

Drugs

and

Society





WORDS TO KNOW

substance abuse

restitution

victim

Fetal Alcohol Syndrome (FAS)

addict

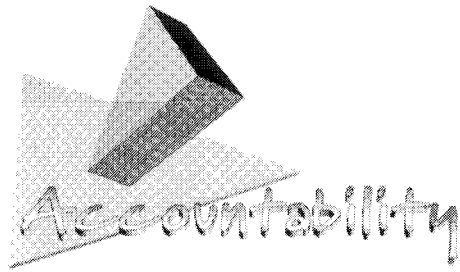
crack babies

crack cocaine

OBJECTIVES

As a result of this lesson you should be able to:

- identify victims of drug offenses
- examine various avenues making drug offenders more accountable
- discuss the societal damages and consequences of drug activities



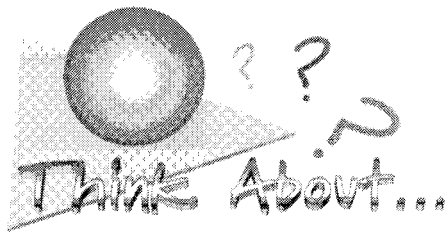
Much of today's violence is directly or indirectly related to drug trafficking and substance abuse. Obviously, drugs are directly involved in drug trafficking crimes, and related homicides and violence. However, it is not just homicide that involves drugs as an integral precursor. Other crimes of violence, and serious property crimes, are related to drugs and addictions.

Illicit drug use and related problems are taking a tremendous toll on our society. The National Drug Control Strategy cites one resource as estimating the "cost of drug use to the nation's taxpayers is nearly \$67 billion. Not the least of the problems associated with drug use is criminal victimization.

This victimization unfortunately strikes the most helpless of human beings- unborn children. The number of drug-exposed children born each year ranges from 375,000 to 739,000 newborns in the United States. Of these, nearly five percent have been exposed to cocaine, from which crack is derived. Seventeen percent of the newborns have been exposed to marijuana and seventy-three percent to alcohol, (Sautter, 1992).

DEFINITIONS

Crack is a nearly pure form of cocaine. It is made by converting cocaine from powder to its more potent basic form with heat, water and a cutting agent. The cocaine hardens into a lump, or rock, with the texture of porcelain. Crack that is smoked delivers a burst of cocaine to the brain in less than 15 seconds, far faster than cocaine that is snorted.



Bobby strolled down the street on his way to check on his "business." Not that he had to walk, he just bought himself a new "ride." As he walked by a group of kids he saw his 8 year old nephew. Bobby called him over and gave him a new \$20 bill, just because he could. His nephew really looked up to Bobby and wanted to be just like him.

Bobby was glad to be out of the house and away from his old man. He was always preaching at him to go to school. He wondered how someone who made less money than he did had the right to tell him anything.

Bobby approached the back door of an apartment. He knocked three times, paused and knocked once more. A young girl about 12 opened the door a few inches, recognized Bobby, and let him in.

The room was dim, but Bobby could see several people sitting along the wall passing a pipe. A small child whimpered beside a young girl who had taken her turn on the pipe. Laying in the corner were two VCR's and a fur coat.

Bobby felt a pull on his sleeve as he walked across the room. He looked around and a girl he knew from school rubbed up against him. She looked about six or seven months pregnant. If she thought Bobby was going to waste his time with some "geeker hoe," she was mistaken.



With the money Bobby was making, he could have any girl he wanted. He gave her a shove and she slumped to the floor, crying softly.

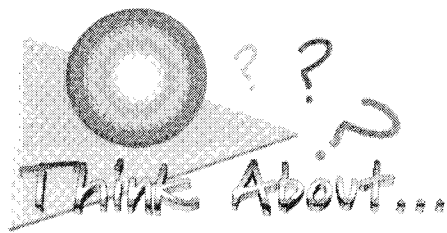
Bobby made arrangements with his boys to have some more “rocks” delivered and the money picked up. He left and continued his stroll down the street.

Jot down your responses to the following questions. Be prepared to discuss your answers.

1. Who are the victims in this scenario?
2. How were they victimized?
3. What kind of role model is Bobby providing for his nephew, the young girls in the apartment, and the kids on the street with his nephew?
4. How does Bobby feel about his father? Does he respect him? Explain your answer.

5. If the pregnant girl's baby is born addicted, does Bobby have any responsibility for that baby's addiction? Explain your response.
6. Is Bobby a criminal? Why?
7. Is Bobby victimizing himself? Explain.
8. What does Bobby know about respect for other people or for himself?

(Adapted from Victim Awareness: A Comprehensive and Integrated Program; From the Ohio Department of Youth Services)



Read the article, "Loving on the Edge". Answer the questions at the end of the article.

Loving on the Edge

by

Amena Oliver

We were two months into the sixth year of our relationship, yet we were as silent as strangers as we rode to the beach. Troy (not his real name) and I loved the beach on cool summer evenings when we wanted to be romantic. A previous summer evening we had made love on the beach. Things had been good between us then, but they were different now. We had come to the beach again to work out those differences.

"Let's go up there," I said, pointing to an abandoned lifeguard chair. Troy led the way. Sitting up there with a broad view of the ocean was good for us. We needed to feel on top of the world rather than consumed by it. The time had come for us to pay our dues and to reap what we had enjoyed sowing.

There was so much I wanted to say to him that evening. But I couldn't find the words to say any of it. I was tired of hurting. I was tired of his cheating on me with other women and putting "his business" before our relationship. That evening I wanted to hear him make me promises, even ones I knew he wouldn't keep, but instead I settled for a warm caress, a gentle kiss and the words "I love you."

Troy was a drug dealer. And I was his six-months-pregnant girlfriend. We had been together for more than five years, but this year was by far the worst. Everything was falling apart, and we seemed powerless to put anything back together.

“Everything’s gonna be all right, Boo,” he told me that evening, calling me by the nickname he had given me. But nothing would ever be “all right” between us again.

I was a sassy 16-year-old when I met Troy. He was 18, the eldest child in his family and his mother’s favorite. Although he knew and communicated with his father, he made it clear on many occasions that he strongly disliked his namesake. “My father is a f—— bum,” he once told me.

I was a college-bound high-school junior, and Troy was a high-school dropout. I attended a private New York City high school, and Troy attended to the business of New York City’s streets. He was a hustler inside and out. “It’s all I know,” he once told me, “and I am good at it.” It was true. It was all he knew, and something I knew little about. And that, at my tender age of 16, intrigued me. His street wisdom made him appear more mature than the boys I went to school with. He knew how to be charming and attentive. He listened more than he spoke. Dates with him meant expensive restaurants, horseback riding and cruising in convertible Jeeps, as opposed to a movie and three or four hamburgers at White Castle.

Although I was certain Troy made his money hustling, I asked him once what he did for a living. “I’m self-employed,” he told me with a sly grin, then slowly licked his tongue over his gold tooth and sucked his teeth hard, which told me that would be the end of the conversation. But he didn’t have to say anymore. I knew what being young, Black, male and “self-employed” meant in my community. He was a drug dealer, and knowing it didn’t bother me a bit.

Drug dealers had become the new craze in my Jamaica, New York, community. Brothers had always hustled, but not until the early eighties, the same time crack came on the scene, were brothers making the kind of money that young Black men like Troy were making. Brothers as young as 16—and probably some younger—were purchasing expensive cars and costly jewelry. Some I knew of had even provided their parents with money to buy homes.

Dealing drugs had become as epidemic as the use of drugs. And the way my friends and I saw it, it was better to be with brothers who made their money off drugs than to be with brothers who spend all their money using drugs. Having a man with money became the in thing. It didn’t matter how he got his—only that he had it. There were few, if any, young men in my community making the kind of money legally that drug dealers made illegally. If brothers with legitimate jobs were making the kind of money hustlers were making and had been in abundance, sisters probably would have dated them—at least I would have.

Money meant enjoying the good life while you were still young and fly. It meant having it all today and not putting it off for a future that may or may not happen. Having money or being with a boyfriend who had money meant getting respect from White car salesmen eager to make a profit on a \$30,000 automobile. It meant, for a sister, going to your man for what you knew your parents could not afford to buy you. Having a man with money meant having a man with power, no matter how little power it may have really been.

Troy was new to the drug-dealing business when we met. He had always hustled something—watches, fake jewelry—but he was a new jack in the drug culture. He caught on quickly, though, and his business boomed. After our first year together, he bought his first brand-new car, a Jeep Laredo. The next year he purchased a spanking-new Acura Legend. Within the three years that followed, he also purchased a brand-new convertible Saab and a Chevy Blazer.

His was a story of a young brother's virtual rise from rags to riches. He gained not only the respect of young hustlers-to-be but also the respect and admiration of some of the old men in our community—old men, that is, who hung on street corners, drinking out of paper bags, reminiscing about their days as young hustlers. When he drove past these community elders, they gave him the thumbs up. They greeted him, "What's up, Chief?" or "Looking good, Money!" In our minds their gestures of approval helped to justify the means (drug dealing) that had resulted in the material ends.

Although I knew how Troy earned his money and he knew I knew, we almost never talked about it. He never once let me see him with his hands in anything. He would go out of his way to take me home if he was beeped and needed to attend to his business promptly. On many occasions I had even protested, insisting that it wouldn't bother me, but not once did he involve me in any drug business. And in my heart I loved him for that. It made me believe that he really cared about my welfare.

I asked Troy once if what he did bothered him. He told me that it would if he allowed it to, but he didn't. He said he had learned to keep his feelings out of his business. He went on to share with me an experience that helped him understand why he had to suppress his feelings about selling drugs.

As a child he'd had a crush on a beautiful woman who lived in his apartment building. He fantasized about marrying her when he got older. "She was all that," he told me. But since he'd been hustling he saw the woman again. She had approached him, offering him a "blow job" for crack. "It f—— my head up," he continued. "She looked whipped, she was stinkin' and she was jittery—a crack monster through and through. I still felt for her, though, and I refused to give her anything. Do you know she started cursing me out like a dog behind that?

So ever since then, f—— her and anybody else on that s——. I gots to concentrate on getting mine." We never talked about what he felt about what he did again. It was obvious to me that even though he said it didn't, it really did bother him—just not enough to make him stop.

Troy was killed in a drug deal without having ever seen his son. (Essence Magazine, May 1994)

1. Do you think Troy knew his lifestyle was dangerous and hurting his girlfriend?

2. Why do you think it was so important to Troy to flash around his money and cars?

Fetal Alcohol Syndrome (FAS)

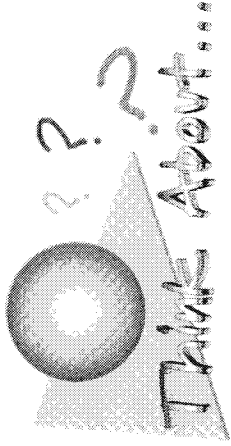
Among the most tragic victims of alcohol and substance abuse are the children born with disabilities that accompany Fetal Alcohol Syndrome (FAS). Fetal Alcohol Syndrome alone is the leading cause of mental retardation and other disabilities in children (Hanson, 1995). And it is preventable.

Studies have shown (Randall & Riley, 1995), that alcohol use, even at levels of less than one drink per day, can affect growth and development of the unborn child (Day, 1995). In 1989, warning labels issued by the U.S. Surgeon General began appearing on alcoholic beverage containers, and they include the phrase "... women should not drink alcoholic beverages during pregnancy because of the risk of birth defects." Numerous states have statutes concerning the issue of drinking during pregnancy.

According to Lewis, (1994), a child affected by FAS will exhibit: prenatal and postnatal growth retardation; central nervous system dysfunction that most often turns up as mental retardation, difficulties in balance, and poor coordination; and facial abnormalities.

Elementary school aged children with FAS often are hyperactive, distracted easily, impulsive, and prone to memory difficulties. They may be affectionate and interested in those around them but lack social skills for making friends or avoiding strangers. They are concrete thinkers, exhibiting trouble with abstract concepts.

As adolescents, they have limited reasoning and judgment abilities and may act impulsively. Their inability to think abstractly haunts them into adulthood, when they may not be able to live independently.



It's the first of the month and 16-year-old Lisa, a single mother, entered a crack house with her welfare check, food stamps and her four-month old daughter. Lisa planned to be there only two or three hours, so she only brought 2 bottles of milk and a couple of diapers for her daughter. When Lisa came to, she soon realized her entire welfare check and all her food stamps were spent. Her baby was crying from hunger and all the diapers had been used long ago. Desperate for money, Lisa began prostituting herself with men who were at the crackhouse. However, rather than buying food and baby needs with the money, she "smoked" it up.

Hot down your responses to the following questions. Be prepared to discuss your answers.

1. Who were the victims and how were they victimized?
2. What are the possible effects of the mother's crack use on her baby?



3. **Would Lisa behave differently if she knew one of the men had AIDS or a sexually transmitted disease? Explain.**

4. **What kind of life is Lisa providing for herself and her baby? What kind of future can they expect?**

5. **How would you feel if this was your girlfriend, wife, mother, or sister?**

6. **Is it the crack dealer's responsibility not to sell? Is he a victimizer? Who are the other victimizers?**

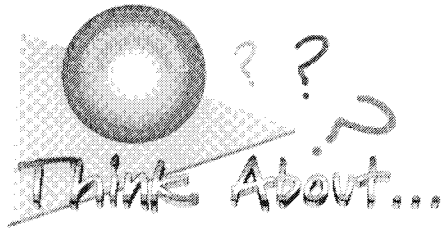
(Adapted from Victim Awareness: A Comprehensive and Integrated Program. From the Ohio Department of Youth Services)

Babies born addicted to crack

- Each year in the United States, some 100,000 babies are born who have been exposed to crack cocaine in the mother's womb (Office of the Inspector General, 1993).
- Inner-city teens facing unwanted pregnancies have been using cocaine to prompt a spontaneous abortion.

Classic symptoms of drug-damaged children: (Gregorchik, 1992)

- attention deficit disorder (difficulty concentrating and is easily distracted)
- hyperactivity (unable to sit still, be quiet, or to control movements)
- poor coordination (clumsy, unable to control crayons or scissors)
- low tolerance levels (easily frustrated by tasks and gives up quickly)
- unpredictability (mood swings, temper tantrums)
- poor memory (trouble following three-step directions)



Richard and Rose are 28 years old and have been married for nearly ten years. They have two small children, Shane 8, Tom 6, and one on the way. Richard was fired from a good paying job when he was caught using crack.

Since then, he lost his car and the health insurance coverage provided by his former employer. Richard thought he could help his family by selling drugs. He knew it was a risky thing to do, but the money was good and coming in fast. Unfortunately, with all the problems at home, he started to use the drugs he was selling. The more he was selling, the more he was using. Within a few months he had forgotten his family needs, and focused on his own. There was little food or supplies in the house. Rose became ill during her pregnancy and started to use some of Richard's drug to ease her pain. The children were not eating or being cared for properly. They were seen going through the trash cans for food and clothing. The other day they were caught stealing food from the school kitchen. When the school Social Worker arrived with the two boys, she found their mother lying on the floor next to the baby she just delivered. The baby didn't look good and the mother was high on drugs. Their father was no where to be found.

Jot down your responses to the following questions. Be prepared to discuss your answers.

1. **Who are the victims and how were they victimized?**

2. **What do you think will happen to Shane and Tom?**

3. **What do you think will happen to the newborn baby? What effects might the mother's drug use have on the baby?**

4. **What other ways could Richard have found to help his family?**

5. **What could you have done if you knew of their problems?**

6. **How would you feel if Richard or Rose was your brother or sister? Would you turn them in if you knew about the drugs? Explain your answer.**

7. Is it alright to sell drugs if your family is in need? Explain.

REMEMBER: THE ONLY REAL FAILURE IS NOT TRYING.

(Adapted from Victim Awareness: A Comprehensive and Integrated Program. From the Ohio Department of Youth Services)

SURGE OF COCAINE BABIES HAS OVERWHELMING PRICE*

by

William Cooper

Every 90 seconds somewhere in the United States, a child is born whose mother has abused cocaine, federal experts say.

State and federal experts also say that the thousands of dollars spent caring for those infants at birth is a tiny share of long-term treatment costs as cocaine-damaged children grow older.

Yet if their mental and physical disorders go untreated, the nation's cocaine babies may become a crippled generation of physically damaged, emotionally unstable, welfare-dependent adults, the experts say:

The cost will be astronomical.

- Florida taxpayers will pay at least \$1,000 for each cocaine-addicted infant's first year of care, researchers say.
- It will cost \$45,000 per child to provide the social services that will prepare cocaine babies for kindergarten, federal officials said at a congressional hearing in July on women, drugs and infants.
- Cocaine-damaged children will run up a bill of \$720,000 apiece in special education programs from Kindergarten through 12th grade, experts say.
- Of the 375,000 drug addicted infants born this year, 11 percent will suffer chronic mental and physical disorders causing a lifetime earnings reduction of at least \$10 billion, federal officials say.

"At this point, we're sort of trying to predict what's going to happen," said Ellen Hutchins, a public health analyst with the federal Office of Maternal and Child Health. "There is a big need for more research money. If money would be available, it would be ideal to track these kids into the school system."

Meanwhile, the number of cocaine-damaged children being born is growing at epidemic rates.

“We’re looking at a virtual explosion that no one is prepared for,” said Diane Kornse, director of Child Find, a program that finds treatment for the physically and mentally handicapped in Palm Beach County.

“This is a tragedy beyond belief.”

Meet Anthony. He’s from West Palm Beach.

Anthony - not his real name - was born in St. Mary’s Hospital, where most Palm Beach County’s drug-addicted infants are delivered. He weighed 4 pounds.

His mother, a prostitute and crack-addict, didn’t receive prenatal care until the seventh month of her pregnancy.

At birth, Anthony didn’t cry. Because of his low birth weight, he spent the first four weeks of life in an incubator.

When he turned 6 weeks old, nurses couldn’t stop him from crying.

Anthony also was abnormally sensitive to touch. His coordination was poor, and he had problems swallowing and sucking. Anthony was withdrawing from cocaine.

Doctors gave Anthony a label: a baby failing to thrive.

Four years and five months later, Anthony's diagnosis hasn't changed much.

"He'll talk to you, but you will have no idea what he is saying" says his counselor. "He's learning nothing."

Anthony shares symptoms with thousands of cocaine babies entering day-care centers, preschools and kindergartens across the country; hyperactivity, short attention span, an inability to learn and poor coordination.

Taxpayers will spend \$6,000 a year - double the amount for other special education students - to put Anthony through preschool, Kornse said. Classes to correct speech and coordination problems will cost another \$5,200 annually.

"All of his life he's going to be in special education," Kornse said. "When he grows up, he's going to fall into that range of the unemployable."

Researchers are trying to find out more about the long-term needs of these children. Recent studies give some hints.

As the cocaine babies grow older, their head size remains smaller than their peers', an indication they'll have long-term developmental disabilities. They also face speech and respiratory problems.

In the cases of one study, physical symptoms such as trembling and vision problems disappear as the child matures. However, mothers' cocaine abuse causes longer-term damage in the "higher learning centers of the brain," a doctor said.

As a result, the children have difficulty making the connection between the simple task of stacking blocks and the desirable result, an organized structure. In many cases, the children just move onto something else.

The best permanent solution to the problem of cocaine-damaged children is to stop abuse by pregnant mothers, one state legislator said. The state must spend more on drug prevention and treatment programs as well as on health care for poor mothers.

Gregory Coler, Florida's secretary of Health and Rehabilitative Services, agrees.

"You don't have to have cocaine-addicted babies," Coler said. "This is . . . avoidable.

*Reprinted with permission by the Cox News Services, Atlanta, Georgia; article written by William Cooper, that appeared in the Palm Beach Post November 1, 1989.

Jot down your response to the following question. Be prepared to discuss your answer.

What would you do or say if you knew someone who was doing crack while she was pregnant?

Drug-related Crimes: Who are the Victims?

It is often believed that drug-related crimes are “victimless.” That belief is incorrect. All crime renders a victim. Families, communities and society as a whole are victimized by drug traffickers and substance abusers.

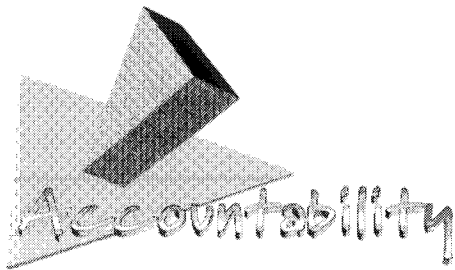
Intra-family Crime and Victimization

- Substance abuse is often associated with partner abuse
- Parents who abuse controlled substances are more likely to neglect their children and be unable to provide for basic care.
- Substance abuse increases the likelihood of physical and sexual abuse in family situations.
- In absent-parent families resulting from one parent with addictions, children are the ultimate victims, lacking important role models, support and guidance, especially in their formative years.

Community and Societal Victimization

The cost to neighbors and society that are directly attributable to substance abuse are significant in terms of their financial and environmental impacts:

- Overall costs to society include: expenses related to both emergency and long-term medical services for persons addicted to controlled substances; physical and financial losses resulting from drug-related crimes, such as driving under the influence, with the ultimate loss being murder; and lost productivity from addicted individuals who might otherwise contribute positively to society.
- Children born addicted to crack are often viewed as the “tiniest victims,” with many emotional, physical and psychological disabilities resulting from an addiction that began in the womb. Society is also victimized by the tremendous cost it bears to address the long-term medical needs of these children.
- The threat of HIV from needle sharing.
- Many addicts support their habits through crimes such as burglary and robbery, which produce not only financial losses, but psychological crises for victims as well.
- The nation’s criminal justice system is constantly called upon to deal with the investigation, prosecution, supervision, and incarceration of drug traffickers and felony substance abusers.



Practices for Drug Offenders

The following chart is a partial list created by justice personnel outlining the accountability approaches for drug offenders. The chart highlights the number of drug offense victims, creative ways to make amends for damage done by offenders and the potential benefits of such reparations.

Drug Offense Victims and Offender Accountability

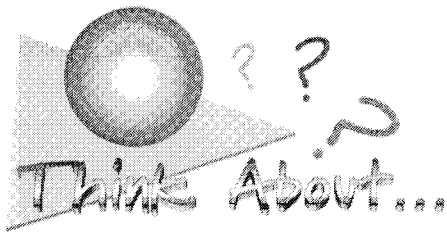
<u>Who Are the Victims?</u>	<u>Damage or Loss to Victims</u>	<u>Sanction Type</u>	<u>Holding the Offender Accountable</u>
Victims of drug related crimes	Loss from burglary, violence, auto accidents; increased medical and auto insurance premiums; death due to drug violence	Direct restitution Indirect restitution Other reparative requirements	Monetary payment for loss due to offense Impose a fine or confiscate moneys from drug sales to take care of property damage; payments to fund for funeral expenses Write letters of apology
Home owners and residents of drug trafficking neighborhoods	Increased property taxes; reduced property values; increased expense to ensure safety (security equipment, alarms, etc.) decline in civility and quality of life	Community service Victim awareness activities	Neighborhood cleanup projects; restore evacuated crack houses or other deteriorated buildings Surrogate victim-offender mediation with residents of housing projects with extensive drug sales

<u>Who Are the Victims?</u>	<u>Damage or Loss to Victims</u>	<u>Sanction Type</u>	<u>Holding the Offender Accountable</u>
Crack babies and AIDS victims	Loss of life or shortened lifespan; long-term mental, physical, and psychological disabilities; social ostracism	Victim awareness activities Indirect restitution Community service	Visit AIDS and crack hospital wards; participate in crack abuse awareness education Pay fines or confiscate moneys from drug sales to pay for medical treatment Disseminate AIDS educational materials
Health care system	Overload emergency care and rehabilitation services; increased health insurance premiums; increased rate of social diseases due to prostitution and needle sharing	Indirect restitution Community service Victim awareness activities	Pay fines or confiscate money to offset cost of drug treatment programs or care of crack babies Perform service work at neighborhood clinics(e.g. lawn maintenance, prepare surgical packets) Emergency room or crack ward visits

<u>Who Are the Victims?</u>	<u>Damage or Loss to Victims</u>	<u>Sanction Type</u>	<u>Holding the Offender Accountable</u>
Offender's family members	Increased stress, anxiety, worry, and financial loss; violence and death; poor role model for siblings; social stigma	Direct service Treatment focused on reconciliation	Assign tasks to be done for family or around the house Require participation in family counseling
Other Addicts	Loss of health and self-esteem, academic and employment opportunity; increased social dysfunction and isolation	Indirect restitution Community service	Impose fines targeted to drug abuse treatment Service work in detox centers; Assist with AA
Offender users	Loss of health and self-esteem, academic and employment opportunity; social dysfunction and isolation; potential loss of life	Competency development Treatment education Indirect restitution Victim awareness activities	Enforced detox and abuse treatment; attend drug education programs; assist with drug education for peers; choose between paying a fine or learning to read to a certain level Pay part of own treatment program Participate in victim sensitization program; attend funerals of youth who die from drug abuse; visit hospitals and morgues

<u>Who Are the Victims?</u>	<u>Damage or Loss to Victims</u>	<u>Sanction Type</u>	<u>Holding the Offender Accountable</u>
Social and criminal justice services	Increased costs, caseloads, and staff burnout; increased need for foster homes, residential homes, rehabilitation centers, etc.	Community service	Work in kitchen or shelter for the homeless Fines or confiscation of drug sales moneys to offset prosecution costs
Schools and students	Property loss due to theft and vandalism; decrease in the quality of education due to reduced learning ability as a result of apathy and reduced ability to concentrate; increased violence	Community service	Help repair deteriorated buildings, clean windows and floors, etc; participate in drug awareness classes and help educate other students; tutor preschool or elementary children in reading; assist teachers with drug education curriculum
Teachers	Increased stress, worry, anxiety; frustration over inability to teach properly; decreased job satisfaction	Direct service	Serve as a classroom aide

(Excerpted from Accountability in Dispositions for Juvenile Drug Offenders; reprinted with permission by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance)



Answer the following questions, using the chart on Accountability Practices for Drug Offenders.

Your instructor will assign you to a group and give you two “Who Are the Victims?” categories. For example, you may be assigned the health care system and homeowners... As a group you will discuss all the sections for each category of victim. Discuss within your group if you agree or disagree with the sanctions and accountability practices for the offender.

Assume you are the victim you were assigned. Would you still have the same reactions? Share those reactions within your group.

As a group, come up with your own sanction type and accountability practice for the two categories assigned. You will be asked to share those with the class.

PERSONAL SAFETY

Imagine you had a younger sister, about eight years old. She was a typical younger sister and always wanted you to play Barbie’s with her. Soon she found some new friends at school and they offered her some “pot”

rather than play Barbie's. At first she turned them down, but eventually gave in to peer pressure. Now she is getting high regularly, after school regularly. Your sister likes the feeling she has when she is "high" and wants to try something more powerful than pot. Her best friend offers her some crack. Your sister gets high, but nearly dies, because someone brutally sexually assaulted her, while she was high. You visit your sister in the hospital, and once she is home you try to explain the dangers of drug use. She doesn't listen to you...She doesn't seem to care anymore. What can you do?

Answer the following questions. Be prepared to share your responses with the class.

What reactions do you think you would have after hearing this kind of news about your younger sister?

What would you say to your sister about drug use?

How could you help her face her addiction?

GUEST SPEAKER NOTES

1

