks.

Order No. 0534

### ***Project Northland***

This SAMHSA Model Program for alcohol prevention in grades 6–12 offers tasks and activities in a variety of engaging, interactive formats—such as comic books, peer-led projects, and mock legal cases. Suitable for schools and community programs.

Complete Project Northland Curriculum (Grades 6–8)—Order No. 0265

Class Action Curriculum (Grades 9–12)—Order No. 0682

### ***PAX Good Behavior Game***

For K–6 students, this research-based program is proven to reduce classroom disruptions by 50 to 90 percent and improve academic performance. The game also reduces long-term alcohol and other drug use and violence. Students form teams and earn rewards for refraining from disruptive, inattentive, or aggressive behavior. The Teacher’s Guide provides background, research, and tips for measuring success—and sustaining it.

PAX Good Behavior Game—Order No. 2127

## **A free classroom curriculum for grades 5–9**

*Mind Over Matter: The Brain’s Response to Drugs*, National Institute on Drug Abuse, 1997. An illustrated teacher’s guide with activities designed to teach students in grades 5–9 the biological effects of drug abuse on the body and the brain.

**Note:** The curriculum does not discuss alcohol specifically, but it is a good resource.

Available at [www.nida.nih.gov](http://www.nida.nih.gov)

## **Internet resources for educators**

**American Academy of Pediatrics.** [www.aap.org](http://www.aap.org)

**American Medical Association—Alcohol and Other Drug Abuse.**  
[www.ama-assn.org/go/alcohol](http://www.ama-assn.org/go/alcohol)

**Centers for Disease Control and Prevention.** [www.cdc.gov](http://www.cdc.gov)

**The Center on Alcohol Marketing and Youth (CAMY).** [www.camy.org](http://www.camy.org)

**The Dana Alliance for Brain Initiatives.** A nonprofit organization of more than 250 neuroscientists. Wonderful resource! [www.dana.org](http://www.dana.org)

**Hazelden Foundation.** [www.hazelden.org](http://www.hazelden.org)

**Leadership to Keep Children Alcohol Free.** [www.alcoholfreechildren.org](http://www.alcoholfreechildren.org)

**Mothers Against Drunk Driving (MADD).** [www.madd.org](http://www.madd.org)

**National Clearinghouse for Alcohol and Drug Information (NCADI).** A service of the Substance Abuse and Mental Health Services Administration (SAMHSA). [www.health.org](http://www.health.org)

**National Highway Traffic Safety Administration (NHTSA).** Bike safety rules for kids in the section entitled "Safety City." <http://nhtsa.com>

**National Institute on Alcohol Abuse and Alcoholism (NIAAA).** [www.niaaa.nih.gov](http://www.niaaa.nih.gov)

**National Institute on Drug Abuse (NIDA).** [www.nida.nih.gov](http://www.nida.nih.gov)

**Topics in Alcohol Research.** Up-to-date brain research. [www.duke.edu/~amwhite](http://www.duke.edu/~amwhite)

## **Internet neuroscience resources for children**

**Neuroscience for Kids:** This Web site, supported by a Science Education Partnership Award, is for students of all ages and for educators across all grade levels and curriculum content areas. It provides a wealth of accurate and timely information on the human brain and is beautifully illustrated. Students can sign up for a free monthly online "Neuroscience for Kids" newsletter. In addition, the site can connect your students to dozens of other Internet sources for children, including games, facts and figures, worksheets, free stuff, brain movies, brain jokes, brain trivia, coloring books, and so much more!

<http://faculty.washington.edu/chudler/neurok.html>